



2017 Hawaii
Behavioral Risk Factor Surveillance System
Questionnaire

December 21, 2016



Form Approved

OMB No. 0920-1061

Exp. Date 3/31/2018

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).

NOTE: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at ivk7@cdc.gov.

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Interviewer's Script Landline Sample

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NOTE: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at ivk7@cdc.gov.

HELLO, I am calling for the (health department) . My name is (name) . We are gathering information about the health of (state) residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

LL.1 Is this (phone number) ?

1. Yes
2. No

[CATI /INTERVIEWER NOTE: IF "NO": Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. CATI NOTE: STOP OR REDIAL]

PVTRES

LL.2 Is this a private residence?

Read only if necessary: “By private residence, we mean someplace like a house or apartment.”

INTERVIEWER NOTE: 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.

1. Yes [GO TO STATE OF RESIDENCE]
2. No [GO TO COLLEGE HOUSING]
3. No , Business phone only

[CATI/INTERVIEWER NOTE: IF NO, BUSINESS PHONE ONLY: THANK YOU VERY MUCH BUT WE ARE ONLY INTERVIEWING PERSONS ON RESIDENTIAL PHONES LINES AT THIS TIME.”STOP]

College Housing

LL.3 Do you live in college housing?

Read only if necessary: “By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.”

1. Yes [GO TO STATE OF RESIDENCE]
2. No

[CATI/INTERVIEWER NOTE: IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN A PRIVATE RESIDENCE OR COLLEGE HOUSING AT THIS TIME. STOP]

State of Residence

LL4. Do you currently live in _____(state)_____?

1. Yes [GO TO CELLULAR]
2. No [CATI/INTERVIEWER NOTE: IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN [] STATE AT THIS TIME. STOP]

Cellular Phone

LL.5 Is this a cell telephone?

INTERVIEWER NOTE: TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE (INCLUDES VONAGE, MAGIC JACK AND OTHER HOME-BASED PHONE SERVICES).

Read only if necessary: **“By cell (or cellular) telephone we mean a telephone that is mobile and usable outside of your neighborhood.”**

1 Yes

[CATI/INTERVIEWER NOTE: IF “YES”: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING BY LAND LINE TELEPHONES FOR PRIVATE RESIDENCES OR COLLEGE HOUSING. STOP]

2 No

[CATI NOTE: IF COLLEGE HOUSING = “YES,” CONTINUE; OTHERWISE GO TO ADULT RANDOM SELECTION]

Adult

LL.6 Are you 18 years of age or older?

- 1 Yes, respondent is male [GO TO NEXT SECTION]
- 2 Yes, respondent is female [GO TO NEXT SECTION]
- 3 No

[CATI/INTERVIEWER NOTE: IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS AGED 18 OR OLDER AT THIS TIME. STOP]

Adult Random Selection

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?

LL.7 __ Number of adults
If "1,": **Are you the adult?**

If "yes,"
Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary).

INTERVIEWER NOTE: GENDER WILL BE ASKED AGAIN IN DEMOGRAPHICS SECTION.

[GO TO THE CORRECT RESPONDENT]

[CATI/INTERVIEWER NOTE: IF "NO," IS THE ADULT A MAN OR A WOMAN? ENTER 1 MAN OR 1 WOMAN BELOW. MAY I SPEAK WITH [FILL IN (HIM/HER) FROM PREVIOUS QUESTION]?]

[GO TO "CORRECT RESPONDENT" BEFORE SECTION 1]

LL.8 How many of these adults are men?

___ Number of men

So the number of women in the household is ___

___ Number of women

Is that correct?

INTERVIEWER NOTE: CONFIRM NUMBER OF ADULT WOMEN OR CLARIFY THE TOTAL NUMBER OF ADULTS IN THE HOUSEHOLD.

The person in your household that I need to speak with is _____.

If "you," [GO TO "CORRECT RESPONDENT" BEFORE SECTION 1]

Interviewer's Script Cell Phone

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HELLO, I am calling for the (health department) . My name is (name) . We are gathering information about the health of (state) residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

CP.1 Is this a safe time to talk with you?

1. Yes **[GOTO PHONE]**
2. No

[CATI/INTERVIEWER NOTE: IF "NO": THANK YOU VERY MUCH. WE WILL CALL YOU BACK AT A MORE CONVENIENT TIME. ([SET APPOINTMENT IF POSSIBLE]) STOP]

Phone

CP.2 Is this (phone number) ?

1. Yes **[GO TO CELLULAR PHONE]**
2. No **INTERVIEWER NOTE: CONFIRM TELEPHONE NUMBER**

[CATI/INTERVIEWER NOTE: IF "NO": THANK YOU VERY MUCH, BUT I SEEM TO HAVE DIALED THE WRONG NUMBER. IT'S POSSIBLE THAT YOUR NUMBER MAY BE CALLED AT A LATER TIME. STOP]

Cellular Phone

CP.3 Is this a cell telephone?

Read only if necessary: **"By cell telephone, we mean a telephone that is mobile and usable outside of your neighborhood."**

- 1. Yes [GO TO ADULT]
- 2. No

[CATI/INTERVIEWER NOTE: IF "NO": THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING CELL TELEPHONES AT THIS TIME. STOP]

Adult

CP.4 Are you 18 years of age or older?

- 1. Yes, respondent is male [GO TO PRIVATE RESIDENCE]
- 2. Yes, respondent is female [GO TO PRIVATE RESIDENCE]
- 3. No

[CATI/INTERVIEWER NOTE: IF "NO", THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS AGED 18 OR OLDER AT THIS TIME. STOP]

INTERVIEWER NOTE: GENDER WILL BE ASKED AGAIN IN DEMOGRAPHICS SECTION.

Private Residence

CP.5 Do you live in a private residence?

Read only if necessary: **"By private residence, we mean someplace like a house or apartment."**

INTERVIEWER NOTE: 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.

- 1. Yes [GO TO STATE OF RESIDENCE]
- 2. No [GO TO COLLEGE HOUSING]

College Housing

CP.6 Do you live in college housing?

Read only if necessary: **“By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.”**

1. Yes [GO TO STATE OF RESIDENCE]
2. No

[CATI/INTERVIEWER NOTE: IF "NO": THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN A PRIVATE RESIDENCE OR COLLEGE HOUSING AT THIS TIME. STOP]

State of Residence

CP.7 Do you currently live in _____ (state)_____?

1. Yes [GO TO LANDLINE]
2. No [GO TO STATE]

State

CP.8 In what state do you currently live?

_____ ENTER FIPS STATE

Landline

CP. 9 Do you also have a landline telephone in your home that is used to make and receive calls?

Read only 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.”**

INTERVIEWER NOTE: TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE (INCLUDES VONAGE, MAGIC JACK AND OTHER HOME-BASED PHONE SERVICES.).

1. Yes
2. No

[CATI/INTERVIEWER NOTE: IF COLLEGE HOUSING = “YES”, DO NOT ASK NUMBER OF ADULTS QUESTIONS, GO TO CORE.]

NUMADULT

CP.10 How many members of your household, including yourself, are 18 years of age or older?

— Number of adults

99 Refused

[CATI/INTERVIEWER NOTE: IF COLLEGE HOUSING = “YES” THEN NUMBER OF ADULTS IS **AUTOMATICALLY SET TO 1.]**

Core Sections

[CATI/INTERVIEWER NOTE: ITEMS IN PARENTHESES ANYWHERE THROUGHOUT THE QUESTIONNAIRE DO NOT NEED TO BE READ]

To Correct Respondent:

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 be confidential. If you have any questions about the survey, please call (give appropriate state telephone number).

Section 1: Health Status

1.1 Would you say that in general your health is— (90)

Please read:

- 1 Excellent**
- 2 Very good**
- 3 Good**
- 4 Fair, or**
- 5 Poor**

Do not read:

- 7 Don't know / Not sure**
- 9 Refused**

Section 2: Healthy Days — Health-Related Quality of Life

2.1 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? (91-92)

- Number of days**
- 88 None**
- 77 Don't know / Not sure**
- 99 Refused**

2.2 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? (93-94)

- SECTION]
- Number of days
 - 88 None [CATI NOTE: IF Q2.1 AND Q2.2 = 88 (NONE), GO TO NEXT
 - 77 Don't know / Not sure
 - 99 Refused

2.3 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?
(95-96)

- Number of days
- 88 None
- 77 Don't know / Not sure
- 99 Refused

Section 3: Health Care Access

3.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service?
(97)

[CATI NOTE: IF USING HEALTH CARE ACCESS MODULE GO TO MODULE 10, QUESTION 1, ELSE CONTINUE]

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**3.2 Do you have one person you think of as your personal doctor or health care provider?
If “No” ask: “Is there more than one, or is there no person who you think of as your
personal doctor or health care provider?”**

(98)

- 1 Yes, only one
- 2 More than one
- 3 No
- 7 Don't know / Not sure
- 9 Refused

**3.3 Was there a time in the past 12 months when you needed to see a doctor but could not
because of cost?**

(99)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**CATI NOTE: IF USING HEALTH CARE ACCESS MODULE GO TO MODULE 10
QUESTION 3, ELSE CONTINUE**

**3.4 A routine checkup is a general physical exam, not an exam for a specific injury, illness, or
condition. About how long has it been since you last visited a doctor for a routine checkup?**

(100)

Read only 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

**[CATI INSTRUCTION: IF USING HEALTH CARE ACCESS MODULE 10 AND Q3.1 =
1 GO TO MODULE 10, QUESTION 4A OR IF USING HEALTH CARE ACCESS
MODULE 10 AND Q3.1 = 2, 7, OR 9 GO TO MODULE 10, QUESTION 4B, OR IF NOT
USING HEALTH CARE ACCESS MODULE GO TO NEXT SECTION.]**

Section 4: Hypertension Awareness

4.1 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (101)

Read only if necessary: **By “other health professional” we mean a nurse practitioner, a physician’s assistant, or some other licensed health professional.**

If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”

- 1 Yes
- 2 Yes, but female told only during pregnancy [GO TO NEXT SECTION]
- 3 No [GO TO NEXT SECTION]
- 4 Told borderline high or pre-hypertensive [GO TO NEXT SECTION]
- 7 Don’t know / Not sure [GO TO NEXT SECTION]
- 9 Refused [GO TO NEXT SECTION]

4.2 Are you currently taking medicine for your high blood pressure? (102)

- 1 Yes
- 2 No
- 7 Don’t know / Not sure
- 9 Refused

Section 5: Cholesterol Awareness

5.1 Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your blood cholesterol checked?

(103)

Read only if necessary:

- 1 Never [GO TO NEXT SECTION]
- 2 Within the past year (anytime less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 Within the past 5 years (2 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

- 7 Don’t know / Not sure
- 9 Refused [GO TO NEXT SECTION]

5.2 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?

(104)

- 1 Yes

- 2 No [GO TO NEXT SECTION]
- 7 Don't know / Not sure [GO TO NEXT SECTION]
- 9 Refused [GO TO NEXT SECTION]

5.3 Are you currently taking medicine prescribed by a doctor or other health professional for your blood cholesterol?

(105)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 6: Chronic Health Conditions

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."

6.1 (Ever told) you that you had a heart attack also called a myocardial infarction? (106)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6.2 (Ever told) you had angina or coronary heart disease? (107)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6.3 (Ever told) you had a stroke? (108)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6.4 (Ever told) you had asthma? (109)

- 1 Yes
- 2 No [GO TO Q6.6]
- 7 Don't know / Not sure [GO TO Q6.6]
- 9 Refused [GO TO Q6.6]

6.5 Do you still have asthma? (110)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6.6 (Ever told) you had skin cancer? (111)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6.7 (Ever told) you had any other types of cancer? (112)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6.8 (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis? (113)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6.9 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (114)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: ARTHRITIS DIAGNOSES INCLUDE:

- **RHEUMATISM, POLYMYALGIA RHEUMATICA**
- **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, HENOCHE-SCHONLEIN PURPURA, WEGENER’S GRANULOMATOSIS,**
- **POLYARTERITIS NODOSA)**

6.10 (Ever told) you have a depressive disorder, (including depression, major depression, dysthymia), or minor depression? (115)

- 1 Yes
- 2 No
- 7 Don’t know / Not sure
- 9 Refused

6.11 (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence. (116)

INTERVIEWER NOTE: INCONTINENCE IS NOT BEING ABLE TO CONTROL URINE FLOW.

- 1 Yes
- 2 No
- 7 Don’t know / Not sure
- 9 Refused

6.12 (Ever told) you have diabetes? (117)

[INTERVIEWER NOTE: IF “YES” AND RESPONDENT IS FEMALE, ASK: “WAS THIS ONLY WHEN YOU WERE PREGNANT?”]

[INTERVIEWER NOTE: IF RESPONDENT SAYS PRE-DIABETES OR BORDERLINE DIABETES, USE RESPONSE CODE 4.]

- 1 Yes
- 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

[CATI NOTE: IF Q6.12 = 1 (YES), GO TO NEXT QUESTION. IF ANY OTHER RESPONSE TO Q6.12, GO TO PRE-DIABETES OPTIONAL MODULE (IF USED). OTHERWISE, GO TO NEXT SECTION.]

6.13 How old were you when you were told you have diabetes? (118-119)

- Code age in years [97 = 97 and older]
- 98 Don’t know / Not sure
- 99 Refused

[CATI NOTE: GO TO DIABETES OPTIONAL MODULE (IF USED). OTHERWISE, GO TO NEXT SECTION.]

Module 1: Pre-Diabetes

[CATI NOTE: ONLY ASKED OF THOSE NOT RESPONDING “YES” (CODE = 1) TO CORE Q6.12 (DIABETES AWARENESS QUESTION).]

1. Have you had a test for high blood sugar or diabetes within the past three years?

(290)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

[CATI NOTE: IF CORE Q6.12 = 4 (NO, PRE-DIABETES OR BORDERLINE DIABETES); ANSWER Q2 “YES” (CODE = 1).]

2. Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

INTERVIEWER INSTRUCTIONS: IF “YES” AND RESPONDENT IS FEMALE, ASK: “WAS THIS ONLY WHEN YOU WERE PREGNANT?”

(291)

- 1 Yes
- 2 Yes, during pregnancy
- 3 No
- 7 Don't know / Not sure
- 9 Refused

Section 7: Arthritis Burden

[CATI NOTE: IF Q6.9 = 1 (YES) THEN CONTINUE, ELSE GO TO NEXT SECTION.]

Next, I will ask you about your arthritis.

Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint.

7.1 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (120)

- 1 Yes
- 2 No
- 7 Don't know / Not sure

9 Refused

INTERVIEWER INSTRUCTION: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN THE INTERVIEWER SHOULD SAY: "PLEASE ANSWER THE QUESTION BASED ON YOUR CURRENT EXPERIENCE, REGARDLESS OF WHETHER YOU ARE TAKING ANY MEDICATION OR TREATMENT."

INTERVIEWER NOTE: Q7.2 SHOULD BE ASKED OF ALL RESPONDENTS REGARDLESS OF EMPLOYMENT STATUS.

7.2 In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?

(121)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER INSTRUCTION: IF RESPONDENT GIVES AN ANSWER TO EACH ISSUE (WHETHER RESPONDENT WORKS, TYPE OF WORK, OR AMOUNT OF WORK), THEN IF ANY ISSUE IS "YES" MARK THE OVERALL RESPONSE AS "YES."

IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN THE INTERVIEWER SHOULD SAY: "PLEASE ANSWER THE QUESTION BASED ON YOUR CURRENT EXPERIENCE, REGARDLESS OF WHETHER YOU ARE TAKING ANY MEDICATION OR TREATMENT."

7.3 During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings?

(122)

Please read [1-3]:

- 1 A lot
- 2 A little
- 3 Not at all

Do not read:

- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER INSTRUCTION: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN THE INTERVIEWER SHOULD SAY: "PLEASE ANSWER THE QUESTION BASED ON YOUR CURRENT EXPERIENCE, REGARDLESS OF WHETHER YOU ARE TAKING ANY MEDICATION OR TREATMENT."

7.4 Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. On a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be, DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE?

- | | | |
|-----|-----------------------|-----------|
| _ _ | Enter number [00-10] | (123-124) |
| 77 | Don't know / Not sure | |
| 99 | Refused | |

Section 8: Demographics

8.1 Are you ... (125)

- | | |
|---|---------|
| 1 | Male |
| 2 | Female |
| 9 | Refused |

INTERVIEWER NOTE: : ASK THIS QUESTION EVEN IF RESPONDENT'S SEX HAD BEEN IDENTIFIED DURING LANDLINE HOUSEHOLD ENUMERATION OR CELL PHONE SCREENING QUESTIONS.

Module 27: Sexual Orientation and Gender Identity

The next two questions are about sexual orientation and gender identity.

INTERVIEWER NOTE: WE ASK THIS QUESTION IN ORDER TO BETTER UNDERSTAND THE HEALTH AND HEALTH CARE NEEDS OF PEOPLE WITH DIFFERENT SEXUAL ORIENTATIONS.

INTERVIEWER NOTE: PLEASE SAY THE NUMBER BEFORE THE TEXT RESPONSE. RESPONDENT CAN ANSWER WITH EITHER THE NUMBER OR THE TEXT/WORD.

1. Do you consider yourself to be: (684)

Please read:

- | | |
|---|---------------------------|
| 1 | 1 - Straight |
| 2 | 2 - Lesbian or gay |
| 3 | 3 - Bisexual |

Do not read:

- | | |
|---|---------------------|
| 4 | Other |
| 7 | Don't know/Not sure |
| 9 | Refused |

2. Do you consider yourself to be transgender?
(685)

IF YES, ASK “DO YOU CONSIDER YOURSELF TO BE 1. MALE-TO-FEMALE, 2. FEMALE-TO-MALE, OR 3. GENDER NON-CONFORMING?”

INTERVIEWER NOTE: Please say the number before the “yes” text response. Respondent can answer with either the number or the text/word.

Please read:

- 1 Yes, Transgender, male-to-female
- 2 Yes, Transgender, female to male
- 3 Yes, Transgender, gender nonconforming
- 4 No

Do not read:

- 7 Don’t know/not sure
- 9 Refused

INTERVIEWER NOTE: IF ASKED ABOUT DEFINITION OF TRANSGENDER: SOME PEOPLE DESCRIBE THEMSELVES AS TRANSGENDER WHEN THEY EXPERIENCE A DIFFERENT GENDER IDENTITY FROM THEIR SEX AT BIRTH. FOR EXAMPLE, A PERSON BORN INTO A MALE BODY, BUT WHO FEELS FEMALE OR LIVES AS A WOMAN WOULD BE TRANSGENDER. SOME TRANSGENDER PEOPLE CHANGE THEIR PHYSICAL APPEARANCE SO THAT IT MATCHES THEIR INTERNAL GENDER IDENTITY. SOME TRANSGENDER PEOPLE TAKE HORMONES AND SOME HAVE SURGERY. A TRANSGENDER PERSON MAY BE OF ANY SEXUAL ORIENTATION – STRAIGHT, GAY, LESBIAN, OR BISEXUAL.

INTERVIEWER NOTE: 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.

8.2 What is your age? (126-127)

- Code age in years
- 07 Don’t know / Not sure
- 09 Refused

8.3 Are you Hispanic, Latino/a, or Spanish origin? (128-131)

If yes, ask: Are you...

INTERVIEWER NOTE: *One Or More Categories May Be Selected.*

- 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

Ethnicity

NOTE FOR PORTIA: Replace 2 questions 8.4 and 8.5 by 2 Hawaii State Added Questions SAQ1 and SAQ2 (yellow background).

Ask everyone

SAQ02. Which one or more of the following would you say is your ethnicity? (Allow for 6 ethnicities meaning 12 columns) **(902-913)**

- 1 Caucasian (includes European, German, Irish, Italian, English)
- 2 Hawaiian
- 3 Chinese
- 4 Filipino
- 5 Japanese
- 6 Korean
- 7 Samoan
- 8 Black
- 9 American Indian/ Alaska Native/ Eskimo/ Inuit
- 10 Vietnamese
- 11 Asian Indian
- 12 Portuguese
- 13 Guamanian/Chamorro
- 14 Puerto Rican
- 15 Mexican
- 16 Tongan
- 17 Laotian
- 18 Cambodian
- 19 Malaysian
- 20 Fijian
- 21 Micronesian
- 22 Other Asian (specify) record the specified **(914-937)**
- 23 Other (specify) record the specified **(914-937)**

Do not read

- 77 Don't know/ Not sure
- 99 Refuse

Ask SAQ03 if SAQ02 got more than one answers

SAQ03. Which one of these groups would you say best represent your ethnicity? **(938-939)**

- 1 Caucasian (includes European, German, Irish, Italian, English)
- 2 Hawaiian
- 3 Chinese
- 4 Filipino
- 5 Japanese
- 6 Korean
- 7 Samoan
- 8 Black
- 9 American Indian/ Alaska Native/ Eskimo/ Inuit
- 10 Vietnamese
- 11 Asian Indian
- 12 Portuguese
- 13 Guamanian/Chamorro
- 14 Puerto Rican
- 15 Mexican
- 16 Tongan
- 17 Laotian
- 18 Cambodian
- 19 Malaysian
- 20 Fijian
- 21 Micronesian
- 22 Other Asian
- 23 Other

Do not read

- 77 Don't know/ Not sure
- 99 Refuse

8.4 Which one or more of the following would you say is your race? (132-159)

**INTERVIEWER NOTE: SELECT ALL THAT APPLY.
INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED
READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING.**

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
	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

[CATI NOTE: IF MORE THAN ONE RESPONSE TO Q8.4; CONTINUE. OTHERWISE, GO TO Q8.6.]

8.5 Which one of these groups would you say best represents your race?

INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORY UNDERNEATH MAJOR HEADING. IF RESPONDENT HAS SELECTED MULTIPLE RACES IN PREVIOUS AND REFUSES TO SELECT A SINGLE RACE, CODE "REFUSED."

			(160-161)
10	White		
20	Black or African American		
30	American Indian or Alaska Native		
40	Asian		
	41	Asian Indian	
	42	Chinese	
	43	Filipino	
	44	Japanese	
	45	Korean	
	46	Vietnamese	
	47	Other Asian	
50	Pacific Islander		
	51	Native Hawaiian	
	52	Guamanian or Chamorro	
	53	Samoan	
	54	Other Pacific Islander	

Do not read:

	60	Other
	77	Don't know / Not sure

99 Refused

8.6 Are you...?

(162)

Please read:

- 1 **Married**
- 2 **Divorced**
- 3 **Widowed**
- 4 **Separated**
- 5 **Never married, or**
- 6 **A member of an unmarried couple**

Do not read:

- 9 Refused

8.7 What is the highest grade or year of school you completed?

(163)

Read only if necessary:

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)

Do not read:

- 9 Refused

8.8 Do you own or rent your home?

(164)

Read only if necessary:

- 1 Own
- 2 Rent
- 3 Other arrangement

Do not read:

- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: "OTHER ARRANGEMENT" MAY INCLUDE GROUP HOME, STAYING WITH FRIENDS OR FAMILY WITHOUT PAYING RENT.

INTERVIEWER NOTE: HOME IS DEFINED AS THE PLACE WHERE YOU LIVE MOST OF THE TIME/THE MAJORITY OF THE YEAR.

INTERVIEWER NOTE: IF RESPONDENT ASKS ABOUT WHY WE ARE ASKING THIS QUESTION: WE ASK THIS QUESTION IN ORDER TO COMPARE HEALTH INDICATORS AMONG PEOPLE WITH DIFFERENT HOUSING SITUATIONS.

Island

NOTE FOR PORTIA: Replace Core question 8.9 by question SAQ01 (ISLAND)

SAQ01: What island do you live on? (901)

- 1. Oahu
- 2. Hawaii
- 3. Kauai
- 4. Maui
- 5. Molokai
- 6. Lanai
- 9. Refused

8.9 In what county do you currently live? (165-167)

-- --	ANSI County Code (formerly FIPS county code)
777	Don't know / Not sure
999	Refused

8.10 What is the ZIP Code where you currently live? (168-172)

-- -- -- --	ZIP Code
77777	Don't know / Not sure
99999	Refused

[CATI NOTE: IF CELL TELEPHONE INTERVIEW SKIP TO 8.14 (QSTVER GE 20)]

8.11 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (173)

1	Yes	
2	No	[GO TO Q8.13]
7	Don't know / Not sure	[GO TO Q8.13]
9	Refused	[GO TO Q8.13]

8.12 How many of these telephone numbers are residential numbers? (174)

--	Residential telephone numbers [6 = 6 or more]
7	Don't know / Not sure
9	Refused

8.13 Including phones for business and personal use, do you have a cell phone for personal use? (175)

1	Yes
2	No

- 7 Don't know / Not sure
- 9 Refused

8.14 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

INTERVIEWER NOTE: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

(176)

- 1 Yes
- 2 No

Do not read:

- 7 Don't know / Not sure
- 9 Refused

8.15 Are you currently...?

INTERVIEWER NOTE: IF MORE THAN ONE, SAY "SELECT THE CATEGORY WHICH BEST DESCRIBES YOU".

Please read:

(177)

- 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

INTERVIEWER NOTE: DO NOT CODE 7 FOR "DON'T KNOW" ON THIS QUESTION.

Module 25: Industry and Occupation

IF CORE Q8.15 = 1 OR 4 (EMPLOYED FOR WAGES OR OUT OF WORK FOR LESS THAN 1 YEAR) OR 2 (SELF-EMPLOYED), CONTINUE ELSE GO TO NEXT MODULE.

Now I am going to ask you about your work.

[CATI NOTE: IF CORE Q8.15 = 1 (EMPLOYED FOR WAGES) OR 2 (SELF-EMPLOYED) ASK,]

1. What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic.

INTERVIEWER NOTE: IF RESPONDENT IS UNCLEAR, ASK "WHAT IS YOUR JOB TITLE?"

INTERVIEWER NOTE: IF RESPONDENT HAS MORE THAN ONE JOB THEN ASK, "WHAT IS YOUR MAIN JOB?" (484-583)

[Record answer] _____
99 Refused

[IF CORE Q8.15 = 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.

INTERVIEWER NOTE: IF RESPONDENT IS UNCLEAR, ASK "WHAT WAS YOUR JOB TITLE?"

INTERVIEWER NOTE: IF RESPONDENT HAS MORE THAN ONE JOB THEN ASK, "WHAT WAS YOUR MAIN JOB?"

[Record answer] _____
99 Refused

[IF CORE Q8.15 = 1 (EMPLOYED FOR WAGES) OR 2 (SELF-EMPLOYED) ASK,]

2. What kind of business or industry do you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.

[Record answer] _____
99 Refused

(584-683)

[CATI NOTE: 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, hospital, elementary school, clothing manufacturing, restaurant.

[Record answer] _____
 99 Refused

8.16 How many children less than 18 years of age live in your household? (178-179)

__ __ Number of children
 88 None
 99 Refused

8.17 Is your annual household income from all sources—

INTERVIEWER NOTE: IF RESPONDENT REFUSES AT ANY INCOME LEVEL, CODE ‘99’ (REFUSED) (180-181)

04 Less than \$25,000 **If “no,” ask 05; if “yes,” ask 03**
 (\$20,000 to less than \$25,000)
 03 Less than \$20,000 **If “no,” code 04; if “yes,” ask 02**
 (\$15,000 to less than \$20,000)
 02 Less than \$15,000 **If “no,” code 03; if “yes,” ask 01**
 (\$10,000 to less than \$15,000)
 01 Less than \$10,000 **If “no,” code 02**
 05 Less than \$35,000 **If “no,” ask 06**
 (\$25,000 to less than \$35,000)
 06 Less than \$50,000 **If “no,” ask 07**
 (\$35,000 to less than \$50,000)
 07 Less than \$75,000 **If “no,” code 08**
 (\$50,000 to less than \$75,000)
 08 \$75,000 or more

Do not read:

77 Don’t know / Not sure
 99 Refused

8.18 Have you used the internet in the past 30 days? (182)

1 Yes

- 2 No
- 7 Don't know / Not sure
- 9 Refused

8.19 About how much do you weigh without shoes?

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN COLUMN 183. ROUND FRACTIONS UP

(183-186)

- — — — Weight
(pounds/kilograms)
- 7777 Don't know / Not sure
- 9999 Refused

8.20 About how tall are you without shoes?

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN COLUMN 187. ROUND FRACTIONS DOWN

(187-190)

- — / — — Height
(ft / inches/meters/centimeters)
- 77/ 77 Don't know / Not sure
- 99/ 99 Refused

[CATI NOTE: IF MALE, GO TO 8.22, IF FEMALE RESPONDENT IS 50 YEARS OLD OR OLDER, GO TO Q8.22]

8.21 To your knowledge, are you now pregnant?

(191)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

The following questions are about health problems or impairments you may have. Some people who are deaf or have serious difficulty hearing may or may not use equipment to communicate by phone.

8.22 Are you deaf or do you have serious difficulty hearing?

(192)

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

8.23 Are you blind or do you have serious difficulty seeing, even when wearing glasses?

(193)

- 1 Yes

- 2 No
- 7 Don't know / Not Sure
- 9 Refused

8.24 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (194)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

8.25 Do you have serious difficulty walking or climbing stairs? (195)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

8.26 Do you have difficulty dressing or bathing? (196)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

8.27 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (197)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 9: Tobacco Use

9.1 Have you smoked at least 100 cigarettes in your entire life? (198)

INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES

- 1 Yes
- 2 No [GO TO Q9.5]
- 7 Don't know / Not sure [GO TO Q9.5]
- 9 Refused [GO TO Q9.5]

INTERVIEWER NOTE: "FOR CIGARETTES, DO NOT INCLUDE: ELECTRONIC CIGARETTES (E-CIGARETTES, NJOY, BLUETIP), HERBAL CIGARETTES, CIGARS, CIGARILLOS, LITTLE CIGARS, PIPES, BIDIS, KRETEKS, WATER PIPES (HOOKAHS), OR MARIJUANA."

9.2 Do you now smoke cigarettes every day, some days, or not at all? (199)

Do not read:

- 1 Every day
- 2 Some days
- 3 Not at all [GO TO Q9.4]
- 7 Don't know / Not sure [GO TO Q9.5]
- 9 Refused [GO TO Q9.5]

9.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (200)

- 1 Yes [GO TO Q9.5]
- 2 No [GO TO Q9.5]
- 7 Don't know / Not sure [GO TO Q9.5]
- 9 Refused [GO TO Q9.5]

9.4 How long has it been since you last smoked a cigarette, even one or two puffs? (201-202)

Read only 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)
- 07 10 years or more
- 08 Never smoked regularly

Do not read:

- 77 Don't know / Not sure
- 99 Refused

9.5 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? (203)

INTERVIEWER NOTE: SNUS (RHYMES WITH ‘GOOSE’)/ SNUS (SWEDISH FOR SNUFF) IS A MOIST SMOKELESS TOBACCO, USUALLY SOLD IN SMALL POUCHES THAT ARE PLACED UNDER THE LIP AGAINST THE GUM.

Do not read:

- 1 Every day
- 2 Some days
- 3 Not at all

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Section 10: E-Cigarettes

“The next questions are about electronic cigarettes and other electronic “vaping” products. These products typically contain nicotine, flavors, and other ingredients. Do not include products used only for marijuana.”

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.

10.1 Have you ever used an e-cigarette or other electronic “vaping” product, even just one time, in your entire life? (204)

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.**

- 1 Yes
- 2 No [GO TO NEXT SECTION]
- 7 Don't know / Not Sure [GO TO NEXT SECTION]
- 9 Refused [GO TO NEXT SECTION]

10.2 Do you now use e-cigarettes or other electronic “vaping” products every day, some days, or not at all? (205)

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Don't know / Not
- 9 Refused

Section 11: Alcohol Consumption

11.1 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?

(206-208)

- 1 __ Days per week
- 2 __ Days in past 30 days
- 888 No drinks in past 30 days [GO TO NEXT SECTION]
- 777 Don't know / Not sure [GO TO NEXT SECTION]
- 999 Refused [GO TO NEXT SECTION]

11.2 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?

INTERVIEWER NOTE: A 40 OUNCE BEER WOULD COUNT AS 3 DRINKS, OR A COCKTAIL DRINK WITH 2 SHOTS WOULD COUNT AS 2 DRINKS.

(209-210)

- __ Number of drinks
- 77 Don't know / Not sure
- 99 Refused

11.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI NOTE: X = 5 FOR MEN, X = 4 FOR WOMEN] or more drinks on an occasion?

(211-212)

- __ Number of times
- 88 None
- 77 Don't know / Not sure
- 99 Refused

11.4 During the past 30 days, what is the largest number of drinks you had on any occasion?

(213-214)

- __ Number of drinks
- 77 Don't know / Not sure
- 99 Refused

Section 12: Fruits and Vegetables

Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.

INTERVIEWER INSTRUCTIONS: IF A RESPONDENT INDICATES THAT THEY CONSUME A FOOD ITEM EVERY DAY THEN ENTER THE NUMBER OF TIMES PER DAY. IF THE RESPONDENT INDICATES THAT THEY EAT A FOOD LESS THAN DAILY, THEN ENTER TIMES PER WEEK OR TIME PER MONTH. DO NOT ENTER TIME PER DAY UNLESS THE RESPONDENT REPORTS THAT HE/SHE CONSUMED THAT FOOD ITEM EACH DAY DURING THE PAST MONTH.

12.1 Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month. (215-217)

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"

READ IF RESPONDENT ASKS WHAT TO INCLUDE OR SAYS 'I DON'T KNOW': INCLUDE FRESH, FROZEN OR CANNED FRUIT. DO NOT INCLUDE DRIED FRUITS.

- 1_ _ Day
- 2_ _ Week
- 3_ _ Month
- 300 Less than once a month
- 555 Never
- 777 Don't Know
- 999 Refused

12.2 Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice? (218-220)

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"

READ IF RESPONDENT ASKS ABOUT EXAMPLES OF FRUIT-FLAVORED DRINKS: "DO NOT INCLUDE FRUIT-FLAVORED DRINKS WITH ADDED SUGAR LIKE CRANBERRY COCKTAIL, HI-C, LEMONADE, KOOL-AID, GATORADE, TAMPICO, AND SUNNY DELIGHT. INCLUDE ONLY 100% PURE JUICES OR 100% JUICE BLENDS."

- 1_ _ Day
- 2_ _ Week
- 3_ _ Month
- 300 Less than once a month
- 555 Never
- 777 Don't Know
- 999 Refused

12.3 How often did you eat a green leafy or lettuce salad, with or without other vegetables? (221-223)

INTERVIEWER NOTE: ENTER QUANTITY IN IN TIMES PER DAY, WEEK, OR MONTH.

INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"

READ IF RESPONDENT ASKS ABOUT SPINACH: "INCLUDE SPINACH SALADS."

1__ Day
2__ Week
3__ Month
300 Less than once a month
555 Never
777 Don't Know
999 Refused

12.4 How often did you eat any kind of fried potatoes, including french fries, home fries, or hash browns? ? (224-226)

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"

READ IF RESPONDENT ASKS ABOUT POTATO CHIPS: "DO NOT INCLUDE POTATO CHIPS."

1__ Day
2__ Week
3__ Month
300 Less than once a month
555 Never
777 Don't Know
999 Refused

12.5 How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad? (227-229)

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"

READ IF RESPONDENT ASKS ABOUT WHAT TYPES OF POTATOES TO INCLUDE: "INCLUDE ALL TYPES OF POTATOES EXCEPT FRIED. INCLUDE POTATOES AU GRATIN, SCALLOPED POTATOES."

1__ Day
2__ Week
3__ Month
300 Less than once a month
555 Never
777 Don't Know
999 Refused

12.6 Not including lettuce salads and potatoes, how often did you eat other vegetables?
(230-232)

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"

READ IF RESPONDENT ASKS ABOUT WHAT TO INCLUDE: "INCLUDE TOMATOES, GREEN BEANS, CARROTS, CORN, CABBAGE, BEAN SPROUTS, COLLARD GREENS, AND BROCCOLI. INCLUDE RAW, COOKED, CANNED, OR FROZEN VEGETABLES. DO NOT INCLUDE RICE."

1__ Day
2__ Week
3__ Month
300 Less than once a month
555 Never
777 Don't Know
999 Refused

Section 13: Exercise (Physical Activity)

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

INTERVIEWER INSTRUCTION: If respondent does not have a “regular job duty” or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.

13.1 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? (233)

- | | | |
|---|-----------------------|---------------|
| 1 | Yes | |
| 2 | No | [GO TO Q13.8] |
| 7 | Don't know / Not sure | [GO TO Q13.8] |
| 9 | Refused | [GO TO Q13.8] |

13.2 What type of physical activity or exercise did you spend the most time doing during the past month? (234-235)

- | | | |
|----|-----------------------|-------------------------------------|
| -- | (Specify) | [See Physical Activity Coding List] |
| 77 | Don't know / Not Sure | [GO TO Q13.8] |
| 99 | Refused | [GO TO Q13.8] |

INTERVIEWER INSTRUCTION: IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED IN THE PHYSICAL ACTIVITY CODING LIST, CHOOSE THE OPTION LISTED AS “OTHER”.

13.3 How many times per week or per month did you take part in this activity during the past month? (236-238)

- | | |
|-----|-----------------------|
| 1__ | Times per week |
| 2__ | Times per month |
| 777 | Don't know / Not sure |
| 999 | Refused |

13.4 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (239-241)

- | | |
|------|-----------------------|
| _: _ | Hours and minutes |
| 777 | Don't know / Not sure |
| 999 | Refused |

13.5 What other type of physical activity gave you the next most exercise during the past month?
(242-243)

- | | | |
|----|-----------------------|-------------------------------------|
| __ | (Specify) | [See Physical Activity Coding List] |
| 88 | No other activity | [GO TO Q13.8] |
| 77 | Don't know / Not Sure | [GO TO Q13.8] |
| 99 | Refused | [GO TO Q13.8] |

INTERVIEWER INSTRUCTION: IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED IN THE CODING PHYSICAL ACTIVITY LIST, CHOOSE THE OPTION LISTED AS "OTHER".

13.6 How many times per week or per month did you take part in this activity during the past month?
(244-246)

- | | |
|-----|-----------------------|
| 1__ | Times per week |
| 2__ | Times per month |
| 777 | Don't know / Not sure |
| 999 | Refused |

13.7 And when you took part in this activity, for how many minutes or hours did you usually keep at it?
(247-249)

- | | |
|------|-----------------------|
| ._._ | Hours and minutes |
| 777 | Don't know / Not sure |
| 999 | Refused |

13.8 During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.
(250-252)

- | | |
|-----|-----------------------|
| 1__ | Times per week |
| 2__ | Times per month |
| 888 | Never |
| 777 | Don't know / Not sure |
| 999 | Refused |

Section 14: Seatbelt Use

14.1 How often do you use seat belts when you drive or ride in a car? Would you say — (253)

- Please read:
- 1 Always**
 - 2 Nearly always**
 - 3 Sometimes**
 - 4 Seldom**
 - 5 Never**

Do not read:

- 7 Don't know / Not sure
- 8 Never drive or ride in a car
- 9 Refused

Section 15: Immunization

Now I will ask you questions about the flu vaccine. There are two ways to get the flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™.

15.1 During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose? (254)

Read only 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.**

- 1 Yes
- 2 No [GO TO Q15.3]
- 7 Don't know / Not sure [GO TO Q15.3]
- 9 Refused [GO TO Q15.3]

15.2 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?

(255-260)

- __ / ____ Month / Year
- 77 / 7777 Don't know / Not sure
- 99 / 9999 Refused

15.3 A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot? (261)

- 1 Yes

- 2 No
- 7 Don't know / Not sure
- 9 Refused

[CATI NOTE: IF RESPONDENT IS less than 50 YEARS OF AGE, GO TO NEXT SECTION.]

15.4. Have you ever had the shingles or zoster vaccine? (262)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE (READ IF NECESSARY): SHINGLES IS CAUSED BY THE CHICKEN POX VIRUS. IT IS AN OUTBREAK OF RASH OR BLISTERS ON THE SKIN THAT MAY BE ASSOCIATED WITH SEVERE PAIN. A VACCINE FOR SHINGLES HAS BEEN AVAILABLE SINCE MAY 2006; IT IS CALLED ZOSTAVAX®, THE ZOSTER VACCINE, OR THE SHINGLES VACCINE.

Section 16: HIV/AIDS

The next few questions are about the national health problem of HIV, 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.

16.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (263)

- 1 Yes
- 2 No [GO TO Q16.3]
- 7 Don't know /Not sure [GO TO Q16.3]
- 9 Refused [GO TO Q16.3]

16.2 Not including blood donations, in what month and year was your last HIV test?

INTERVIEWER INSTRUCTIONS: IF RESPONSE IS BEFORE JANUARY 1985, CODE "DON'T KNOW." 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.

(264-269)

--/-- Code month and year
77/7777 Don't know / Not sure
99/9999 Refused / Not sure

16.3 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.

(270)

**You have injected any drug other than those prescribed for you in the past year.
You have been treated for a sexually transmitted disease or STD in the past year.
You have given or received money or drugs in exchange for sex in the past year.
You had anal sex without a condom in the past year.
You had four or more sex partners in the past year.
Do any of these situations apply to you?**

1 Yes
2 No
7 Don't know / Not sure
9 Refused

Optional Modules and State Added Questions

Module 28: Random Child Selection

[CATI NOTE: IF CORE Q8.16 = 88, OR 99 (NO CHILDREN UNDER AGE 18 IN THE HOUSEHOLD, OR REFUSED), GO TO NEXT MODULE.]

CATI NOTE: IF CORE Q8.16 = 1, 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." [GO TO Q1]

[CATI NOTE: IF CORE Q8.16 IS >1 AND CORE Q8.16 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 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."]

[CATI NOTE: RANDOMLY SELECT ONE OF THE CHILDREN. THIS IS THE "XTH" CHILD. PLEASE SUBSTITUTE "XTH" CHILD'S NUMBER IN ALL QUESTIONS BELOW.]

Please read:

I have some additional questions about one specific child. The child I will be referring to is the “Xth” [CATI NOTE: PLEASE FILL IN CORRECT NUMBER] CHILD IN YOUR HOUSEHOLD. ALL FOLLOWING QUESTIONS ABOUT CHILDREN WILL BE ABOUT THE “XTH” [CATI NOTE: PLEASE FILL IN] CHILD.]

1. What is the birth month and year of the “Xth” child? (689-694)

__ / ____	Code month and year
77/ 7777	Don’t know / Not sure
99/9999	Refused

CATI NOTE: CALCULATE THE CHILD’S AGE IN MONTHS (CHLDAGE1=0 TO 216) AND ALSO IN YEARS (CHLDAGE2=0 TO 17) BASED ON THE INTERVIEW DATE AND THE BIRTH MONTH AND YEAR USING A VALUE OF 15 FOR THE BIRTH DAY. IF THE SELECTED CHILD IS < 12 MONTHS OLD ENTER THE CALCULATED MONTHS IN CHLDAGE1 AND 0 IN CHLDAGE2. IF THE CHILD IS ≥ 12 MONTHS ENTER THE CALCULATED MONTHS IN CHLDAGE1 AND SET CHLDAGE2=TRUNCATE (CHLDAGE1/12).

2. Is the child a boy or a girl? (695)

1	Boy
2	Girl
9	Refused

3. Is the child Hispanic, Latino/a, or Spanish origin? (696-699)

**INTERVIEWER INSTRUCTION: IF YES, ASK: “ARE THEY...
INTERVIEWER NOTE: SELECT ALL THAT APPLY**

Please read:

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

NOTE FOR PORTIA: Replace 2 questions 4 & 5 by 2 State Added Questions SAQ04 & SAQ05 (yellow background).

SAQ04. Which one or more of the following would you say is the ethnicity of the child? (allow for 6 ethnicities meaning 12 columns) **(940-951)**

- 1 Caucasian (includes European, German, Irish, Italian, English)
- 2 Hawaiian
- 3 Chinese
- 4 Filipino
- 5 Japanese
- 6 Korean
- 7 Samoan
- 8 Black
- 9 American Indian/ Alaska Native/ Eskimo/ Inuit
- 10 Vietnamese
- 11 Asian Indian
- 12 Portuguese
- 13 Guamanian/Chamorro
- 14 Puerto Rican
- 15 Mexican
- 16 Tongan
- 17 Laotian
- 18 Cambodian
- 19 Malaysian
- 20 Fijian
- 21 Micronesian
- 22 Other Asian (specify) record the specified in **(952-975)**
- 23 Other (specify) record the specified in **(952-975)**

Do not read

- 77 Don't know/ Not sure**
- 99 Refuse**

SAQ05. Which one of these groups would you say best represents the child's ethnicity? **(976-977)**

- 1 Caucasian (includes European, German, Irish, Italian, English)
- 2 Hawaiian
- 3 Chinese
- 4 Filipino
- 5 Japanese
- 6 Korean
- 7 Samoan
- 8 Black
- 9 American Indian/ Alaska Native/ Eskimo/ Inuit
- 10 Vietnamese
- 11 Asian Indian
- 12 Portuguese
- 13 Guamanian/Chamorro
- 14 Puerto Rican
- 15 Mexican

- 16 Tongan
- 17 Laotian
- 18 Cambodian
- 19 Malaysian
- 20 Fijian
- 21 Micronesian
- 22 Other Asian
- 23 Other

Do not read

- 77 Don't know/ Not sure**
- 99 Refuse**

4. Which one or more of the following would you say is the race of the child? (700-727)

INTERVIEWER NOTE: SELECT ALL THAT APPLY

INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING.

- 10 White**
- 20 Black or African American**
- 30 American Indian or Alaska Native**
- 40 Asian**
 - 41 Asian Indian
 - 42 Chinese
 - 43 Filipino
 - 44 Japanese
 - 45 Korean
 - 46 Vietnamese
 - 47 Other Asian
- 50 Pacific Islander**
 - 51 Native Hawaiian
 - 52 Guamanian or Chamorro
 - 53 Samoan
 - 54 Other Pacific Islander

Do not read:

- 60 Other
- 88 No additional choices
- 77 Don't know / Not sure
- 99 Refused

5. Which one of these groups would you say best represents the child's race? (728-729)

INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING.

- 10 White**
- 20 Black or African American**
- 30 American Indian or Alaska Native**
- 40 Asian**
 - 41 Asian Indian
 - 42 Chinese
 - 43 Filipino
 - 44 Japanese
 - 45 Korean
 - 46 Vietnamese
 - 47 Other Asian
- 50 Pacific Islander**
 - 51 Native Hawaiian
 - 52 Guamanian or Chamorro
 - 53 Samoan
 - 54 Other Pacific Islander

Do not read:

- 60 Other
- 77 Don't know / Not sure
- 99 Refused

6. How are you related to the child? (730)

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

Module 29: Childhood Asthma Prevalence

[CATI NOTE: IF RESPONSE TO CORE Q8.16 = 88 (NONE) OR 99 (REFUSED), GO TO NEXT MODULE.]

The next two questions are about the “Xth” [CATI NOTE: PLEASE FILL IN CORRECT NUMBER] child.

1. Has a doctor, nurse or other health professional EVER said that the child has asthma? (731)

- 1 Yes
- 2 No [GO TO NEXT MODULE]
- 7 Don't know / Not sure [GO TO NEXT MODULE]
- 9 Refused [GO TO NEXT MODULE]

1. Does the child still have asthma? (732)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

SAQ: Health Care

NOTE FOR PORTIA: Ask respondents who have health insurance (CORE QUESTION 3.3=1). Insert the green phrase before **TPEP05** question.

“We would like to ask you a few questions about your health insurance”

TPEP05: What is the primary source of your health care coverage? Is it a plan you or a family member obtained..... (978)

Read (stop once affirmative response is received)

- 1. Through current or former employer [GO TO HCS00]
- 2. By purchasing it on your own [GOTO TPEP06]
- 3. Medicare [GOTO TPEP06]
- 4. Medicaid [GOTO TPEP06]

Do not read

- 7. Don't know / Not sure [GOTO TPEP06]
- 9. Refused [GOTO TPEP06]

HCS00: You said your primary source of health care coverage is a plan that you or a family member obtained through a current or former employer. Is this employer... **(979)**

Read

- 1 A private company or organization
- 2 State government
- 3 Federal government
- 4 County or city government

Do not read

- 7 Don't know/not sure
- 9 Refused

TPEP06: Which health plan provides your primary source of health care coverage? **Is it... ? (980-981)**

Read (stop once affirmative response is received)

- 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

Do not read

- 77. Don't know/Not sure
- 88. None
- 99. Refused

NOTE FOR PORTIA: Ask everyone 3 questions **CANCER16, UH00 and TPEP01**

CANCER16: An Advance Health Care Directive is a document that allows you to appoint someone to make health care decisions on your behalf and/or to leave instructions about the kind of health care 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? (982)

- 1. Yes
- 2. No

Do not read:

- 7. Don't know / Not sure
- 9. Refused

UH00: 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. **(983)**

- 1 Yes
- 2 No

Do not read:

- 7 Don't know / Not sure
- 9 Refused

TPEP01: During the past 12 months, did any doctor, dentist, nurse or other health professional ask if you smoke cigarettes or use any other tobacco product? **(984)**

Interviewer's instruction:

If "NO" then probe: "No, they did not ask (code 2)" or "No, you did not see any health professionals during the past 12 months (code 3)"

1. Yes
2. No, they did not ask
3. No, I did not see any health professionals during the past 12 months

Do not read

7. Don't know / Not sure
9. Refused

TPEP02: *Ask current smokers (CORE QUESTION 9.2=1 or 9.2=2)*

During the past 12 months, did a doctor, dentist, nurse, or other health professional advise you to quit smoking cigarettes or using any other tobacco product? **(985)**

Interviewer's instruction:

If "NO" then probe: "No, they did not advise (code 2)" or "No, you did not see any health professionals during the past 12 months (code 3)"

1. Yes
2. No, they did not advise
3. No, I did not see any health professionals during the past 12 months

Do not read

7. Don't know / Not sure
9. Refused

TPEP03: *Ask current smokers who tries to quit smoking (CORE QUESTION 9.3=1)*

When you were trying to quit smoking, did you use any of the following methods? **(986)**

Record all answers

Read:

1. Telephone quitline
2. Smoking cessation class, program or support group
3. One-on-one counseling from a health professional
4. A nicotine replacement therapy (such as gum, patch, lo zenge, etc.)
5. A medication (such as Zyban or Chantix)

Do not read

6. None or cold turkey
7. Don't know / Not sure
9. Refused

TPEP04: Ask respondents who are 18, 19 and 20 years old

When you bought or tried to buy any tobacco products, including cigarettes, cigars, smokeless tobacco, shisha or hookah tobacco, and electronic vapor products, in a store during the past 30 days, were you asked to show proof of age? **(987)**

Read

1. Yes, I was asked to show proof of age
2. No, I was not asked to show proof of age
3. I did not try to buy any tobacco products in a store during the past 30 days

Do not read

7. Don't know / Not sure
9. Refused

Module 13: Sugar Sweetened Beverages

NOTE FOR PORTIA: Insert the following phrase in the screen of question 1

“Now think about the about the sugar sweetened beverages you drank.”

1. During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop. (424-426)

Please read: **You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.**

- | | |
|------|-----------------|
| 1 __ | Times per day |
| 2 __ | Times per week |
| 3 __ | Times per month |

Do not read:

- | | |
|-----|-----------------------|
| 888 | None |
| 777 | Don't know / Not sure |
| 999 | Refused |

2. During the past 30 days, how often did you drink sugar-sweetened fruit drinks (such as **Hawaiian Sun, Aloha Maid, Kool-aid™ and lemonade), sweet tea, and sports or energy drinks (such as Gatorade™ and Red Bull™)? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks.**

(427-429)

Please read: **You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.**

- 1 __ Times per day
- 2 __ Times per week
- 3 __ Times per month

Do not read:

- 888 None
- 777 Don't know / Not sure
- 999 Refused

SAQ: Hypertension

NOTE FOR PORTIA: Ask people who were diagnosed with HBP (Core Question 4.1=1) 2 questions HBP01 and HBP02.

HBP01: 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? **(988)**

Read

- 1. Yes, I have a plan and have made changes
- 2. Yes, I have a plan and have not made changes
- 3. No, I do not have a plan but have made changes
- 4. No, I do not have a plan but have not made changes

Do not read

- 7. Don't know/not sure
- 9. Refused

HBP02: Has your doctor, nurse, or other health professional EVER ADVISED you to take your blood pressure at home? **(989)**

- 1. Yes
- 2. No

Do not read

- 7. Don't Know/Not Sure
- 9. Refused

SAQ: Diabetes

NOTE FOR PORTIA: Use the yellow highlighted skip pattern

DIAB01: Do you think diabetes can be prevented? *(Asked of everyone, including those with diabetes)*
(990)

- 1 Yes
- 2 No

Do not read:

- 7 Don't know / Not sure
- 9 Refused

DIAB02: Do you think you could be at risk for diabetes? *(Asked of everyone without diabetes)* (991)

- 1 Yes
- 2 No

Do not read:

- 7 Don't know / Not sure
- 9 Refused

DIAB03: Do you have immediate or extended blood relatives, such as your parents, siblings, children, or grandparents, who have diabetes? *(Asked of everyone, including those with diabetes)* (992)

- 1 Yes
- 2 No

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Module 21: Caregiving

People may provide regular care or assistance to a friend or family member who has a health problem or disability.

2. During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability? (457)

INTERVIEWER INSTRUCTIONS: If caregiving recipient has died in the past 30 days, say “I’m so sorry to hear of your loss.” and code 8.

- 1. Yes
- 2. No [GO TO QUESTION 9]
- 7 Don't know/Not sure [GO TO QUESTION 9]
- 8 Caregiving recipient died in past 30 days [GO TO NEXT MODULE]
- 9 Refused [GO TO QUESTION 9]

2. What is his or her relationship to you? For example is he or she your mother or daughter or father or son? (458-459)

INTERVIEWER NOTE: IF MORE THAN ONE PERSON, SAY: “PLEASE REFER TO THE PERSON TO WHOM YOU ARE GIVING THE MOST CARE.”

INTERVIEWER INSTRUCTION: DO NOT READ; CODE RESPONSE USING THESE CATEGORIES.

- 01 Mother
- 02 Father
- 03 Mother-in-law
- 04 Father-in-law

- 05 Child
- 06 Husband
- 07 Wife
- 08 Same-sex partner
- 09 Brother or brother-in-law
- 10 Sister or sister-in-law
- 11 Grandmother
- 12 Grandfather
- 13 Grandchild
- 14 Other relative
- 15 Non-relative/Family friend
- 16 Unmarried partner

- 77 Don't know/Not sure
- 99 Refused

3. For how long have you provided care for that person? Would you say...
(460)

Please read:

- 1 Less than 30 days**
- 2 1 month to less than 6 months**
- 3 6 months to less than 2 years**
- 4 2 years to less than 5 years**
- 5 5 years or more**

Do not read:

- 7 Don't Know/ Not Sure
- 9 Refused

4. In an average week, how many hours do you provide care or assistance? Would you say...
(461)

Please read:

- 1 Up to 8 hours per week**
- 2 9 to 19 hours per week**
- 3 20 to 39 hours per week**
- 4 40 hours or more**

Do not read:

- 7 Don't know/Not sure
- 9 Refused

5. What is the main health problem, long-term illness, or disability that the person you care for has?
(462-463)

Read if necessary: **Please tell me which one of these conditions would you say is the major problem?**

[DO NOT READ: RECORD ONE RESPONSE]

- 1 Arthritis/Rheumatism
- 2 Asthma
- 3 Cancer
- 4 Chronic respiratory conditions such as Emphysema or COPD
- 5 Dementia and other Cognitive Impairment Disorders such as Alzheimer's disease
- 6 Developmental Disabilities such as Autism, Down's Syndrome, and Spina Bifida
- 7 Diabetes
- 8 Heart Disease, Hypertension
- 9 Human Immunodeficiency Virus Infection (HIV)
- 10 Mental Illnesses, such as Anxiety, Depression, or Schizophrenia
- 11 Other organ failure or diseases such as kidney or liver problems
- 12 Substance Abuse or Addiction Disorders
- 13 Injuries, including broken bones
- 14 Old age/infirmity/frailty
- 15 Other

Do not read:

- 77 Don't know/Not sure
- 99 Refused

6. In the past 30 days, did you provide care for this person by...

Managing personal care such as giving medications, feeding, dressing, or bathing?
(464)

- 1 Yes
- 2 No
- 7 Don't Know /Not Sure
- 9 Refused

7. In the past 30 days, did you provide care for this person by...

Managing household tasks such as cleaning, managing money, or preparing meals?
(465)

- 1 Yes
- 2 No
- 7 Don't Know /Not Sure
- 9 Refused

8. **Of the following support services, which one do you most need, that you are not currently getting?** (466)

[INTERVIEWER NOTE: IF RESPONDENT ASKS WHAT RESPITE CARE IS]:

Respite care means short-term breaks for people who provide care.

Please read options 1 – 6:

1. **Classes about giving care, such as giving medications**
2. **Help in getting access to services**
3. **Support groups**
4. **Individual counseling to help cope with giving care**
5. **Respite care**
6. **You don't need any of these support services**

Do not read:

- 7 Don't Know /Not Sure
- 9 Refused

[If Q1 = 1 or 8, GO TO NEXT MODULE]

9. **In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?** (467)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Module 22: Cognitive Decline

[CATI NOTE: IF RESPONDENT IS 45 YEARS OF AGE OR OLDER CONTINUE, ELSE GO TO NEXT MODULE]

The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things you've always done or forgetting things that you would normally know. We want to know how these difficulties impact you.

1. **During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?** (468)

- 1 Yes
- 2 No [GO TO NEXT MODULE]
- 7 Don't know [GO TO Q2]
- 9 Refused [GO TO NEXT MODULE]

2. During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills? (469)

Please read:

- 1 Always**
- 2 Usually**
- 3 Sometimes**
- 4 Rarely**
- 5 Never**

Do not read:

- 7 Don't know
- 9 Refused

3. As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? (470)

Please read:

- 1 Always**
- 2 Usually**
- 3 Sometimes**
- 4 Rarely [GO TO Q5]**
- 5 Never [GO TO Q5]**

Do not read:

- 7 Don't know [GO TO Q5]
- 9 Refused [GO TO Q5]

[CATI NOTE: IF Q3 = 1, 2, OR 3, CONTINUE. IF Q3 = 4, 5, 7, OR 9 GO TO Q5.]

4. When you need help with these day-to-day activities, how often are you able to get the help that you need? (471)

Please read:

- 1 Always**
- 2 Usually**
- 3 Sometimes**
- 4 Rarely**
- 5 Never**

Do not read:

- 7 Don't know
- 9 Refused

5. During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home? (472)

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

Do not read:

- 7 Don't know
- 9 Refused

6. Have you or anyone else discussed your confusion or memory loss with a health care professional? (473)

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

SAQ: Colorectal Cancer Screening

NOTE FOR PORTIA: Ask these 5 following questions if respondent is 50 years old and older.

CCS01: 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? (993)

- 1 Yes
- 2 No **[Go to CCS03]**
- 7 Don't know/Not sure **[Go to CCS03]**
- 9 Refused **[Go to CCS03]**

CCS02: How long has it been since you had your last blood stool test using a home kit? (994)

Read only 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

CCS03: 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? **(995)**

- | | | |
|---|---------------------|--|
| 1 | Yes | |
| 2 | No | [Go to SAQ: ... (with appropriate condition)] |
| 7 | Don't know/Not sure | [Go to SAQ: ... (with appropriate condition)] |
| 9 | Refused | [Go to SAQ: ... (with appropriate condition)] |

CCS04: Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy? **(996)**

- | | |
|---|---------------------|
| 1 | Sigmoidoscopy |
| 2 | Colonoscopy |
| 7 | Don't know/Not sure |
| 9 | Refused |

CCS05: How long has it been since you had your last sigmoidoscopy or colonoscopy? **(997)**

Read only 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 |

SAQ: Breast & Cervical Cancer Screening

NOTE FOR PORTIA: Ask these 4 following questions if respondent is female.

BCCS01: A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? **(998)**

- | | | |
|---|---------------------|-----------------------|
| 1 | Yes | |
| 2 | No | [Go to BCCS03] |
| 7 | Don't know/Not sure | [Go to BCCS03] |
| 9 | Refused | [Go to BCCS03] |

BCCS02: How long has it been since you had your last mammogram? **(999)**

- | | |
|---|--|
| 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
- 7 Don't know / Not sure
- 9 Refused

BCCS03: A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? **(1000)**

- 1 Yes
- 2 No **[Go to Module 17 or SAQ: ... (with appropriate condition)]**
- 7 Don't know/Not sure
[Go to Module 17 or SAQ: ... (with appropriate condition)]
- 9 Refused **[Go to Module 17 or SAQ: ... (with appropriate condition)]**

BCCS04: How long has it been since you had your last Pap test? **(1001)**

- 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
- 7 Don't know / Not sure
- 9 Refused

Module 16: Preconception Health/Family Planning

[CATI NOTE: IF RESPONDENT IS FEMALE AND GREATER THAN 49 YEARS OF AGE, HAS HAD A HYSTERECTOMY, IS PREGNANT, OR IF RESPONDENT IS MALE GO TO THE NEXT MODULE.]

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

1. Did you or your partner do anything the last time you had sex to keep you from getting pregnant? (436)

- 1 Yes
- 2 No **[GO TO Q3]**
- 3 No partner/not sexually active **[GO TO NEXT MODULE]**
- 4 Same sex partner **[GO TO NEXT MODULE]**
- 5 Has had a Hysterectomy **[GO TO NEXT MODULE]**
- 7 Don't know/Not sure **[GO TO Q3]**
- 9 Refused **[GO TO Q3].**

2. What did you or your partner do the last time you had sex to keep you from getting pregnant?

INTERVIEWER NOTE: IF RESPONDENT REPORTS USING MORE THAN ONE METHOD, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST.

INTERVIEWER NOTE: IF RESPONDENT REPORTS USING "CONDOMS," PROBE TO DETERMINE IF "FEMALE CONDOMS" OR MALE CONDOMS."

INTERVIEWER NOTE: IF RESPONDENT REPORTS USING AN "IUD" PROBE TO DETERMINE IF "LEVONORGESTREL IUD" OR "COPPER-BEARING IUD."

INTERVIEWER NOTE: IF RESPONDENT REPORTS "OTHER METHOD," ASK RESPONDENT TO "PLEASE BE SPECIFIC" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.

Read only if necessary:

(437-438)

- 01 Female sterilization (ex. Tubal ligation, Essure, Adiana) [GO TO NEXT MODULE]
- 02 Male sterilization (vasectomy) [GO TO NEXT MODULE]
- 03 Contraceptive implant (ex. Implanon) [GO TO NEXT MODULE]
- 04 Levonorgestrel (LEE-voe-nor-JES-trel) (LNG) or hormonal IUD (ex. Mirena) [GO TO NEXT MODULE]
- 05 Copper-bearing IUD (ex. ParaGard) [GO TO NEXT MODULE]
- 06 IUD, type unknown [GO TO NEXT MODULE]
- 07 Shots (ex. Depo-Provera) [GO TO NEXT MODULE]
- 08 Birth control pills, any kind [GO TO NEXT MODULE]
- 09 Contraceptive patch (ex. Ortho Evra) [GO TO NEXT MODULE]
- 10 Contraceptive ring (ex. NuvaRing) [GO TO NEXT MODULE]
- 11 Male condoms [GO TO NEXT MODULE]
- 12 Diaphragm, cervical cap, sponge [GO TO NEXT MODULE]
- 13 Female condoms [GO TO NEXT MODULE]
- 14 Not having sex at certain times (rhythm or natural family planning) [GO TO NEXT MODULE]
- 15 Withdrawal (or pulling out) [GO TO NEXT MODULE]
- 16 Foam, jelly, film, or cream [GO TO NEXT MODULE]
- 17 Emergency contraception (morning after pill) [GO TO NEXT MODULE]
- 18 Other method [GO TO NEXT MODULE]

Do not read:

- 77 Don't know/Not sure
- 99 Refused

Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.

3. What was your main reason for not doing anything the last time you had sex to keep you from getting pregnant? (439-440)

INTERVIEWER NOTE: IF RESPONDENT REPORTS "OTHER REASON," ASK RESPONDENT TO "PLEASE SPECIFY" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.

Read only if necessary:

- 01 You didn't think you were going to have sex/no regular partner
- 02 You just didn't think about it
- 03 Don't care if you get pregnant
- 04 You want a pregnancy
- 05 You or your partner don't want to use birth control
- 06 You or your partner don't like birth control/side effects
- 07 You couldn't pay for birth control
- 08 You had a problem getting birth control when you needed
- 09 Religious reasons
- 10 Lapse in use of a method
- 11 Don't think you or your partner can get pregnant (infertile or too old)
- 12 You had tubes tied (sterilization)
- 13 You had a hysterectomy
- 14 Your partner had a vasectomy (sterilization)
- 15 You are currently breast-feeding
- 16 You just had a baby/postpartum
- 17 You are pregnant now
- 18 Same sex partner
- 19 Other reasons

- 77 Don't know/Not sure
- 99 Refused

SAQ: Prostate Cancer

NOTE FOR PORTIA: Ask the following question if respondent is male 40 years old and older

PC01: Has a doctor, nurse, or other health professional EVER talked with you about prostate cancer risk?

(1002)

- 1. Yes
- 2. No
- Do not read:**
- 7. Don't know/Not sure
- 9. Refused

SAQ: Lung Cancer Screening

NOTE FOR PORTIA: Ask everyone

LCS01: In the last 12 months, did you have a CT or CAT scan of your chest area to check or screen for lung cancer? **(1003)**

- 1) Yes
- 2) No
- Do not read:**
- 7) Don't know / Not sure
- 9) Refused

SAQ: Sunburn

NOTE FOR PORTIA: Ask everyone

SB01: In the past 12 months, how many times did you have a red OR painful sunburn that lasted a day or more? **(1004)**

- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five or more
- Do not read**
- 7 Don't know / Not sure
- 8 Zero**
- 9 Refused

SAQ: Hepatitis B

NOTE FOR PORTIA: Ask everyone 2 question HB01 and HB02

HB01: 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? **(1005)**

INTERVIEWER NOTE: (IF YES) Inquire if respondent received full 3 doses or less than 3 doses.

- 1 Yes, at least 3 doses
- 2 Less than 3 doses
- 3 No doses
- Do not read**
- 7 Don't know/Not sure
- 9 Refused

HB02: 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.

- You are a health care or public safety worker who has been exposed to hepatitis B-infected blood or bodily fluids
- You have ever received hemodialysis [INSERT PRONUNCIATION GUIDE FOR INTERVIEWERS]
- You live in the same house with someone who has been diagnosed with Hepatitis B.
- You have used intravenous drugs or shared injection equipment in the past year.
- You have engaged in any of the following sexual activities in the past year:
- [INTERVIEWER NOTE: DO NOT READ IF RESPONDENT IS FEMALE] Had sex with other men.
- Had anal sex without a condom.
- Had four or more sex partners.
- Exchanged sex for drugs or money
- You or a partner have been diagnosed with or treated for an STD.

Do any of these situations apply to you? **(1006)**

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

SAQ: Cancer Survivorship

NOTE FOR PORTIA: Ask everyone 2 questions **CANCER17** and **CANCER18**

CANCER17: Do you have any blood relatives such as parents, siblings, children, and grandparents who have been diagnosed with breast, ovarian, or colorectal cancer? **(1007)**

1. Yes
2. No
3. No, but some other cancer

Do not read:

7. Don't know / Not sure
9. Refused

CANCER18: 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? **(1008)**

1. Yes
2. No

Do not read:

7. Don't know / Not sure
9. Refused

NOTE FOR PORTIA: Ask respondents, who answer Yes to CORE QUESTION 6.6[=1] or 6.7[=1], 2 questions **CANCER02** and **CANCER15**. Insert the green phrase below before question **CANCER02**

“Previously you said you had cancer”

CANCER02: 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?
(1008)

- 1 Yes
- 2 No
- Do not read**
- 7 Don't know/Not sure
- 9 Refused

CANCER15: 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? **(1009)**

[INTERVIEWER INSTRUCTIONS: 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.]

- 1 Yes
- 2 No
- Do not read:**
- 7 Don't know / Not sure
- 9 Refused

SAQ: Safety

Ask every one

NOTE FOR PORTIA: Insert the following green phrase before question BE01

“Now, we would like to ask you some questions about safety”

BE01: Please rate the extent to which you agree or disagree with the following statement:

“I feel comfortable walking in my neighborhood.” **(1010)**

Read

- 1. Strongly agree
- 2. Agree
- 3. Neither agree nor disagree
- 4. Disagree
- 5. Strongly disagree

Do not read

- 7. Don't know/not sure
- 9. Refused

TSQ01: How often do you wear a seat belt when riding in the back seat of a car driven by someone else? **(1011)**

Read

1. Always
2. Nearly always
3. Sometimes
4. Almost never
5. Never

Do not read

7. Don't know
9. Refused

TSQ02: Which individuals are required under Hawaii's law to wear a seat belt when riding in a car? **(1012)**

Read

1. Driver only
2. Driver and front seat passenger.
3. Driver, front seat passenger, passengers in the back seat under the age of 18.
4. Driver, and all passengers regardless of age or where they are seated
5. None, no occupants are required to wear seat belts

Do not read

7. Don't know
9. Refused

TSQ03: Have you seen, heard or read any messages **about** wearing a seat belt **when** riding in the back seat of a vehicle? **(1013)**

Read

1. Yes
2. No
3. Unsure (*I am not sure if I have seen any **messages** about using seat belt in the back seat of a vehicle*).

Do not read

7. Don't know
9. Refused

FALL01: Next, I will ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

In the past **six** (6) months, how many times have you fallen? **(1014-1015)**

—	—	Number of times	[76 = 76 or more]
8	8	None	[Go to SIP01]
7	7	Don't know / Not sure	[Go to SIP01]
9	9	Refused	[Go to SIP01]

INJURY01: 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

- *If **FALL01=1** then ask "Did this fall cause an injury?"*

And if response is “Yes” (caused an injury): code “01”/ “No”: code “88”

- If **FALL01>1** then ask “How many of these falls caused an injury?” (1016-1017)

__	Number of falls	[76 = 76 or more]
8 8	None	[Go to SIP01]
7 7	Don't know / Not sure	[Go to SIP01]
9 9	Refused	[Go to SIP01]

INJURY02: Where did you receive treatment for the most serious injury you suffered as a result of a fall? (1018-1019)

Read

1. At home
2. Treated by ambulance personnel/911 responder
3. Private doctor of HMO office
4. Clinic
5. Health center
6. Emergency department
7. Hospital inpatient
8. Somewhere else

Do not read

77. Don't know
99. Refused

SIP01: In the past 30 days, have you seen, heard, or read any information on preventing falls for the elderly? (1020)

1. Yes
2. No **[Go to SIP03]**

Do not read

7. Don't know **[Go to SIP03]**
9. Refused **[Go to SIP03]**

SIP02: Do you recall the source of that information? (Allow multiple responses) (1021-1040)

Read

1. Internet
2. Television
3. Radio
4. Newspaper
5. Magazines
6. Printed materials from stores/pharmacies
7. Information from health care provider such as doctor
8. Family member
9. Friend/acquaintance
10. Other (specify/ allow space to record answer) (1041-1060)

Do not read

77. Don't know
99. Refused

SIP03: What are some actions seniors can do to reduce their risk of falls? (1061-1075)
(Allow multiple responses)

1. Have their vision regularly checked

2. Reduce clutter/tripping and slipping hazards in and outside their home
3. Exercise regularly/maintain good physical condition
4. Review/change their prescription medicines with guidance from their doctor or pharmacist
5. Ensure adequate lighting in and outside their home
6. Install home safety features such as shower grab bars, hand rails, etc.
7. Consult their physicians for general fall prevention advice
8. Other(specify/ allow space to record answer) **(1076-1095)**

Do not read

77. Don't know
99. Refused

PDO01: How many prescription medications are you **now** taking regularly? By regularly taking we mean at least once per week. **(Record number) (1096-1097)**

- 1=one prescription medication
- 2=two prescription medications
-
- 10=ten prescription medications
- 11= 11 or n more prescription medications

Do not read

- 77=Don't know **[GO TO PDO05.]**
- 88= NONE [GO TO PDO05.]**
- 99= Refused **[GO TO PDO05.]asp**

PDO02: In the past year, what prescription pain medications were prescribed to you by a doctor? **(1098-1109)**

(Interviewer's notes: DO NOT READ RESPONSES, RECORD ALL RESPONSES/ALLOW MULTIPLE RESPONSES) – "Anything else?" See following list of 46 medications

1. Butorphanol Tartrate	24. Naproxen
2. Carisoprodol	25. Narcan
3. Celebrex	26. Neurontin
4. Codeine	27. Opium Tincture
5. Darvocet	28. Oxycodone
6. Darvon	29. Oxycontin
7. Demerol	30. Pentazocine
8. Dilaudid	31. Percocet
9. Duragesic	32. Percodan
10. Embeda	33. Propoxyphene
11. Fentanyl	34. Roxicet
12. Fentora	35. Soma
13. Gabapentin	36. Stadol
14. Hydrocodone	37. Suboxone
15. Hydromorphone	38. Subutex
16. Ibuprofen / Motrin	39. Toradol
17. Kadian	40. Tramadol
18. Levorphanol	41. Tylenol with codeine (Tylenol #3)

19. Lortab	42. Tylox
20. Lorcet	43. Ultram (Ultram ER)
21. Meperidine	44. Ultracet
22. Methadone	45. Vicodin
23. Morphine	46. Other (specify _____) (1110-1129)

If the answer is '**Other**', it has to be specified, meaning provide another field to specify what that other is.
Code: **88= 'None'** or '**Nothing**' or '**I did not take pain prescription medication in the past year**' or '**Never take prescription pain medication**'.

Code **77=Don't know**

Code **99=Refused**

PDO03: How long have you been taking prescription pain medication? **(1130-1132)**
(Alternatively: How long did you take prescription pain medication?)

(If answer is 33 days code as 133. If answer is 2 weeks code as 202. If answer is 4 months code as 304. If answer is "one year" code as 401.)

- 1 __ days
- 2 __ weeks
- 3 __ months
- 4 __ years

- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

PDO04: The last time you used pain medication that was prescribed to you, what was the main reason?" **(1133-1144)**

Record all that apply / allow multiple responses

1. pain related to cancer
2. post-surgical care/medical care
3. back pain, short term
4. back pain, long term
5. joint pain, short term
6. joint pain, long term
7. carpal tunnel syndrome
8. arthritis
9. work-related injury
10. other injury causing short term pain
11. other injury causing long term pain
12. other physical conditions causing pain
13. to prevent or relieve withdrawal symptoms

Do not read:

- 77. Don't know
- 99. Refused

Ask Everyone

PDO05. Have you ever used any of the pain medications more frequently or in higher doses

than prescribed by your doctor? **(1145)**

1. Yes
2. No [GO TO ASTHMA CALL BACK PERMISSION/CLOSING STATEMENT]
3. Never used any pain medications
[GO TO ASTHMA CALL BACK PERMISSION/CLOSING STATEMENT]

Do not read

7. Don't know / Not sure
[GO TO ASTHMA CALL BACK PERMISSION/CLOSING STATEMENT]
9. Refused [GO TO ASTHMA CALL BACK PERMISSION/CLOSING STATEMENT]

PDO06: 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 differently than **the** prescribed **dose**? **(1146-1149)**

(Record all that apply / allow multiple responses)

1. pain relief, prescribed dose does not relieve pain
2. to relieve other physical symptoms
3. to relieve anxiety or depression
4. for fun, good feeling, getting high, peer pressure (friends were doing it)
5. to prevent or relieve withdrawal symptoms
6. other (specify) **((1150-1169))**

Do not read

7. Don't know
9. Refused

[Go to ASTHMA CALL BACK PERMISSION or CLOSING STATEMENT]

Asthma Call-Back Permission Script

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. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

(733)

- 1 Yes
- 2 No

Can I please have either (your/your child's) first name or initials, so we will know who to ask for when we call back?

_____ Enter first name or initials.

Asthma Call-Back Selection

Which person in the household was selected as the focus of the asthma call-back?

(734)

- 1 Adult
- 2 Child

CLOSING STATEMENT

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.

Activity List for Common Leisure Activities

(To be used for Section 13: Physical Activity)

Code Description (Physical Activity, Questions 13.2 and 13.5 above)

- | | |
|---|--|
| <ul style="list-style-type: none"> 01 Active Gaming Devices (Wii Fit, Dance, Dance revolution) 02 Aerobics video or class 03 Backpacking 04 Badminton 05 Basketball 06 Bicycling machine exercise 07 Bicycling 08 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping) 09 Bowling 10 Boxing 11 Calisthenics 12 Canoeing/rowing in competition 13 Carpentry 14 Dancing-ballet, ballroom, Latin, hip hop, Zumba, etc. 15 Elliptical/EFX machine exercise 16 Fishing from river bank or boat 17 Frisbee 18 Gardening (spading, weeding, digging, filling) 19 Golf (with motorized cart) 20 Golf (without motorized cart) 21 Handball 22 Hiking – cross-country 23 Hockey 24 Horseback riding 25 Hunting large game – deer, elk 26 Hunting small game – quail 27 Inline Skating 28 Jogging 29 Lacrosse 30 Mountain climbing 31 Mowing lawn 32 Paddleball 33 Painting/papering house 34 Pilates 35 Racquetball 36 Raking lawn/trimming hedges 37 Running 38 Rock climbing 39 Rope skipping | <ul style="list-style-type: none"> 40 Rowing machine exercises 41 Rugby 42 Scuba diving 43 Skateboarding 44 Skating – ice or roller 45 Sledding, tobogganing 46 Snorkeling 47 Snow blowing 48 Snow shoveling by hand 49 Snow skiing 50 Snowshoeing 51 Soccer 52 Softball/Baseball 53 Squash 54 Stair climbing/Stair master 55 Stream fishing in waders 56 Surfing 57 Swimming 58 Swimming in laps 59 Table tennis 60 Tai Chi 61 Tennis 62 Touch football 63 Volleyball 64 Walking 66 Waterskiing 67 Weight lifting 68 Wrestling 69 Yoga 71 Childcare 72 Farm/Ranch Work (caring for livestock, stacking hay, etc.) 73 Household Activities (vacuuming, dusting, home repair, etc.) 74 Karate/Martial Arts 75 Upper Body Cycle (wheelchair sports, ergometer) 76 Yard work (cutting/gathering wood, trimming, etc.) 98 Other_____ 99 Refused |
|---|--|