

# 2018 BRFSS Questionnaire



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## OMB Header and Introductory Text

Read if necessary	Read	Interviewer instructions (not read)
<p><b>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).</b></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 <a href="mailto:ivk7@cdc.gov">ivk7@cdc.gov</a>.</p>
	<p>HELLO, I am calling for the Hawaii State Department of Health. My name is (name). We are gathering information about the health of Hawaii 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		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		
			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	65

					provided by a college or university.	
			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.	
<b>LL04.</b>	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 Hawaii at this time.	
<b>LL05.</b>	Is this a cell telephone?	CELLFON4	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).	
<b>LL06.</b>	Are you 18 years of age or older?	LADULT	1 Yes, male respondent 2 Yes, female respondent	[CATI NOTE: IF COLLEGE HOUSING = "YES," CONTINUE; OTHERWISE GO TO ADULT	Do not read: Sex will be asked again in demographics section.	68

				RANDOM SELECTION]		
			3 No	TERMINATE	Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.	
<b>LL07.</b>	I need to randomly select one adult who lives in your household to be interviewed. 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?	NUMADULT	1	Go to Transition to Section 1.	Read: Are you that adult? Then you are the person I need to speak with.	69-70
			2-6 or more	Go to LL08.		
<b>LL08.</b>	How many of these adults are men?	NUMMEN	__ Number 77 Don't know/ Not sure 99 Refused			71-72
<b>LL09.</b>	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 [XXX].	73-74
<b>Transition to Section 1.</b>			I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any		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	



			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).		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.	
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## 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.	75
			2 No	Go to CP02 ([set appointment if possible]) TERMINATE]		
CP02.	Is this [PHONE NUMBER]?	CTELNUM1	1 Yes	Go to CP03		76
			2 No	TERMINATE		
CP03.	Is this a cell phone?	CELLFON5	1 Yes	Go to CADULT		77
			2 No	TERMINATE		
CP04.	Are you 18 years of age or older?	CADULT	1 Yes, male respondent 2 Yes, female respondent		Do not read: Sex will be asked again in demographics section.	78
			3 No	TERMINATE	Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.	
CP05.	Do you live in a private residence?	PVTRES3	1 Yes	Go to CP07	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	79

					the respondent lives for portions of the year.	
			2 No	Go to CP06		
<b>CP06.</b>	Do you live in college housing?	CCLGHOUS	1 Yes	Go to CP07	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.	80
			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.	
<b>CP07.</b>	Do you currently live in__(state)___?	CSTATE1	1 Yes	Go to CP09		81
			2 No	Go to CP08		
<b>CP08.</b>	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			82-83

			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 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			
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			72 Puerto Rico 78 Virgin Islands 77 Live outside US 99 Refused			
<b>CP09.</b>	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.	84
<b>CP10.</b>	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 CP06 = yes then number of adults is automatically set to 1		85-86
<b>Transition to section 1.</b>			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			90

## 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)
<b>C02.01</b>	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			91-92
<b>C02.02</b>	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			93-94
<b>C02.03</b>	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	Skip if C02.01, PHYSHLTH, is 88 and C02.02, MENTHLTH, is 88		95-96



## Core Section 3: 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)
<b>C03.01</b>	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 2 No 7 Don't know/Not Sure 9 Refused			97
<b>C03.02</b>	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?	98
<b>C03.03</b>	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			99
<b>C03.04</b>	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		Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.	100

			but 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			
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## Core Section 4: Exercise

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>C04.01</b>	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 2 No 7 Don't know / Not sure 9 Refused		Do not read: If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do	101

## Core Section 5: Inadequate Sleep

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>C05.01</b>	On average, how many hours of sleep do you get in a 24-hour period?	SLEPTIM1	__ Number of hours [01-24] 77 Don't know / Not sure 99 Refused		Do not read: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.	102-103

## 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)
<b>C06.01</b>	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			104
<b>C06.02</b>	(Ever told) you had angina or coronary heart disease?	CVDCRHD4	1 Yes 2 No 7 Don't know / Not sure 9 Refused			105
<b>C06.03</b>	(Ever told) you had a stroke?	CVDSTRK3	1 Yes 2 No 7 Don't know / Not sure 9 Refused			106
<b>C06.04</b>	(Ever told) you had asthma?	ASTHMA3	1 Yes			107
			2 No 7 Don't know / Not sure 9 Refused	Go to C06.06		

<b>C06.05</b>	Do you still have asthma?	ASTHNOW	1 Yes 2 No 7 Don't know / Not sure 9 Refused			108
<b>C06.06</b>	(Ever told) you had skin cancer?	CHCSCNCR	1 Yes 2 No 7 Don't know / Not sure 9 Refused			109
<b>C06.07</b>	(Ever told) you had any other types of cancer?	CHCOCNCR	1 Yes 2 No 7 Don't know / Not sure 9 Refused			110
<b>C06.08</b>	(Ever told) you have 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			111
<b>C06.09</b>	(Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?	HAVARTH3	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Do not read: 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,	112

					Wegener's granulomatosis, polyarteritis nodosa)	
<b>C06.10</b>	(Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?	ADDEPEV2	1 Yes 2 No 7 Don't know / Not sure 9 Refused			113
<b>C06.11</b>	Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease?	CHCKDNY1	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: Incontinence is not being able to control urine flow.	114
<b>C06.12</b>	(Ever told) you have 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.	115
			2 Yes, but female told only during pregnancy 3 No 4 No, pre-diabetes or borderline diabetes 7 Don't know / Not sure 9 Refused	Go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.		
<b>C06.13</b>	How old were you when you were told you have diabetes?	DIABAGE2	__ Code age in years [97 = 97 and older] 98 Don't know / Not sure	Go to Diabetes Module if used, otherwise go to next section.		116-117

			99 Refused			
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## 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)
<b>M01.01</b>	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 C06.12, DIABETE3, is coded 1		250
<b>M01.02</b>	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 06.12, DIABETE3, is coded 1; If C06.12, 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?	251



## Core Section 7: Oral Health

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>C07.01</b>	Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?	LASTDEN4	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but 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			118
<b>C07.02</b>	Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?	RMVTETH4	Read if necessary: 1 1 to 5 2 6 or more but not all 3 All 8 None Do not read:		Read if necessary: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.	119

			7 Don't know / Not sure 9 Refused			
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## 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)
C08.01	What was your sex at birth? Was it...	SEX1	<b>Read:</b> 1 Male 2 Female <b>Do not read:</b> 7 Don't know / Not sure 9 Refused			120

## Module 21: Sexual Orientation and Gender Identity (SOGI)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>M21.01a</b>	The next two questions are about sexual orientation and gender identity.  Which of the following best represents how you think of yourself?	SOMALE	1 = Gay 2 = Straight, that is, not gay 3 = Bisexual 4 = Something else 7 = I don't know the answer 9 = Refused	Ask if Sex= 1.	Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.  Please say the number before the text response. Respondent can answer with either the number or the text/word.	589
<b>M21.01b</b>	Which of the following best represents how you think of yourself?	SOFEMALE	1 = Lesbian or Gay 2 = Straight, that is, not gay 3 = Bisexual 4 = Something else 7 = I don't know the answer 9 = Refused	Ask if Sex=2.	Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.  Please say the number before the text response. Respondent can answer with either the number or the text/word.	590
<b>M21.02</b>	Do you consider yourself to be transgender?	TRNSGNDR	1 Yes, Transgender, male-to-female 2 Yes, Transgender, female to male		Read if necessary: Some people describe themselves as transgender when they experience a different gender identity from their sex at birth.	591

			<p>3 Yes, Transgender, gender nonconforming</p> <p>4 No</p> <p>7 Don't know/not sure</p> <p>9 Refused</p>		<p>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 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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## Core Section 8: Demographics Continued

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>C08.02</b>	What is your age?	AGE	__ Code age in years 07 Don't know / Not sure 09 Refused			121-122
<b>C08.03</b>	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.	123-126
<b>C08.04</b>	Which one or more of the following would you say is your race?	MRACE1	Please read: 10 White 20 Black or African American 30 American Indian or Alaska Native 40 Asian 41 Asian Indian	If more than one response to C08.04; continue. Otherwise, go to C08.06.	If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. One or more categories may be selected.	127-154

			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 88 No additional choices 77 Don't know / Not sure 99 Refused			
<b>C08.05</b>	Which one of these groups would you say best represents your race?	ORACE3	Please read: 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		If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.  INTERVIEWER NOTE: IF RESPONDENT HAS SELECTED MULTIPLE RACES IN PREVIOUS AND REFUSES TO SELECT A SINGLE RACE, CODE "REFUSED."  INTERVIEWER NOTE: Please read and code all categories and	155-156

			<p>47 Other Asian  50 Pacific Islander  51 Native Hawaiian  52 Guamanian or Chamorro  53 Samoan  54 Other Pacific Islander</p> <p>Do not read:  60 Other  77 Don't know / Not sure  99 Refused</p>		subcategories underneath major heading.	
<b>C08.06</b>	Are you...	MARITAL	<p>Please read:  1 Married  2 Divorced  3 Widowed  4 Separated  5 Never married  Or  6 A member of an unmarried couple</p> <p>Do not read:  9 Refused</p>			157
<b>C08.07</b>	What is the highest grade or year of school you completed?	EDUCA	<p>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)</p>		NOTE: Items in parentheses at any place in the questions or response DO NOT need to be read.	158

			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			
<b>C08.08</b>	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. 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.	159
<b>C08.09</b>	In what county do you currently live?	CTYCODE2	_ _ _ANSI County Code 777 Don't know / Not sure 999 Refused	<b>NOTE TO PORTIA :</b> Replace Core question 8.9 by question S01.01 (ISLAND)		160-162
<b>S01.01</b>	What island do you live on?	ISLAND	1 Oahu 2 Hawaii 3 Kauai 4 Maui 5 Molokai 6 Lanai 9 Refused			901
<b>C08.10</b>	What is the ZIP Code where you currently live?	ZIPCODE1	----- 77777 Don't know / Not Sure 99999 Refused	<b>NOTE TO PORTIA:</b> Please remember to program zip code by island crosswalk	INTERVIEWER NOTE: If island of residence does not match respondent's stated zip code, please read: "You said your	163-167



					zip code is (stated zip code), which does not belong to (stated island of residence). Could you please re-state your zip code?"  If island of residence does not match respondent's stated zip code, put 77777 Don't know/Not sure as response to zip code question.	
<b>C08.11</b>	Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household?	NUMHHOL3	1 Yes	If cellular telephone interview skip to 8.14 (QSTVER GE 20)		168
			2 No 7 Don't know / Not sure 9 Refused	Go to C08.13		
<b>C08.12</b>	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			169
<b>C08.13</b>	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.	170
<b>C08.14</b>	Have you ever served on active duty in the United	VETERAN3	1 Yes 2 No		Read if necessary: Active duty does not include training for the Reserves or National Guard, but	171

	States Armed Forces, either in the regular military or in a National Guard or military reserve unit?		7 Don't know / Not sure 9 Refused		DOES include activation, for example, for the Persian Gulf War.	
<b>C08.15</b>	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".  INTERVIEWER NOTE: DO NOT CODE 7 FOR "DON'T KNOW" ON THIS QUESTION.	172

## Module 20: Industry and Occupation

Question Number	Question text	Variable Name	Responses  (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>M20.01</b>	What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic.	TYPEWORK	_____Record answer 99 Refused	If C08.15 = 1 or 4 (Employed for wages or out of work for less than 1 year) or 2 (Self-employed), continue.  If C08.15 = 4 (Out of work for less than 1 year) ask, "What kind of work did you do? For example, registered nurse, janitor, cashier, auto mechanic."  Else go to next module	If respondent is unclear, ask: What is your job title?  If respondent has more than one job ask: What is your main job?	389-488
<b>M20.02</b>	What kind of business or industry do you work in? For example, hospital, elementary school, clothing manufacturing, restaurant	TYPEINDS	_____Record answer 99 Refused	If Core Q8.15 = 4 (Out of work for less than 1 year) ask, "What kind of business or industry did you work in? For example,		489-588

				hospital, elementary school, clothing manufacturing, restaurant.”		
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## Core Section 8: Demographics Continued

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO / CATI Note	
C08.16	How many children less than 18 years of age live in your household?	CHILDREN	_ _ Number of children 88 None 99 Refused		173-174
C08.17	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	<b>NOTE FOR PORTIA:</b> Replace Core question 8.17 with S01.02	175-176

			<p>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</p>			
<b>S01.02</b>	Is your annual household income from all sources—	INCOME	<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)</p>		If respondent refuses at ANY income level, code '99' (Refused)	902-903

			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 Do not read: 77 Don't know / Not sure 99 Refused			
<b>C08.18</b>	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	177-180
<b>C08.19</b>	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	181-184
<b>C08.20</b>	To your knowledge, are you now pregnant?	PREGNANT	1 Yes 2 No 7 Don't know / Not sure	Skip if C08.01, SEX, is coded 1; or C08.02, AGE, is greater than 49		185

			9 Refused			
<b>C08.21</b>	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			186
<b>C08.22</b>	Are you blind or do you have serious difficulty seeing, even when wearing glasses?	BLIND	1 Yes 2 No 7 Don't know / Not sure 9 Refused			187
<b>C08.23</b>	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			188
<b>C08.24</b>	Do you have serious difficulty walking or climbing stairs?	DIFFWALK	1 Yes 2 No 7 Don't know / Not sure 9 Refused			189
<b>C08.25</b>	Do you have difficulty dressing or bathing?	DIFFDRES	1 Yes 2 No 7 Don't know / Not sure 9 Refused			190
<b>C08.26</b>	Because of a physical, mental, or emotional	DIFFALON	1 Yes 2 No			191

	condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?		7 Don't know / Not sure 9 Refused			
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## Core Section 9: Tobacco Use

Question Number	Question text		Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>C09.01</b>	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	192
			2 No 7 Don't know/Not Sure 9 Refused	Go to C09.05		
<b>C09.02</b>	Do you now smoke cigarettes every day, some days, or not at all?	SMOKDAY2	1 Every day 2 Some days			193
			3 Not at all	Go to C09.04		
			7 Don't know / Not sure 9 Refused	Go to C09.05		



<b>C09.03</b>	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		194
<b>C09.04</b>	How long has it been since you last smoked a cigarette, even one or two puffs?	LASTSMK2	Read if necessary: 01 Within the past month (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)			195-196

			07 10 years or more 08 Never smoked regularly 77 Don't know / Not sure 99 Refused			
<b>C09.05</b>	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. Snus (rhymes with 'goose')	197

## 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)
<b>C10.01</b>	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?	ALCDAY5	1 __ Days per week 2 __ Days in past 30 days		INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT DAYS PER WEEK, OR MONTH?"	198-200
			888 No drinks in past 30 days 777 Don't know / Not sure 999 Refused	Go to next section		
<b>C10.02</b>	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 88 None 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.	201-202
<b>C10.03</b>	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]	DRNK3GE5	__ Number of times 77 Don't know / Not sure 99 Refused	CATI X = 5 for men, X = 4 for women		203-204

	or more drinks on an occasion?					
<b>C10.04</b>	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			205-206

## Core Section 11: Immunization

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>C11.01</b>	During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?	FLUSHOT6	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to C11.04	Read if necessary: 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.	207
<b>C11.02</b>	During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?	FLSHTMY2	__ / ____ Month / Year 77 / 7777 Don't know / Not sure 09 / 9999 Refused			208-213
<b>C11.03</b>	At what kind of place did you get your last flu shot or vaccine?	IMFVPLAC	<b>Read if necessary:</b> 01 A doctor's office or health		Read if necessary: How would you describe the place where you went	214-215

			maintenance organization (HMO) 02 A health department 03 Another type of clinic or health center (a community health center) 04 A senior, recreation, or community center 05 A store (supermarket, drug store) 06 A hospital (inpatient) 07 An emergency room 08 Workplace 09 Some other kind of place 11 A school <b>Do not read:</b> 10 Received vaccination in Canada/Mexico 77 Don't know / Not sure 99 Refused		to get your most recent flu vaccine?	
<b>C11.04</b>	Have you ever had a pneumonia shot also known as a pneumococcal vaccine?	PNEUVAC4	1 Yes 2 No 7 Don't Know / Not sure		Read if necessary: There are two types of pneumonia shots: polysaccharide, also known as	216

			9 Refused		pneumovax, and conjugate, also known as prevnar.	
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## Core Section 12: Falls

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>C12.01</b>	In the past 12 months, how many times have you fallen?	FALL12MN	__ Number of times [76 = 76 or more]	Skip if Section 08.02, AGE, coded 18-44	Read if necessary: By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.	217-218
			88 None 77 Don't know / Not sure 99 Refused	Go to Next Section		
<b>C12.02</b>	<p>Did this fall (from C12.01) cause an injury that limited your regular activities for at least a day or caused you to go to see a doctor?</p> <p>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?</p>	FALLINJ3	<p>__ Number of falls [76 = 76 or more]</p> <p>88 None 77 Don't know / Not sure 99 Refused</p>	<p>If C12.01 =1 ask first version of question, if C12.01 &gt; 1 ask second version.</p> <p>If only one fall from C12.01 and response is Yes (caused an injury); code 01. If response is No, code 88.</p>	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.	219-220

## Core Section 13: Seat Belt Use and Drinking and Driving

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C13.01	How often do you use seat belts when you drive or ride in a car? Would you say—	SEATBELT	Read: 1 Always 2 Nearly always 3 Sometimes 4 Seldom 5 Never Do not read: 7 Don't know / Not sure			221
			8 Never drive or ride in a car	Go to next section		
			9 Refused			
C13.02	During the past 30 days, how many times have you driven when you've had perhaps too much to drink?	DRNKDRI2	__ Number of times 88 None 77 Don't know / Not sure 99 Refused	If C10.01 = 888 (No drinks in the past 30 days); go to next section.		222-223



## Core Section 14: Breast and Cervical Cancer Screening

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C14.01	The next questions are about breast and cervical cancer. Have you ever had a mammogram?	HADMAM	1 Yes	Skip if male.	A mammogram is an x-ray of each breast to look for breast cancer.	224
			2 No 7 Don't know/ not sure 9 Refused		Go to C14.03	
C14.02	How long has it been since you had your last mammogram?	HOWLONG	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago			225

			7 Don't know / Not sure 9 Refused			
<b>C14.03</b>	Have you ever had a Pap test?	HADPAP2	1 Yes		INTERVIEWER NOTE: A Pap test is a test for cancer of the cervix.	226
			2 No 7 Don't know / Not sure 9 Refused	Go to C14.05		
<b>C14.04</b>	How long has it been since you had your last Pap test?	LASTPAP2	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago			227

			7 Don't know / Not sure 9 Refused			
<b>C14.05</b>	An H.P.V. test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an H.P.V. test?	HPVTEST	1 Yes		Human papillomavirus (pap-uh-loh-muh virus)	228
			2 No 7 Don't know / Not sure 9 Refused	Go to C14.07		
<b>C14.06</b>	How long has it been since you had your last H.P.V. test?	HPLSTTST	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago			229

			7 Don't know / Not sure 9 Refused			
<b>C14.07</b>	Have you had a hysterectomy?	HADHYST2	1 Yes 2 No 7 Don't know / Not sure 9 Refused	If response to C 08.20 = 1 (is pregnant); then go to next section.	Read if necessary: A hysterectomy is an operation to remove the uterus (womb).	230

## Core Section 15: Prostate Cancer Screening

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C15.01	Has a doctor, nurse, or other health professional ever talked with you about the advantages of the Prostate-Specific Antigen or P.S.A. test?	PCPSAAD3	1 Yes 2 No 7 Don't know/ not sure 9 Refused	If respondent is $\leq 39$ years of age (C08.02 $\leq 39$ ), or C08.01 is coded 2, female, go to next section.	Read if necessary: A prostate-specific antigen test, also called a P.S.A. test, is a blood test used to check men for prostate cancer.	231
C15.02	Has a doctor, nurse, or other health professional ever talked with you about the disadvantages of the P.S.A. test?	PCPSADI1	1 Yes 2 No 7 Don't know/ not sure 9 Refused			232
C15.03	Has a doctor, nurse, or other health professional ever recommended that you have a P.S.A. test?	PCPSARE1	1 Yes 2 No 7 Don't know / Not sure 9 Refused			233
C15.04	Have you ever had a P.S.A. test?	PSATEST1	1 Yes			234
			2 No 7 Don't know / Not sure 9 Refused	Go to next section		

<b>C15.05</b>	How long has it been since you had your last P.S.A. test?	PSATIME	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago Do not read: 7 Don't know / Not sure 9 Refused			235
<b>C15.06</b>	What was the main reason you had this P.S.A. test – was it ...?	PCPSARS1	Read: 1 Part of a routine exam 2 Because of a prostate problem 3 Because of a family history of prostate cancer 4 Because you were told you			236

			had prostate cancer 5 Some other reason Do not read: 7 Don't know / Not sure 9 Refused			
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## Core Section 16: Colorectal Cancer Screening

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C16.01	A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?	BLDSTOOL	1 Yes	Skip if Section 08.02, AGE, is < 50		237
			2 No 7 Don't know/ not sure 9 Refused	Go to C16.03		
C16.02	How long has it been since you had your last blood stool test using a home kit?	LSTBLDS3	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago Do not read:			238



			7 Don't know / Not sure 9 Refused			
<b>C16.03</b>	Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?	HADSIGM3	1 Yes		Go to next section	239
			2 No 7 Don't know / Not sure 9 Refused			
<b>C16.04</b>	For a sigmoidoscopy, a flexible tube is inserted into the rectum to look for problems. A colonoscopy is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your most recent exam a sigmoidoscopy or a colonoscopy?	HADSGCO1	1 Sigmoidoscopy 2 Colonoscopy 7 Don't know / Not sure 9 Refused			240

C16.05	How long has it been since you had your last sigmoidoscopy or colonoscopy?	LASTSIG3	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 Within the past 10 years (5 years but less than 10 years ago) 6 10 or more years ago Do not read: 7 Don't know / Not sure 9 Refused			241
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Core Section 17: 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)
C17.01	<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>Have you ever been tested for H.I.V.? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.</p>	HIVTST6	1 Yes			242
			2 No 7 Don't know/ not sure 9 Refused	Go to C17.03		

<b>C17.02</b>	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".	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.	243-248
<b>C17.03</b>	<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><b>You have injected any drug other than those prescribed for you in the past year.</b></p> <p><b>You have been treated for a sexually transmitted disease or STD in the past year.</b></p> <p><b>You have given or received money or drug in exchange for sex in the past year.</b></p> <p><b>You had anal sex without a condom in the past year.</b></p> <p><b>You had four or more sex partners in the past year.</b></p> <p><b>Do any of these situations apply to you?</b></p>	HIVRISK5	1 Yes 2 No 7 Don't know / Not sure 9 Refused			249

## Closing Statement/ Transition to Modules

Read if necessary	Read	CATI instructions (not read)
<p><b>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.</b></p>		<p>IF THIS IS AN OUT-OF-STATE CELL PHONE INTERVIEW, PLEASE READ:</p> <p>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.</p> <p>CATI NOTE: Continue to optional modules.</p>

## Optional Modules

### Module 6: E-Cigarettes

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>M06.01</b>	Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?	ECIGARET	1 Yes 2 No 7 Don't know/Not sure 9 Refused	Go to next module	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.	321
<b>M06.02</b>	Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?	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 for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.	322

## Module 16: Clinical Breast Exam

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M16.01	A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam?	PROFEXAM		If respondent is male, go to the next module.		382
			1 Yes	Continue to M16.02		
			2 No 7 Don't know/ not sure 9 Refused	Go to next module.		
M16.02	How long has it been since your last breast exam?	LENGEXAM	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago Do not read:			383

			7 Don't know / Not sure 9 Refused			
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## Module 17: Adult Human Papillomavirus (HPV) - Vaccination

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>M17.01</b>	A vaccine to prevent the human papillomavirus or H.P.V. infection is available and is called the cervical cancer or genital warts vaccine, H.P.V. shot, [Fill: if female GARDASIL or CERVARIX; if male: GARDASIL]. Have you ever had an H.P.V. vaccination?	HPVADV2	1 Yes	To be asked of respondents between the ages of 18 and 49 years; otherwise, go to next module.  Continue to M17.02	Human Papillomavirus (Human Pap·uh·loh·muh virus); Gardasil (Gar·duh· seel); Cervarix (Sir·var·icks)	384
			2 No 3 Doctor refused when asked 7 Don't know/ not sure 9 Refused	Go to next module		
<b>M17.02</b>	How many H.P.V. shots did you receive?	HPVADSHT	_ _ Number of shots 03 All shots 77 Don't know / Not sure	Ask if M17.01=1		385-386



			99 Refused			
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## Module 22: 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)
<b>Intro text and screening</b>	<p>If C08.16 = 1 and C08.16 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 C0.16 is &gt;1 and C08.16 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 birth, from oldest to youngest. The</p>			<p>If C08.16 = 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. 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</p>		

	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.			about children will be about the Xth [CATI: please fill in] child.		
<b>M22.01</b>	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			592-597
<b>M22.02</b>	Is the child a boy or a girl?	RCSGENDR	1 Boy 2 Girl 9 Refused			598
<b>M22.03</b>	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...	599-602
<b>M22.04</b>	Which one or more of the following would	RCSRACE1	10 White 20 Black or African American	[CATI NOTE: IF MORE THAN ONE RESPONSE TO Q4; CONTINUE.	Select all that apply	603-630

	you say is the race of the child?		30 American Indian or Alaska Native <b>40 Asian</b> 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian <b>50 Pacific Islander</b> 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 Q6.]	Please read and code all categories and subcategories underneath major heading.  If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.	
<b>M22.05</b>	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 <b>40 Asian</b> 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian		Please read and code all categories and subcategories underneath major heading.  If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.	631-632

			<b>50 Pacific Islander</b> 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 60 Other 88 No additional choices 77 Don't know / Not sure 99 Refused			
<b>M22.06</b>	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			633

## Module 23: 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)
<b>M23.01</b>	The next two questions are about the Xth child.  Has a doctor, nurse or other health professional EVER said that the child has asthma?	CASTHDX2	1 Yes	If response to C08.16 = 88 (None) or 99 (Refused), go to next module. Fill in correct [Xth] number.	Can I please have either (your/your child's) first name and initials, so we will know who to ask for when we call back?  __ Enter first name or initials	634
			2 No 7 Don't know/ not sure 9 Refused	Go to next module		
<b>M23.02</b>	Does the child still have asthma?	CASTHNO2	1 Yes 2 No 7 Don't know/ not sure 9 Refused			635

State Added Questions

Traumatic Brain Injury Prevention (among adults with children)

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Text</b>	The next three questions are about the Xth child and ask about middle or high school sports-related injuries.			<p>If C08.16, CHILDREN is 88 or 99 (no children under age 18 in the household, or Refused), go to next section "Health Care Access"</p> <p><b>NOTE TO PORTIA:</b> Fill in correct [Xth] number child.</p> <p>If C08.16, CHILDREN = 1, question text should read: "The next three questions are about <b>your child</b> and ask about middle or high</p>		

				school sports-related injuries.”		
<b>S02.01</b>	<p>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 <b><i>middle or high school-organized sports</i></b> either in competition or during practice? Symptoms can include: memory loss, confusion, loss of consciousness/being knocked out, blurry vision, and nausea.</p>	CNCSSNCHLD	<p>1 Yes 2 No 7 Don't Know / Not Sure</p>	<p>If C08.16, CHILDREN <math>\geq</math> 1 (children under age 18 in household), continue.</p> <p>If C08.16, CHILDREN = 1, question text should read: “Has <b>your child</b> ever received an injury...”</p> <p><b>NOTE TO PORTIA:</b> If response is 1, continue</p> <p>Skip to S02.03, CNCSSNED if response is 2 or 7</p>	<p>INTERVIEWER NOTE: Please read response options 1, 2, 3 and 4</p>	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><b>NOTE TO PORTIA:</b> Skip to next section "Health Care Access" if response is 3, 4, or 9</p>		
<b>S02.02</b>	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><b>Please read:</b></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>		Allow/record multiple responses	905-916

			04 Child seen by a doctor 05 Child received cognitive testing 06 Child followed a structured progression of activities and treatment for return to sports <b>Do not read:</b> 77 Don't know / Not Sure 99 Refuse to say			
<b>S02.03</b>	Who in your family receives concussion education provided by child X's school? (Select all that apply)	CNCSSNED	<b>Please read:</b> 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 <b>Do not read:</b> 7 Don't know / Not sure 9 Refuse to say		Allow/record multiple responses	917-922

## 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)
<b>Text</b>	We would like to ask you a few questions about your health insurance.					
<b>S03.01</b>	What is the primary source of your health care coverage? Is it...?	HCSRC	<b>Please read:</b> 01 Through current or former employer 02 By purchasing it on your own 03 Medicare 04 Medicaid <b>Do not read:</b> 77 Don't know / Not sure 99 Refused	<b>NOTE TO PORTIA:</b> Ask if C03.01, HLTHPLN1 is 1	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
<b>S03.02</b>	You said your primary source of your health care coverage is a plan that you or a family member obtained through a current or	HCPLNSRC	<b>Please read:</b> 1 A private company or organization 2 State government	<b>NOTE TO PORTIA:</b> Ask if S03.01, HCSRC is 01		925

	former employer. Is this employer...?		3 Federal government 4 County or city government <b>Do not read:</b> 7 Don't know / Not sure 9 Refused			
<b>S03.03</b>	Which health plan provides your primary source of health care coverage? Is it...?	HCPLN	<b>Please read:</b> 01 HMSA 02 Kaiser 03 University Health Alliance (UHA) 04 HMAA 05 Aloha Care 06 Ohana Health Plan 07 United Health Care 08 Aetna 09 TRICARE or CHAMPVA (Formerly called CHAMPUS) 10 Other <b>Do not read:</b> 77 Don't know / Not sure 99 Refused	<b>NOTE TO PORTIA:</b> Ask if C03.01, HLTHPLN1 is 1		926-927

## Oral Health Program

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Text</b>	The following few questions ask about your oral health.					
<b>S04.01</b>	Do you have any kind of insurance coverage that pay for some or all of your routine dental care, including dental insurance or prepaid plans?	DNTLCVG	<p><b>Please read:</b></p> <p>01 Yes, through a plan purchased through an employer or union (including plans purchased through another person's employer)</p> <p>02 Yes, through a plan that you or another family member buys independently</p> <p>03 Yes, through a Medicare plan</p> <p>04 Yes, through a Medicaid/QUEST or other state program</p> <p>05 Yes, through TRICARE (formerly</p>	Ask everyone		928-929

			<p>CHAMPUS), VA, or Military</p> <p>06 Yes, through a combination of one or more of the above plans.</p> <p><b>Do not read:</b></p> <p>77 Don't know / Not sure</p> <p>88 None / No Coverage</p> <p>99 Refused</p>			
<b>S04.02</b>	It is recommended to have a dental exam and cleaning at least once a year. What has been your main difficulty with seeing a dentist?	DNTLEXMBAR	<p><b>Do not read:</b></p> <p>01 I do not have any difficulties</p> <p>02 I have no dental problems</p> <p>03 Do not have or know a dentist</p> <p>04 Fear, apprehension, nervousness, pain, dislike going</p> <p>05 Cost</p> <p>06 Cannot get to the office/clinic (too far away, no transportation)</p> <p>07 Not able to get an appointment</p> <p>08 I have other priorities</p> <p>09 Other (please specify and record the answer)</p> <p>77 Don't know / Not Sure</p>	<p>Ask everyone</p> <p><b>NOTE TO PORTIA:</b> If <b>09 (Other)</b>, then record specified answer in: DNTLEXMBAROTH <b>(932-961)</b></p>	DO NOT READ RESPONSES	930-931

			88 No teeth or toothless 99 Refused			
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## Community Health Workers

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Text</b>	Now I will ask about support for health services in your community.					
<b>S05.01</b>	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 <b>Do not read:</b> 7 Don't know / Not sure 9 Refused	Ask everyone		962

<b>S05.02</b>	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, food, or transportation?	HMESVCS	1 Yes 2 No 3 I have never needed help to manage my health or with basic needs <b>Do not read:</b> 7 Don't know / Not sure 9 Refused	Ask everyone		963
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### Injury Prevention Program – Riding Safety in a Car

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Text</b>	Next, we would like to ask you some questions about car safety.					
<b>S06.01</b>	How often do you wear a seat belt when riding in the back seat of a car driven by someone else?	IPSTBLT	<b>Please read:</b> 1 Always 2 Nearly always 3 Sometimes 4 Almost never 5 Never	Ask everyone		964



			<b>Do not read:</b> 7 Don't know / Not Sure 9 Refused			
<b>S06.02</b>	Which individuals are required under Hawaii's law to wear a seat belt when riding a car?	IPSTBLTLW	<b>Please read:</b> 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 <b>Do not read:</b> 7 Don't know / Not sure 9 Refused	Ask everyone		965
<b>S06.03</b>	Have you seen, heard or read any messages about wearing a seat belt when riding in the back seat of a vehicle?	IPSTBLTMSG	<b>Please read:</b> 1 Yes 2 No 3 Unsure (I am not sure if I have seen any messages about using a seat	Ask everyone		966

			belt in the back seat of a vehicle). <b>Do not read:</b> 9 Refused			
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## Injury Prevention Program – Drowning Prevention

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Text</b>	The following questions are about recreational water use.					
<b>S07.01</b>	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  <b>NOTE TO PORTIA:</b> If response is XX Number of days, 77 or 99, continue  <b>NOTE TO PORTIA:</b> Skip to S07.03, IPSWM if response is 88		967-968

<b>S07.02</b>	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?	IPOCNACTYP	<b>Please read:</b> 1 Snorkeling 2 Swimming 3 Surfing 4 Boogie boarding or body boarding 5 Free diving 6 Standup paddling <b>Do not read:</b> 7 Don't know / Not sure 9 Refused		Allow/record multiple responses	969-974
<b>S07.03</b>	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 <b>Do not read:</b> 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.	975

## Physical Activity, Weight, and Food Security

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Text</b>	The next set of questions ask about your physical activity, weight, and Nutrition Assistance Programs.					
<b>S08.01</b>	Over your lifetime, how much have you participated in hula, including during school, with friends and family, or in a halau?	PAEVRHULA	<b>Please read:</b> 1 Never 2 Almost never 3 Sometimes 4 Often 5 Very often <b>Do not read:</b> 7 Don't know / Not Sure 9 Refused	Ask everyone		976
<b>S08.02</b>	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	<b>Please read:</b> 1 Never 2 Almost never 3 Sometimes 4 Often 5 Very often <b>Do not read:</b>	Ask everyone		977

			7 Don't know / Not Sure 9 Refused			
<b>S08.03</b>	In the past 12 months, has a doctor, nurse or other health professional given you advice about your weight?	HCPADVWGHT	<b>Please read:</b> 1 Yes, lose weight 2 Yes, gain weight 3 Yes, maintain current weight 4 No <b>Do not read:</b> 7 Don't know / Not sure 9 Refused	Ask everyone		978
<b>S08.04</b>	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 <b>Do not read:</b> 7 Don't know / Not sure 9 Refused	Ask everyone		979
<b>S08.05</b>	In the past 12 months, did you get free food from a food pantry, church, soup kitchen or shelter?	FREEFD12MO	1 Yes 2 No <b>Do not read:</b> 7 Don't know / Not sure 9 Refused	Ask everyone		980

## 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><b>S09.01</b></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</p>	<p>Ask everyone</p> <p><b>NOTE TO PORTIA:</b>  If response is 01-46, continue</p> <p>If response is <b>46 (Other)</b>, then record specified answer in: IPPAINRXTYPOTH <b>(993-1020)</b></p>	<p>DO NOT READ RESPONSES</p> <p>Allow/record multiple responses (<b>maximum number of responses = 6</b>)</p> <p>“Anything else?” See list of 46 medications</p> <p>If response is <b>46 (Other)</b>, it must be specified</p>	<p>981-992</p>
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			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__)			
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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	<b>NOTE TO PORTIA:</b> If response is 88, 77 or 99, skip to next section "Substance Use"		
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<p><b>S09.02</b></p>	<p>How long have you been taking prescription pain medication?</p> <p>(Alternatively: How long did you take prescription pain medication?)</p>	<p>IPPAINRXDUR</p>	<p>1 __ days  2 __ weeks  3 __ months  4 __ years  <b>Do Not Read:</b>  777 Don't know /  Not sure  999 Refused</p>		<p>If answer is 33 days code as 133. If answer is 2 weeks code 202. If answer is 4 months code as 304. If answer is one year code as 401.</p> <p>IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT DAYS, WEEKS, MONTHS, OR YEARS?"</p>	<p>1021-1023</p>
<p><b>S09.03</b></p>	<p>The last time you used pain medication that was prescribed to you, what were the main reasons?</p>	<p>IPPAINRXRSN</p>	<p><b>Please read if necessary:</b>  01 Pain related to cancer  02 Post-surgical care/medical care  03 Back pain, short term  04 Back pain, long term  05 Joint pain, short term  06 Joint pain, long term  07 Carpal tunnel syndrome  08 Arthritis  09 Work-related injury  10 Other injury causing short term pain</p>		<p>Allow/record multiple responses</p>	<p>1024-1049</p>

			11 Other injury causing long term pain 12 Other physical conditions causing pain 13 To prevent or relieve withdrawal symptoms <b>Do not read:</b> 77 Don't know / Not sure 99 Refused			
<b>S09.04</b>	Have you ever used any of the pain medications more frequently or in higher doses than prescribed by your doctor?	IPPAINRXHIDOS	1 Yes	<b>NOTE TO PORTIA:</b> If response is 1, continue		1050
			2 No <b>Do not read:</b> 7 Don't know / Not sure 9 Refused	<b>NOTE TO PORTIA:</b> If response is 2, 7 or 9, skip to next section "Substance Use"		
<b>S09.05</b>	We want to understand why people use a different dosage of prescription medication other than the prescribed dose. What were the reasons you used the medication	IPPNRXHIDOSRSN	<b>Please read if necessary:</b> 1 Pain relief, prescribed dose does not relieve pain 2 To relieve other symptoms 3 To relieve anxiety or depression	<b>NOTE TO PORTIA:</b> If response is <b>6 (Other)</b> then record specified answer in: IPPAINRXHIDOSOTH <b>(1057-1076)</b>	Allow/record multiple responses  If response is <b>6 (Other)</b> , it must be specified	1051-1056

	differently than the prescribed dose?		4 For fun, good feeling, getting high, peer pressure (friends were doing it) 5 To prevent or relieve withdrawal symptoms 6 Other (specify) <b>Do not read:</b> 7 Don't know / Not sure 9 Refused			
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## Substance Use

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Text</b>	The next few questions ask about a friend or family member's substance use. Please remember that all your answers will be kept confidential.					

<b>S10.01</b>	Have you ever had a friend, immediate family member, or extended family member who struggles with addiction to prescription drugs, illegal drugs or alcohol?	SUFMLYFRND	1 Yes	Ask everyone		1077
			2 No <b>Do not read:</b> 7 Don't know / Not Sure 9 Refused	<b>NOTE TO PORTIA:</b> If response is 1, continue  <b>NOTE TO PORTIA:</b> Skip to next section "Tobacco" if response is 2, 7 or 9		
<b>S10.02</b>	As a direct or indirect result of any of your family members' or friends' alcohol or other drug use, were you ever impacted in one of the following ways: financially, legally, emotionally, socially, and/or by taking time from your other activities or work to help?	SUFMLYFRNDIMPCT	1 Yes 2 No <b>Do not read:</b> 7 Don't know / Not sure 9 Refused			1078
<b>S10.03</b>	Please answer this question to the best of your knowledge. Thinking of the MOST RECENT friend or family member with a drug or alcohol addiction, did they NOT get into a treatment program	SUFMLYFRNDTX	<b>Please read:</b> 1 Yes 2 No 3 They have never tried to get into a treatment program <b>Do not read:</b> 7 Don't know / Not sure		If a respondent indicates that they have more than one CURRENT friend or family member with a drug or alcohol addiction, clarify that this question references the MOST RECENT friend or family member they have been in contact with.	1079

	they were interested in?		9 Refused			
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## Tobacco

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Text</b>	The following questions deal with issues related to smoking.					
<b>S11.01</b>	On how many of the past 7 days did anyone smoke in your home while you were there?	SHSHOME7D	__ Number of days 55 I was not home in the past 7 days 88 None <b>Do not read:</b> 77 Don't know / Not Sure 99 Refused	Ask everyone		1080-1081

<b>S11.02</b>	Which statement best describes the rules about smoking inside your home? Do not include decks, lanais, garages or porches.	SHSHOMERULES	<p><b>Please read:</b></p> <p>1 Smoking allowed anywhere in home</p> <p>2 Smoking is allowed in some places/time in home</p> <p>3 Smoking is not allowed in home</p> <p><b>Do not read:</b></p> <p>7 Don't Know / Not Sure</p> <p>9 Refused</p>	Ask everyone		1082
<b>S11.03</b>	Do you live in...	HOUSINGTYPE	<p><b>Please read:</b></p> <p>1 A stand-alone house</p> <p>2 A townhouse</p> <p>3 A multi-unit building like an apartment or condominium</p> <p>4 Other type of housing (specify)</p> <p><b>Do not read:</b></p> <p>5 Homeless</p> <p>7 Don't know / Not Sure</p> <p>9 Refused</p>	<p>Ask everyone</p> <p><b>NOTE TO PORTIA:</b> If response is <b>4 (Other)</b>, then record specified answer in: HOUSINGTYPEOTH <b>(1084-1104)</b></p>	If response is <b>4 (Other)</b> , it must be specified	1083
<b>S11.04</b>	In the past 7 days, have you been in a car with someone who was smoking?	SHSCAR7D	<p>1 Yes</p> <p>2 No</p> <p><b>Do not read:</b></p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>	Ask everyone		1105

S11.05	Which statement best describes the rules about smoking in your family car or cars?	SHSCARRULES	<p><b>Please read:</b></p> <p>1 Smoking allowed in cars</p> <p>2 Smoking is sometimes allowed in cars</p> <p>3 Smoking is not allowed in cars</p> <p><b>Do not read:</b></p> <p>7 Don't know / Not sure</p> <p>8 We do not have cars</p> <p>9 Refused</p>	Ask everyone		1106
S11.06	When you were trying to quit smoking, did you use any of the following methods?	TOBQTMTHD	<p><b>Please read:</b></p> <p>1 Telephone quitline</p> <p>2 Smoking cessation class, program or support group</p> <p>3 One-on-one counseling from a health professional</p> <p>4 A nicotine replacement therapy (such as gum, patch, lozenge, etc.)</p> <p>5 A medication (such as Zyban or Chantix)</p> <p><b>Do not read:</b></p> <p>6 None or cold turkey</p>	<p><b>NOTE TO PORTIA:</b></p> <p>Ask if C09.03, STOPSMK2 is 1</p>	Allow/record multiple responses	1107-1112



			7 Don't Know / Not sure 9 Refused			
<b>S11.07</b>	Do you know about the Hawaii Tobacco Quitline?	TOBQTLN	1 Yes 2 No <b>Do not read:</b> 7 Don't Know / Not sure 9 Refused	Ask everyone		1113
<b>Text</b>	You've told us that you have smoked in the past or are currently smoking. The next question is about screening for lung cancer.			<b>NOTE TO PORTIA:</b> If C08.02, AGE > 54 and < 81 <b>AND</b> C09.01, SMOKE100 is 1, continue		
<b>S11.08</b>	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	<b>Please read if necessary:</b> 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 <b>Do not read:</b> 7 Don't know/not sure 9 Refused	<b>NOTE TO PORTIA:</b> Ask if C08.02, AGE > 54 and < 81 <b>AND</b> C09.01, SMOKE100 is 1		1114

# 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)
<b>Text</b>	Now, we would like to ask you about diabetes.					
<b>S12.01</b>	Do you think you could be at risk for diabetes?	DIABRISK	1 Yes 2 No <b>Do not read:</b> 7 Don't Know / Not Sure 9 Refused	<b>NOTE TO PORTIA:</b> Skip if C06.12, DIABETE3 is 1		1115
<b>S12.02</b>	Do you have immediate or extended blood relatives, such as your parents, siblings, children, or grandparents, who have diabetes?	DIABFMLYHSTRY	1 Yes 2 No <b>Do not read:</b> 7 Don't Know / Not Sure 9 Refused	Ask everyone		1116
<b>S12.03</b>	You have told us that you have diabetes/pre-diabetes. A self-management	DIABSLFMGTPLN	<b>Please read:</b> 1 Yes, I have a plan and have made changes	<b>NOTE TO PORTIA:</b> Ask if C06.12, DIABETE3 is 1 or 4 or		1117

	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?		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 <b>Do not read:</b> 7 Don't Know / Not sure 9 Refused	M01.02, PREDIAB1 is 1		
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## Hypertension

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Text</b>	The next few questions ask about high blood pressure.				

<b>S13.01</b>	Have you ever been told by a doctor, nurse, or other health professional that you have a high blood pressure?	HBPEVR	1 Yes	<b>NOTE TO PORTIA:</b> If response is 1, continue	Please refer to respondent's sex at birth. Female respondents will be asked if they were pregnant when they had their hypertension.	1118
			2 Yes, but female told only during pregnancy 3 No 4 Told borderline high or pre-hypertensive <b>Do not read:</b> 7 Don't know / Not sure 9 Refused	<b>NOTE TO PORTIA:</b> Skip to next section "Cancer" if response is 2, 3, 4, 7 or 9		
<b>S13.02</b>	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	<b>Please read:</b> 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 <b>Do not read:</b> 7 Don't Know / Not Sure 9 Refused	<b>NOTE TO PORTIA:</b> Ask if S13.01, HBPEVR is 1		1119

<b>S13.03</b>	Has your doctor, nurse, or other health professional EVER ADVISED you to take your blood pressure at home?	HBPMSRHME	1 Yes 2 No <b>Do not read:</b> 7 Don't know / Not sure 9 Refused	<b>NOTE TO PORTIA:</b> Ask if S13.01, HBPEVR is 1		1120
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## Cancer

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Text</b>	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.					

<b>S14.01</b>	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 <b>Do not read:</b> 7 Don't Know / Not Sure 9 Refused	Ask everyone		1121
<b>S14.02</b>	Do you have any blood relatives such as parents, siblings, children, and grandparents who have been diagnosed with breast, ovarian, or colorectal cancer?	BRSTCNCRFMLYHST	1 Yes 2 No <b>Do not read:</b> 7 Don't Know / Not Sure 9 Refused	Ask everyone		1122
<b>S14.03</b>	During the past 12 months, how many times have you had a sunburn?	SNBRNFRQ12M	<b>Do not read:</b> Enter number (0-365) _ _ _ 777 Don't know / Not sure 999 Refused	Ask everyone		1123-1125
<b>S14.04</b>	Has a doctor, nurse, or other health professional EVER talked with you about prostate cancer risk?	PRSTCNCRRSKTLK	1 Yes 2 No <b>Do not read:</b> 7 Don't Know / Not Sure 9 Refused	<b>NOTE TO PORTIA:</b> Ask if C08.01, SEX1 is 1 (male) <b>AND</b> C08.02, AGE > 39 (age 40 and older)		1126
<b>Text</b>	You've told us that you have had cancer. I would like to ask			<b>NOTE TO PORTIA:</b>		

	you a few more questions about your cancer.			If C06.06, CHCSCNCR is 1 (skin cancer) or C06.07, CHCOCNCR is 1 (other cancer) or C15.06, PCPSARS1 is 4 (prostate cancer), then continue		
<b>S14.05</b>	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	1 Yes 2 No <b>Do not read:</b> 7 Don't Know / Not Sure 9 Refused	<b>NOTE TO PORTIA:</b> Ask if C06.06, CHCSCNCR is 1 (skin cancer) or C06.07, CHCOCNCR is 1 (other cancer) or C15.06, PCPSARS1 is 4 (prostate cancer)	Read only if necessary: By 'other healthcare professional', we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional.	1127
<b>S14.06</b>	Have you ever received instructions from a doctor, nurse, or other health professional about where you should	CNCRTXINSTR	1 Yes 2 No <b>Do not read:</b> 7 Don't Know / Not Sure 9 Refused	<b>NOTE TO PORTIA:</b> Ask if C06.06, CHCSCNCR is 1 (skin cancer) or		1128

	return or who you should see for routine cancer check-ups after completing your treatment for cancer?			C06.07, CHCOCNCR is 1 (other cancer) or C15.06, PCPSARS1 is 4 (prostate cancer)		
<b>S14.07</b>	A survivorship care plan is a coordinated plan to help cancer survivors and their healthcare team coordinate their future care. Were you provided a survivorship care plan upon completion of treatment?	CNCR CAREPLN	1 Yes 2 No <b>Do not read:</b> 7 Don't Know / Not Sure 9 Refused	<b>NOTE TO PORTIA:</b> Ask if C06.06, CHCSCNCR is 1 (skin cancer) or C06.07, CHCOCNCR is 1 (other cancer) or C15.06, PCPSARS1 is 4 (prostate cancer)	IF NECESSARY READ THE FOLLOWING FOR MORE INFORMATION ON SURVIVORSHIP CARE PLANS: The plan 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.	1129
<b>S14.08</b>	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	ADVHLTHCAREDIR	1 Yes 2 No <b>Do not read:</b> 7 Don't Know / Not Sure 9 Refused	Ask everyone		1130



	<p>health care 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)
<b>Text</b>	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.					
<b>S15.01</b>	<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"> <li>• You are a health care or public safety worker who has been exposed to hepatitis B-infected blood or bodily fluids</li> <li>• I have ever received hemodialysis</li> <li>• You live in the same house with someone who has been diagnosed with Hepatitis B.</li> <li>• You have used intravenous drugs or shared injection equipment in the past year.</li> <li>• You have engaged in any of the following sexual activities in the past year: <ul style="list-style-type: none"> <li>• [INTERVIEWER NOTE: DO NOT READ: IF</li> </ul> </li> </ul>	HEPBRISK	<p>1 Yes 2 No <b>Do not read:</b> 7 Don't Know / Not Sure 9 Refused</p>	Ask everyone	DO NOT READ: IF RESPONDENT IS FEMALE Had sex with other men.	1131

	<p>RESPONDENT IS FEMALE] Had sex with other men.</p> <ul style="list-style-type: none"> <li>• Had anal sex without a condom.</li> <li>• Had four or more sex partners.</li> <li>• Exchanged sex for drugs or money.</li> <li>• You or a partner have been diagnosed with or treated for an STD.</li> </ul> <p>Do any of these situations apply to you?</p>					
<b>S15.02</b>	<p>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?</p>	HEPBVAC	<p>1 Yes, at least 3 doses  2 Less than 3 doses  3 No doses  <b>Do not read:</b>  7 Don't know / Not sure  9 Refused</p>	Ask everyone	(IF YES) Inquire if respondent received full 3 doses or less than 3 doses.	1132

## Built Environment

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Text</b>	Now think about the neighborhood you live in.					
<b>S16.01</b>	Does your neighborhood have sidewalks, bike lanes, paths, or trails for walking or bicycling?	PAWLKBKLN	1 Yes 2 No <b>Do not read:</b> 7 Don't know / Not Sure 9 Refused	Ask everyone		1133
<b>S16.02</b>	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?"	1134-1136

## Falls and Injury

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Text</b>	You told us that you fell which resulted in an injury.			<b>NOTE TO PORTIA:</b> Skip if C08.02, AGE is coded 18-44, 07 or 09 OR Skip if C12.01, FALL12MN is 88, 77 or 99 OR Skip if C12.01, FALL12MN is 01-76 AND Skip if C12.02, FALLINJ3 is 88, 77 or 99		
<b>S17.01</b>	Where did you receive treatment for the most serious injury you suffered as a result of a fall?	IPFALLINJTXLOC	<b>Please read if necessary:</b> 01 At home 02 Treated by ambulance personnel/911 responder 03 Private doctor of HMO office 04 Clinic 05 Health center	<b>NOTE TO PORTIA:</b> Skip if C08.02, AGE is coded 18-44, 07 or 09 OR Skip if C12.01, FALL12MN is 88, 77 or 99 OR Skip if C12.01, FALL12MN is 01-76,		1137-1138

			06 Emergency department 07 Hospital inpatient 08 Somewhere else <b>Do not read:</b> 77 Don't know / Not sure 99 Refused	AND Skip if C12.02, FALLINJ3 is 88, 77 or 99		
<b>S17.02</b>	In the past 30 days, have you seen, heard, or read any information on preventing falls for the elderly?	IPFALLINFO30D	1 Yes	Ask everyone  <b>NOTE TO PORTIA:</b> If response is 1, continue		1139
			2 No <b>Do not read:</b> 7 Don't know / Not Sure 9 Refused	<b>NOTE TO PORTIA:</b> Skip to S17.04, IPFALLACT, if response is 2, 7 or 9		
<b>S17.03</b>	Do you recall the source of that information?	IPFALLINFOSRC	<b>Please read:</b> 01 Internet 02 Television 03 Radio 04 Newspaper 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)	<b>NOTE TO PORTIA:</b> Ask if S17.02, IPFALLINFO30D is 1  If <b>10 (Other)</b> , then record specified answer in: IPFALLINFOSRCOTH <b>(1160-1179)</b>	Allow/record multiple responses  If response is <b>10 (Other)</b> , it must be specified	1140-1159

			<b>Do not read:</b> 77 Don't know / Not sure 99 Refused			
<b>S17.04</b>	What are some actions seniors can do to reduce their risk of falls?	IPFALLACT	<b>Do not read:</b> 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 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	Ask everyone  <b>NOTE FOR PORTIA:</b> If <b>08 (Other)</b> , record specified answer in: IPFALLACTOTH <b>(1196-1215)</b>	DO NOT READ RESPONSES  Allow/record multiple responses  If response is <b>08 (Other)</b> , it must be specified	1180-1195

			08 Other (specify) 77 Don't know / Not sure 99 Refused			
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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)
<b>Text</b>	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 from the answers collected today. Even if you agree now, you or others may refuse to participate in the future.					
<b>CB01.01</b>	Would it be okay if we called you back to ask additional asthma-related questions at a later time?	CALLBACK	1 Yes 2 No			636
<b>CB01.02</b>	Which person in the household was selected as the focus of the asthma call-back?	ADLTCHLD	1 Adult 2 Child			637

## 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.**