



**2014**

**Behavioral Risk Factor Surveillance System  
Questionnaire**

**November 1, 2013**

# Behavioral Risk Factor Surveillance System 2014 Questionnaire

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## Interviewer's Script

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.

Is this  (phone number)  ?

**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**

**Is this a private residence?**

**READ ONLY IF NECESSARY: "By private residence, we mean someplace like a house or apartment."**

Yes                    **[Go to state of residence]**  
No                     **[Go to college housing]**

**No, business phone only**

**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**

**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."**

Yes                    **[Go to state of residence]**  
No

**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**

Do you reside in \_\_\_\_ (state) \_\_\_\_ ?

Yes                    [Go to Cellular Phone]  
No

**If "No"**

Thank you very much, but we are only interviewing persons who live in the state of \_\_\_\_\_ at this time. **STOP**

**Cellular Phone**

Is this a cellular 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 cellular (or cell) telephone we mean a telephone that is mobile and usable outside of your neighborhood."**

**If "Yes"**

Thank you very much, but we are only interviewing by land line telephones and for private residences or college housing. **STOP**

**No**

**CATI NOTE: IF (College Housing = Yes) continue; otherwise go to Adult Random Selection Adult**

Are you 18 years of age or older?

- 1      **Yes, respondent is male**                    [Go to Page 6]
- 2      **Yes, respondent is female**                [Go to Page 6]
- 3      **No**

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

\_\_\_      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). **Go to page 6.**

**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" on the next page.**

How many of these adults are men and how many are women?

\_\_\_ Number of men

\_\_\_ Number of women

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

**If "you," go to page 6**



**To the correct respondent:**

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.

## Core Sections

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 —? (80)

**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? (81–82)

- — Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 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? (83–84)

- – Number of days
- 8 8 None **[If Q2.1 and Q2.2 = 88 (None), go to next section]**
- 7 7 Don't know / Not sure
- 9 9 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? (85-86)

- – Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 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? (87)

- 1 Yes **[If PPHF state go to Module 4, Question 1, else continue]**
- 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?”** (88)

- 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? (89)

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



**CATI Note: If PPHF State go to Module 4, Question 3, else continue**

- 3.4** About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. (90)
- 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
  - 7 Don't know / Not sure
  - 8 Never
  - 9 Refused

**CATI Note: If PPHF State and Q3.1 = 1 go to Module 4, Question 4a or if PPHF State and Q3.1 = 2, 7, or 9 go to Module 4, Question 4b, or if not a PPHF State go to next section.**

## Section 4: Exercise

---

- 4.1** 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? (91)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Section 5: Inadequate Sleep

---

I would like to ask you about your sleep pattern.

- 5.1** On average, how many hours of sleep do you get in a 24-hour period?

**INTERVIEWER NOTE: 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.** (92-93)

- Number of hours [01-24]
- 77 Don't know / Not sure
- 99 Refused

## Section 6: Chronic Health Conditions

---

Now I would like to ask you some questions about general 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? (94)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 6.2** (Ever told) you had angina or coronary heart disease? (95)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 6.3** (Ever told) you had a stroke? (96)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 6.4** (Ever told) you had asthma? (97)
- 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? (98)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**6.6** (Ever told) you had skin cancer? (99)

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

**6.7** (Ever told) you had any other types of cancer? (100)

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? (101)

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? (102)

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, Henoch-Schonlein purpura, Wegener's granulomatosis,
- polyarteritis nodosa)

**6.10** (Ever told) you have a depressive disorder, including depression, major depression, dysthymia, or minor depression? (103)

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. (104)

**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? (105)

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.

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? (106-107)

— —	Code age in years [97 = 97 and older]
9 8	Don't know / Not sure
9 9	Refused

**CATI NOTE:** Go to Diabetes Optional Module (if used). Otherwise, go to next section.

## Section 7: Oral Health

---

- 7.1** How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists. (108)

**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

- 7.2** How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

**NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.**

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None
- 7 Don't know / Not sure
- 9 Refused

(109)

## Section 8: Demographics

---

- 8.1** What is your age? (110-111)

- Code age in years
- 0 7 Don't know / Not sure
- 0 9 Refused

8.2 Are you Hispanic, Latino/a, or Spanish origin?

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 (Tina's note: record specific answer)

Do not read:

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

8.3 Which one or more of the following would you say is your race?

(116-143)

Interviewer Note: **Select all that apply.**

Interviewer Note: **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 (Tina's note: record specific answer)

**50 Pacific Islander**

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander (Tina's note: record specific answer)

**Do not read:**

- 60 Other (Tina's note: record specific answer)
- 88 No additional choices
- 77 Don't know / Not sure
- 99 Refused

**CATI note: If more than one response to Q8.3; continue. Otherwise, go to Q8.5.**

**8.4** 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.**

(144-145)

**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 (Tina's note: record specific answer)

**50 Pacific Islander**

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander (Tina's note: record specific answer)

**Do not read:**

- 60 Other (Tina's note: record specific answer)

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

**8.5** 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.** (146)

- 1 Yes
- 2 No

**Do not read:**

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

**8.6** Are you...? (147)

**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** How many children less than 18 years of age live in your household? (148-149)

- – Number of children
- 8 8 None
- 9 9 Refused

**8.8** What is the highest grade or year of school you completed? (150)

**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

**8.9** Are you currently...?

(151)

**Please 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

**8.10** Is your annual household income from all sources—

(152-153)

**If respondent refuses at ANY income level, code '99' (Refused)**

**Read only if necessary:**

- 0 4 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**  
(\$20,000 to less than \$25,000)
- 0 3 Less than \$20,000 **If "no," code 04; if "yes," ask 02**  
(\$15,000 to less than \$20,000)
- 0 2 Less than \$15,000 **If "no," code 03; if "yes," ask 01**  
(\$10,000 to less than \$15,000)
- 0 1 Less than \$10,000 **If "no," code 02**
- 0 5 Less than \$35,000 **If "no," ask 06**  
(\$25,000 to less than \$35,000)
- 0 6 Less than \$50,000 **If "no," ask 07**  
(\$35,000 to less than \$50,000)
- 0 7 Less than \$75,000 **If "no," code 08**  
(\$50,000 to less than \$75,000)
- 0 8 \$75,000 or more



**Do not read:**

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

**8.11** About how much do you weigh without shoes? (154-157)

**NOTE: If respondent answers in metrics, put "9" in column 154.**

**Round fractions up**

Weight  
 (pounds/kilograms)  
 7 7 7 7 Don't know / Not sure  
 9 9 9 9 Refused

**8.12** About how tall are you without shoes? (158-161)

**NOTE: If respondent answers in metrics, put "9" in column 158.**

**Round fractions down**

Height  
 (ft / inches/meters/centimeters)  
 7 7 / 7 7 Don't know / Not sure  
 9 9 / 9 9 Refused

**8.13** What county do you live in? (162-164)

ANSI County Code (formerly FIPS county code)  
 7 7 7 Don't know / Not sure  
 9 9 9 Refused

**8.14** What is the ZIP Code where you live? (165-169)

ZIP Code  
 7 7 7 7 7 Don't know / Not sure  
 9 9 9 9 9 Refused

**8.15** 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. (170)

- 1 Yes
- 2 No **[Go to Q8.17]**
- 7 Don't know / Not sure **[Go to Q8.17]**
- 9 Refused **[Go to Q8.17]**

**8.16** How many of these telephone numbers are residential numbers? (171)

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

**8.17** Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (172)

- 1 Yes
- 2 No **[Go to Q8.19]**
- 7 Don't know / Not sure **[Go to Q8.19]**
- 9 Refused **[Go to Q8.19]**

**8.18** Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone? (173-175)

- — — Enter percent (1 to 100)
- 8 8 8 Zero
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**8.19** Have you used the internet in the past 30 days? (176)

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

**8.20** Do you own or rent your home? (177)

- 1 Own
- 2 Rent
- 3 Other arrangement
- 7 Don't know / Not sure
- 9 Refused

**INTERVIEWER NOTE: "Other arrangement" may include group home, staying with friends or family without paying rent.**

**NOTE: Home is defined as the place where you live most of the time/the majority of the year.**

**INTERVIEWER NOTE: We ask this question in order to compare health indicators among people with different housing situations.**

**8.21** Indicate sex of respondent. **Ask only if necessary.** (178)

- 1 Male **[Go to Q8.23]**
- 2 Female **[If respondent is 45 years old or older, go to Q8.23]**

**8.22** To your knowledge, are you now pregnant? (179)

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

The following questions are about health problems or impairments you may have.

**8.23** Are you limited in any way in any activities because of physical, mental, or emotional problems? (180)

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

**8.24** Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (181)

**NOTE: Include occasional use or use in certain circumstances.**

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

**8.25** Are you blind or do you have serious difficulty seeing, even when wearing glasses? (182)

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

**8.26** Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (183)

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

**8.27** Do you have serious difficulty walking or climbing stairs? (184)

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

**8.28** Do you have difficulty dressing or bathing? (185)

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

**8.29** Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (186)

- 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?

(187)

**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?

(188)

- |   |                       |              |
|---|-----------------------|--------------|
| 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?

(189)

- |   |                       |              |
|---|-----------------------|--------------|
| 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?

(190-191)

- |     |  |
|-----|--|
| 0 1 | Within the past month (less than 1 month ago)                  |
| 0 2 | Within the past 3 months (1 month but less than 3 months ago)  |
| 0 3 | Within the past 6 months (3 months but less than 6 months ago) |
| 0 4 | Within the past year (6 months but less than 1 year ago)       |
| 0 5 | Within the past 5 years (1 year but less than 5 years ago)     |
| 0 6 | Within the past 10 years (5 years but less than 10 years ago)  |
| 0 7 | 10 years or more   |
| 7 7 | Don't know / Not sure  |
| 9 9 | Refused  |

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

**Snus (rhymes with 'goose')**

**NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.** (192)

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

**Do not read:**

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

## Section 10: Alcohol Consumption

---

**10.1** 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? (193-195)

- 1 \_ \_ Days per week
- 2 \_ \_ Days in past 30 days
- 8 8 8 No drinks in past 30 days **[Go to next section]**
- 7 7 7 Don't know / Not sure **[Go to next section]**
- 9 9 9 Refused **[Go to next section]**

**10.2** 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? (196-197)

**NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.**

- \_ \_ Number of drinks
- 7 7 Don't know / Not sure
- 9 9 Refused

**10.3** Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X [CATI X = 5 for men, X = 4 for women]** or more drinks on an occasion? (198-199)

- \_ \_ Number of times
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused



- 10.4** During the past 30 days, what is the largest number of drinks you had on any occasion?  
(200-201)
- |     |                       |
|-----|-----------------------|
| __  | Number of drinks      |
| 7 7 | Don't know / Not sure |
| 9 9 | Refused               |

## Section 11: 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™.

- 11.1** During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?  
(202)

### 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.

- |   |                       |                      |
|---|-----------------------|----------------------|
| 1 | Yes                   |                      |
| 2 | No                    | <b>[Go to Q11.3]</b> |
| 7 | Don't know / Not sure | <b>[Go to Q11.3]</b> |
| 9 | Refused               | <b>[Go to Q11.3]</b> |

- 11.2** 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?  
(203-208)

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

- 11.3** 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?  
(209)

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

**CATI NOTE: If respondent is  $\leq$  49 years of age, go to next section.**

The next question is about the Shingles vaccine.

- 11.4** Have you ever had the shingles or zoster vaccine? (210)
- 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<sup>®</sup>, the zoster vaccine, or the shingles vaccine.

## Section 12: Falls

---

**CATI NOTE: If respondent is 45 years or older continue, otherwise go to next section.**

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.

- 12.1** In the past 12 months, how many times have you fallen? (211-212)
- – Number of times [76 = 76 or more]
  - 8 8 None [Go to next section]
  - 7 7 Don't know / Not sure [Go to next section]
  - 9 9 Refused [Go to next section]

- 12.2** [Fill in "Did this fall (from Q12.1) cause an injury?"]. If only one fall from Q12.1 and response is "Yes" (caused an injury); code 01. If response is "No," code 88.

How many of these falls caused an injury? 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. (213-214)

- – Number of falls [76 = 76 or more]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

## Section 13: Seatbelt Use

---

**13.1** How often do you use seat belts when you drive or ride in a car? Would you say— (215)

**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

**CATI note: If Q13.1 = 8 (Never drive or ride in a car), go to Section 15; otherwise continue.**

## Section 14: Drinking and Driving

---

**CATI note: If Q10.1 = 888 (No drinks in the past 30 days); go to next section.**

The next question is about drinking and driving.

**14.1** During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (216-217)

- — Number of times
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

## Section 15: Breast and Cervical Cancer Screening

---

**CATI note: If respondent is male, go to the next section.**

The next questions are about breast and cervical cancer.

**15.1** A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (218)

- 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** How long has it been since you had your last mammogram? (219)

**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

**15.3** 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? (220)

- 1 Yes
- 2 No [Go to Q15.5]
- 7 Don't know / Not sure [Go to Q15.5]
- 9 Refused [Go to Q15.5]

15.4 How long has it been since your last breast exam? (221)

**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

15.5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (222)

- 1 Yes
- 2 No [Go to Q15.7]
- 7 Don't know / Not sure [Go to Q15.7]
- 9 Refused [Go to Q15.7]

15.6 How long has it been since you had your last Pap test? (223)

**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

**CATI note: If response to Core Q8.22 = 1 (is pregnant); then go to next section.**

15.7 Have you had a hysterectomy? (224)

**Read only if necessary:** A hysterectomy is an operation to remove the uterus (womb).

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

## Section 16: Prostate Cancer Screening

---

**CATI note: If respondent is  $\leq 39$  years of age, or is female, go to next section.**

Now, I will ask you some questions about prostate cancer screening.

**16.1** A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the PSA test? (225)

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

**16.2** Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test? (226)

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

**16.3** Has a doctor, nurse, or other health professional EVER recommended that you have a PSA test? (227)

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

**16.4.** Have you EVER HAD a PSA test? (228)

- 1 Yes
- 2 No **[Go to next section]**
- 7 Don't Know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

**16.5.** How long has it been since you had your last PSA test? (229)

**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)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago

**Do not read:**

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

**16.6.** What was the MAIN reason you had this PSA test – was it ...? (230)

**Please 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 had prostate cancer
- 5 Some other reason

**Do not read:**

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

## Section 17: Colorectal Cancer Screening

---

**CATI note: If respondent is ≤ 49 years of age, go to next section.**

The next questions are about colorectal cancer screening.

**17.1** 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? (231)

- 1 Yes
- 2 No **[Go to Q17.3]**
- 7 Don't know / Not sure **[Go to Q17.3]**
- 9 Refused **[Go to Q17.3]**

**17.2** How long has it been since you had your last blood stool test using a home kit? (232)

**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

**17.3** 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? (233)

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

**17.4** 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? (234)

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

**17.5** How long has it been since you had your last sigmoidoscopy or colonoscopy? (235)

**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

## Section 18: 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.



**18.1** 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. (236)

- 1 Yes
- 2 No [Go to optional module transition]
- 7 Don't know / Not sure [Go to optional module transition]
- 9 Refused [Go to optional module transition]

**18.2** Not including blood donations, in what month and year was your last HIV test? (237-242)

**NOTE: If response is before January 1985, code "Don't know."**  
**CATI INSTRUCTION: 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.**

- /          Code month and year
- 7 7 / 7 7 7 7 Don't know / Not sure
- 9 9 / 9 9 9 9 Refused / Not sure

**18.3** Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at an emergency room, as an inpatient in a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else? (243-244)

- 0 1 Private doctor or HMO office
- 0 2 Counseling and testing site
- 0 9 Emergency room
- 0 3 Hospital inpatient
- 0 4 Clinic
- 0 5 Jail or prison (or other correctional facility)
- 0 6 Drug treatment facility
- 0 7 At home
- 0 8 Somewhere else
- 7 7 Don't know / Not sure
- 9 9 Refused



## Closing Statement or Transition to Modules and/or State-Added Questions

### **Closing statement**

#### **Please 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.

**Or**

### **Transition to modules and/or state-added questions**

#### **Please read:**

Finally, I have just a few questions left about some other health topics.

## Optional Modules

### Module 1: Pre-Diabetes

---

**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? (255)

- 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?

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

(256)

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

### Module 5: Alcohol Screening & Brief Intervention (ASBI)

---

**If Core Q3.4 = 1, or 2 (had a checkup within the past 2 years) continue, else go to next module.**

Healthcare providers may ask during routine checkups about behaviors like alcohol use, whether you drink or not. We want to know about their questions.

- 1 You told me earlier that your last routine checkup was [within the past year/within the past 2 years]. At that checkup, were you asked in person or on a form if you drink alcohol? (317)

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

2. Did the health care provider ask you in person or on a form how much you drink? (318)
- 1 Yes
  - 2 No
  - 6 Don't know / Not sure
  - 9 Refused
3. Did the healthcare provider specifically ask whether you drank [5 FOR MEN /4 FOR WOMEN] or more alcoholic drinks on an occasion? (319)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
4. Were you offered advice about what level of drinking is harmful or risky for your health? (320)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**CATI: If question 1, 2, or 3 = 1 (Yes) continue, else go to next module.**

5. Healthcare providers may also advise patients to drink less for various reasons. At your last routine checkup, were you advised to reduce or quit your drinking? (321)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Module 16: 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: (582)
- 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? (583)

If yes, ask "Do you consider yourself to be male-to-female, female-to-male, or gender non-conforming?"

- 1 Yes, Transgender, male-to-female
- 2 Yes, Transgender, female to male
- 3 Yes, Transgender, gender nonconforming
- 4 No
  
- 7 Don't know/not sure
- 9 Refused

**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 transgendered. 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.

## Module 17: Random Child Selection

---

**CATI note: If Core Q8.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.**

**If Core Q8.7 = 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]**

**If Core Q8.7 is >1 and Core Q8.7 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 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 about children will be about the “Xth” **[CATI: please fill in]** child.

1. What is the birth month and year of the “Xth” child? (584-589)

_ / _ _	Code month and year
7 7 / 7 7 7 7	Don’t know / Not sure
9 9 / 9 9 9 9	Refused

**CATI INSTRUCTION: 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? (590)

1	Boy
2	Girl
9	Refused

3. Is the child Hispanic, Latino/a, or Spanish origin? (591-594)

**If yes, ask: Are they...**

**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 (Tina's note: record specific answer)

**Do not read:**

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

4. Which one or more of the following would you say is the race of the child? (595-622)

**(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 (Tina's note: record specific answer)

**50 Pacific Islander**

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander (Tina's note: record specific answer)

**Do not read:**

- 60 Other (Tina's note: record specific answer)
- 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? (623-624)

**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 (Tina's note: record specific answer)

**50 Pacific Islander**

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander (Tina's note: record specific answer)

**Do not read:**

- 60 Other (Tina's note: record specific answer)
- 88 No additional choices
- 77 Don't know / Not sure
- 99 Refused

6. How are you related to the child? (625)

**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

**SAQ. 6** About how much does the child weigh without shoes? (xxx-yyy)

**Note:** If respondent answers in metrics, put "9" in column 129.  
**[Round fractions up]**

----	Weight
(pounds/kilograms)	
7 7 7 7	Don't know / Not sure
9 9 9 9	Refused

**SAQ. 7** About how tall is the child without shoes? (xxx-yyy)

**Note:** If respondent answers in metrics, put "9" in column 133.  
**[Round fractions down]**

__/_	Height
(ft / inches/meters/centimeters)	
7 7 7 7	Don't know / Not sure
9 9 9 9	Refused

## Module 18: Childhood Asthma Prevalence

---

**CATI note: If response to Core Q8.7 = 88 (None) or 99 (Refused), go to next module.**

The next two questions are about the "Xth" **[CATI: please fill in correct number]** child.

1. Has a doctor, nurse or other health professional EVER said that the child has asthma? (626)

1	Yes	
2	No	<b>[Go to next module]</b>
7	Don't know / Not sure	<b>[Go to next module]</b>
9	Refused	<b>[Go to next module]</b>

2. Does the child still have asthma? (627)

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

## STATE-ADDED QUESTIONS

### TOBACCO

First question A, **ask everyone.**

Preface: Now, I am going to ask questions about electronic cigarettes, vapor cigarettes or e-cigarettes.

A. Have you ever used an e-cigarette, electronic cigarettes or vapor cigarettes ?

1. YES -> GO to B
2. NO -> GO TO **secondhand smoke**
3. Have not heard of them -> GO TO **secondhand smoke**

**DO NOT READ** 7. DON'T KNOW/NOT SURE → GO TO **secondhand smoke**  
9. REFUSED -> GO TO **secondhand smoke**

Note to Interviewer:

If respondent is unsure or do not know what electronic cigarettes or e-cigarettes are, then READ:

Electronic cigarettes, vapor cigarettes or e-cigarettes as they are often called, are battery-operated devices that simulate smoking a cigarette, but do not involve the burning of tobacco of tobacco. The heated vapor produced by e-cigarette often contains nicotine.

B. What are the reasons for using e-cigarettes? (select all that applies)

- R1. Used to quit smoking cigarettes or other tobacco products
- R2. Switched to e-cigarette to replace cigarette or other tobacco products
- R3. Used to cut down on cigarette consumption or other tobacco products
- R4. Use in places where cigarette smoking or other tobacco use is not allowed
- R5. Use in addition to cigarette or other tobacco products
- R6. Use to not disturb other people with cigarette smoke
- R7. Other (specify, reserve space for the specific answer)

**DO NOT READ** 77. DON'T KNOW/NOT SURE  
99. REFUSED

C. Were any of the e-cigarettes that you used flavored to taste like menthol, mint, clove, spice, candy, fruit, chocolate, or other sweets?

1. YES
2. NO

**DO NOT READ** 7. DON'T KNOW/NOT SURE  
9. REFUSED

D. Do you now use e-cigarettes every day, some days, or not at all?

1. EVERY DAY
2. SOME DAYS
3. NOT AT ALL

**DO NOT READ** 7. DON'T KNOW/NOT SURE  
9. REFUSED

### SECOND HAND SMOKE

**Ask everyone.**

**SAQ. 1** On how many of the past 7 days, did anyone smoke in your home while you were there?

- Number of days (1-7 days)  
**55** I was not home in the past 7 days

**88** None

**Do not read**

- 77 Don't know
- 99 Refused

**SAQ. 2** Which statement best describes the rules about smoking inside your home? Do not include decks, lanais, garages, or porches.

- 1 Smoking allowed anywhere in home
- 2 Smoking is allowed in some places/time in home
- 3 Smoking is not allowed in home

**Do not read**

- 7 Don't know
- 9 Refused

**SAQ. 3** In the past 7 days, have you been in a car with someone who was smoking?

- 1 Yes
- 2 No

**Do not read**

- 7 Don't know
- 9 Refused

**SAQ. 4** Which statement best describes the rules about smoking in your family car or cars?

- 1 Smoking allowed in cars
- 2 Smoking is allowed in sometimes or some in cars
- 3 Smoking is not allowed in cars

**Do not read**

- 7 Don't know
- 8 we do not have cars
- 9 Refused

**HEALTH COVERAGE**

**HIPRAISE1** What is the primary source of your health care coverage? Is it...  
(282)

**Please Read**

- 01 A plan purchased through an employer or union **[includes plans purchased through another person's employer]**
- 02 A plan that you or another family member buys on your own
- 03 Medicare
- 04 Medicaid or other state program *such as MedQuest*
- 05 TRICARE (formerly CHAMPUS), VA, or Military
- 06 Alaska Native, Indian Health Service, Tribal Health Services
- Or
- 07 Some other source (specify and save answer to a variable)
- 08 None (no coverage)

**Do not read:**

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

**INTERVIEWER NOTE: If the respondent indicates that they purchased health insurance through the Health Insurance Marketplace (Hawaii Health Connector), ask if it was a private health insurance plan purchased on their own or by a family member (private) or if they received Medicaid or MedQuest (state plan)? If purchased on their own (or by a family member), select 02, if Medicaid or MedQuest select 04.**

**TINA1** In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage? (309)

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

**TINA2** About how long has it been since you last had health care coverage? (310)

- 1 6 months or less
- 2 More than 6 months, but not more than 1 year ago
- 3 More than 1 year, but not more than 3 years ago
- 4 More than 3 years
- 5 Never
- 7 Don't know/Not sure
- 9 Refused

## NUTRITION

**Ask everyone**

### Menu labeling questions

The next question is about eating out at fast food and chain restaurants.

1. When calorie information is available in the restaurant, how often does this information help you decide what to order?

#### **Please read:**

- 01 Always
- 02 Most of the time
- 03 About half the time
- 04 Sometimes
- 05 Never

#### **Do not read:**

- 06 Never noticed or never looked for calorie information
- 08 Usually cannot find calorie information
- 55 Do not eat at fast food or chain restaurants
- 77 Don't know / Not sure**
- 99 Refused**

2. During the last 7 days, how many times did you drink sugar-free or diet drinks? Include diet soda.

1= I did not drink sugar-free or diet drinks during the past 7

2= 1 to 3 times during the past 7 days

3= 4 to 6 times during the past 7 days

4= 1 time per day

5=2 times per day

6=3 times per day

7=4 or more times per day

8=DK/CAN'T RECALL

---

**Interviewer note: Please remind respondents to include regular soda that they mixed with alcohol.**

3. During the past 7 days, how many times did you drink a can, bottle or glass of a carbonated drink or soda (regular soda, not diet soda)?

1= I did not drink soda with sugar or regular soda during the past 7 days

2= 1 to 3 times during the past 7 days

3= 4 to 6 during the past 7 days

4= 1 time per day

5= 2 times per day

6= 3 times per day

7= 4 or more times per day

8= DK/ CAN'T RECALL

4. During the past 7 days, how many times did you drink a can, bottle, pouch or glass of a juice drink? ( include artificial fruit juice such as Tang, Kool-aid cranberry juice cocktail, and lemonade or fruit juice with sugar) Include fruit drinks you made at home and added sugar to.

1= I did not drink juice drinks with sugar during the past 7 days

2= 1 to 3 times during the past 7 days

3= 4 to 6 during the past 7 days

4= 1 time per day

5= 2 times per day

6= 3 times per day

7= 4 or more times per day

8= DK/ CAN'T RECALL

5. During the past 7 days, how many times did you drink a cup, can, bottle or glass of tea or coffee with sugar?

1= I did not drink tea or coffee with sugar during the past 7 days

2= 1 to 3 times during the past 7 days

3= 4 to 6 during the past 7 days

4= 1 time per day

5= 2 times per day

6= 3 times per day

7= 4 or more times per day

8= DK/ CAN'T RECALL

6. During the past 7 days, how many times did you drink a can, bottle or glass of energy or sports drink? (For example : Gatorade, Powerade, All Sport)

1= I did not drink energy or sports drink during the past 7 days

2= 1 to 3 times during the past 7 days

3= 4 to 6 during the past 7 days

4= 1 time per day

5= 2 times per day

6= 3 times per day

7= 4 or more times per day

8= DK/ CAN'T RECALL

### OSTEOPOROSIS

Ask question 7 for adults age 40 or older

7. Have you ever been told by a doctor, nurse, or other health professional that you have osteoporosis?

Osteoporosis (os-tee-oh-por-o-sis) is a condition where bones become brittle and break (fracture) more easily. It is not the same condition as osteoarthritis, a joint disease.

**Interviewer Notes:** Don't include osteopenia, or low bone mass but if respondent mentioned it, please record the answer.

1 Yes

2 No

DO NOT READ

5 Mentioned osteopenia

7 Don't know / Not sure

9 Refused

### 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?

(630)

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? (631)

- 1 Adult
- 2 Child

**Asthma place holder**