

2019 BRFSS Questionnaire



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OMB Header and Introductory Text

Read if necessary	Read	Interviewer instructions (not read)
<p>Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).</p>		<p>Form Approved OMB No. 0920-1061 Exp. Date 3/31/2021</p> <p>Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at ivk7@cdc.gov.</p>
	<p>HELLO, I am calling for the (health department). My name is (name). We are gathering information about the health of (state) residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.</p>	

Landline Introduction

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
LL01.	Is this [PHONE NUMBER]?	CTELENM1	1 Yes	Go to LL02	Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.	63
			2 No	TERMINATE		
LL02.	Is this a private residence?	PVTRES1	1 Yes	Go to LL04	Read if necessary: By private residence we mean someplace like a house or apartment. Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.	64
			2 No	Go to LL03	If no, business phone only: thank you very much but we are only interviewing persons on residential phones lines at this time. NOTE: Business numbers which are also used for personal	

					communication are eligible.	
			3 No, this is a business		Read: Thank you very much but we are only interviewing persons on residential phones at this time.	
LL03.	Do you live in college housing?	COLGHOUS	1 Yes	Go to LL04	Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.	65
			2 No	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time.	
LL04.	Do you currently live in __ (state) ___?	STATERE1	1 Yes	Go to LL05		66
			2 No	TERMINATE	Thank you very much but we are only interviewing persons who live in [STATE] at this time.	
LL05.	Is this a cell phone?	CELPHONE	1 Yes, it is a cell phone	TERMINATE	Read: Thank you very much but we are only interviewing by landline telephones in private residences or college housing at this time.	67
			2 Not a cell phone	Go to LL06	Read if necessary: By cell phone we	

					mean a telephone that is mobile and usable outside your neighborhood. Do not read: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).	
LL06.	Are you 18 years of age or older?	LADULT1	1 Yes	[CATI NOTE: IF COLLEGE HOUSING = "YES," CONTINUE; OTHERWISE GO TO ADULT RANDOM SELECTION]		68
			2 No	TERMINATE	Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.	
LL07.	Are you male or female?	COLGSEX	1 Male 2 Female	ONLY for respondents who are LL and COLGHOUS= 1.		69
			7 Don't know/Not sure 9 Refused	TERMINATE	Thank you for your time, your number may be selected for another survey in the future.	
LL08.	I need to randomly select one adult who lives in your household to be interviewed.	NUMADULT	1	Go to LL09	Read: Are you that adult? If yes: Then you are the person I need to speak with.	70-71

	Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older?		2-6 or more	Go to LL10.	If no: May I speak with the adult in the household?	
LL09.	Are you male or female?	LANDSEX	1 Male 2 Female	GO to Transition Section 1.		72
			7 Don't know/Not sure 9 Refused	TERMINATE	Thank you for your time, your number may be selected for another survey in the future.	
LL10.	How many of these adults are men?	NUMMEN	__ Number 77 Don't know/ Not sure 99 Refused			73-74
LL11.	So, the number of women in the household is [X]. Is that correct?	NUMWOMEN			Do not read: Confirm the number of adult women or clarify the total number of adults in the household. Read: The persons in your household that I need to speak with is [Oldest/Youngest/Middle//Male/Female].	75-76
LL12	The person in your household that I need to speak with is [Oldest/Youngest/Middle//Male/Female]. Are you the [Oldest/Youngest/Middle//Male/Female] in this household?	RESPSLCT	1 Male 2 Female	If person indicates that they are not the selected respondent, ask for correct respondent and re-ask LL12. (See CATI programming)		77

			7 Don't know/Not sure 9 Refused	TERMINATE	Thank you for your time, your number may be selected for another survey in the future.	
Transition to Section 1.			I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call (give appropriate state telephone number).		Do not read: Introductory text may be reread when selected respondent is reached. Do not read: The sentence "Any information you give me will not be connected to any personal information" may be replaced by "Any personal information that you provide will not be used to identify you." If the state coordinator approves the change.	

Cell Phone Introduction

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CP01.	Is this a safe time to talk with you?	SAFETIME	1 Yes	Go to CP02	Thank you very much. We will call you back at a more convenient time.	78
			2 No	[[set appointment if possible]] TERMINATE]		
CP02.	Is this [PHONE NUMBER]?	CTELNUM1	1 Yes	Go to CP03		79
			2 No	TERMINATE		
CP03.	Is this a cell phone?	CELLFON5	1 Yes	Go to CADULT	If "no": thank you very much, but we are only interviewing persons on cell telephones at this time	80
			2 No	TERMINATE		
CP04.	Are you 18 years of age or older?	CADULT1	1 Yes		Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.	81
			2 No	TERMINATE		
CP05.	Are you male or female?	CELLSEX	1 Male 2 Female		Thank you for your time, your number may be selected for another	82
			7 Don't Know/ Not sure 9 Refused	TERMINATE		

					survey in the future.	
CP06.	Do you live in a private residence?	PVTRES3	1 Yes	Go to CP08	Read if necessary: By private residence we mean someplace like a house or apartment Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.	83
			2 No	Go to CP07		
CP07.	Do you live in college housing?	CCLGHOUS	1 Yes	Go to CP08	Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.	84
			2 No	TERMINATE		

					much, but we are only interviewing persons who live in private residences or college housing at this time.	
CP08.	Do you currently live in ___(state)___?	CSTATE1	1 Yes	Go to CP10		85
			2 No	Go to CP09		
CP09.	In what state do you currently live?	RSPSTAT1	1 Alabama 2 Alaska 4 Arizona 5 Arkansas 6 California 8 Colorado 9 Connecticut 10 Delaware 11 District of Columbia 12 Florida 13 Georgia 15 Hawaii 16 Idaho 17 Illinois 18 Indiana 19 Iowa 20 Kansas 21 Kentucky 22 Louisiana 23 Maine 24 Maryland 25 Massachusetts 26 Michigan 27 Minnesota 28 Mississippi 29 Missouri 30 Montana 31 Nebraska 32 Nevada 33 New Hampshire 34 New Jersey 35 New Mexico 36 New York 37 North Carolina 38 North Dakota			86-87

			39 Ohio 40 Oklahoma 41 Oregon 42 Pennsylvania 44 Rhode Island 45 South Carolina 46 South Dakota 47 Tennessee 48 Texas 49 Utah 50 Vermont 51 Virginia 53 Washington 54 West Virginia 55 Wisconsin 56 Wyoming 66 Guam 72 Puerto Rico 78 Virgin Islands 99 Refused			
CP10.	Do you also have a landline telephone in your home that is used to make and receive calls?	LANDLINE	1 Yes 2 No 7 Don't know/ Not sure 9 Refused		Read if necessary: By landline telephone, we mean a regular telephone in your home that is used for making or receiving calls. Please include landline phones used for both business and personal use.	88
CP11.	How many members of your household, including yourself, are 18 years of age or older?	HHADULT	__ Number 77 Don't know/ Not sure 99 Refused	If CP07 = yes, then number of adults is automatically set to 1		89-90
Transition to section 1.			I will not ask for your last name, address, or other personal information that			

			can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call (give appropriate state telephone number).			
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Core Section 1: Health Status

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C01.01	Would you say that in general your health is—	GENHLTH	Read: 1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor Do not read: 7 Don't know/Not sure 9 Refused			101

Core Section 2: Healthy Days

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C02.01	Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?	PHYSHLTH	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused			102-103
C02.02	Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?	MENTHLTH	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused			104-105
C02.03	During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?	POORHLTH	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused	Do not ask this question and skip to next section if C02.01, PHYSHLTH, is 88 and C02.02, MENTHLTH, is 88		106-107

Core Section 3: Healthcare Access

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C03.01	Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare, or Indian Health Service?	HLTHPLN1	1 Yes	If using Healthcare Access (HCA) Module go to HCA.01, else continue		108
			2 No 7 Don't know/Not Sure 9 Refused			
C03.02	Do you have one person you think of as your personal doctor or health care provider?	PERSDOC2	1 Yes, only one 2 More than one 3 No 7 Don't know / Not sure 9 Refused		If No, read: Is there more than one, or is there no person who you think of as your personal doctor or health care provider?	109
C03.03	Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?	MEDCOST	1 Yes 2 No 7 Don't know / Not sure 9 Refused			110
C03.04	About how long has it been since you last visited a doctor for a routine checkup?	CHECKUP1	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but		Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness,	111

			less than 2 years ago) 3 Within the past 5 years (2 years but less than 5 years ago) 4 5 or more years ago Do not read: 7 Don't know / Not sure 8 Never 9 Refused		or condition.	
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Core Section 4: Hypertension Awareness

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C04.01	Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?	BPHIGH4	1 Yes 2 Yes, but female told only during pregnancy 3 No 4 Told borderline high or pre-hypertensive 7 Don't know / Not sure 9 Refused	Go to next section	If "Yes" and respondent is female, ask: "Was this only when you were pregnant?" By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.	112
C04.02	Are you currently taking prescription medicine for your high blood pressure?	BPMEDS	1 Yes 2 No 7 Don't know / Not sure 9 Refused			113

Core Section 5: Cholesterol Awareness

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C05.01	Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your blood cholesterol checked?	CHOLCHK2	1 Never 2 Within the past year (anytime less than one year ago) 3 Within the past 2 years (1 year but less than 2 years ago) 4 Within the past 3 years (2 years but less than 3 years ago) 5 Within the past 4 years (3 years but less than 4 years ago) 6 Within the past 5 years (4 years but less than 5 years ago) 8 5 or more years ago 7 Don't know/ Not sure 9 Refused	If response = 1, 9. GOTO Next section.		114

C05.02	Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high?	TOLDHI2	1 Yes 2 No 7 Don't know / Not sure 9 Refused	If response = 2, 7, 9 GOTO next section.	By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.	115
C05.03	Are you currently taking medicine prescribed by your doctor or other health professional for your blood cholesterol?	CHOLMED2	1 Yes 2 No 7 Don't know / Not sure 9 Refused			116

Core Section 6: Chronic Health Conditions

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C06.01	Has a doctor, nurse, or other health professional ever told you that you had any of the following? For each, tell me Yes, No, Or You're Not Sure. (Ever told) you that you had a heart attack also called a myocardial infarction?	CVDINFR4	1 Yes 2 No 7 Don't know / Not sure 9 Refused			117
C06.02	(Ever told) (you had) angina or coronary heart disease?	CVDCRHD4	1 Yes 2 No 7 Don't know / Not sure 9 Refused			118
C06.03	(Ever told) (you had) a stroke?	CVDSTRK3	1 Yes 2 No 7 Don't know / Not sure 9 Refused			119
C06.04	(Ever told) (you had) asthma?	ASTHMA3	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to C06.06		120
C06.05	Do you still have asthma?	ASTHNOW	1 Yes 2 No 7 Don't know / Not sure 9 Refused			121
C06.06	(Ever told) (you had) skin cancer?	CHCSCNCR	1 Yes 2 No 7 Don't know / Not sure			122

			9 Refused			
C06.07	(Ever told) (you had) any other types of cancer?	CHCOCNCR	1 Yes 2 No 7 Don't know / Not sure 9 Refused			123
C06.08	(Ever told) (you had) chronic obstructive pulmonary disease, C.O.P.D., emphysema or chronic bronchitis?	CHCCOPD1	1 Yes 2 No 7 Don't know / Not sure 9 Refused			124
C06.09	(Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)?	ADDEPEV2	1 Yes 2 No 7 Don't know / Not sure 9 Refused			125
C06.10	Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease?	CHCKDNY2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: Incontinence is not being able to control urine flow.	126
C06.11	(Ever told) (you had) diabetes?	DIABETE3	1 Yes		If yes and respondent is female, ask: was this only when you were pregnant? If respondent says pre-diabetes or borderline diabetes, use response code 4.	127
			2 Yes, but female told	Go to Pre-Diabetes		

			only during pregnancy 3 No 4 No, pre-diabetes or borderline diabetes 7 Don't know / Not sure 9 Refused	Optional Module (if used). Otherwise, go to next section.		
C06.12	How old were you when you were told you had diabetes?	DIABAGE2	__ Code age in years [97 = 97 and older] 98 Don't know / Not sure 99 Refused	Go to Diabetes Module if used, otherwise go to next section.		128-129

Module 1: Prediabetes

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M01.01	Have you had a test for high blood sugar or diabetes within the past three years?	PDIABTST	1 Yes 2 No 7 Don't know/ not sure 9 Refused	Skip if Section C06.11, DIABETE3, is coded 1		278
M01.02	Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?	PREDIAB1	1 Yes 2 Yes, during pregnancy 3 No 7 Don't know / Not sure 9 Refused	Skip if Section 06.11, DIABETE3, is coded 1; If C06.11, DIABETE3, is coded 4 automatically code M01.02, PREDIAB1, equal to 1 (yes);	If Yes and respondent is female, ask: Was this only when you were pregnant?	279

Core Section 7: Arthritis

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C07.01	(Ever told) (you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?	HAVARTH3	1 Yes		Arthritis diagnoses include: rheumatism, polymyalgia rheumatic, osteoarthritis (not osteoporosis), tendonitis, bursitis, bunion, tennis elbow, carpal tunnel syndrome, tarsal tunnel syndrome, joint infection, Reiter's syndrome, ankylosing spondylitis; spondylosis, rotator cuff syndrome, connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome, vasculitis, giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)	130
			2 No 7 Don't know / Not sure 9 Refused	Go to next section		

C07.02	Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?	ARTHEXER	1 Yes 2 No 7 Don't know / Not sure 9 Refused		If the respondent is unclear about whether this means increase or decrease in physical activity, this means increase.	131
C07.03	Have you ever taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?	ARTHEDU	1 Yes 2 No 7 Don't know / Not sure 9 Refused			132
C07.04	Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?	LMTJOIN3	1 Yes 2 No 7 Don't know / Not sure 9 Refused		If a respondent question arises about medication, then the interviewer should reply: "Please answer the question based on how you are when you are taking any of the medications or treatments you might use"	133
C07.05	In the next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do or the amount of work you do?	ARTHDIS2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		If respondent gives an answer to each issue (whether works, type of work, or amount of work), then if any issue is "yes" mark the overall response as "yes." If a question arises about medications or treatment, then the interviewer	134

					should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."	
C07.06	Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. During the past 30 days, how bad was your joint pain on average on a scale of 0 to 10 where 0 is no pain and 10 is pain or aching as bad as it can be?	JOINPAI2	__ __ Enter number [00-10] 77 Don't know/ Not sure 99 Refused			135-136

Core Section 8: Demographics

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Prologue					Read if necessary: I will ask you some questions about yourself in the next section. We include these questions so that we can compare health indicators by groups.	
C08.01	What is your age?	AGE	__ Code age in years 07 Don't know / Not sure 09 Refused			137-138
C08.02	Are you Hispanic, Latino/a, or Spanish origin?	HISPANC3	If yes, read: Are you... 1 Mexican, Mexican American, Chicano/a 2 Puerto Rican 3 Cuban 4 Another Hispanic, Latino/a, or Spanish origin Do not read: 5 No 7 Don't know / Not sure 9 Refused		One or more categories may be selected.	139-142
C08.03	Which one or more of the following	MRACE1	Please read: 10 White	If more than one response	If 40 (Asian) or 50 (Pacific Islander) is	143-170

	would you say is your race?		<p>20 Black or African American</p> <p>30 American Indian or Alaska Native</p> <p>40 Asian</p> <p> 41 Asian Indian</p> <p> 42 Chinese</p> <p> 43 Filipino</p> <p> 44 Japanese</p> <p> 45 Korean</p> <p> 46 Vietnamese</p> <p> 47 Other Asian</p> <p>50 Pacific Islander</p> <p> 51 Native Hawaiian</p> <p> 52 Guamanian or Chamorro</p> <p> 53 Samoan</p> <p> 54 Other Pacific Islander</p> <p>Do not read:</p> <p>60 Other</p> <p>88 No additional choices</p> <p>77 Don't know / Not sure</p> <p>99 Refused</p>	to C08.03; continue. Otherwise, go to C08.05.	selected read and code subcategories underneath major heading. One or more categories may be selected.	
C08.04	Which one of these groups would you say best represents your race?	ORACE3	<p>Please read:</p> <p>10 White</p> <p>20 Black or African American</p> <p>30 American Indian or Alaska Native</p> <p>40 Asian</p> <p> 41 Asian Indian</p> <p> 42 Chinese</p> <p> 43 Filipino</p> <p> 44 Japanese</p> <p> 45 Korean</p> <p> 46 Vietnamese</p> <p> 47 Other Asian</p> <p>50 Pacific Islander</p> <p> 51 Native Hawaiian</p>		<p>If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.</p> <p>If respondent has selected multiple races in previous and refuses to select a single race, code refused</p>	171-172

			52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 60 Other 77 Don't know / Not sure 99 Refused			
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Module 28: Sex at Birth

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M28.01	What was your sex at birth? Was it male or female?	BIRTHSEX	1 Male 2 Female 7 Don't know/Not sure 9 Refused			620

Module 29: Sexual Orientation and Gender Identity

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M29.01a	<p>The next two questions are about sexual orientation and gender identity.</p> <p>Which of the following best represents how you think of yourself?</p>	SOMALE	<p>READ: 1 = Gay 2 = Straight, that is, not gay 3 = Bisexual 4 = Something else</p> <p>DO NOT READ: 7 = I don't know the answer/ The respondent did not understand the question 9 = Refused</p>	<p>Ask if M28.01, BIRTHSEX= 1.</p> <p>Read the number of the response to allow respondent to reply with a number.</p>	<p>Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.</p> <p>Please say the number before the text response. Respondent can answer with either the number or the text/word. If the respondent does not understand the question topic, code 7.</p>	621
M29.01b	<p>Which of the following best represents how you think of yourself?</p>	SOFEMALE	<p>READ: 1 = Lesbian or Gay 2 = Straight, that is, not gay 3 = Bisexual 4 = Something else</p> <p>DO NOT READ: 7 = I don't know the answer/ Respondent does not</p>	<p>Ask if M28.01, BIRTHSEX=2.</p> <p>Read the number of the response to allow respondent to reply with a number.</p>	<p>Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.</p>	622

			understand the question 9 = Refused		Please say the number before the text response. Respondent can answer with either the number or the text/word. If the respondent does not understand the question topic, code 7.	
M29.02	Do you consider yourself to be transgender?	TRNSGNDR	1 Yes, Transgender, male-to-female 2 Yes, Transgender, female to male 3 Yes, Transgender, gender nonconforming 4 No 7 Don't know/not sure 9 Refused	If Yes, read responses 1-3.	Read if necessary: Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones, and some have	623

					<p>surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.</p> <p>If asked about definition of gender non-conforming: Some people think of themselves as gender non-conforming when they do not identify only as a man or only as a woman.</p> <p>If yes, ask Do you consider yourself to be 1. male-to-female, 2. female-to-male, or 3. gender non-conforming?</p> <p>Please say the number before the text response. Respondent can answer with either the number or the text/word.</p>	
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Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C08.05	Are you...	MARITAL	Please read: 1 Married 2 Divorced 3 Widowed 4 Separated 5 Never married Or 6 A member of an unmarried couple Do not read: 9 Refused	If using Module 28 insert M28.01 prior to asking this question		173
C08.06	What is the highest grade or year of school you completed?	EDUCA	Read if necessary: 1 Never attended school or only attended kindergarten 2 Grades 1 through 8 (Elementary) 3 Grades 9 through 11 (Some high school) 4 Grade 12 or GED (High school graduate) 5 College 1 year to 3 years (Some college or technical school) 6 College 4 years or more (College graduate) Do not read: 9 Refused			174
C08.07	Do you own or rent your home?	RENTHOM1	1 Own 2 Rent 3 Other arrangement 7 Don't know / Not sure 9 Refused		Other arrangement may include group home, staying with friends or family without paying rent.	175

					Home is defined as the place where you live most of the time/the majority of the year. Read if necessary: We ask this question in order to compare health indicators among people with different housing situations.	
C08.08	In what county do you currently live?	CTYCODE2	____ANSI County Code 777 Don't know / Not sure 999 Refused	NOTE TO PORTIA: Replace Core question 8.08 by question S01.01 (ISLAND)		176-178
S01.01	What island do you live on?	ISLAND	1 Oahu 2 Hawaii 3 Kauai 4 Maui 5 Molokai 6 Lanai 9 Refused			901
C08.09	What is the ZIP Code where you currently live?	ZIPCODE1	----- 77777 Do not know 99999 Refused	NOTE TO PORTIA: Please remember to program zip code by island crosswalk		179-183
C08.10	Not including cell phones or numbers used for computers, fax machines or security	NUMHHOL3	1 Yes	Do not ask this question if cell telephone interview. If cell		184

	systems, do you have more than one telephone number in your household?			interview, go to 8.12		
			2 No 7 Don't know / Not sure 9 Refused	Go to C08.12		
C08.11	How many of these telephone numbers are residential numbers?	NUMPHON3	___ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused			185
C08.12	How many cell phones do you have for personal use?	CPDEMO1B	___ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused	Last question needed for partial complete.	Read if necessary: Include cell phones used for both business and personal use.	186
C08.13	Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?	VETERAN3	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.	187
C08.14	Are you currently...?	EMPLOY1	Read: 1 Employed for wages 2 Self-employed 3 Out of work for 1 year or more 4 Out of work for less than 1 year 5 A Homemaker 6 A Student 7 Retired Or 8 Unable to work Do not read: 9 Refused		If more than one, say "select the category which best describes you".	188

C08.15	How many children less than 18 years of age live in your household?	CHILDREN	-- Number of children 88 None 99 Refused			189-190
C08.16	Is your annual household income from all sources—	INCOME2	Read if necessary: 04 Less than \$25,000 If no, ask 05; if yes, ask 03 (\$20,000 to less than \$25,000) 03 Less than \$20,000 If no, code 04; if yes, ask 02 (\$15,000 to less than \$20,000) 02 Less than \$15,000 If no, code 03; if yes, ask 01 (\$10,000 to less than \$15,000) 01 Less than \$10,000 If no, code 02 05 Less than \$35,000 If no, ask 06 (\$25,000 to less than \$35,000) 06 Less than \$50,000 If no, ask 07 (\$35,000 to less than \$50,000) 07 Less than \$75,000 If no, code 08 (\$50,000 to less than \$75,000) 08 \$75,000 or more Do not read: 77 Don't know / Not sure 99 Refused	NOTE TO PORTIA: Replace Core question 8.16 with S01.02	If respondent refuses at ANY income level, code '99' (Refused)	191-192

<p>S01.02</p>	<p>Is your annual household income from all sources—</p>	<p>INCOME</p>	<p>Read if necessary: 04 Less than \$25,000 If no, ask 05; if yes, ask 03 (\$20,000 to less than \$25,000) 03 Less than \$20,000 If no, code 04; if yes, ask 02 (\$15,000 to less than \$20,000) 02 Less than \$15,000 If no, code 03; if yes, ask 01 (\$10,000 to less than \$15,000) 01 Less than \$10,000 If no, code 02 05 Less than \$35,000 If no, ask 06 (\$25,000 to less than \$35,000) 06 Less than \$50,000 If no, ask 07 (\$35,000 to less than \$50,000) 07 Less than \$75,000 If no, ask 08 (\$50,000 to less than \$75,000) 08 Less than \$125,000 If no, ask 09 (\$75,000 to less than \$125,000) 09 Less than \$200,000 If no code 10 (\$125,000 to less than \$200,000) 10 \$200,000 or more</p>			<p>902-903</p>
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			Do not read: 77 Don't know / Not sure 99 Refused			
C08.17	About how much do you weigh without shoes?	WEIGHT2	____ Weight (pounds/kilograms) 7777 Don't know / Not sure 9999 Refused		If respondent answers in metrics, put 9 in first column. Round fractions up	193-196
C08.18	About how tall are you without shoes?	HEIGHT3	___/___ Height (ft / inches/meters/centimeters) 77/77 Don't know / Not sure 99/99 Refused		If respondent answers in metrics, put 9 in first column. Round fractions down	197-200
C08.19	To your knowledge, are you now pregnant?	PREGNANT	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Skip if Male (M28.01, BIRTHSEX, is coded 1). If M28.01=missing and (CP05=1 or LL12=1; or LL09 = 1 or LL07 =1), or C08.01, AGE, is greater than 49		201
C08.20	Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone. Are you deaf or do you have serious difficulty hearing?	DEAF	1 Yes 2 No 7 Don't know / Not sure 9 Refused			202
C08.21	Are you blind or do you have serious difficulty	BLIND	1 Yes 2 No 7 Don't know / Not sure			203

	seeing, even when wearing glasses?		9 Refused			
C08.22	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	DECIDE	1 Yes 2 No 7 Don't know / Not sure 9 Refused			204
C08.23	Do you have serious difficulty walking or climbing stairs?	DIFFWALK	1 Yes 2 No 7 Don't know / Not sure 9 Refused			205
C08.24	Do you have difficulty dressing or bathing?	DIFFDRES	1 Yes 2 No 7 Don't know / Not sure 9 Refused			206
C08.25	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	DIFFALON	1 Yes 2 No 7 Don't know / Not sure 9 Refused			207

Core Section 9: Tobacco Use

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C09.01	Have you smoked at least 100 cigarettes in your entire life?	SMOKE100	1 Yes		Do not include: electronic cigarettes (e-cigarettes, njoy, bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana. 5 packs = 100 cigarettes	208
			2 No 7 Don't know/Not Sure 9 Refused	Go to C09.05		
C09.02	Do you now smoke cigarettes every day, some days, or not at all?	SMOKDAY2	1 Every day 2 Some days			209
			3 Not at all	Go to C09.04		
			7 Don't know / Not sure 9 Refused	Go to C09.05		
C09.03	During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?	STOPSMK2	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to C09.05 (skip C09.04)		210
C09.04	How long has it been since you last smoked a	LASTSMK2	Read if necessary: 01 Within the past month			211-212

	cigarette, even one or two puffs?		(less than 1 month ago) 02 Within the past 3 months (1 month but less than 3 months ago) 03 Within the past 6 months (3 months but less than 6 months ago) 04 Within the past year (6 months but less than 1 year ago) 05 Within the past 5 years (1 year but less than 5 years ago) 06 Within the past 10 years (5 years but less than 10 years ago) 07 10 years or more 08 Never smoked regularly 77 Don't know / Not sure 99 Refused			
C09.05	Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?	USENOW3	1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused		Read if necessary: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.	213

Core Section 10: Alcohol Consumption

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C10.01	During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?	ALCDAYS5	1 __ Days per week 2 __ Days in past 30 days		INTERVIEWER NOTE: One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.	214-216
			888 No drinks in past 30 days 777 Don't know / Not sure 999 Refused	Go to next section		
C10.02	One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?	AVEDRNK2	__ Number of drinks 77 Don't know / Not sure 99 Refused		Read if necessary: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.	217-218
C10.03	Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI X = 5 for men, X = 4 for women] or more drinks on an occasion?	DRNK3GE5	__ Number of times 88 None 77 Don't know / Not sure 99 Refused	CATI X = 5 for men, X = 4 for women		219-220

C10.04	During the past 30 days, what is the largest number of drinks you had on any occasion?	MAXDRNKS	__ Number of drinks 77 Don't know / Not sure 99 Refused			221-222
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Core Section 11: Exercise (Physical Activity)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C11.01	During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?	EXERANY2	1 Yes		If respondent does not have a regular job or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.	223
			2 No 7 Don't know/Not Sure 9 Refused	Go to C 11.08		
C11.02	What type of physical activity or exercise did you spend the most time doing during the past month?	EXTRACT11	___ Specify from Physical Activity Coding List		See Physical Activity Coding List. If the respondent's activity is not included in the physical activity coding list, choose the option listed as "other".	224-225
			77 Don't know/ Not Sure 99 Refused	Go to C11.08		
C11.03	How many times per week or per month did you take part in this activity during the past month?	EXEROFT1	1__ Times per week 2__ Times per month 777 Don't know / Not sure 999 Refused			226-228

C11.04	And when you took part in this activity, for how many minutes or hours did you usually keep at it?	EXERHMM1	_: __ Hours and minutes 777 Don't know / Not sure 999 Refused			229-231
C11.05	What other type of physical activity gave you the next most exercise during the past month?	EXTRACT21	__ __ Specify from Physical Activity List		See Physical Activity Coding List.	232-233
			88 No other activity 77 Don't know/ Not Sure 99 Refused	Go to C11.08	If the respondent's activity is not included in the physical activity coding list, choose the option listed as "other".	
C11.06	How many times per week or per month did you take part in this activity during the past month?	EXEROFT2	1__ Times per week 2__ Times per month 777 Don't know / Not sure 999 Refused			234-236
C11.07	And when you took part in this activity, for how many minutes or hours did you usually keep at it?	EXERHMM2	_: __ Hours and minutes 777 Don't know / Not sure 999 Refused			237-239
C11.08	During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles?	STRENGTH	1__ Times per week 2__ Times per month 888 Never 777 Don't know / Not sure 999 Refused		Do not count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and	240-242

					those using weight machines, free weights, or elastic bands.	
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Core Section 12: Fruits and Vegetables

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C12.01	<p>Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.</p> <p>Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month.</p>	FRUIT2	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		<p>If a respondent indicates that they consume a food item every day, then enter the number of times per day. If the respondent indicates that they eat a food less than daily, then enter times per week or time per month. Do not enter time per day unless the respondent reports that he/she consumed that food item each day during the past month.</p> <p>Enter quantity in times per day, week, or month. If respondent gives a number</p>	243-245

					<p>without a time frame, ask “was that per day, week, or month?”</p> <p>Read if respondent asks what to include or says ‘I don’t know’: include fresh, frozen or canned fruit. Do not include dried fruits.</p>	
C12.02	Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?	FRUITJU2	<p>1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don’t Know 999 Refused</p>		<p>Read if respondent asks about examples of fruit-flavored drinks: “do not include fruit-flavored drinks with added sugar like cranberry cocktail, Hi-C, lemonade, Kool-Aid, Gatorade, Tampico, and sunny delight. Include only 100% pure juices or 100% juice blends.”</p> <p>Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask “Was that per day, week, or month?”</p>	246-248

C12.03	How often did you eat a green leafy or lettuce salad, with or without other vegetables?	FVGREEN1	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?" Read if respondent asks about spinach: "Include spinach salads."	249-251
C12.04	How often did you eat any kind of fried potatoes, including French fries, home fries, or hash browns?	FRENCHF1	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?" Read if respondent asks about potato chips: "Do not include potato chips."	252-254
C12.05	How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?	POTATOE1	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?" Read if respondent asks about what	255-257

					types of potatoes to include: "Include all types of potatoes except fried. Include potatoes au gratin, scalloped potatoes."	
C12.06	Not including lettuce salads and potatoes, how often did you eat other vegetables?	VEGETAB2	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?" Read if respondent asks about what to include: "Include tomatoes, green beans, carrots, corn, cabbage, bean sprouts, collard greens, and broccoli. Include raw, cooked, canned, or frozen vegetables. Do not include rice."	258-260

Core Section 13: Immunization

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C13.01	During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm?	FLUSHOT7	1 Yes		A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.	261
			2 No 7 Don't know / Not sure 9 Refused	Go to C13.03		
C13.02	During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm?	FLSHTMY3	___/____ Month/ Year 777777 Don't know/ Not sure 999999 Refused	Module on Place of Flu Shot Vaccination may be inserted after this question.		262-267
C13.03	Have you received a tetanus shot in the past 10 years?	TETANUS1	1 Yes, received Tdap 2 Yes, received tetanus shot, but not Tdap 3 Yes, received tetanus shot but not sure what type 4 No, did not receive any tetanus shot in the past 10 years 7 Don't know/Not sure 9 Refused		If yes, ask: Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?	268

C13.04	Have you ever had a pneumonia shot also known as a pneumococcal vaccine?	PNEUVAC4	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and conjugate, also known as Prevnar.	269
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Core Section 14: H.I.V./AIDS

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C14.01	<p>The next few questions are about the national health problem of H.I.V., the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.</p> <p>Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for H.I.V?</p>	HIVTST7	1 Yes			270
			2 No 7 Don't know/ not sure 9 Refused	Go to C14.03		

C14.02	Not including blood donations, in what month and year was your last H.I.V. test?	HIVTSTD3	__/____ Code month and year 77/ 7777 Don't know / Not sure 99/ 9999 Refused	If response is before January 1985, code "777777".	INTERVIEWER NOTE: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.	271-276
C14.03	<p>I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.</p> <p>You have injected any drug other than those prescribed for you in the past year.</p> <p>You have been treated for a sexually transmitted disease or STD in the past year.</p> <p>You have given or received money or drugs in exchange for sex in the past year.</p> <p>You had anal sex without a condom in the past year.</p> <p>You had four or more sex partners in the past year.</p>	HIVRISK5	1 Yes 2 No 7 Don't know / Not sure 9 Refused			277

	Do any of these situations apply to you? Do any of these situations apply to you?					
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Closing Statement/ Transition to Modules

Read if necessary	Read	CATI instructions (not read)
That was my last question. Everyone’s answers will be combined to help us provide information about the health practices of people in this state. Thank you very much for your time and cooperation.		Read if no optional modules follow, otherwise continue to optional modules.

Optional Modules

Module 21: Caregiver

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M21.01	During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?	CAREGIV1	1 Yes		If caregiving recipient has died in the past 30 days, code 8 and say: I'm so sorry to hear of your loss	383
			2 No 7 Don't know/Not sure	Go to M21.09		
			8 Caregiving recipient died in past 30 days	Go to next module		
			9 Refused	Go to M21.09		
M21.02	What is his or her relationship to you?	CRGVREL3	01 Mother 02 Father 03 Mother-in-law 04 Father-in-law 05 Child 06 Husband 07 Wife 08 Live-in partner 09 Brother or brother-in-law 10 Sister or sister-in-law 11 Grandmother 12 Grandfather 13 Grandchild 14 Other relative 15 Non-relative/ Family friend 77 Don't know/Not sure 99 Refused		If more than one person, say: Please refer to the person to whom you are giving the most care.	384-385
M21AGE	What is the age of that person you are caring for?	CRGVRAGE	__ Code age in years [97 = 97 and older] 98 Don't know/Not sure 99 Refused	NOTE TO PORTIA: We have permission from CDC to add this	What is the age of that person you are caring for?	1265-1266

				question here		
M21.03	For how long you have provided care for that person?	CRGVLNG1	Read if necessary: 1 Less than 30 days 2 1 month to less than 6 months 3 6 months to less than 2 years 4 2 years to less than 5 years 5 More than 5 years Do not read: 7 Don't Know/ Not Sure 9 Refused			386
M21.04	In an average week, how many hours do you provide care or assistance?	CRGVHRS1	Read if necessary: 1 Up to 8 hours per week 2 9 to 19 hours per week 3 20 to 39 hours per week 4 40 hours or more Do not read: 7 Don't know/Not sure 9 Refused			387
M21.05	What is the main health problem, long-term illness, or disability that the person you care for has?	CRGVPRB3	01 Arthritis/rheumatism 02 Asthma 03 Cancer 04 Chronic respiratory conditions such as emphysema or COPD 05 Alzheimer's disease, dementia or other cognitive impairment disorder 06 Developmental disabilities such as autism, Down's	If M21.05 = 5 (Alzheimer's disease, dementia or other cognitive impairment disorder), go to M21.07. Otherwise, continue		388-389

			Syndrome, and spina bifida 07 Diabetes 08 Heart disease, hypertension, stroke 09 Human Immunodeficiency Virus Infection (H.I.V.) 10 Mental illnesses, such as anxiety, depression, or schizophrenia 11 Other organ failure or diseases such as kidney or liver problems 12 Substance abuse or addiction disorders 13 Injuries, including broken bones 14 Old age/ infirmity/frailty 15 Other 77 Don't know/Not sure 99 Refused			
M21.06	Does the person you care for also have Alzheimer's disease, dementia or other cognitive impairment disorder?	CRGVALZD	1 Yes 2 No 7 Don't know/ Not sure 9 Refused			390
M21.07	In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding,	CRGVPER1	1 Yes 2 No 7 Don't know/ not sure 9 Refused			391

	dressing, or bathing?					
M21.08	In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or preparing meals?	CRGVHOU1	1 Yes 2 No 7 Don't know/ not sure 9 Refused			392
M21.09	In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?	CRGVEXPT	1 Yes 2 No 7 Don't know/ not sure 9 Refused	If M21.01 = 1 or 8, go to next module		393

Module 23: Family Planning

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M23.01	The last time you had sex with a man, did you or your partner do anything to keep you from getting pregnant?	PFPPRVN3	1 Yes	If respondent is female and greater than 49 years of age, is pregnant, or if respondent is male, go to the next module. NOTE TO PORTIA: We removed hysterectomy skip info from CDC original because we did not ask that question. Continue		405
			2 No	Go to M23.03		
			3 No partner/ not sexually active 4 Same sex partner 7 Don't know / Not sure 9 Refused	Go to next section		
M23.02	The last time you had sex with a man, what did you or your partner do to keep you from getting pregnant?	TYPCNTR8	Read if necessary: 01 Female sterilization (ex. Tubal ligation, Essure, Adiana) 02 Male sterilization (vasectomy) 03 Contraceptive implant (ex.	Go to next module	If respondent reports using more than one method, please code the method that occurs first on the list. If respondent reports using	406-407

			<p>Nexplanon, Jadelle, Sino Implant, Implanon) 04 IUD, Levonorgestrel (LNG) or other hormonal (ex. Mirena, Skyla, Liletta, Kylena) 05 IUD, Copper-bearing (ex. ParaGard) 06 IUD, type unknown 07 Shots (ex. Depo-Provera or DMPA) 08 Birth control pills, any kind 09 Contraceptive patch (ex. Ortho Evra, Xulane) 10 Contraceptive ring (ex. NuvaRing)</p>		<p>“condoms,” probe to determine if “female condoms” or “male condoms.”</p> <p>If respondent reports using an “I.U.D.” probe to determine if “levonorgestrel I.U.D.” or “copper-bearing I.U.D.”</p> <p>If respondent reports “other method,” ask respondent to “please specific” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.</p>	
			<p>11 Male condoms 12 Diaphragm, cervical cap, sponge 13 Female condoms 14 Not having sex at certain times (rhythm or natural family planning) 15 Withdrawal (or pulling out) 16 Foam, jelly, film, or cream 17 Emergency contraception (morning after pill) 18 Other method Do not read: 77 Don’t know/ Not sure 99 Refused</p>			
M23.03	Some reasons for	NOBCUSE7	Read if necessary:		If respondent reports “other	408-409

	<p>not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant. What was your main reason for not using a method to prevent pregnancy the last time you had sex with a man?</p>		<p>01 You didn't think you were going to have sex/no regular partner 02 You just didn't think about it 03 Don't care if you get pregnant 04 You want a pregnancy 05 You or your partner don't want to use birth control 06 You or your partner don't like birth control/side effects 07 You couldn't pay for birth control 08 You had a problem getting birth control when you needed it 09 Religious reasons 10 Lapse in use of a method 11 Don't think you or your partner can get pregnant (infertile or too old) 12 You had tubes tied (sterilization) 13 You had a hysterectomy 14 Your partner had a vasectomy (sterilization) 15 You are currently breast-feeding 16 You just had a baby/postpartum 17 You are pregnant now 18 Same sex partner</p>		<p>reason," ask respondent to "please specify" and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.</p>	
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			19 Other reasons Do not read: 77 Don't know/Not sure 99 Refused			
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Module 30: Random Child Selection

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Intro text and screening	<p>If C08.15 > 1 and C08.15 does not equal 88 or 99, Interviewer please read: Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.</p> <p>If C08.15 is >1 and C08.15 does not equal 88 or 99, Interviewer please read: Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their</p>			<p>If C08.15 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.</p> <p>CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the Xth child. Please substitute Xth child's number in all questions below.</p> <p>INTERVIEWER PLEASE READ: I have some additional questions about one specific child. The child I will be referring to is the Xth [CATI: please fill in correct number] child in your household. All following questions about children will be about the Xth [CATI: please fill in] child.</p>		

	birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.					
M30.01	What is the birth month and year of the [Xth] child?	RCSBIRTH	__/_---- Code month and year 77/ 7777 Don't know / Not sure 99/ 9999 Refused			624-629
M30.02	Is the child a boy or a girl?	RCSGENDR	1 Boy 2 Girl 9 Refused			630
M30.03	Is the child Hispanic, Latino/a, or Spanish origin?	RCHISLA1	Read if response is yes: 1 Mexican, Mexican American, Chicano/a 2 Puerto Rican 3 Cuban 4 Another Hispanic, Latino/a, or Spanish origin Do not read: 5 No 7 Don't know / Not sure 9 Refused		If yes, ask: Are they...	631-634
M30.04	Which one or more of the following would you say	RCSRACE1	10 White 20 Black or African American	[CATI NOTE: If more than one response to M30.04; continue.	Select all that apply If 40 (Asian) or 50 (Pacific	635-662

	is the race of the child?		30 American Indian or Alaska Native 40 Asian 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian 50 Pacific Islander 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 60 Other 77 Don't know / Not sure 99 Refused	Otherwise, go to M30.06.]	Islander) is selected read and code subcategories underneath major heading.	
M30.05	Which one of these groups would you say best represents the child's race?	RCSBRAC2	10 White 20 Black or African American 30 American Indian or Alaska Native 40 Asian 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian 50 Pacific Islander 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read:		If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.	663-664

			60 Other 88 No additional choices 77 Don't know / Not sure 99 Refused			
M30.06	How are you related to the child? Are you a....	RCSRLTN2	Please read: 1 Parent (include biologic, step, or adoptive parent) 2 Grandparent 3 Foster parent or guardian 4 Sibling (include biologic, step, and adoptive sibling) 5 Other relative 6 Not related in any way Do not read: 7 Don't know / Not sure 9 Refused			665

Module 31: Childhood Asthma Prevalence

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M31.01	The next two questions are about the Xth child. Has a doctor, nurse or other health professional EVER said that	CASTHDX2	1 Yes 2 No 7 Don't know/ not sure 9 Refused	If response to C08.15 = 88 (None) or 99 (Refused), go to next module. Fill in correct [Xth] number. Go to next module		666

	the child has asthma?					
M31.02	Does the child still have asthma?	CASTHNO2	1 Yes 2 No 7 Don't know/ not sure 9 Refused			667

State Added Questions

Traumatic Brain Injury Prevention (among adults with children) (Injury Prevention Program)

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Text	The next three questions are about the Xth child and ask about middle or high school sports-related injuries.			<p>If C08.15, CHILDREN is 88 or 99 (no children under age 18 in the household, or Refused), go to next section "Health Care Access"</p> <p>NOTE TO PORTIA: Fill in correct [Xth] number child.</p> <p>If C08.15, CHILDREN = 1, question text should read: "The next three questions are about your child and ask about middle or high school</p>		

				sports-related injuries.”		
S02.01	Has your Xth child ever received an injury or blow to the head that resulted in symptoms of a concussion as a result of playing middle or high school-organized sports either in competition or during practice? Symptoms can include: memory loss, confusion, loss of consciousness/being knocked out, blurry vision, and nausea.	CNCSSNCHLD	1 Yes 2 No 7 Don't Know / Not Sure	If C08.15, CHILDREN ≥ 1 (children under age 18 in household), continue. If C08.15, CHILDREN = 1, question text should read: “Has your child ever received an injury...” NOTE TO PORTIA: If response is 1, continue Skip to S02.03, CNCSSNED if response is 2 or 7	INTERVIEWER NOTE: Please read response options 1, 2, 3 and 4	904

			<p>3 No, my child does not participate in middle or high school organized sports</p> <p>4 No, my child is not in middle or high school</p> <p>9 Refused</p>	<p>NOTE TO PORTIA: Skip to next section "Health Care Access" if response is 3, 4, or 9</p>		
S02.02	When your Xth child had those concussion symptoms while participating in school-organized sport activities, which of the following happened? (Select all that apply)	CNCSSNCHLDFU	<p>Please read:</p> <p>01 The head injury was not reported, and the child continued to play</p> <p>02 Reported the injury to a coach</p> <p>03 Reported the injury to an athletic trainer</p> <p>04 Child seen by a doctor</p> <p>05 Child received cognitive testing</p> <p>06 Child followed a structured progression of activities and treatment for return to sports</p> <p>Do not read:</p> <p>77 Don't know / Not Sure</p> <p>99 Refused</p>	<p>NOTE TO PORTIA: Do not allow response 01 to be chosen if any responses from 02-06 are selected.</p>	Allow/record multiple responses	905-916

S02.03	Who in your family receives concussion education provided by child X's school? (Select all that apply)	CNCSSNED	Please read: 1 No one in the family received education 2 Child X 3 Student sibling of Child X 4 Self 5 Other parent / Guardian 6 Other person Do not read: 7 Don't know / Not sure 9 Refused	NOTE TO PORTIA: Do not allow response 1 to be chosen if any responses from 2-6 are selected.	Allow/record multiple responses	917-922
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Health Care Access

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Text	We would like to ask you a few questions about your health insurance.					
S03.01	What is the primary source of your health care coverage? Is it...?	HCSRC	<p>Please read:</p> <p>01 Through current or former employer</p> <p>02 By purchasing it on your own</p> <p>03 Medicare</p> <p>04 Medicaid</p> <p>Do not read:</p> <p>77 Don't know / Not sure</p> <p>99 Refused</p>	<p>NOTE TO PORTIA:</p> <p>Ask if C03.01, HLTHPLN1 is 1</p>	If the respondent indicates that they purchased health insurance through the Health Insurance Marketplace (name of state Marketplace), ask if it was a private health insurance plan purchased on their own or by a family member (private) or if they received Medicaid (state plan)? If purchased on their own (or by a family member), select 02, if Medicaid select 04.	923-924
S03.02	Which health plan provides your primary source of health care coverage? Is it...?	HCPLN	<p>Please read:</p> <p>01 HMSA</p> <p>02 Kaiser</p> <p>03 University Health Alliance (UHA)</p> <p>04 HMAA</p> <p>05 Aloha Care</p> <p>06 Ohana Health Plan</p> <p>07 United Health Care</p> <p>08 Aetna</p>	<p>NOTE TO PORTIA:</p> <p>Ask if C03.01, HLTHPLN1 is 1</p>		925-926

			09 TRICARE or CHAMPVA (Formerly called CHAMPUS) 10 Other Do not read: 77 Don't know / Not sure 99 Refused			
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Community Health Workers (Heart Disease & Stroke Program)

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Text	Now I will ask about support for health services in your community.					
S04.01	Has a doctor, nurse, or other health professional ever given you information about available community-based services to support your health or basic needs such as support groups, classes, counselors, community recreation programs or faith-based activities?	CMMTYINFO	1 Yes 2 No Do not read: 7 Don't know / Not sure 9 Refused	Ask everyone		927
S04.02	Has a doctor, nurse, or other health professional ever arranged services to help manage your health condition AT HOME or to help you with basic needs like housing, health insurance,	HMESVCS	1 Yes 2 No 3 I have never needed help to manage my health or with basic needs Do not read: 7 Don't know / Not sure 9 Refused	Ask everyone		928

	food, or transportation?					
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Riding Safety in a Car (Injury Prevention Program)

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Text	Next, we would like to ask you some questions about car safety.					
S05.01	How often do you wear a seat belt when riding in the back seat of a car driven by someone else?	IPSTBLT	Please read: 1 Always 2 Nearly always 3 Sometimes 4 Almost never 5 Never Do not read: 7 Don't know / Not Sure 9 Refused	Ask everyone		929
S05.02	Which individuals are required under Hawaii's law to wear a seat belt when riding a car?	IPSTBLTLW	Please read: 1 Driver only 2 Driver and front seat passenger 3 Driver, front seat passenger, passengers in the back seat under the age of 18 4 Driver, and all passengers regardless of age or where they are seated 5 None, no occupants are required to wear seat belts Do not read: 7 Don't know / Not sure 9 Refused	Ask everyone		930
S05.03	Have you seen, heard or read any messages about wearing a seat belt when riding in the back seat of a vehicle?	IPSTBLTMSG	Please read: 1 Yes 2 No 3 Unsure (I am not sure if I have seen any messages about using a seat belt in the back seat of a vehicle).	Ask everyone		931

			Do not read: 9 Refused			
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Drowning Prevention (Injury Prevention Program)

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Text	The following questions are about recreational water use.					
S06.01	How many days did you engage in recreational activities in the ocean in Hawaii in the past 30 days?	IPOCNACTFRQ	__ Number of days 77 Don't know / Not Sure 99 Refused 88 None	Ask everyone NOTE TO PORTIA: If response is XX Number of days, 77 or 99, continue NOTE TO PORTIA: Skip to S06.03, IPSWM if response is 88		932-933
S06.02	We are going to read a short list of ocean activities. Please tell us if you engaged in any of those activities during the past 30 days. Did you go _____ in the ocean in Hawaii during the past 30 days?	IPOCNACTTYP	Please read: 1 Snorkeling 2 Swimming 3 Surfing 4 Boogie boarding or body boarding 5 Free diving 6 Standup paddling Do not read: 7 Don't know / Not sure 9 Refused		Allow/record multiple responses	934-939

S06.03	Can you swim at least 25 yards (or 75 feet)? That is about the usual length of a public swimming pool.	IPSWM	1 Yes 2 No Do not read: 7 Don't know / Not sure 9 Refused	Ask everyone	This question applies to any swimming style or technique, including doggy paddling, that gets the respondent from one end of the pool to the other end.	940
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Physical Activity, Weight, and Food Security (UH OPHS, SNAP-ED Program)

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/CATI Note	Interviewer Note (s)	Column(s)
Text	The next set of questions ask about your physical activity, weight, and Nutrition Assistance Programs.					
S07.01	Over your lifetime, how much have you participated in hula, including during school, with friends and family, or in a halau?	PAEVRHULA	Please read: 1 Never 2 Almost never 3 Sometimes 4 Often 5 Very often Do not read: 7 Don't know / Not Sure 9 Refused	Ask everyone		941
S07.02	Over your lifetime, how much have you participated in outrigger canoe paddling, including during school, with friends and family, or as part of a club?	PAOTRGGRFRQ	Please read: 1 Never 2 Almost never 3 Sometimes 4 Often 5 Very often Do not read: 7 Don't know / Not Sure 9 Refused	Ask everyone		942
S07.03	Over your lifetime, how much have you engaged in spearfishing?	SPEARFISH	Please read: 1 Never 2 Almost never 3 Sometimes 4 Often 5 Very often Do not read: 7 Don't know / Not Sure 9 Refused	Ask everyone		943

S07.04	In the past 12 months, did you or any member of your household receive benefits from the Food Stamp Program or SNAP (the Supplemental Nutrition Assistance Program)? Do not include WIC, the School Lunch Program, or assistance from food banks.	SNAP12MO	1 Yes 2 No Do not read: 7 Don't know / Not sure 9 Refused	Ask everyone		944
S07.05	In the past 12 months, did you get free food from a food pantry, church, soup kitchen or shelter?	FREEFD12MO	1 Yes 2 No Do not read: 7 Don't know / Not sure 9 Refused	Ask everyone		945

Sugar Sweetened Beverages

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Text	Now think about the about the sugar sweetened beverages you drank.					
S08.01	During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.	SSBSUGR2	1 __ Times per day 2 __ Times per week 3 __ Times per month Do not read: 888 None 777 Don't know / Not sure 999 Refused	Ask everyone		946-948
S08.02	During the past 30 days, how often did you drink sugar-sweetened fruit drinks (such as Hawaiian Sun, Aloha Maid, Kool-aid™ and lemonade), sweet tea, and sports or energy drinks (such as Gatorade™ and Red Bull™)? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks.	SSBFRUT3	Please read: You can answer times per day, week, or month: for example, twice a day, once a week, and so forth. 1 __ Times per day 2 __ Times per week 3 __ Times per month Do not read: 888 None 777 Don't know / Not sure 999 Refused	Ask everyone		949-951

Prescribed Medication

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column (s)
Text	The following questions ask about your prescribed medication.					

<p>S09.01</p>	<p>In the past year, what prescription pain medications were prescribed to you by a doctor? This includes drugs like Hydrocodone, Vicodin, Oxycodone and Tylenol with codeine.</p>	<p>IPPAINRXTYP</p>	<p>01 Butorphanol Tartrate 02 Carisoprodol 03 Celebrex 04 Codeine 05 Darvocet 06 Darvon 07 Demerol 08 Dilaudid 09 Duragesic 10 Embeda 11 Fentanyl 12 Fentora 13 Gabapentin 14 Hydrocodone 15 Hydromorphone 16 Ibuprofen / Motrin 17 Kadian 18 Levorphanol 19 Lortab 20 Lorcet 21 Meperidine 22 Methadone 23 Morphine 24 Naproxen 25 Narcan 26 Neurontin 27 Opium Tincture 28 Oxycodone 29 Oxycontin 30 Pentazocine 31 Percocet 32 Percodan 33 Propoxyphene 34 Roxicet 35 Soma 36 Stadol 37 Suboxone 38 Subutex 39 Toradol 40 Tramadol 41 Tylenol with codeine (Tylenol #3) 42 Tylox 43 Ultram (Ultram ER) 44 Ultracet 45 Vicodin 46 Other (specify__)</p>	<p>Ask everyone</p> <p>NOTE TO PORTIA: If response is 01-46, continue</p> <p>If response is 46 (Other), then record specified answer in: IPPAINRX TYPOTH (964-991)</p>	<p>Do not read responses Allow/record multiple responses (maximum number of responses = 6)</p> <p>“Anything else?” See list of 46 medications</p> <p>If response is 46 (Other), it must be specified</p>	<p>952-963</p>
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			88 'None' or 'Nothing' or 'I did not take pain prescription medication in the past year' or 'Never take prescription pain medication' 77 Don't Know / Not Sure 99 Refused	NOTE TO PORTIA: If response is 88, 77 or 99, skip to next section		
S09.02	How long have you been taking prescription pain medication? (Alternatively: How long did you take prescription	IPPAINRXDUR	1 __ days 2 __ weeks 3 __ months 4 __ years Do Not Read: 777 Don't know / Not sure 999 Refused		If answer is 33 days, code as 133. If answer is 2 weeks, code as 202. If answer is 4 months, code as 304. If answer is	992-994

	pain medication?)				one year, code as 401. If respondent gives a number without a time frame, ask “was that days, weeks, months, or years?”	
S09.03	The last time you used pain medication that was prescribed to you, what were the main reasons?	IPPAINRXRSN	<p>Please read if necessary:</p> <p>01 Pain related to cancer</p> <p>02 Post-surgical care/medical care</p> <p>03 Back pain, short term</p> <p>04 Back pain, long term</p> <p>05 Joint pain, short term</p> <p>06 Joint pain, long term</p> <p>07 Carpal tunnel syndrome</p> <p>08 Arthritis</p> <p>09 Work-related injury</p> <p>10 Other injury causing short term pain</p> <p>11 Other injury causing long term pain</p> <p>12 Other physical conditions causing pain</p> <p>13 To prevent or relieve withdrawal symptoms</p> <p>Do not read:</p> <p>77 Don't know / Not sure</p> <p>99 Refused</p>		Allow/record multiple responses	995-1020

S09.04	Are you currently unable to acquire sufficient prescription opioids to address your chronic pain issues, either in terms of the frequency or amount of the prescription?	IPPAINRXINSUF	1 Yes 2 No Do not read: 7 Don't know / Not sure 9 Refused			1021
S09.05	What alternative pain management options have you considered to ongoing use of prescription opioids?	IPPAINRXALT	Please read if necessary: 01 Medical marijuana 02 Buprenorphine 03 Naltrexone 04 Medically Assisted Treatment 05 Opioids not prescribed to me 06 Herbal remedies 07 Acupuncture 08 Other dietary supplements 09 Chiropractic treatment and massage 10 Therapeutic touch and Reiki healing 11 Yoga 12 Other mind-body therapies 13 Psychotherapy/behavioral modification 14 Other (specify) Do not read: 77 Don't know / Not sure 99 Refused	NOTE TO PORTIA: If response is 14 (Other) then record specified answer in: IPPAINRX ALTOTH (1050-1077)	Allow/record multiple responses If response is 14 (Other) , it must be specified	1022-1049
S09.06	In the past year, have you had any pain medication left	IPPNRXLFTOVR	1 Yes 2 No 7 Don't Know/ Not sure 9 Refused	NOTE TO PORTIA: If response		1078

	over from a prescription?			is 2, 7, 9 go to S09.08.		
S09.07	What did you do with the leftover prescription pain medication?	IPPNRXLFTOVRDSP	1 Kept it 2 Used it for another unrelated pain/other purpose 3 Disposed of it in trash/rubbish/flushed it 4 Brought it to a drug take-back location/bin 5 Brought it to pharmacist/medical provider 6 Gave it to someone else 7 Don't know/not sure 9 Refused			1079
S09.08	How long has it been since you used any prescription pain reliever?	IPPNRXHWLNG	Read only if necessary 1 Currently taking (in the past 30 days) 2 More than 30 days ago but within the past 12 months 3 More than 12 months ago 4 Never 7 Don't know/Not sure 9 Refused		Pain relievers include Codeine, morphine, Lortab, Vicodin, Tylenol #3, Percocet, OxyContin, Xanax, Valium, Ativan. We only want to know about medication that is not available over the counter.	1080

E-Cigarettes and Cigars (TPEP)

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
S10.01	Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?	ECIGARET	1 Yes		Read if necessary: Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy. Interviewer note: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.	1081
			2 No 7 Don't know/Not sure 9 Refused	NOTE TO PORTIA: Go to S10.03		
S10.02	Do you now use e-cigarettes or other electronic vaping	ECIGNOW	1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused		Interviewer note: These questions concern electronic vaping products	1082

	products every day, some days, or not at all?				for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.	
S10.03	Do you currently smoke cigars every day, some days, or not at all?	CIGARS	1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused			1083

Tobacco

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Text	The following questions deal with issues related to smoking.					
S11.01	During the past 12 months, did any doctor, dentist, nurse or other health professional <u>ask</u> if you smoke cigarettes or use any other tobacco product?	TOBHPASK	1 Yes 2 No, they did not ask 3 No, I did not see any health professionals during the past 12 months Do not read 7 Don't know / Not sure 9 Refused	Ask Everyone	If 2 then probe: "No, they did not ask (code 2)" or "No, you did not see any health professionals during the past 12 months (code 3)"	1084
S11.02	During the past 12 months, did a doctor, dentist, nurse, or other health professional <u>advise you</u> to quit smoking cigarettes or use any other tobacco product?	TOBHPADV	1 Yes 2 No, they did not advise 3 No, I did not see any health professionals during the past 12 months Do not read 7 Don't know / Not sure 9 Refused	NOTE TO PORTIA: Ask if C09.01, SMOKE100 is 1 AND current smokers (C09.02 = 1 or 2).	If 2 then probe: "No, they did not advise (code 2)" or "No, you did not see any health professionals during the past 12 months (code 3)"	1085
S11.03	When you were trying to quit smoking, did you use any of the following methods?	TOBQTMTHD	Please read: 1 Telephone quitline 2 Smoking cessation class, program or support group 3 One-on-one counseling from a	NOTE TO PORTIA: Ask if C09.01, SMOKE100 is 1 AND C09.03, STOPSMK2 is 1 OR C09.04,	Read responses. Allow/record multiple responses.	1086-1091

			health professional 4 A nicotine replacement therapy (such as gum, patch, lozenge, etc.) 5 A medication (such as Zyban or Chantix) Do not read: 6 None or cold turkey 7 Don't Know / Not sure 9 Refused	LASTSMK2, is 01,02,03, or 04		
S11.04	Do you know about the Hawaii Tobacco Quitline?	TOBQTLN	1 Yes 2 No Do not read: 7 Don't Know / Not sure 9 Refused	Ask everyone		1092
Text	You've told us that you have smoked in the past or are currently smoking. The next question is about screening for lung cancer.			NOTE TO PORTIA: If C08.01, AGE > 54 and < 81 AND C09.01, SMOKE100 is 1, continue		
S11.05	During a CT or CAT scan, you lie flat on your back on a table. While you hold your breath, the table moves through a donut shaped x-ray machine while the scan is done. In the last 12 months, did you have a CT or CAT scan?	CTSAN12MO	Please read if necessary: 1 Yes, to check for lung cancer 2 No (did not have a CT scan) 3 Had a CT scan, but for some other reason Do not read: 7 Don't know/not sure 9 Refused	NOTE TO PORTIA: Ask if C08.01, AGE > 54 and < 81 AND C09.01, SMOKE100 is 1		1093

Chronic Disease

Diabetes

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Text	Now, we would like to ask you about diabetes.					
S12.01	You have told us that you have diabetes/pre-diabetes. A self-management plan may document a plan to change your eating habits, manage your weight, increase your exercise, or monitor your blood glucose. Has a doctor or other health professional EVER worked with you to create a self-management plan to help control your diabetes/pre-diabetes?	DIABSLFMGTPLN	Please read: 1 Yes, I have a plan and have made changes 2 Yes, I have a plan and have not made changes 3 No, I do not have a plan and have made changes 4 No, I do not have a plan and have not made changes Do not read: 7 Don't Know / Not sure 9 Refused	NOTE TO PORTIA: Ask if C06.11, DIABETE3 is 1 or 4 or M01.02, PREDIAB1 is 1		1094

Hypertension

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Text	The next few questions ask about high blood pressure.				
S13.01	A self-management plan documents a plan to change your eating habits, reduce salt intake, increase exercise, or reduce alcohol use. Has a doctor or other health professional EVER worked with you to create a self-management plan to help lower or control your blood pressure?	HBPSLFMGTPLN	Please read: 1 Yes, I have a plan and have made changes 2 Yes, I have a plan, but I have not made changes 3 No, I do not have a plan but have made changes 4 No, I do not have a plan and have not made changes Do not read: 7 Don't Know / Not Sure 9 Refused	NOTE TO PORTIA: Ask if C04.01, BPHIGH4 is 1. Otherwise, go to next section.	1095
S13.02	Has your doctor, nurse, or other health professional EVER ADVISED you to take your blood pressure at home?	HBPMSRHME	1 Yes 2 No Do not read: 7 Don't know / Not sure 9 Refused		1096

Cancer

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Text	We would like to ask you questions about genetic testing for cancer risk. That is testing your blood to see if you carry genes which may predict a greater chance of developing cancer in the future. This does NOT include tests to determine if you have cancer now.					
S14.01	Has a doctor, nurse, or other health professional EVER advised you to see a genetic counselor to assess your personal risk of cancer, or to discuss genetic testing for cancer risk assessment?	ADVAGENTSTCNCR	1 Yes 2 No Do not read: 7 Don't Know / Not Sure 9 Refused	Ask everyone		1097
S14.02	Do you have any blood relatives such as parents,	BRSTCNCRFMLYHST	1 Yes 2 No Do not read:	Ask everyone		1098

	siblings, children, and grandparents who have been diagnosed with breast, ovarian, or colorectal cancer?		7 Don't Know / Not Sure 9 Refused			
S14.03	During the past 12 months, how many times have you had a sunburn?	SNBRNFRQ12M	Do not read: Enter number (0-365) ___ 777 Don't know / Not sure 999 Refused	Ask everyone		1099-1101
S14.04	Has a doctor, nurse, or other health professional EVER talked with you about prostate cancer risk?	PRSTCNCRRSKTLK	1 Yes 2 No Do not read: 7 Don't Know / Not Sure 9 Refused	NOTE TO PORTIA: Ask if M28.01, BIRTHSEX is 1 (male) AND C08.01, AGE > 39 (age 40 and older)		1102
Text	You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.					
S14.05	What type of cancer was it?	CNCRTYP1	Breast 01 Breast cancer Female reproductive (Gynecologic) 02 Cervical cancer (cancer of the cervix) 03 Endometrial cancer (cancer of the uterus) 04 Ovarian cancer (cancer of the ovary) Head/Neck	NOTE TO PORTIA: Ask if C06.06, CHCSCNCR is 1 (skin cancer) or C06.07, CHCOCNCR is 1 (other cancer)	Please read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-30]:	1103-1104

			05 Head and neck cancer 06 Oral cancer 07 Pharyngeal (throat) cancer 08 Thyroid 09 Larynx Gastrointestinal 10 Colon (intestine) cancer 11 Esophageal (esophagus) 12 Liver cancer 13 Pancreatic (pancreas) cancer 14 Rectal (rectum) cancer 15 Stomach Leukemia/Lymphoma (lymph nodes and bone marrow) 16 Hodgkin's Lymphoma (Hodgkin's disease) 17 Leukemia (blood) cancer 18 Non-Hodgkin's Lymphoma Male reproductive 19 Prostate cancer 20 Testicular cancer Skin 21 Melanoma 22 Other skin cancer Thoracic 23 Heart 24 Lung			
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			<p>Urinary cancer: 25 Bladder cancer 26 Renal (kidney) cancer</p> <p>Others 27 Bone 28 Brain 29 Neuroblastoma 30 Other</p> <p>Do not read: 77 Don't know / Not sure 99 Refused</p>			
S14.06	A Treatment Summary is a document that details the cancer treatments a patient has received, to include when and where these treatments were received. Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received?	CNCRTXSUM	<p>1 Yes 2 No Do not read: 7 Don't Know / Not Sure 9 Refused</p>	NOTE TO PORTIA: Ask if C06.06, CHCSCNCR is 1 (skin cancer) or C06.07, CHCOCNCR is 1 (other cancer) or CNCRTYP1 is not 77 or 99	Read only if necessary: By 'other healthcare professional', we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional.	1105
S14.07	A survivorship care plan is a coordinated plan to help cancer survivors and their healthcare team coordinate their future care.	CNCR CAREPLN	<p>1 Yes 2 No Do not read: 7 Don't Know / Not Sure 9 Refused</p>	NOTE TO PORTIA: Ask if C06.06, CHCSCNCR is 1 (skin cancer) or C06.07, CHCOCNCR	If necessary read the following for more information on survivorship care plans: The plan	1106

	Were you provided a survivorship care plan upon completion of treatment?			is 1 (other cancer) or CNCRTYPE1 is not 77 or 99	includes a summary of all treatments received and support services used as well as a detailed plan for ongoing care, including follow-up schedules for physician visits and diagnostic testing, recommendations for a healthy lifestyle, and recommendations for early detection and management of treatment-related effects and other health problems including psychosocial effects.	
S14.08	An Advance Health Care Directive is a document that allows you to appoint someone to make health care decisions on your behalf and/or to leave instructions about the kind of health care	ADVHLTHCAREDIR	1 Yes 2 No Do not read: 7 Don't Know / Not Sure 9 Refused	Ask everyone		1107

	<p>you want or don't want. This document is used to guide decisions about your health care in the event that you become very ill and cannot decide for yourself. The document is sometimes called a Living Will or Health Care Power of Attorney. Have you completed an Advance Health Care Directive?</p>					
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Hepatitis B Virus Risk and Vaccination

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Text	The next few questions are about the Hepatitis-B virus which can cause cancer as well as other health problems. Please remember that your answers are confidential.					
S15.01	<p>I am going to read you a list. When I am done reading the entire list, please tell me if any of the situations apply to you. You do not need to tell me which ones.</p> <ul style="list-style-type: none"> You are a health care or public safety worker who has been exposed to hepatitis B-infected blood or bodily fluids I have ever received hemodialysis You live in the same house with someone who has been diagnosed with Hepatitis B. 	HEPBRISK	1 Yes 2 No Do not read: 7 Don't Know / Not Sure 9 Refused	Ask everyone	Do not read: If respondent is female Had sex with other men.	1108

	<ul style="list-style-type: none"> • You have used intravenous drugs or shared injection equipment in the past year. • You have engaged in any of the following sexual activities in the past year: <ul style="list-style-type: none"> • [INTERVIEWER NOTE: DO NOT READ: IF RESPONDENT IS FEMALE] Had sex with other men. • Had anal sex without a condom. • Had four or more sex partners. • Exchanged sex for drugs or money. • You or a partner have been diagnosed with or treated for an STD. <p>Do any of these situations apply to you?</p>					
S15.02	Hepatitis B vaccine is given in three separate doses and has been recommended for all newborn infants since 1991. Have you EVER received the 3-dose series of the hepatitis B vaccine?	HEPBVAC	1 Yes, at least 3 doses 2 Less than 3 doses 3 No doses Do not read: 7 Don't know / Not sure 9 Refused	Ask everyone	(If Yes) Inquire if respondent received full 3 doses or less than 3 doses.	1109

Built Environment

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Text	Now think about the neighborhood you live in.					
S16.01	Does your neighborhood have sidewalks, bike lanes, paths, or trails for walking or bicycling?	PAWLKBKLN	1 Yes 2 No Do not read: 7 Don't know / Not Sure 9 Refused	Ask everyone		1110
S16.02	During the past 30 days, how many days per week or per month did you walk or ride a bicycle around your neighborhood for at least 10 minutes at a time?	PAWLKBKFRQ30D	1 __ times per week 2 __ times per month 888 No walking or bicycling during the past 30 days 777 Don't know / Not sure 999 Refused	Ask everyone	If respondent gives a number without a time frame, ask "was that days per week, or month?"	1111-1113

Falls and Injury (Injury Prevention)

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Text	Next, I will ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.					
S17.01	In the past 12 months, how many times have you fallen?	FALL12MN	__ Number of times [76 = 76 or more] 88 None 77 Don't know / Not sure 99 Refused	Skip if Section C08.01, AGE, coded 18-44 Go to S17.04	Read if necessary: By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.	1114-1115
S17.02	Did this fall cause an injury that limited your regular activities for at least a day or caused you to go to see a doctor? How many of these falls caused an injury that limited your regular activities for at least a day or caused you to go to see a doctor?	FALLINJ3	__ Number of falls [76 = 76 or more] 88 None 77 Don't know / Not sure 99 Refused	If S17.01=1 ask first version of question, if S17.01>1 ask second version. If only one fall from S17.01 and response is Yes (caused an injury); code 01. If response	Read if necessary: By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.	1116-1117

				is No, code 88.		
S17.03	Where did you receive treatment for the most serious injury you suffered as a result of a fall?	IPFALLINJTXLOC	<p>Please read if necessary: 01 At home 02 Treated by ambulance personnel/911 responder 03 Private doctor of HMO office 04 Clinic 05 Health center 06 Emergency department 07 Hospital inpatient 08 Somewhere else</p> <p>Do not read: 77 Don't know / Not sure 99 Refused</p>	<p>NOTE TO PORTIA: Skip if S17.02, FALLINJ3 is 88, 77 or 99</p>		1118-1119
S17.04	In the past 30 days, have you seen, heard, or read any information on preventing falls for the elderly?	IPFALLINFO30D	1 Yes	Ask everyone		1120
			2 No Do not read: 7 Don't know / Not Sure 9 Refused	<p>NOTE TO PORTIA: Skip to S17.06, IPFALLACT, if response is 2, 7 or 9</p>		
S17.05	Do you recall the source of that information?	IPFALLINFOSRC	<p>Please read: 01 Internet 02 Television 03 Radio 04 Newspaper</p>	<p>NOTE TO PORTIA: Ask if S17.04,</p>	Allow/record multiple responses	1121-1140

			<p>05 Magazines 06 Printed materials from stores/pharmacies 07 Information from health care provider such as doctor 08 Family member 09 Friend /acquaintance 10 Other (specify) Do not read: 77 Don't know / Not sure 99 Refused</p>	<p>IPFALLINF O30D is 1 If 10 (Other), then record specified answer in: IPFALLINF OSRCOTH (1141-1168)</p>	<p>If response is 10 (Other), it must be specified</p>	
S17.06	What are some actions seniors can do to reduce their risk of falls?	IPFALLACT	<p>Do not read: 01 Have their vision regularly checked 02 Reduce clutter/tripping and slipping hazards in and outside their home 03 Exercise regularly/maintain good physical condition 04 Review/change their prescription medicines with guidance from their doctor or pharmacist 05 Ensure adequate lighting in and</p>	<p>Ask everyone NOTE TO PORTIA: If 08 (Other), record specified answer in: IPFALLACT OTH (1185-1212)</p>	<p>Do not read responses Allow/record multiple responses If response is 08 (Other), it must be specified</p>	1169-1184

			outside their home 06 Install home safety features such as shower grab bars, hand rails, etc. 07 Consult their physicians for general fall prevention advice 08 Other (specify) 77 Don't know / Not sure 99 Refused			
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Add-on Survey (Hawaii Tobacco Quitline)

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Text	Previously, we asked if you ever heard about the Hawaii Tobacco Quitline. We would like to ask some follow-up questions regarding the Hawaii Tobacco Quitline.					
Add01	Have you ever recommended the Hawaii Tobacco Quitline to a friend/relative/co-worker, etc.?	HQTLEVRREC	1 Yes 2 No Do not read: 7 Don't know / Not Sure 9 Refused	NOTE TO PORTIA: Ask only if S11.04, TOBQTLN is 1. Otherwise, go to next question.		1213
Add02	Have you ever seen or heard a Hawaii Tobacco Quitline ad?	HQTLSEENAD	1 Yes 2 No Do not read: 7 Don't know / Not Sure 9 Refused	NOTE TO PORTIA: Emphasize "ad". This is different from S11.04. If Add02 is 2, 7, or 9 then go to next section.	This question is different from S11.04 which only asks if respondent knows about Hawaii Tobacco Quitline.	1214
Add03	Please tell me what you remember seeing or hearing in a Hawaii	HQTLADREM	01 Lesbian/Transgender person talking about taking control of their smoking and being stronger than cigarettes		Do not read response options. Select all responses that contain	1215-1238

	Tobacco Quitline ad?		<p>02 Lesbian/Transgender couple talking about quitting smoking</p> <p>03 Daughter looking for her mom while doing different activities or Mom disappearing</p> <p>04 Ticking clock or guy being controlled by cigarettes throughout the day</p> <p>05 Lady w/phone looking at her kids or talking about her kids</p> <p>06 Lady folding laundry or talking about always putting others first</p> <p>07 Guy in gym on the punching bag or talking about being stronger than cigarettes</p> <p>08 Girl spearfishing/on beach or talking about doing this for herself</p> <p>09 Lady talking about her dad dying from cancer</p> <p>10 Guy talking about quitting smoking for his family</p> <p>11 Guy/lady talking about health issues (hole in neck, jaw missing, oxygen tank, funny voice, etc.)</p> <p>12 Other</p> <p>77 Don't know/Not sure</p> <p>99 Refused</p>		<p>phrases respondent mentions. Continue to probe for multiple responses.</p>	
Add04	Still thinking about Hawaii Tobacco Quitline ads, do you recall seeing or hearing an ad that featured	HQTLADRECLL	<p>01 Lesbian/Transgender person talking about taking control of their smoking and being stronger than cigarettes</p> <p>02 Lesbian/Transgender</p>		<p>Read responses from the list below and select response if respondent describes any of the</p>	1239-1258

	any of the following:		<p>couple talking about quitting smoking</p> <p>03 Daughter looking for her mom while doing different activities or Mom disappearing</p> <p>04 Ticking clock or guy being controlled by cigarettes throughout the day</p> <p>05 Lady w/phone looking at her kids or talking about her kids</p> <p>06 Lady folding laundry or talking about always putting others first</p> <p>07 Guy in gym on the punching bag or talking about being stronger than cigarettes</p> <p>08 Girl spearfishing/on beach or talking about doing this for herself</p> <p>09 Lady talking about her dad dying from cancer</p> <p>10 Other</p> <p>Do not read:</p> <p>77 Don't know/Not sure</p> <p>99 Refused</p>		choices listed. Allow multiple responses.	
Add05	Thinking about the last Hawaii Tobacco Quitline ad you saw or heard, where did you see or hear it?	HQTLADLOC	<p>1 Television</p> <p>2 Radio</p> <p>3 Facebook</p> <p>4 Instagram</p> <p>5 YouTube</p> <p>6 Online search</p> <p>7 Other</p> <p>Do not read:</p> <p>8 Don't know</p> <p>9 Refused</p>		Please read the list and ask the respondent to select the most recent if they answer yes to multiple options.	1259
Add06	After seeing an ad, did you look up information online about	HQTLADLKUP	<p>1 Yes</p> <p>2 No</p> <p>Do not read:</p> <p>7 Don't know / Not Sure</p> <p>9 Refused</p>			1260

	the Hawaii Tobacco Quitline or visit the Hawaii Tobacco Quitline website?					
Add07	After seeing an ad, did you recommend the Hawaii Tobacco Quitline to anyone else?	HQTLADREC	1 Yes 2 No Do not read: 7 Don't know / Not Sure 9 Refused			1261
Add08	After seeing an ad, did you consider calling or signing up for the Hawaii Tobacco Quitline?	HQTLADCNCLL	1 Yes 2 No Do not read: 7 Don't know / Not Sure 9 Refused	NOTE TO PORTIA: Ask if current or former smokers (C09.02 = 1 or 2 or C09.04 is 01, 02, 03, 04, 05, 06 or 07); Skip if C09.01 >1.		1262
Add09	After seeing an ad, did you call or sign up for the Hawaii Tobacco Quitline?	HQTLADCLL	1 Yes 2 No Do not read: 7 Don't know / Not Sure 9 Refused	NOTE TO PORTIA: Ask if current or former smokers (C09.02 = 1 or 2 or C09.04 is 01, 02, 03, 04, 05, 06 or 07); Skip if C09.01 >1.		1263
Add10	After seeing an ad, did you attempt to quit without using the Hawaii Tobacco Quitline?	HQTLWOQUIT	1 Yes 2 No Do not read: 7 Don't know / Not Sure 9 Refused	NOTE TO PORTIA: Ask if current or former smokers (C09.02 = 1 or 2 or C09.04 is 01,		1264

				02, 03, 04, 05, 06 or 07); Skip if C09.01 >1.		
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Asthma Call-Back Permission Script

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/CATI Note	Interviewer Note (s)	Column(s)
Text	<p>We would like to call you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in <STATE>. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate</p>					

	from the answers collected today. Even if you agree now, you or others may refuse to participate in the future.					
CB01.01	Would it be okay if we called you back to ask additional asthma-related questions at a later time?	CALLBACK	1 Yes 2 No			668
CB01.02	Which person in the household was selected as the focus of the asthma call-back?	ADLTCHLD	1 Adult 2 Child			669
CB01.03	Can I please have either (your/your child's) first name or initials, so we will know who to ask for when we call back?	_____	Enter first name or initials.			

Closing Statement

Read

That was my last question. Everyone's answers will be combined to help us provide information about the health practices of people in this state. Thank you very much for your time and cooperation.