



2012

**Behavioral Risk Factor Surveillance System
Questionnaire**

November 23, 2011

Behavioral Risk Factor Surveillance System 2012 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 in (state) ?

If "no,"

Thank you very much, but we are only interviewing private residences in (state) . **STOP**

Is this a cellular telephone?

[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 land line telephones and private residences. **STOP**

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 5.**

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 5



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— (73)
- 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? (74–75)
- – 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? (76–77)

- | | | | |
|---|---|-----------------------|---|
| – | – | 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? (78-79)

- | | | |
|---|---|-----------------------|
| – | – | 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? (80)

- | | |
|---|-----------------------|
| 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?” (81)

- | | |
|---|-----------------------|
| 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? (82)

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

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. (83)

- 1 Within past year (anytime less than 12 months ago)
- 2 Within past 2 years (1 year but less than 2 years ago)
- 3 Within 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

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? (84)

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

Section 5: 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."

5.1 (Ever told) you that you had a heart attack also called a myocardial infarction? (85)

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

5.2 (Ever told) you had angina or coronary heart disease? (86)

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

5.3 (Ever told) you had a stroke? (87)

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

5.4 (Ever told) you had asthma? (88)

- 1 Yes
- 2 No **[Go to Q5.6]**
- 7 Don't know / Not sure **[Go to Q5.6]**
- 9 Refused **[Go to Q5.6]**

5.5 Do you still have asthma? (89)

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

5.6 (Ever told) you had skin cancer? (90)

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

5.7 (Ever told) you had any other types of cancer? (91)

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

5.8 (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis? (92)

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

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

(93)

- 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)

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

(94)

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

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

INTERVIEWER NOTE: Incontinence is not being able to control urine flow.

(95)

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

- 5.12** Do you have any trouble seeing, even when wearing glasses or contact lenses? (96)
- 1 Yes
 - 2 No
 - 3 Not applicable (blind)
 - 7 Don't know / Not sure
 - 9 Refused

- 5.13** (Ever told) you have diabetes? (97)
- 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 Q5.13 = 1 (Yes), go to Diabetes Optional Module (if used). If any other response to Q5.13, go to Pre-Diabetes Optional Module (if used), otherwise, go to next section.

Section 6: Oral Health

- 6.1** 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. (98)
- 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

6.2 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.

(99)

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

Section 7: Demographics

7.1 What is your age? (100-101)

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

7.2 Are you Hispanic or Latino? (102)

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

7.3 Which one or more of the following would you say is your race? (103 -108)

(Check all that apply)

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native

Or

- 6 Other [specify]_____

Do not read:

- 8 No additional choices
- 7 Don't know / Not sure
- 9 Refused

SAQ1. Which one or more of the following would you say is your ethnicity ? (allow for 6 ethnicities meaning 12 columns xxx-yyy)

- 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
- 23 Other (specify) record the specified in

Do not read

- 24 Don't know/ Not sure**
- 25 Refuse**

26 No additional choices

CATI note: If more than one response to Q7.3; continue. Otherwise, go to Q7.5.

7.4 Which one of these groups would you say best represents your race? (109)

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native

Or

- 6 Other [specify] _____

Do not read:

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

SAQ2. Which one of these groups would you say best represent your ethnicity?

- 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
- 23 Other (specify) record the specified in

Do not read

24 Don't know/ Not sure

25 Refuse

7.5 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? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. (110)

- 1 Yes
- 2 No

Do not read:

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

7.6 Are you...? (111)

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

7.7 How many children less than 18 years of age live in your household? (112-113)

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

7.8 What is the highest grade or year of school you completed? (114)

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

7.9 Are you currently...?

(115)

Please read:

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 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

7.10 Is your annual household income from all sources—

(116-117)

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

7.11 About how much do you weigh without shoes? (118-121)

NOTE: If respondent answers in metrics, put “9” in column 118.

Round fractions up

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

7.12 About how tall are you without shoes? (122-125)

NOTE: If respondent answers in metrics, put “9” in column 122.

Round fractions down

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

7.13 What county do you live in? (126-128)

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

SAQ3 What island do you live on?
 1 Oahu
 2 Hawaii
 3 Kauai
 4 Maui
 5 Molokai
 6 Lanai

7.14 What is the ZIP Code where you live?

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

7.15 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. (134)

1	Yes	
2	No	[Go to Q7.17]
7	Don't know / Not sure	[Go to Q7.17]
9	Refused	[Go to Q7.17]

7.16 How many of these telephone numbers are residential numbers? (135)

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

7.17 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (136)

1	Yes	[Go to Q7.19]
2	No	
7	Don't know / Not sure	
9	Refused	

7.18 Do you share a cell phone for personal use, at least one-third of the time, with other adults? (137)

1	Yes	[Go to Q7.20]
2	No	[Go to Q7.21]
7	Don't know / Not sure	[Go to Q7.21]
9	Refused	[Go to Q7.21]

7.19 Do you usually share this cell phone, at least one-third of the time, with any other adults? (138)

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

7.20 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? (139-141)

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

7.21 Do you own or rent your home? (142)

- 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.

7.22 Indicate sex of respondent. Ask only if necessary. (143)

- 1 Male [Go to next section]
- 2 Female [If respondent is 45 years old or older, go to next section]

7.23 To your knowledge, are you now pregnant? (144)

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

Section 8: Disability

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

8.1 Are you limited in any way in any activities because of physical, mental, or emotional problems? (145)

- 1 Yes
- 2 No

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

8.2 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? (146)

Include occasional use or use in certain circumstances.

- 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? (147)

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]

9.2 Do you now smoke cigarettes every day, some days, or not at all? (148)

- 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? (149)

- 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? (150-151)

- 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. (152)

- 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? (153-155)

- 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? (156-157)

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? (158-159)

- 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? (160-161)

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

Section 11: Immunization

11.1 Now I will ask you questions about the seasonal flu vaccine. There are two ways to get the seasonal flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™. During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose? (162)

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 **[Go to Q11.4]**
- 7 Don't know / Not sure **[Go to Q11.4]**
- 9 Refused **[Go to Q11.4]**

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? (163-168)

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

11.3 At what kind of place did you get your last flu shot/vaccine? (169-170)

- 0 1 A doctor's office or health maintenance organization (HMO)
- 0 2 A health department

- 0 3 Another type of clinic or health center (Example: a community health center)
- 0 4 A senior, recreation, or community center
- 0 5 A store (Examples: supermarket, drug store)
- 0 6 A hospital (Example: inpatient)
- 0 7 An emergency room
- 0 8 Workplace
- 0 9 Some other kind of place
- 1 0 Received vaccination in Canada/Mexico (Volunteered – Do not read)
- 1 1 A school
- 7 7 Don't know / Not sure (**Probe: "How would you describe the place where you went to get your most recent flu vaccine?"**)

Do not read:

- 9 9 Refused
- 11.4** 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? (171)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 12: Falls

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? (172-173)
- | | | |
|-----|-----------------------|-----------------------------|
| – – | 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. (174-175)

- | | | |
|-----|-----------------------|--------------------------|
| – – | 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— (176)

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? (177-178)

- – 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?

- 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? (180)

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? (181)

- 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? (182)

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? (183)

- 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? (184)

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 Q7.23 = 1 (is pregnant); then go to next section.

15.7 Have you had a hysterectomy? (185)

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 ≤ 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? (186)

- 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? (187)

- 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? (188)

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

16.4 Have you EVER HAD a PSA test? (189)

- 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? (190)

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 ...? (191)

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? (192)

- 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? (193)

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? (194)

- 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? (195)

- 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? (196)

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. (197)

- 1 Yes
- 2 No [Go to Q18.3]
- 7 Don't know / Not sure [Go to Q18.3]
- 9 Refused [Go to Q18.3]

18.2 Not including blood donations, in what month and year was your last HIV test? (198-203)

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
- 77/7777 Don't know / Not sure
- 99/9999 Refused / Not sure

18.3 I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You do not need to tell me which one.

- You have used intravenous drugs in the past year.
- You have been treated for a sexually transmitted or venereal disease 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.

Do any of these situations apply to you?

(204)

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 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 Q5.13 (Diabetes awareness question).

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

(210)

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

CATI note: If Core Q5.13 = 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?"

(211)

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

Module 2: Diabetes

To be asked following Core Q5.13; if response is "Yes" (code = 1)

1. How old were you when you were told you have diabetes?

(212-213)

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

2. Are you now taking insulin?

(214)

- 1 Yes
- 2 No
- 9 Refused

3. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

(215-217)

- 1 — — Times per day
- 2 — — Times per week
- 3 — — Times per month
- 4 — — Times per year
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

4. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

(218-220)

1	— —	Times per day
2	— —	Times per week
3	— —	Times per month
4	— —	Times per year
5	5 5	No feet
8	8 8	Never
7	7 7	Don't know / Not sure
9	9 9	Refused

5. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

(221-222)

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

6. A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?

(223-224)

—	—	Number of times [76 = 76 or more]
8	8	None
9	8	Never heard of "A one C" test
7	7	Don't know / Not sure
9	9	Refused

CATI note: If Q4 = 555 (No feet), go to Q8.

7. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

(225-226)

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

8. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

(227)

Read only if necessary:

1	Within the past month (anytime less than 1 month ago)
2	Within the past year (1 month but less than 12 months ago)
3	Within the past 2 years (1 year but less than 2 years ago)

4 2 or more years ago

Do not read:

7 Don't know / Not sure
 8 Never
 9 Refused

9. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (228)

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

10. Have you ever taken a course or class in how to manage your diabetes yourself? (229)

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

Module 5: Sugar Sweetened Beverages and Menu Labeling

Now I would like to ask you some questions about sugary beverages.

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

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. (248-250)

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

Do not read:

8 8 8 None
 7 7 7 Don't know / Not sure
 9 9 9 Refused

2. During the past 30 days, how often did you drink sweetened fruit drinks, such as Kool-aid, cranberry juice cocktail, and lemonade? Include fruit drinks you made at home and added sugar to. (251-253)

Interviewer note: Fruit drinks are sweetened beverages that often contain some fruit juice or flavoring. Do not include 100% fruit juice, sweet tea, coffee drinks, sports drinks, or energy drinks.

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

Do not read:

- 8 8 8 None
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

3. The next question is about eating out at fast food and chain restaurants. When calorie information is available in the restaurant, how often does this information help you decide what to order?

(254-255)

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

Tonya's SAQ (*Ask Everyone*)

STA01 Now think about the past week. In the past 7 days, how many times did you eat fast food? Include fast food meals eaten at work, at home, or at fast-food restaurants, carryout or drive through?

Note to interviewers: [IF NEEDED, SAY: "Such as food you get at McDonald's, KFC, lunch wagon, Panda Express, Zippy's, L&L or Taco Bell."]

___# of times in past 7 days,

Do not read

- 777 Don't Know
- 888 Don't eat at fast food restaurant or fast food meals
- 999 Refused

Module 6: Excess Sun Exposure

1. In the past 12 months, how many times did you have a red OR painful sunburn that lasted a day or more? (256)
- 8 Zero
 - 1 One
 - 2 Two
 - 3 Three
 - 4 Four
 - 5 Five or more
 - 7 Don't know / Not sure
 - 9 Refused

Module 14: Prostate Cancer Screening Decision Making Module

CATI Note: If Q16.4 = 1 (has had a PSA test) continue, else go to next module.

1. Which one of the following best describes the decision to have the PSA test done? (310)

Please read:

- 1. You made the decision alone **[Go to next module]**
- 2. Your doctor, nurse, or health care provider made the decision alone **[Go to next module]**
- 3. You and one or more other persons made the decision together
- 4. You don't remember how the decision was made **[Go to next module]**

Do not read:

- 9 Refused

2. Who made the decision with you? (Mark all that apply) (311-315)

- 1 Doctor/nurse /health care provider
- 2 Spouse/significant other
- 3 Other family member
- 4 Friend/non-relative

- 8 No additional choices
- 7 Don't know / Not sure
- 9 Refused

Module 15: Cancer Survivorship

CATI note: If Core Q5.6 or Q5.7 = 1 (Yes) or Q16.6 = 4 (Because you were told you had prostate cancer) continue, else go to next module.

You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.

1. How many different types of cancer have you had? (316)

- 1 Only one
- 2 Two
- 3 Three or more
- 7 Don't know / Not sure **[Go to next module]**
- 9 Refused **[Go to next module]**

2. At what age were you told that you had cancer? (317-318)

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

CATI note: If Q1= 2 (Two) or 3 (Three or more), ask: "At what age were you first diagnosed with cancer?"

INTERVIEWER NOTE: This question refers to the first time they were told about their first cancer.

CATI note: If Core Q5.6 = 1 (Yes) and Q1 = 1 (Only one): ask "Was it "Melanoma" or "other skin cancer"? then code 21 if "Melanoma" or 22 if "other skin cancer"

CATI note: If Core Q16.6 = 4 (Because you were told you had Prostate Cancer) and Q1 = 1 (Only one) then code 19.

3. What type of cancer was it? (319-320)

If Q1 = 2 (Two) or 3 (Three or more), ask: "With your most recent diagnoses of cancer, what type of cancer was it?"

INTERVIEWER NOTE: Please read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-30]:

Breast

- 0 1 Breast cancer

Female reproductive (Gynecologic)

- 0 2 Cervical cancer (cancer of the cervix)
- 0 3 Endometrial cancer (cancer of the uterus)
- 0 4 Ovarian cancer (cancer of the ovary)

Head/Neck

- 0 5 Head and neck cancer
- 0 6 Oral cancer
- 0 7 Pharyngeal (throat) cancer
- 0 8 Thyroid
- 0 9 Larynx

Gastrointestinal

- 1 0 Colon (intestine) cancer
- 1 1 Esophageal (esophagus)
- 1 2 Liver cancer
- 1 3 Pancreatic (pancreas) cancer
- 1 4 Rectal (rectum) cancer
- 1 5 Stomach

Leukemia/Lymphoma (lymph nodes and bone marrow)

- 1 6 Hodgkin's Lymphoma (Hodgkin's disease)
- 1 7 Leukemia (blood) cancer
- 1 8 Non-Hodgkin's Lymphoma

Male reproductive

- 1 9 Prostate cancer
- 2 0 Testicular cancer

Skin

- 2 1 Melanoma
- 2 2 Other skin cancer

Thoracic

- 2 3 Heart
- 2 4 Lung

Urinary cancer:

- 2 5 Bladder cancer
- 2 6 Renal (kidney) cancer

Others

- 2 7 Bone
- 2 8 Brain
- 2 9 Neuroblastoma
- 3 0 Other

Do not read:

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

4. Are you currently receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.

- | | | |
|---|---------------------------------|---------------------|
| 1 | Yes | [Go to next module] |
| 2 | No, I've completed treatment | |
| 3 | No, I've refused treatment | [Go to next module] |
| 4 | No, I haven't started treatment | [Go to next module] |
| 7 | Don't know / Not sure | [Go to next module] |
| 9 | Refused | [Go to next module] |

5. What type of doctor provides the majority of your health care?

(322-323)

INTERVIEWER NOTE: If the respondent requests clarification of this question, say: "We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.)."

Please read [1-10]:

- | | |
|-----|---|
| 0 1 | Cancer Surgeon |
| 0 2 | Family Practitioner |
| 0 3 | General Surgeon |
| 0 4 | Gynecologic Oncologist |
| 0 5 | General Practitioner, Internist |
| 0 6 | Plastic Surgeon, Reconstructive Surgeon |
| 0 7 | Medical Oncologist |
| 0 8 | Radiation Oncologist |
| 0 9 | Urologist |
| 1 0 | Other |

Do not read:

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

6. Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received?

(324)

Read only if necessary: "By 'other healthcare professional', we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional."

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

7. Have you EVER received instructions from a doctor, nurse, or other health professional about *where* you should return or *who* you should see for routine cancer check-ups after completing your treatment for cancer?

(325)

- 1 Yes
- 2 No [Go to Q9]
- 7 Don't know / Not sure [Go to Q9]
- 9 Refused [Go to Q9]

8. Were these instructions written down or printed on paper for you? (326)

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

9. With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? (327)

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

INTERVIEWER NOTE: "Health insurance" also includes Medicare, Medicaid, or other types of state health programs.

10. Were you EVER denied health insurance or life insurance coverage because of your cancer? (328)

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

11. Did you participate in a clinical trial as part of your cancer treatment? (329)

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

12. Do you currently have physical pain caused by your cancer or cancer treatment? (330)

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

13. Is your pain currently under control?

(331)

Please read:

- 1 Yes, with medication (or treatment)
- 2 Yes, without medication (or treatment)
- 3 No, with medication (or treatment)
- 4 No, without medication (or treatment)

Do not read:

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

Module 18: Social Context

Now, I am going to ask you about several factors that can affect a person's health.

If Core Q7.21 = 1 or 2 (own or rent) continue, else go to Q2.

1. How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent/mortgage? Would you say you were worried or stressed---

(349)

Please read:

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

Do not read:

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

2. How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? Would you say you were worried or stressed---

(350)

Please read:

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

Do not read:

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

If Core Q7.9 = 1 (Employed for wages) or 2 (Self-employed), go to Q3 and Q4.

If Core Q7.9 = 3 (Out of work for more than 1 year), 4 (Out of work for less than 1 year), or 7 (Retired), go to Q5 and Q6.

If Core Q7.9 = 5 (A homemaker), 6 (A student), or 8 (Unable to work), go to Q6.

3. At your main job or business, how are you generally paid for the work you do. Are you:

(351)

- 1 Paid by salary
- 2 Paid by the hour
- 3 Paid by the job/task (e.g. commission, piecework)
- 4 Paid some other way
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: If paid in multiple ways at their main job, select option 4 (Paid some other way).

4. About how many hours do you work per week at all of your jobs and businesses combined?

(352-353)

- – Hours (01-96 or more) **[Go to next module]**
- 9 7 Don't know / Not sure **[Go to next module]**
- 9 8 Does not work **[Go to next module]**
- 9 9 Refused **[Go to next module]**

5. Thinking about the last time you worked, at your main job or business, how were you generally paid for the work you did? Were you:

(354)

- 1 Paid by salary
- 2 Paid by the hour
- 3 Paid by the job/task (e.g. commission, piecework)
- 4 Paid some other way
- 7 Don't know / Not sure
- 9 Refused

6. Thinking about the last time you worked, about how many hours did you work per week at all of your jobs and businesses combined?

(355-356)

— —	Hours (01-96 or more)
9 7	Don't know / Not sure
9 8	Does not work
9 9	Refused

Module 23: Random Child Selection

CATI note: If Core Q7.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

If Core Q7.7 = 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 Q7.7 is >1 and Core Q7.7 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? (392-397)

— — / — —	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? (398)

1	Boy
2	Girl
9	Refused

3. Is the child Hispanic or Latino?

- 1 Yes
- 2 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? (400-405)

[Check all that apply]

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native

Or

- 6 Other [specify] _____

Do not read:

- 8 No additional choices
- 7 Don't know / Not sure
- 9 Refused

SAQ4. Which one or more of the following would you say is the ethnicity of the child? (allow for 6 ethnicities meaning 12 columns xxx-yyy)

- 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
- 23 Other (specify) record the specified in

Do not read

- 24 Don't know/ Not sure**
- 25 Refuse**

26 No additional choices

CATI note: If more than one response to SAQ5, continue. Otherwise, go to SAQ6.

5. Which one of these groups would you say best represents the child's race? (406)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other
- 7 Don't know / Not sure
- 9 Refused

SAQ5. Which one of these groups would you say best represents the child's ethnicity?

- 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
- 23 Other (specify) record the specified in

Do not read

- 24 Don't know/ Not sure
- 25 Refuse

6. How are you related to the child?

(407)

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 (Ask only if there is an xth child)

For the child selected by the module 23, Random child module the "Xth" child)

STA02 .How often does the "Xth" child eat at a fast food or chain restaurant each week? Include food purchased and eaten in the car or at home.

[IF NEEDED, SAY: "Such as food you get at McDonald's, KFC, lunch wagon, Panda Express, Zippy's, L&L or Taco Bell."]

- 1 Never
- 2 <1 times per *week*
- 3 1 to 2 times per *week*
- 4 to 7 times per *week*
- 5 8 to14 times per *week*
- 6 15 or more times per *week*

Do not read

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

STA03 .When you purchase a kid’s meal at a fast food or chain restaurant what do you typically get as the side item for the “Xth” child child?

- 1 French fries, waffle fries, or other fried potato
- 2 Fruit such as apple slices, mandarin oranges, fruit salad
- 3 Salad, coleslaw, or other vegetable
- 4 Other
- 5 I don’t purchase kid’s meals

Do not read

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

Module 24: Childhood Asthma Prevalence

CATI note: If response to Core Q7.7 = 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? (408)

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

2. Does the child still have asthma? (409)

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

Module 25: Childhood Immunization

CATI note: If Core Q7.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

CATI note: If selected child’s age is ≥ 6 months, continue. Otherwise, go to next module.

1. Now I will ask you questions about seasonal flu. There are two types of seasonal flu vaccinations. One is a shot and the other is a spray in the nose. During the past 12 months, has **[Fill: he/she]** had a seasonal flu vaccination? (410)

- 1 Yes
- 2 No **[Go to next module]**

- 7 Don't know / Not sure [Go to next module]
- 9 Refused [Go to next module]

2. The flu vaccination may have been either the flu shot or the flu spray. The flu spray is the flu vaccination that is sprayed in the nose. During what month and year did [Fill: he/she] receive [Fill: his/her] most recent seasonal flu vaccination? (411-416)

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

STATE ADDED QUESTIONS

Cardiovascular Health

I would like to ask you a few more questions about your cardiovascular or heart health.

CATI NOTE: If Core Q5.1 = 1 (Yes), continue. If Core Q5.1 = 2, 7, or 9 (No, Don't know, or Refused), skip SLG01.

SLG01. Following your heart attack, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."

- 1 Yes
- 2 No

Do not read

- 7 Don't know
- 9 Refused

CATI NOTE: If Core Q5.3 = 1 (Yes), ask LD2. If Core Q5.3 = 2, 7, or 9 (No, Don't know, or Refused), skip SLG02.

SLG02. Following your stroke, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."

- 1 Yes
- 2 No

Do not read

- 7 Don't know
- 9 Refused

[SLG03 is asked of **all** respondents.]

SLG03. Do you take aspirin daily or every other day?

- 1 Yes [Skip SLG04, Go to next state added section, sexual orientation]
- 2 No

Do not read

- 7 Don't know
- 9 Refused

SLG04. Do you have a health problem or condition that makes taking aspirin unsafe for you?

If "Yes", ask *"Is this a stomach condition?"* Code upset stomach as stomach problems.

- 1 Yes, not stomach related
- 2 Yes, stomach problems (upset stomach belong to this category)
- 3 No

Do not read

- 7 Don't know
- 9 Refused

Sexual orientation

(Ask all respondents)

Because the Department of Health wants to ensure that this survey reflects the diversity of the state, I'd like to ask you about your sexual orientation. Please respond with the number that best indicates what is true for you.

- SEXORIENT** (For Men) Do you think of yourself as . . . (X)
- 1. Heterosexual or straight (attracted to women)
 - 2. Homosexual or gay (attracted to men)
 - 3. Bisexual (attracted to men and women)
 - 4. Something else
 - 5. Not sure

Do not read these responses

- 7. Don't know
- 9. Refused

SEXORIENT

- (For Women) Do you think of yourself as . . . (X)
- 1. Heterosexual or straight (attracted to men)
 - 2. Homosexual or lesbian (attracted to women)
 - 3. Bisexual (attracted to men and women)
 - 4. Something else
 - 5. Not sure

Do not read these responses

- 7. Don't know
- 9. Refused

Tobacco

Ask everyone:

SMOK7DH. 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

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

- 1 Smoking is not allowed anywhere inside my home
- 2 Smoking is allowed in some places or at some times
- 3 Smoking is allowed anywhere inside my home
- 4 There are no rules about smoking inside my home

Do not read

- 7 Don't know
- 9 Refused

SMOK7DC 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

SMOKRULC Which statement best describes the rules about smoking in your family car or cars?

- 1 Smoking is not allowed in any car
- 2 Smoking is allowed sometimes or in some cars
- 3 Smoking is not allowed when children are in the car
- 4 Smoking is allowed in all cars
- 5 We don't have a family car/ does not apply

Do not read

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

Nutrition and Physical Activity

Ask everyone

SAQ11. During the past 7 days, how many times did you drink an 8 ounce bottle or glass of plain **water**? Count tap(from the faucet), bottled, and unflavored sparkling water.

Please read:

- 1 I did not drink water during the past 7 days

- 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 of more times per day

Do not read:

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

SAQ12 During the past 30 days, for about how many days did you walk in your neighborhood for Leisure (if exercise is mention, it is part of leisure) or as a way to get to your destination?

- Number of days **(If 5 or less go to TI3;)**
 - 88 None **(Go to TI3)**
- Do not read**
- 77 Don't know / Not sure **(Go to TI3)**
 - 99 Refused **(Go to TI3)**

Asked TI3 if answer to TI2 is less than 5, or in the set of (88, 77, 99)

SAQ13 What is the number one reason that you did **not** walk more frequently in your neighborhood?
(DO NOT READ RESPONSES)

- 01 Weather
- 02 Lack of time
- 03 Nowhere to go
- 04 No sidewalks
- 05 Too much traffic
- 06 Medical conditions
- 07 Lack of energy/ motivation
- 08 Exercise elsewhere
- 09 Safety (crime)
- 10 Other (specify) (allow space for write in answer)
- 77 Don't know/Not sure
- 99 Refused

NOTE: code 10 answer recorded in variable SAq13ot

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 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?

(422)

- 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? (423)

- 1 Adult
- 2 Child

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

List of Health Problems to Accompany Module 10, Question 3

Lung Problems

- Acute Respiratory Distress Syndrome (ARDS)
- Bronchiectasis
- Bronchopulmonary Dysplasia
- Chronic Obstructive Pulmonary Disease (COPD)
- Cystic Fibrosis
- Emphysema
- Lymphangioleiomyomatosis (LAM)
- Pulmonary Arterial Hypertension
- Sarcoidosis

Kidney Problems

- Chronic Kidney Disease
- Cystitis
- Cystocele (Fallen Bladder)
- Cysts
- Ectopic Kidney
- End-Stage Renal Disease (ESRD)
- Glomerular Diseases
- Interstitial Cystitis
- Kidney Failure
- Kidney Stones
- Nephrotic Syndrome
- Polycystic Kidney Disease
- Pyelonephritis (Kidney Infection)
- Renal Artery Stenosis
- Renal Osteodystrophy
- Renal Tubular Acidosis

Anemia

- Anemia
- Aplastic Anemia
- Fanconi Anemia
- Iron Deficiency Anemia
- Pernicious Anemia
- Sickle Cell Anemia
- Thalassemia

Causes of Weak Immune System

- Cancer
- Chemotherapy
- HIV/AIDS
- Steroids
- Transplant Medicines
- Rheumatoid Arthritis
- Systemic Lupus Erythmatosus (SLE)