



2015

Behavioral Risk Factor Surveillance System

Texas Survey
English

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(CDC Core - 12/29/2014)

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Adult and Community Health

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Intro

INTROQST

HELLO, I am calling for the {CDEPT}. My name is [Interviewer Name].

We are gathering information about the health of {STTEXT} 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 your health and health practices.

Is this {PHONE7}?

- | | | | | |
|---|------------------------|-----|---|----------|
| 1 | YES, CONTINUE | SKP | → | PRIVRES |
| 2 | NUMBER IS NOT THE SAME | SKP | → | WRONGNUM |

WRONGNUM IF - INTROQST = 2

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.

SKP → INTROQST

PRIVRES IF - INTROQST = 1

Is this a private residence?

READ ONLY IF NECESSARY:

"By private residence, we mean someplace like a house or apartment."

- | | | | | |
|---|-------------------------|-----|---|---------|
| 1 | YES, CONTINUE | SKP | → | STATRES |
| 2 | NO, NON-RESIDENTIAL | SKP | → | COLLEGE |
| 3 | NO, BUSINESS PHONE ONLY | SKP | → | BUSINES |

BUSINES IF - PRIVRES = 3

Thank you very much but we are only interviewing persons on residential phones lines at this time.

DISPOS 4500

COLLEGE IF - PRIVRES = 2

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 arrangements provided by a college or university."

- | | | | | |
|---|---------------|-----|---|---------|
| 1 | YES, CONTINUE | SKP | → | STATRES |
| 2 | NO | SKP | → | NONRES |

NONRES IF - COLLEGE = 2

Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.

DISPOS 4500

STATRES IF - PRIVRES = 1 OR COLLEGE = 1

Do you reside in {STATE}?

- | | | | | |
|---|-----|-----|---|---------|
| 1 | YES | SKP | → | ISCELL |
| 2 | NO | SKP | → | NONSTAT |

NONSTAT IF - STATRES = 2

Thank you very much, but we are only interviewing persons who live in the state of {STATE} at this time.

DISPOS 4100

ISCELL IF - STATRES = 1

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."

- | | | | | |
|---|--|-----|---|---------|
| 1 | NO, NOT A CELLULAR TELEPHONE, CONTINUE | | | |
| 2 | YES, A CELLULAR TELEPHONE | SKP | → | CELLYES |

CELLYES

IF - ISCELL = 2

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

DISPOS 4450

LLADULT

IF - COLLEGE = 1

Are you 18 years of age or older?

NOTE: ASK GENDER IF NECESSARY

1	Yes and the respondent is male	SKP	→	YOURTHE1
2	Yes and the respondent is female	SKP	→	YOURTHE1
3	No	SKP	→	LLNOADLT

LLNOADLT

IF - LLADULT = 3

Thank you very much, but we are only interviewing persons aged 18 or older at this time.

DISPOS 4700

ADULTS

IF - PRIVRES = 1

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

MEN

IF - ADULTS > 1

How many of these adults are men?

___ NUMBER OF MEN

WOMEN

IF - ADULTS > 1

How many of these adults are women?

___ NUMBER OF WOMEN

WRONGTOT IF - MEN + WOMEN <> ADULTS

I'm sorry, something is not right.

Number of Men - {MEN}

Number of Women - + {WOMEN}

Number of Adults - {ADULTS}

- | | | | | |
|---|------------------------------|-----|---|--------|
| 1 | CORRECT THE NUMBER OF MEN | SKP | → | MEN |
| 2 | CORRECT THE NUMBER OF WOMEN | SKP | → | WOMEN |
| 3 | CORRECT THE NUMBER OF ADULTS | SKP | → | ADULTS |

SELECTED IF - ADULTS > 1 AND (MEN + WOMEN) = ADULTS

The person in your household I need to speak with is the {SRESP}.

Are you the {SRESP}?

- | | | | | |
|---|-----|-----|---|----------|
| 1 | YES | SKP | → | YOURTHE1 |
| 2 | NO | SKP | → | GETNEWAD |

ONEADULT IF - ADULTS = 1

Are you the adult?

INTERVIEWER NOTE: ASK GENDER IF NECESSARY.

- | | | | | |
|---|-------------------------------------|-----|---|----------|
| 1 | YES AND THE RESPONDENT IS A MALE. | SKP | → | YOURTHE1 |
| 2 | YES AND THE RESPONDENT IS A FEMALE. | SKP | → | YOURTHE1 |
| 3 | NO | | | |

ASKGENDR IF - ADULTS = 1 AND ONEADULT = 3

Is the Adult a man or a woman?

- | | |
|---|--------|
| 1 | MALE |
| 2 | FEMALE |

GETADULT IF - ONEADULT = 3

May I speak with...

{IF ASKGENDR = 1, ...him?, ...her?}

- | | | | | |
|---|---|-----|---|----------|
| 1 | YES, ADULT IS COMING TO THE PHONE | SKP | → | NEWADULT |
| 2 | NO, GO TO NEXT SCREEN, PRESS F3 TO SCHEDULE A CALL-BACK | SKP | → | NEWADULT |

YOURTHE1 IF - SELECTED = 1 OR ONEADULT < 3

Then you are the person I need to speak with.

- 1 PERSON INTERESTED, CONTINUE SKP → INTROSCR
- 2 GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED SKP → ADULTS

GETNEWAD IF - SELECTED = 2

May I speak with the {SRESP}?

- 1 YES, SELECTED RESPONDENT COMING TO THE PHONE SKP → NEWADULT
- 2 NO, GO TO NEXT SCREEN, PRESS F3 TO SCHEDULE A CALL-BACK SKP → NEWADULT
- 3 GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED SKP → ADULTS

NEWADULT IF - GETADULT = 1 OR GETADULT = 2 OR GETNEWAD = 1 OR GETNEWAD = 2

HELLO, I am calling for the {CDEPT}. My name is [Interviewer Name].

We are gathering information about the health of {STTEXT} 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 your health and health practices.

- 1 PERSON INTERESTED, CONTINUE SKP → INTROSCR
- 2 GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED SKP → ADULTS

Core Sections

INTROSCR

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 {CPHONE}.

- | | | | | |
|---|--|-----|---|----------|
| 1 | PERSON INTERESTED, CONTINUE | SKP | → | C01INTRO |
| 2 | GO BACK TO ADULTS QUESTION. WARNING: A
NEW RESPONDENT MAY BE SELECTED | SKP | → | ADULTS |

Section 01: Health Status

C01Q01

Would you say that in general your health is-

PLEASE READ

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

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

Section 02: Healthy Days — Health-Related Quality of Life

C02Q01

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?

___ NUMBER OF DAYS

88 NONE

77 DON'T KNOW/NOT SURE

99 REFUSED

30 MAX

C02Q02

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?

___ NUMBER OF DAYS

88 NONE

77 DON'T KNOW/NOT SURE

99 REFUSED

30 MAX

If C02Q01 and C02Q02 = 88(none), go to next section

C02Q03

IF - NOT(C02Q01 = 88 AND C02Q02 = 88)

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?

___ NUMBER OF DAYS

88 NONE

77 DON'T KNOW/NOT SURE

99 REFUSED

30 MAX

Section 03: Health Care Access

C03Q01

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?

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C03Q02

Do you have one person you think of as your personal doctor or health care provider?

INTERVIEWER NOTE: 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?"

- 1 YES, ONLY ONE
- 2 MORE THAN ONE
- 3 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C03Q03

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

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C03Q04

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.

- 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

Section 04: Hypertension Awareness

C04Q01

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

READ ONLY IF NECESSARY:

"By 'other health professional' we mean a nurse practitioner, a physician's assistant, or some other licensed health professional."

IF "YES" AND RESPONDENT IS FEMALE, ASK:

"Was this only when you were pregnant?"

- | | | | | |
|---|--|-----|---|--------|
| 1 | YES | | | |
| 2 | YES, BUT FEMALE TOLD ONLY DURING PREGNANCY | SKP | → | C04END |
| 3 | NO | SKP | → | C04END |
| 4 | TOLD BORDERLINE HIGH OR PRE-HYPERTENSIVE | SKP | → | C04END |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C04END |
| 9 | REFUSED | SKP | → | C04END |

C04Q02

IF - C04Q01 = 1

Are you currently taking medicine for your high blood pressure?

- | | |
|---|---------------------|
| 1 | YES |
| 2 | NO |
| 7 | DON'T KNOW/NOT SURE |
| 9 | REFUSED |

Section 05: Cholesterol Awareness

C05Q01

Blood cholesterol is a fatty substance found in the blood. Have you **EVER** had your blood cholesterol checked?

- | | | | | |
|---|---------------------|-----|---|--------|
| 1 | YES | | | |
| 2 | NO | SKP | → | C05END |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C05END |
| 9 | REFUSED | SKP | → | C05END |

C05Q02

IF - C05Q01 = 1

About how long has it been since you last had your blood cholesterol checked?

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 |
| 7 | DON'T KNOW/NOT SURE |
| 9 | REFUSED |

C05Q03

IF - C05Q01 = 1

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

- | | |
|---|---------------------|
| 1 | YES |
| 2 | NO |
| 7 | DON'T KNOW/NOT SURE |
| 9 | REFUSED |

Section 06: Chronic Health Conditions

C06Q01

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."

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

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C06Q02

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

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C06Q03

(Ever told) you had a stroke?

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C06Q04

(Ever told) you had asthma?

- 1 YES
- 2 NO SKP → C06Q06

- 7 DON'T KNOW/NOT SURE SKP → C06Q06
- 9 REFUSED SKP → C06Q06

C06Q05

IF - C06Q04 = 1

Do you still have asthma?

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C06Q06

(Ever told) you had skin cancer?

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C06Q07

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

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C06Q08

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

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C06Q09

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

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)

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

C06Q10

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

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

C06Q11

(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.

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

C06Q12

(Ever told) you have diabetes?

INTERVIEWER NOTE: 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 | SKP | → | C06Q13 |
| 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 C06Q12 = 1 (Yes), go to next question. If any other
response to C06Q12, go to Pre-Diabetes Optional Module.
Otherwise, go to next section.

C06Q13

IF - C06Q12 = 1

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

___ CODE AGE IN YEARS [97 = 97 AND OLDER]

- | | |
|----|---------------------|
| 98 | DON'T KNOW/NOT SURE |
| 99 | REFUSED |
| 1 | MIN |
| 97 | MAX |

CATI NOTE: Go to Diabetes Optional Module. Otherwise, go to next
section.

Module 1: Pre-Diabetes (Path A)

CATI NOTE: Only asked of those not responding "Yes" (code = 1) to C06Q12 (Diabetes awareness question).

M01Q01 IF - C06Q12 > 1

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

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

CATI NOTE: If Core C06Q12 = 4 (No, pre-diabetes or borderline diabetes); answer M01Q02 = 1 (YES).

M01Q02 IF - (C06Q12 > 1 AND C06Q12 < 4) OR C06Q12 > 4

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?"

- 1 YES
- 2 YES, DURING PREGNANCY
- 3 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

Module 2: Diabetes (Path A)

CATI NOTE: To be asked following C06Q13; If response is "Yes"
(code = 1) to Core C06Q12

M02Q01 IF - C06Q12 = 1

Are you now taking insulin?

- 1 YES
- 2 NO

- 9 REFUSED

M02Q02 IF - C06Q12 = 1

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.

101-199 = PER DAY 301-399 = PER MONTH
201-299 = PER WEEK 401-499 = PER YEAR
____ TIMES

- 888 NEVER
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED
- 101 MIN
- 499 MAX

M02Q03 IF - C06Q12 = 1

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.

101-199 = PER DAY 301-399 = PER MONTH
201-299 = PER WEEK 401-499 = PER YEAR
____ TIMES

- 555 NO FEET
- 888 NEVER
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED
- 101 MIN
- 499 MAX

M02Q04

IF - C06Q12 = 1

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

___ NUMBER OF TIMES [76 = 76 OR MORE]

88 NONE
77 DON'T KNOW/NOT SURE
99 REFUSED
01 MIN
76 MAX

M02Q05

IF - C06Q12 = 1

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"?

___ NUMBER OF TIMES [76 = 76 OR MORE]

88 NONE
98 NEVER HEARD OF "A ONE C" TEST
77 DON'T KNOW/NOT SURE
99 REFUSED
01 MIN
76 MAX

CATI NOTE: If M02Q03 = 555 (No feet), go to M02Q07.

M02Q06

IF - C06Q12 = 1 AND M02Q03 <> 555

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

___ NUMBER OF TIMES [76 = 76 OR MORE]

88 NONE
77 DON'T KNOW/NOT SURE
99 REFUSED
01 MIN
76 MAX

M02Q07

IF - C06Q12 = 1

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.

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

- 7 DON'T KNOW/NOT SURE
- 8 NEVER
- 9 REFUSED

M02Q08

IF - C06Q12 = 1

Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

M02Q09

IF - C06Q12 = 1

Have you ever taken a course or class in how to manage your diabetes yourself?

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

Section 7: Demographics

C07Q01

INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY.

- 1 Male
- 2 Female

C07Q02

What is your age?

— CODE AGE IN YEARS [99 = 99 YEARS OR OLDER]

- 07 DON'T KNOW/NOT SURE
- 09 REFUSED
- 18 MIN
- 99 MAX

C07Q03A

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

- 1 YES
- 2 NO SKP → C07Q04
- 7 DON'T KNOW/NOT SURE SKP → C07Q04
- 9 REFUSED SKP → C07Q04

CATI NOTE: IF C07Q03A = 2, code C07Q03B = 5 (NO)

C07Q03B

IF - C07Q03A = 1

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

Are you...

Mexican, Mexican American, Chicano/a

Puerto Rican

Cuban or

Another Hispanic, Latino/a, or Spanish Origin

CHECK ALL THAT APPLY

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish origin
- 5 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C07Q04

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

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

CHECK ALL THAT APPLY

PLEASE READ:

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

- 77 DON'T KNOW/NOT SURE
- 99 REFUSED
- 88 NO ADDITIONAL CHOICES

CATI NOTE: If more than one response to C07Q04; continue.
Otherwise, go to C07Q06.

C07Q05

IF - C07Q04 < 77 AND C07Q04.2 > 0 AND C07Q04.2
<> 88

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

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

- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

C07Q06

Are you...?

PLEASE READ:

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

- 9 REFUSED

C07Q07

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

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)

- 9 REFUSED

C07Q08

Do you own or rent your home?

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

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

INTERVIEWER NOTE:

"We ask this question in order to compare health indicators among people with different housing situations."

- 1 OWN
- 2 RENT
- 3 OTHER ARRANGEMENT

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C07Q09

What county do you live in?

ENTER FIRST LETTER OF COUNTY NAME

____ ANSI COUNTY CODE (FORMERLY FIPS
COUNTY CODE)

888 OTHER
777 DON'T KNOW/NOT SURE
999 REFUSED
001 MIN
775 MAX

C07Q10

What is the ZIP Code where you live?

_____ ZIP CODE

77777 DON'T KNOW/NOT SURE
99999 REFUSED

CATI NOTE: If cellular telephone interview skip to C07Q14
(QSTVER >= 20)

C07Q11

IF - QSTPATH < 20

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.

1	YES		
2	NO	SKP	→ C07Q13
7	DON'T KNOW/NOT SURE	SKP	→ C07Q13
9	REFUSED	SKP	→ C07Q13

C07Q12

IF - C07Q11 = 1

How many of these telephone numbers are residential numbers?

1 ONE
2 TWO
3 THREE
4 FOUR
5 FIVE
6 SIX [6 = 6 OR MORE]
7 DON'T KNOW/NOT SURE
9 REFUSED

C07Q13

IF - QSTPATH < 20

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

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C07Q14

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.

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C07Q15

Are you currently...?

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
- 9 REFUSED

C07Q16

How many children less than 18 years of age live in your household?

___ NUMBER OF CHILDREN

- 88 NONE
- 99 REFUSED
- 01 MIN
- 87 MAX

CATI NOTE: If C07Q16 is answered, this will be considered a partial complete

CATI NOTE: If respondent refuses at ANY income level code income to 99 (refused).

C07Q17d

Is your annual household income from all sources:

Less than \$25,000?

- 1 YES
- 2 NO SKP → C07Q17e
- 7 DON'T KNOW/NOT SURE SKP → C07Q17i
- 9 REFUSED SKP → C07Q17i

C07Q17c IF - C07Q17d = 1

(Is your annual household income from all sources:)

Less than \$20,000?

- 1 YES
- 2 NO SKP → C07Q17i
- 7 DON'T KNOW/NOT SURE SKP → C07Q17i
- 9 REFUSED SKP → C07Q17i

C07Q17b IF - C07Q17c = 1

(Is your annual household income from all sources:)

Less than \$15,000?

- 1 YES
- 2 NO SKP → C07Q17i
- 7 DON'T KNOW/NOT SURE SKP → C07Q17i
- 9 REFUSED SKP → C07Q17i

C07Q17a IF - C07Q17b = 1

(Is your annual household income from all sources:)

Less than \$10,000?

1	YES			C07Q17i
2	NO	SKP	→	C07Q17i
7	DON'T KNOW/NOT SURE	SKP	→	C07Q17i
9	REFUSED	SKP	→	C07Q17i

C07Q17e IF - C07Q17d = 2

(Is your annual household income from all sources:)

Less than \$35,000?

1	YES	SKP	→	C07Q17i
2	NO			
7	DON'T KNOW/NOT SURE	SKP	→	C07Q17i
9	REFUSED	SKP	→	C07Q17i

C07Q17f IF - C07Q17e = 2

(Is your annual household income from all sources:)

Less than \$50,000?

1	YES	SKP	→	C07Q17i
2	NO			
7	DON'T KNOW/NOT SURE	SKP	→	C07Q17i
9	REFUSED	SKP	→	C07Q17i

C07Q17g IF - C07Q17f = 2

(Is your annual household income from all sources:)

Less than \$75,000?

1	YES	SKP	→	C07Q17i
2	NO	SKP	→	C07Q17i
7	DON'T KNOW/NOT SURE	SKP	→	C07Q17i
9	REFUSED	SKP	→	C07Q17i

C07Q17i

ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES IS:

- {If C07Q17g = 2, More than \$75,000?}
- {If C07Q17g = 1, \$50,000 to less than \$75,000}
- {If C07Q17f = 1, \$35,000 to less than \$50,000}
- {If C07Q17e = 1, \$25,000 to less than \$35,000}
- {If C07Q17c = 2, \$20,000 to less than \$25,000}
- {If C07Q17b = 2, \$15,000 to less than \$20,000}
- {If C07Q17a = 2, \$10,000 to less than \$15,000}
- {If C07Q17a = 1, Less than \$10,000}
- {Default, REFUSED/DON'T KNOW/NOT SURE}

IS THIS CORRECT?

- 1 YES
- 2 NO SKP → C07Q17d

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C07Q18

Have you used the internet in the past 30 days?

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C07Q19

About how much do you weigh without shoes?

NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FRONT (EX. 65 KILOGRAMS IS "9065" OR 105 KILOGRAMS IS "9105").

ROUND FRACTIONS UP

_____ WEIGHT (POUNDS/KILOGRAMS)

- 7777 DON'T KNOW/NOT SURE
- 9999 REFUSED

C07Q20

About how tall are you without shoes?

NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FRONT (EX. 165 CENTIMETERS IS "9165").

NOTE: ENTER HEIGHT IN FEET AND INCHES (EX. 5 FEET 9 INCHES = 509) OR METERS AND CENTIMETERS (EX. 1 METER 75 CENTIMETERS = 9175)

ROUND FRACTIONS DOWN

_____ HEIGHT (FT/INCHES/METERS/CENTIMETERS)

7777 DON'T KNOW/NOT SURE

9999 REFUSED

CATI NOTE: If male, go to C07Q22, If female respondent is 45 years old or older, go to C07Q22

C07Q21

IF - C07Q01 = 2 AND C07Q02 < 45

To your knowledge, are you now pregnant?

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

C07Q22

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

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

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

C07Q23

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?

NOTE: INCLUDE OCCASIONAL USE OR USE IN CERTAIN CIRCUMSTANCES.

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C07Q24

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

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C07Q25

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

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C07Q26

Do you have serious difficulty walking or climbing stairs?

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C07Q27

Do you have difficulty dressing or bathing?

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C07Q28

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

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

Section 8: Tobacco Use

C08Q01

Have you smoked at least 100 cigarettes in your entire life?

NOTE: 5 PACKS = 100 CIGARETTES

- | | | | | |
|---|---------------------|-----|---|--------|
| 1 | YES | | | |
| 2 | NO | SKP | → | C08Q05 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C08Q05 |
| 9 | REFUSED | SKP | → | C08Q05 |

CATI NOTE: State added question insert after C08Q01

TX03Q01 IF - C08Q01 = 1

Over your lifetime, how many years have you smoked tobacco products?

- ___ NUMBER OF YEARS
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED
- 01 MIN
- 76 MAX

C08Q02 IF - C08Q01 = 1

Do you now smoke cigarettes every day, some days, or not at all?

- | | | | | |
|---|---------------------|-----|---|--------|
| 1 | Every day | | | |
| 2 | Some days | | | |
| 3 | Not at all | SKP | → | C08Q04 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C08Q05 |
| 9 | REFUSED | SKP | → | C08Q05 |

C08Q03 IF - C08Q01 = 1 AND (C08Q02 = 1 OR C08Q02 = 2)

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

- | | | | | |
|---|---------------------|-----|---|--------|
| 1 | YES | SKP | → | C08Q05 |
| 2 | NO | SKP | → | C08Q05 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C08Q05 |
| 9 | REFUSED | SKP | → | C08Q05 |

C08Q04

IF - C08Q02 = 3

How long has it been since you last smoked a cigarette, even one or two puffs?

- 01 Within the past month (less than 1 month ago)
- 02 Within the past 3 months (1 month but less than 3 months ago)
- 03 Within the past 6 months (3 months but less than 6 months ago)
- 04 Within the past year (6 months but less than 1 year ago)
- 05 Within the past 5 years (1 year but less than 5 years ago)
- 06 Within the past 10 years (5 years but less than 10 years ago)
- 07 10 years or more
- 08 Never smoked regularly

- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

C08Q05

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

INTERVIEWER NOTE: SNUS (RHYMES WITH 'GOOSE')

SNUS (SWEDISH FOR SNUFF) IS A MOIST SMOKELESS TOBACCO, USUALLY SOLD IN SMALL POUCHES THAT ARE PLACED UNDER THE LIP AGAINST THE GUM.

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

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

Section 9: Alcohol Consumption

C09Q01

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?

101-107 = DAYS PER WEEK 201-230 = DAYS IN PAST 30 DAYS

___ DAYS

888	NO DRINKS IN PAST 30 DAYS	SKP	→	C09END
777	DON'T KNOW/NOT SURE	SKP	→	C09END
999	REFUSED	SKP	→	C09END
101	MIN			
230	MAX			

C09Q02

IF - C09Q01 < 777

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?

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

77	DON'T KNOW/NOT SURE
99	REFUSED
01	MIN
76	MAX

C09Q03

IF - C09Q01 < 777

Considering all types of alcoholic beverages, how many times during the past 30 days did you have {IF C07Q01 = 1, 5, 4} or more drinks on an occasion?

___ NUMBER OF TIMES

88	NONE
77	DON'T KNOW/NOT SURE
99	REFUSED
76	MAX

C09Q04

IF - C09Q01 < 777

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

___ NUMBER OF DRINKS

77 DON'T KNOW/NOT SURE

99 REFUSED

01 MIN

76 MAX

Section 10: Fruits and Vegetables

C10INTRO

IF - USEC10 = TRUE

These next questions are about the fruits and vegetables **YOU** ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home.

I will be asking how often **YOU** ate or drank each one: for example, once a day, twice a week, three times a month, and so forth.

INTERVIEWER NOTE: IF RESPONDENT RESPONDS LESS THAN ONCE PER MONTH, PUT "0" TIMES PER MONTH. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK:

"Was that per day, week, or month?"

C10Q01

During the past month, how many times per day, week or month did you drink 100% **PURE** fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice

INTERVIEWER NOTE: DO NOT INCLUDE FRUIT DRINKS WITH ADDED SUGAR OR OTHER ADDED SWEETENERS LIKE KOOL-AID, HI-C, LEMONADE, CRANBERRY COCKTAIL, TAMPICO, SUNNY DELIGHT, SNAPPLE, FRUITOPIA, GATORADE, POWER-ADE, OR YOGURT DRINKS.

DO NOT INCLUDE FRUIT JUICE DRINKS THAT PROVIDE 100% DAILY VITAMIN C BUT INCLUDE ADDED SUGAR.

DO NOT INCLUDE VEGETABLE JUICES SUCH AS TOMATO AND V8 IF RESPONDENT PROVIDES BUT INCLUDE IN "OTHER VEGETABLES" QUESTION C10Q06.

DO INCLUDE 100% PURE JUICES INCLUDING ORANGE, MANGO, PAPAYA, PINEAPPLE, APPLE, GRAPE (WHITE OR RED), OR GRAPEFRUIT. ONLY COUNT CRANBERRY JUICE IF THE R PERCEPTION IS THAT IT IS 100% JUICE WITH NO SUGAR OR ARTIFICIAL SWEETENER ADDED. 100% JUICE BLENDS SUCH AS ORANGE-PINEAPPLE, ORANGE-TANGERINE, CRANBERRY-GRAPE ARE ALSO ACCEPTABLE AS ARE FRUIT-VEGETABLE 100% BLENDS. 100% PURE JUICE FROM CONCENTRATE (I.E., RECONSTITUTED) IS COUNTED.

101-199 = PER DAY 201-299 = PER WEEK 300-399 = PER MONTH

___ TIMES

- 555 NEVER
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED
- 101 MIN
- 399 MAX

C10Q02

During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit.

READ ONLY IF NECESSARY:

"Your best guess is fine. Include apples, bananas, applesauce, oranges, grape fruit, fruit salad, watermelon, cantaloupe or musk melon, papaya, lychees, star fruit, pomegranates, mangos, grapes, and berries such as blueberries and strawberries."

INTERVIEWER NOTE: DO NOT COUNT FRUIT JAM, JELLY, OR FRUIT PRESERVES.

DO NOT INCLUDE DRIED FRUIT IN READY-TO-EAT CEREALS.

DO INCLUDE DRIED RAISINS, CRAN-RAISINS IF RESPONDENT TELLS YOU - *BUT DUE TO THEIR SMALL SERVING SIZE THEY ARE NOT INCLUDED IN THE PROMPT.*

DO INCLUDE CUT UP FRESH, FROZEN, OR CANNED FRUIT ADDED TO YOGURT, CEREAL, JELLO, AND OTHER MEAL ITEMS.

INCLUDE CULTURALLY AND GEOGRAPHICALLY APPROPRIATE FRUITS THAT ARE NOT MENTIONED (E.G. GENIP, SOURSOP, SUGAR APPLE, FIGS, TAMARIND, BREAD FRUIT, SEA GRAPES, CARAMBOLA, LONGANS, LYCHEES, AKEE, RAMBUTAN, ETC.).

101-199 = PER DAY 201-299 = PER WEEK 300-399 = PER MONTH

___ TIMES

555 NEVER

777 DON'T KNOW/NOT SURE

999 REFUSED

101 MIN

399 MAX

C10Q03

During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do **NOT** include long green beans.

READ ONLY IF NECESSARY:

"Include round or oval beans or peas such as navy, pinto, split peas, cow peas, hummus, lentils, soy beans and tofu. Do **NOT** include long green beans such as string beans, broad or winged beans, or pole beans."

INTERVIEWER NOTE: INCLUDE SOYBEANS ALSO CALLED EDAMAME, TOFU (BEAN CURD MADE FROM SOYBEANS), KIDNEY, PINTO, HUMMUS, LENTILS, BLACK, BLACK-EYED PEAS, COW PEAS, LIMA BEANS AND WHITE BEANS.

INCLUDE BEAN BURGERS INCLUDING GARDEN BURGERS AND VEGGIE BURGERS.

INCLUDE FALAFEL AND TEMPEH.

101-199 = PER DAY 201-299 = PER WEEK 300-399 = PER MONTH

___ TIMES

- 555 NEVER
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED
- 101 MIN
- 399 MAX

C10Q04

During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach?

INTERVIEWER NOTE: EACH TIME A VEGETABLE IS EATEN IT COUNTS AS ONE TIME.

INTERVIEWER NOTE: INCLUDE ALL RAW LEAFY GREEN SALADS INCLUDING SPINACH, MESCLUN, ROMAINE LETTUCE, BOK CHOY, DARK GREEN LEAFY LETTUCE, DANDELIONS, KOMATSUNA, WATERCRESS, AND ARUGULA.

DO NOT INCLUDE ICEBERG (HEAD) LETTUCE IF SPECIFICALLY TOLD TYPE OF LETTUCE. INCLUDE ALL COOKED GREENS INCLUDING KALE, COLLARD GREENS, CHOYS, TURNIP GREENS, MUSTARD GREENS.

101-199 = PER DAY 201-299 = PER WEEK 300-399 = PER MONTH

___ TIMES

- 555 NEVER
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED
- 101 MIN
- 399 MAX

C10Q05

During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?

READ ONLY IF NEEDED:

"Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash."

FOR INTERVIEWER: INCLUDE ALL FORMS OF CARROTS INCLUDING LONG OR BABY-CUT.

INCLUDE CARROT-SLAW (E.G. SHREDDED CARROTS WITH OR WITHOUT OTHER VEGETABLES OR FRUIT).

INCLUDE ALL FORMS OF SWEET POTATOES INCLUDING BAKED, MASHED, CASSEROLE, PIE, OR SWEET POTATOES FRIES.

INCLUDE ALL HARD-WINTER SQUASH VARIETIES INCLUDING ACORN, AUTUMN CUP, BANANA, BUTTERNUT, BUTTERCUP, DELICATE, HUBBARD, KABOCHA (ALSO KNOWN AS AN EBISU, DELICA, HOKA, HOKKAIDO, OR JAPANESE PUMPKIN; BLUE KURI), AND SPAGHETTI SQUASH. INCLUDE ALL FORMS INCLUDING SOUP.

INCLUDE PUMPKIN, INCLUDING PUMPKIN SOUP AND PIE. DO NOT INCLUDE PUMPKIN BARS, CAKE, BREAD OR OTHER GRAIN-BASED DESERT-TYPE FOOD CONTAINING PUMPKIN (I.E. SIMILAR TO BANANA BARS, ZUCCHINI BARS WE DO NOT INCLUDE).

101-199 = PER DAY 201-299 = PER WEEK 300-399 = PER MONTH

___ TIMES

- 555 NEVER
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED
- 101 MIN
- 399 MAX

C10Q06

Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat **OTHER** vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.

READ ONLY IF NEEDED:

"Do not count vegetables you have already counted and do not include fried potatoes."

INTERVIEWER NOTE: INCLUDE CORN, PEAS, TOMATOES, OKRA, BEETS, CAULIFLOWER, BEAN SPROUTS, AVOCADO, CUCUMBER, ONIONS, PEPPERS (RED, GREEN, YELLOW, ORANGE); ALL CABBAGE INCLUDING AMERICAN-STYLE COLE-SLAW; MUSHROOMS, SNOW PEAS, SNAP PEAS, BROAD BEANS, STRING, WAX-, OR POLE-BEANS.

INCLUDE ANY FORM OF THE VEGETABLE (RAW, COOKED, CANNED, OR FROZEN).

DO INCLUDE TOMATO JUICE IF RESPONDENT DID NOT COUNT IN FRUIT JUICE.

INCLUDE CULTURALLY AND GEOGRAPHICALLY APPROPRIATE VEGETABLES THAT ARE NOT MENTIONED (E.G. DAIKON, JICAMA, ORIENTAL CUCUMBER, ETC.).

DO NOT INCLUDE RICE OR OTHER GRAINS.

DO NOT INCLUDE PRODUCTS CONSUMED USUALLY AS CONDIMENTS INCLUDING KETCHUP, CATSUP, SALSA, CHUTNEY, RELISH.

101-199 = PER DAY 201-299 = PER WEEK 300-399 = PER MONTH

___ TIMES

555 NEVER
777 DON'T KNOW/NOT SURE
999 REFUSED
101 MIN
399 MAX

Section 11: Exercise (Physical Activity)

C11Q01

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

INTERVIEWER NOTE: IF RESPONDENT DOES NOT HAVE A "REGULAR JOB DUTY" OR IS RETIRED, THEY MAY COUNT THE PHYSICAL ACTIVITY OR EXERCISE THEY SPEND THE MOST TIME DOING IN A REGULAR MONTH.

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?

- | | | | | |
|---|---------------------|-----|---|--------|
| 1 | YES | | | |
| 2 | NO | SKP | → | C11Q08 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C11Q08 |
| 9 | REFUSED | SKP | → | C11Q08 |

C11Q02 IF - C11Q01 = 1

What type of physical activity or exercise did you spend the most time doing during the past month?

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

___ (Specify) [See Coding List A]

- | | | | | |
|----|---------------------|-----|---|--------|
| 77 | DON'T KNOW/NOT SURE | SKP | → | C11Q08 |
| 99 | REFUSED | SKP | → | C11Q08 |

C11Q03 IF - C11Q02 > 0 AND C11Q02 <> 77 AND CQ11Q02 <> 99

How many times per week or per month did you take part in this activity during the past month?

101-199 = PER WEEK 201-299 = PER MONTH

___ TIMES

- | | |
|-----|---------------------|
| 777 | DON'T KNOW/NOT SURE |
| 999 | REFUSED |
| 101 | MIN |
| 299 | MAX |

C11Q04 IF - C11Q02 > 0 AND C11Q02 <> 77 AND CQ11Q02 <> 99

And when you took part in this activity, for how many minutes or hours did you usually keep at it?

EXAMPLE 1 HOUR 30 MINUTES ENTER AS "130"

___ HOURS AND MINUTES

777 DON'T KNOW/NOT SURE
999 REFUSED
001 MIN
659 MAX

C11Q05 IF - C11Q02 > 0 AND C11Q02 <> 77 AND CQ11Q02 <> 99

What other type of physical activity gave you the next most exercise during the past month?

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

___ (Specify) [See Coding List A]

88 NO OTHER ACTIVITY SKP → C11Q08
77 DON'T KNOW/NOT SURE SKP → C11Q08
99 REFUSED SKP → C11Q08

C11Q06 IF - C11Q05 > 0 AND C11Q05 <> 77 AND C11Q05 <> 99 AND C11Q05 <> 88

How many times per week or per month did you take part in this activity during the past month?

101-199 = PER WEEK 201-299 = PER MONTH

___ TIMES

777 DON'T KNOW/NOT SURE
999 REFUSED
101 MIN
299 MAX

C11Q07

IF - C11Q05 > 0 AND C11Q05 <> 77 AND C11Q05 <>
99 AND C11Q05 <> 88

And when you took part in this activity, for how many minutes or hours did you usually keep at it?

EXAMPLE 1 HOUR 30 MINUTES ENTER AS "130"

___ HOURS AND MINUTES

777 DON'T KNOW/NOT SURE

999 REFUSED

001 MIN

659 MAX

C11Q08

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

101-199 = PER WEEK 201-299 = PER MONTH

___ TIMES

888 NEVER

777 DON'T KNOW/NOT SURE

999 REFUSED

101 MIN

299 MAX

Section 12: Arthritis Burden

CATI NOTE: If C06Q09 = 1 (YES) then continue, else go to next section.

C12Q01 IF - C06Q09 = 1

Next, I will ask you about your arthritis.

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

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

INTERVIEWER NOTE: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN SAY:

"Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C12Q02 IF - C06Q09 = 1

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

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

IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN SAY:

"Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C12Q03

IF - C06Q09 = 1

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

INTERVIEWER NOTE: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN SAY:

"Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

PLEASE READ:

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

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C12Q04

IF - C06Q09 = 1

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

___ ENTER NUMBER [01-10]

- 88 ZERO
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED
- 01 MIN
- 10 MAX

Section 13: Seatbelt Use

C13Q01

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

PLEASE READ:

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never

- 7 DON'T KNOW/NOT SURE
- 8 NEVER DRIVE OR RIDE IN A CAR
- 9 REFUSED

Section 14: Immunization

C14Q01

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™.

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

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 | SKP | → | TX12Q01 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C14Q04 |
| 9 | REFUSED | SKP | → | C14Q04 |

C14Q02

IF - C14Q01 = 1

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?

_____ MONTH/YEAR

- | | |
|--------|---------------------|
| 777777 | DON'T KNOW/NOT SURE |
| 999999 | REFUSED |
| 012014 | MIN |
| 122015 | MAX |

C14Q03

IF - C14Q01 = 1

At what kind of place did you get your last flu shot/vaccine?

INTERVIEWER NOTE: IF RESPONDENT SAYS DON'T KNOW/NOT SURE, PROBE WITH:

"How would you describe the place where you went to get your most recent flu vaccine?"

- 01 A doctor's office or health maintenance organization (HMO)
- 02 A health department
- 03 Another type of clinic or health center (Example: a community health center)
- 04 A senior, recreation, or community center
- 05 A store (Examples: supermarket, drug store)
- 06 A hospital (Example: inpatient)
- 07 An emergency room
- 08 Workplace
- 09 Some other kind of place
- 10 RECEIVED VACCINATION IN CANADA/MEXICO (VOLUNTEERED - DO NOT READ)
- 11 A school

- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

State Added 12: Immunization Flu Expanded - (Path B)

CATI NOTE: State added question insert after C14Q03 before C14Q04

TX12Q01

IF - C14Q01 = 2

What is the **MAIN** reason you did not receive a flu vaccination in the past 12 months?

DO NOT READ

- 01 ALLERGIC TO THE VACCINE/MEDICAL
CONTRAINDICATION TO THE VACCINE
- 02 DON'T LIKE NEEDLES AND SHOTS
- 03 NEVER GET THE FLU
- 04 UNLIKELY TO GET VERY SICK FROM THE FLU
- 05 DID NOT HAVE TIME TO GET THE
VACCINATION/DIDN'T GET AROUND TO IT
- 06 NOT IN A HIGH RISK OR PRIORITY GROUP/DO
NOT NEED THE VACCINE/VACCINE NOT
RECOMMENDED
- 07 CONCERNED ABOUT GETTING THE FLU FROM
THE VACCINATION/CONCERNED ABOUT GETTING
SICK FROM THE VACCINATION
- 08 CONCERNED ABOUT SIDE EFFECTS FROM THE
VACCINATION/CONCERNED ABOUT SAFETY OF
THE VACCINE
- 09 HAVE AN ONGOING HEALTH CONDITION THAT
PREVENTS YOU FROM GETTING THE
VACCINATION
- 10 BELIEVE THAT FLU VACCINES DO NOT WORK
VERY WELL
- 11 DO NOT TRUST WHAT THE GOVERNMENT SAYS
ABOUT THE FLU
- 12 THE VACCINE COSTS TOO MUCH/CAN'T AFFORD
THE VACCINE/NOT COVERED BY INSURANCE
- 13 SOME OTHER REASON (SPECIFY)
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

C14Q04

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?

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

Section 15: HIV/AIDS

C15Q01

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.

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.

- | | | | | |
|---|---------------------|-----|---|--------|
| 1 | YES | | | |
| 2 | NO | SKP | → | C15END |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C15END |
| 9 | REFUSED | SKP | → | C15END |

C15Q02

IF - C15Q01 = 1

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

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

- | | |
|--------|---------------------|
| 777777 | DON'T KNOW/NOT SURE |
| 999999 | REFUSED |
| 011985 | MIN |
| 772015 | MAX |

C15Q03

IF - C15Q01 = 1

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?

- 01 Private doctor or HMO office
- 02 Counseling and testing site
- 09 Emergency room
- 03 Hospital inpatient
- 04 Clinic
- 05 Jail or prison (or other correctional facility)
- 06 Drug treatment facility
- 07 At home
- 08 Somewhere else

- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

Transition to Modules and/or State-Added Questions

TRANS

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

Module 6: Cognitive Decline Module (Path B)

CATI NOTE: If respondent is 45 years of age or older continue, else go to next module

M06Q01 IF - C07Q02 > 44 OR C07Q02 = 07 OR C07Q02 = 09

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

During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?

- 1 YES
- 2 NO SKP → M06END
- 7 DON'T KNOW
- 9 REFUSED SKP → M06END

M06Q02 IF - M06Q01 = 1 OR M06Q01 = 7

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

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never
- 7 DON'T KNOW
- 9 REFUSED

M06Q03

IF - M06Q01 = 1 OR M06Q01 = 7

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

- | | | | | |
|---|------------|-----|---|--------|
| 1 | Always | | | |
| 2 | Usually | | | |
| 3 | Sometimes | | | |
| 4 | Rarely | SKP | → | M06Q05 |
| 5 | Never | SKP | → | M06Q05 |
| 7 | DON'T KNOW | SKP | → | M06Q05 |
| 9 | REFUSED | SKP | → | M06Q05 |

CATI NOTE: If M06Q03 = 1, 2, or 3, continue. If M06Q03 = 4, 5, 7, or 9 go to M06Q05

M06Q04

IF - M06Q03 > 0 AND M06Q03 < 4

When you need help with these day-to-day activities, how often are you able to get the help that you need?

- | | | | | |
|---|------------|--|--|--|
| 1 | Always | | | |
| 2 | Usually | | | |
| 3 | Sometimes | | | |
| 4 | Rarely | | | |
| 5 | Never | | | |
| 7 | DON'T KNOW | | | |
| 9 | REFUSED | | | |

M06Q05

IF - M06Q01 = 1 OR M06Q01 = 7

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

- | | | | | |
|---|------------|--|--|--|
| 1 | Always | | | |
| 2 | Usually | | | |
| 3 | Sometimes | | | |
| 4 | Rarely | | | |
| 5 | Never | | | |
| 7 | DON'T KNOW | | | |
| 9 | REFUSED | | | |

M06Q06

IF - M06Q01 = 1 OR M06Q01 = 7

Have you or anyone else discussed your confusion or memory loss with a health care professional?

- 1 YES
- 2 NO

- 7 DON'T KNOW
- 9 REFUSED

Module 11: Tetanus Diphtheria (Tdap) (Adults) (Path B)

M11Q01

Next, I will ask you about the tetanus diphtheria vaccination.

Since 2005, have you had a tetanus shot?

IF YES, ASK:

"Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?"

- 1 Yes, received Tdap
- 2 Yes, received tetanus shot, but not Tdap
- 3 Yes, received tetanus shot but not sure what type
- 4 No, did not receive any tetanus since 2005

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

Module 12: Adult Human Papillomavirus (HPV) - Vaccination (Path B)

CATI NOTE: To be asked of respondents between the ages of 18 and 49 years; otherwise, go to next module.

M12Q01 IF - C07Q02 < 50

A vaccine to prevent the human papillomavirus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, {If C07Q01 = 2, GARDASIL or CERVARIX, or GARDASIL}.

Have you **EVER** had an HPV vaccination?

NOTE: HUMAN PAPILLOMAVIRUS (HUMAN PAP·UH·LOH·MUH VIRUS); GARDASIL (GAR·DUH· SEEL); CERVARIX (SIR·VAR·ICKS)

- | | | | | |
|---|---------------------------|-----|---|--------|
| 1 | YES | | | |
| 2 | NO | SKP | → | M12END |
| 3 | DOCTOR REFUSED WHEN ASKED | SKP | → | M12END |
| 7 | DON'T KNOW/NOT SURE | SKP | → | M12END |
| 9 | REFUSED | SKP | → | M12END |

M12Q02 IF - M12Q01 = 1

How many HPV shots did you receive?

___ NUMBER OF SHOTS

- 03 ALL SHOTS
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED
- 01 MIN
- 03 MAX

Module 21: Sexual Orientation and Gender Identity

M21Q01

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

Do you consider yourself to be:

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.

PLEASE READ:

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

- 4 OTHER
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

M21Q02

Do you consider yourself to be transgender?

IF YES, ASK:

"Do you consider yourself to be 1. male-to-female, 2. female-to-male, or 3. gender non-conforming?"

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

INTERVIEWER NOTE: IF ASKED ABOUT DEFINITION OF TRANSGENDER:

"Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation - straight, gay, lesbian, or bisexual."

INTERVIEWER NOTE: IF ASKED ABOUT DEFINITION OF GENDER NON-CONFORMING:

"Some people think of themselves as gender **NON-CONFORMING** when they do not identify **ONLY** as a man or **ONLY** as a woman."

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

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

Module 22: Random Child Selection

CATI NOTE: If Core C07Q16 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

M22INTRO IF - C07Q16 < 88

{If C07Q16 = 1, 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.}

{If C07Q16 > 1 AND C07Q16 < 88, Previously, you indicated there were {C07Q16} children age 17 or younger in your household. Think about those {C07Q16} 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.

I have some additional questions about one specific child. The child I will be referring to is {SHOWKID} in your household. All following questions about children will be about {SHOWKID}

M22Q01 IF - C07Q16 < 88

What is the birth month and year of the {SHOWKID}?

_____ CODE MONTH AND YEAR

777777 DON'T KNOW/NOT SURE
999999 REFUSED
XX1997 MIN
XX2015 MAX

M22Q02 IF - C07Q16 < 88

Is the child a boy or a girl?

- 1 Boy
- 2 Girl

- 9 REFUSED

M22Q03A IF - C07Q16 < 88

Is the child Hispanic, Latino/a, or Spanish origin?

- 1 YES
- 2 NO SKP → M22Q04

- 7 DON'T KNOW/NOT SURE SKP → M22Q04
- 9 REFUSED SKP → M22Q04

M22Q03B

IF - M22Q03A = 1

(Is the child Hispanic, Latino/a, or Spanish origin?)

Are they...

Mexican, Mexican American, Chicano/a

Puerto Rican

Cuban or

Another Hispanic, Latino/a, or Spanish Origin

CHECK ALL THAT APPLY

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish origin
- 5 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

M22Q04

IF - C07Q16 < 88

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

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

(SELECT ALL THAT APPLY)

PLEASE READ:

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

- 77 DON'T KNOW/NOT SURE
- 99 REFUSED
- 88 NO ADDITIONAL CHOICES

M22Q05

IF - M22Q04 < 77 AND M22Q04.2 > 0 AND M22Q04.2
<> 88

Which one of these groups would you say best represents the child's race?

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

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

- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

M22Q06

IF - C07Q16 < 88

How are you related to the child?

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
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

Module 23: Childhood Asthma Prevalence

CATI NOTE: If response to C07Q16 = 88 (None) or 99 (Refused), go to next module.

M23Q01 IF - C07Q16 > 0 AND C07Q16 < 88

{IF C07Q16 > 1, The next two questions are about the {SHOWKID}.}

Has a doctor, nurse or other health professional **EVER** said that the child has asthma?

- 1 YES
- 2 NO SKP → M23END
- 7 DON'T KNOW/NOT SURE SKP → M23END
- 9 REFUSED SKP → M23END

M23Q02 IF - M23Q01 = 1

Does the child still have asthma?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

State Added 1: Childhood Diabetes Prevalence

TX01Q01 IF - C07Q16 > 0 AND C07Q16 < 88

{IF C07Q16 > 1, I have a couple more questions concerning the
{SHOWKID}.}

Has a doctor, nurse or other health professional **EVER** said that
the child has diabetes?

- | | | | |
|---|---------------------|-----|-----------|
| 1 | YES | | |
| 2 | NO | SKP | → TX01END |
| 7 | DON'T KNOW/NOT SURE | SKP | → TX01END |
| 9 | REFUSED | SKP | → TX01END |

TX01Q02 IF - TX01Q01 = 1

Does this child have type 1 or type 2 diabetes?

- | | |
|---|---------------------|
| 1 | Type 1 |
| 2 | Type 2 |
| 7 | DON'T KNOW/NOT SURE |
| 9 | REFUSED |

State Added 2: Actions to Control High Blood Pressure - (Path A)

CATI NOTE: If C04Q01 = 1 (YES); continue. Otherwise, go to next module.

TX02Q01 IF - C04Q01 = 1

Earlier you stated that you had been diagnosed with high blood pressure.

Are you now doing any of the following to help lower or control your high blood pressure?

(Are you) changing your eating habits (to help lower or control your high blood pressure)?

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TX02Q02 IF - C04Q01 = 1

(Are you) cutting down on salt (to help lower or control your high blood pressure)?

- 1 YES
- 2 NO
- 3 DO NOT USE SALT

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TX02Q03 IF - C04Q01 = 1

(Are you) reducing alcohol use (to help lower or control your high blood pressure)?

- 1 YES
- 2 NO
- 3 DO NOT DRINK

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TX02Q04

IF - C04Q01 = 1

(Are you) exercising (to help lower or control your high blood pressure)?

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TX02Q05

IF - C04Q01 = 1

Has a doctor or other health professional ever advised you to do any of the following to help lower or control your high blood pressure?

(Ever advised you to) change your eating habits (to help lower or control your high blood pressure)?

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TX02Q06

IF - C04Q01 = 1

(Ever advised you to) cut down on salt (to help lower or control your high blood pressure)?

- 1 YES
- 2 NO
- 3 DO NOT USE SALT

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TX02Q07

IF - C04Q01 = 1

(Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)?

- 1 YES
- 2 NO
- 3 DO NOT DRINK

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TX02Q08

IF - C04Q01 = 1

(Ever advised you to) exercise (to help lower or control your high blood pressure)?

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TX02Q09

IF - C04Q01 = 1

(Ever advised you to) take medication (to help lower or control your high blood pressure)?

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TX02Q10

IF - C04Q01 = 1

Were you told on **TWO OR MORE DIFFERENT VISITS** by a doctor or other health professional that you had high blood pressure?

INTERVIEWER NOTE: IF RESPONSE IS "YES" AND RESPONDENT IS FEMALE, ASK:

"Was this only when you were pregnant?"

- 1 YES
- 2 YES, BUT FEMALE TOLD ONLY DURING PREGNANCY
- 3 NO
- 4 TOLD BORDERLINE HIGH OR PRE-HYPERTENSIVE

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

State Added 3: COPD At-Risk

CATO NOTE: TX03Q01 asked after C08Q01 if yes to have you smoked at least 100 cigarettes in your entire life?

CATI NOTE: After TX02END Questions 2-4 are asked of all respondents > 35 years of age

TX03Q02 IF - C07Q02 > 35 OR C07Q02 < 18

During the past 30 days, how often do you feel short of breath - would you say all of the time, most of the time, some of the time, a little of the time, or none of the time?

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TX03Q03 IF - C07Q02 > 35 OR C07Q02 < 18

During the past 30 days, how often do you cough up mucus or phlegm? Would you say...?

- 1 Everyday
- 2 Most days
- 3 A few days
- 4 Only with colds
- 5 Never

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TX03Q04 IF - C07Q02 > 35 OR C07Q02 < 18

How much do you agree or disagree with the following statement?
"In the past year, I am not as physically active as I once was because of my shortness of breath"

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree or disagree
- 4 Disagree slightly
- 5 Disagree strongly

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

State Added 4: Tobacco -E-cigarettes

TX04Q01

The next few questions are about e-cigarettes, vape pens, e-hookahs, or personal vaporizers. These products are also known as electronic nicotine delivery systems or ENDS. Many are battery-operated, may look like real cigarettes, and usually produce vapor instead of smoke. They often contain nicotine cartridges with varying flavors called "e-liquid" or "e-juice."

Have you ever used or tried an e-cigarette, vape pen, or e-hookah?

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TX04Q02 IF - TX04Q01 = 1

Which one of these products have you used or tried?

CHECK ALL THAT APPLY

- 1 E-cigarette
- 2 Vape pen
- 3 E-hookah
- 4 OTHER (SPECIFY)

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED
- 8 NO ADDITIONAL CHOICES

TX04Q03 IF - TX04Q01 = 1

Do you currently use **{IF TX04Q02.2 > 0 AND TX04Q02 <> 8, these products, this product}** every day, some days, or not at all?

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

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TX04Q04

IF - TX04Q01 = 1

What best describes your reason for using or trying these products?

- 1 To cut down or quit smoking
- 2 I visit places where smoking is not allowed
- 3 For enjoyment or pleasure
- 4 Just tried it a few times
- 5 OTHER (SPECIFY)

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

State Added 5: Extra Physical Activity - (Path A)

TX05Q01

Now I would like to ask you a question about your neighborhood. A neighborhood is defined as an area within **ONE-HALF MILE OR A TEN MINUTE** walk from your home.

In your **NEIGHBORHOOD**, do you have access to any sidewalks, shoulders of the road, trails or parks where you can safely walk, run, or bike?

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

State Added 6: Transportation Physical Activity - (Path A)

TX06Q01

On how many days during the past seven days, did you ride a bicycle for transportation, like to go to or from work, to run errands, or to go somewhere else that you wanted or needed to go?

- 1 ONE DAY
- 2 TWO DAYS
- 3 THREE DAYS
- 4 FOUR DAYS
- 5 FIVE DAYS
- 6 SIX DAYS
- 7 SEVEN DAYS
- 66 NONE
- 88 CAN'T RIDE BICYCLE IS DISABLED
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

TX06Q02

On how many days during the past seven days, did you walk for transportation, like to go to or from work, to run errands, or to go somewhere else that you wanted or needed to go?

- 1 ONE DAY
- 2 TWO DAYS
- 3 THREE DAYS
- 4 FOUR DAYS
- 5 FIVE DAYS
- 6 SIX DAYS
- 7 SEVEN DAYS
- 66 NONE
- 88 CAN'T WALK IS DISABLED
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

State Added 7: Fast Food Restaurants - (Path A)

TX07Q01

The next question is about eating out.

During the past month, how many times per day, week, or month did you eat a meal from a fast food place?

READ ONLY IF NEEDED:

"This includes places like McDonald's, KFC, Taco Bell, Taco Cabana, Burger King, Wendy's, Dairy Queen, and convenience stores."

101-199 = PER DAY 201-299 = PER WEEK 301-399 = PER MONTH

___ TIMES

555 NEVER

777 DON'T KNOW/NOT SURE

999 REFUSED

101 MIN

399 MAX

State Added 8: Adult Immunizations Expanded - (Path B)

TX08Q01

The next few questions are about vaccines **YOU** may have had.

A vaccine to prevent measles, mumps, and rubella is available and is called MMR. Have you **EVER** received the MMR vaccine?

INTERVIEWER NOTE: IF THE RESPONDENT HAS HAD THE MMRV (MEASLES, MUMPS, RUBELLA, AND VARICELLA (CHICKEN POX)), PLEASE CODE AS "YES."

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TX08Q02

A vaccine to prevent meningitis is available and is called either meningococcal polysaccharide vaccine – also known as Menomune® – or meningococcal conjugate vaccine – also known as Menactra® and Menveo®. Have you **EVER** had the meningococcal vaccination?

INTERVIEWER NOTE: MENINGOCOCCAL VACCINE IS ALSO KNOWN AS MENOMUNE®, MENACTRA®, AND MENVEO®.

INTERVIEWER NOTE: PRONOUNCIATION: MENINGOCOCCAL (MEN-NIN-JA-KOK-AL) MENINGITIS (MEN-IN-JAHY-TIS) MENOMUNE (MEN-OH-MEWN) MENACTRA (MEN-ACK-TRUH) MENVEO (MEN-VEE-OH)

- 1 YES
- 2 NO
- 3 DOCTOR REFUSED WHEN ASKED

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TX08Q03

Have you **EVER** received the hepatitis B vaccination?

- 1 YES
- 2 NO **SKP → TX08END**

- 3 DOCTOR REFUSED WHEN ASKED **SKP → TX08END**
- 7 DON'T KNOW/NOT SURE **SKP → TX08END**
- 9 REFUSED **SKP → TX08END**

TX08Q04

IF - TX08Q03 = 1

How many hepatitis B shots did you receive?

___ NUMBER OF SHOTS

03 ALL SHOTS

77 DON'T KNOW/NOT SURE

99 REFUSED

01 MIN

03 MAX

State Added 9: Cervical Cancer Screening - (Path B)

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

TX09Q01 IF - C07Q01 = 2

The next questions are about cervical cancer.

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

- | | | | | |
|---|---------------------|-----|---|---------|
| 1 | YES | | | |
| 2 | NO | SKP | → | TX09Q04 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | TX09Q04 |
| 9 | REFUSED | SKP | → | TX09Q04 |

TX09Q02 IF - TX09Q01 = 1

How long has it been since you had your last Pap test?

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
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TX09Q03 IF - TX09Q01 = 1

Was your most recent Pap test recommended or suggested by a doctor, nurse or other health professional?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TX09Q04

IF - TX09Q01 > 1

How long has it been since a Pap test was recommended or suggested by a doctor, nurse or other health professional?

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

CATI NOTE: If response to core C07Q21 = 1 (is pregnant); then go to next section.

TX09Q05

IF - C07Q01 = 2 AND C07Q21 <> 1

Have you had a hysterectomy?

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

State Added 10: Adverse Childhood Experiences

TX10Q01

I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer.

All questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age—

Did you live with anyone who was depressed, mentally ill, or suicidal?

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TX10Q02

Did you live with anyone who was a problem drinker or alcoholic?

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TX10Q03

Did you live with anyone who used illegal street drugs or who abused prescription medications?

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TX10Q04

Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TX10Q05

Were your parents separated or divorced?

- 1 YES
- 2 NO
- 8 PARENTS NOT MARRIED

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TX10Q06

How often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up?

- 1 Never
- 2 Once
- 3 More than once

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TX10Q07

Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say-

- 1 Never
- 2 Once
- 3 More than once

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TX10Q08

How often did a parent or adult in your home ever swear at you, insult you, or put you down?

- 1 Never
- 2 Once
- 3 More than once

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TX10Q09

How often did anyone at least 5 years older than you or an adult, ever touch you sexually?

- 1 Never
- 2 Once
- 3 More than once

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TX10Q10

How often did anyone at least 5 years older than you or an adult try to make you touch them sexually?

- 1 Never
- 2 Once
- 3 More than once

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TX10Q11

How often did anyone at least 5 years older than you or an adult force you to have sex?

- 1 Never
- 2 Once
- 3 More than once

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TX10CLO

As I mentioned when we started this section, I would give you a phone number for an organization that can provide information and referral for these issues. You can dial 1-800-4-A-CHILD (1-800-422-4453) to reach a referral service to locate an agency in your area

State Added 11: HIV

TX11Q01a

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.

TX11Q01

I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You don't need to tell me which one. By sex, we mean vaginal, oral, or anal sex.

- 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.

{IF C07Q01 = 2, - You had sex with a bi-sexual man, that is a man who has sex with men and women.}

- You had sex with an injecting drug user.
- You had sex with an HIV positive person.
- You had anal sex without a condom in the past year.

INTERVIEWER NOTE: IF A FEMALE RESPONDENT ASKS ABOUT HAVING SEX WITH A BI-SEXUAL WOMAN, PLEASE STATE,

"We are interested in if you have had sex with a bi-sexual MAN only."

INTERVIEWER NOTE: IF A RESPONDENT WANTS TO KNOW WHY WE'RE NOT INTERESTED IN THOSE WHO HAVE HAD SEX WITH BI-SEXUAL WOMEN, PLEASE STATE,

"There are certain additional HIV and STD risks for someone who has sex with a bi-sexual man."

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TX11Q02

Have you injected street or recreational drugs in the past 12 months?

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TX11Q03

Which of the following best describes your sexual partners in the past year?

PLEASE READ

- 1 Men only
- 2 Women only
- 3 Both men and women
- 4 No sexual partners

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

Asthma Call-Back Permission Script

ADLTPERM IF - (C06Q04 = 1) OR (M23Q01 = 1 AND (M22Q06 = 1 OR M22Q06 = 3))

We would like to call you again within the next 2 weeks to talk in more detail about **{ADLTCHLD = 1, 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?

- 1 YES
- 2 NO

SKP → AFUEND

FNAME IF - ADLTPERM = 1

Can I please have either your first name or initials, so we will know who to ask for when we call back?

- 1 ENTER FIRST NAME OR INITIALS OTHER
- 9 REFUSED

CNAME IF - ADLTCHILD = 2 AND ADLTPERM = 1

Can I please have your child's first name or initials, so we can ask about that child's asthma history?

- 1 ENTER FIRST NAME OR INITIALS OTHER
- 9 REFUSED

MOSTKNOW IF - ADLTCHILD = 2 AND ADLTPERM = 1

Are you the parent or guardian in the household who knows the most about **{CNAME}**'s asthma?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

Closing Statement

CLOSING

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

Activity List

ACTIVITYLIST	
01	Active Gaming Devices (Wii Fit, Dance Dance Revolution)
02	Aerobics video or class
03	Backpacking
04	Badminton
05	Basketball
06	Bicycling machine exercise
07	Bicycling
08	Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)
09	Bowling
10	Boxing
11	Calisthenics
12	Canoeing/rowing in competition
13	Carpentry
14	Dancing-ballet, ballroom, Latin, hip hop, zumba, etc
15	Elliptical/EFX machine exercise
16	Fishing from river bank or boat
17	Frisbee
18	Gardening (spading, weeding, digging, filling)
19	Golf (with motorized cart)
20	Golf (without motorized cart)
21	Handball
22	Hiking - cross-country
23	Hockey
24	Horseback riding
25	Hunting large game - deer, elk
26	Hunting small game - quail
27	Inline Skating
28	Jogging
29	Lacrosse
30	Mountain climbing
31	Mowing lawn
32	Paddleball
33	Painting/papering house
34	Pilates
35	Racquetball
36	Raking lawn
37	Running
38	Rock climbing
39	Rope skipping
40	Rowing machine exercise
41	Rugby
42	Scuba diving
43	Skateboarding
44	Skating - ice or roller
45	Sledding, tobogganing

46	Snorkeling
47	Snow blowing
48	Snow shoveling by hand
49	Snow skiing
50	Snowshoeing
51	Soccer
52	Softball/Baseball
53	Squash
54	Stair climbing/stair master
55	Stream fishing in waders
56	Surfing
57	Swimming
58	Swimming in laps
59	Table tennis
60	Tai Chi
61	Tennis
62	Touch football
63	Volleyball
64	Walking
66	Waterskiing
67	Weight lifting
68	Wrestling
69	Yoga
71	Childcare
72	Farm/Ranch Work (caring for livestock, stacking hay, etc.)
73	Household Activities (vacuuming, dusting, home repair, etc.)
74	Karate/Martial Arts
75	Upper Body Cycle (Wheelchair sports, ergometer, etc.)
76	Yard Work (cutting/gathering wood, trimming hedges, etc.)
98	Other [Specify]
77	DON'T KNOW
99	REFUSED