



**2011**

**Behavioral Risk Factor Surveillance System  
Questionnaire**

**TENNESSEE**

**May 9, 2018**

# Behavioral Risk Factor Surveillance System 2011 Draft 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 4**



**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                  | <b>[If Q2.1 and Q2.2 = 88 (None), go to next section]</b> |
| 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, or government plans such as Medicare or Indian Health Services? (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: Hypertension Awareness

---

- 4.1** Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (84)
- Read only if necessary:** By "other health professional" we mean a nurse practitioner, a physician's assistant, or some other licensed health professional.

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

- 1 Yes
- 2 Yes, but female told only during pregnancy [Go to next section]
- 3 No [Go to next section]
- 4 Told borderline high or pre-hypertensive [Go to next section]
- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

**SAQ-1** Can you say whether your blood pressure is currently normal or high?

- 1 Normal
- 2 High
- 7 Don't know / Not sure
- 9 Refused

- 4.2** Are you currently taking medicine for your high blood pressure? (85)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Section 5: Cholesterol Awareness

---

**5.1** Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (86)

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

**5.2** About how long has it been since you last had your blood cholesterol checked? (87)

**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
- 9 Refused

**5.3** Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (88)

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

## Section 6: Chronic Health Conditions

---

Now I would like to ask you some questions about general health conditions.

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure."

**6.1** (Ever told) you that you had a heart attack also called a myocardial infarction? (89)

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



**6.2** (Ever told) you had angina or coronary heart disease? (90)

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

**6.3** (Ever told) you had a stroke? (91)

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

**6.4** (Ever told) you had asthma? (92)

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

**6.5** Do you still have asthma? (93)

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

**6.6** (Ever told) you had skin cancer? (94)

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

**6.7** (Ever told) you had any other types of cancer? (95)

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

**6.8** (Ever told) you have (COPD) chronic obstructive pulmonary disease, emphysema or chronic bronchitis? (96)

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

**6.9** (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (97)

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

**INTERVIEWER NOTE:** Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

**6.10** (Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)? (98)

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

**6.11** (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence. (99)

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

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

- 6.12** (Ever told) you have vision or eye problems? (100)
- 1 Yes
  - 2 No
  - 3 Respondent is blind
  - 7 Don't know / Not sure
  - 9 Refused

- 6.13** (Ever told) you have diabetes? (101)

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

If respondent says pre-diabetes or borderline diabetes, use response code 4.

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes
- 7 Don't know / Not sure
- 9 Refused

**CATI note: If Q6.13 = 1 (Yes), go to Diabetes Optional Module (if used). If any other response to Q6.13, go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.**

## Section 7: Tobacco Use

---

- 7.1** Have you smoked at least 100 cigarettes in your entire life? (102)

**NOTE: 5 packs = 100 cigarettes**

- 1 Yes
- 2 No [Go to Q7.5]
- 7 Don't know / Not sure [Go to Q7.5]
- 9 Refused [Go to Q7.5]

- SAQ-2** How old were you the first time you smoked a cigarette, even one or two puffs?

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

- 7.2** Do you now smoke cigarettes every day, some days, or not at all? (103)

- 1 Every day

- 2 Some days
- 3 Not at all [Go to Q7.4]
- 7 Don't know / Not sure [Go to Q7.5]
- 9 Refused [Go to Q7.5]

**7.3** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (104)

- 1 Yes [Go to Q7.5]
- 2 No [Go to Q7.5]
- 7 Don't know / Not sure [Go to Q7.5]
- 9 Refused [Go to Q7.5]

**SAQ-3** Would you like to stop smoking?

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

**7.4** How long has it been since you last smoked a cigarette, even one or two puffs? (105-106)

- 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
- 0 8 Never smoked regularly
- 7 7 Don't know / Not sure
- 9 9 Refused

**7.5** 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.** (107)

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

**Do not read:**

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

## Section 8: Demographics

---

**8.1** What is your age? (108-109)

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

**8.2** Are you Hispanic or Latino? (110)

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

**8.3** Which one or more of the following would you say is your race? (111-116)

**(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

**8.4** Which one of these groups would you say best represents your race? (117)

**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

**8.5** Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

(118)

1 Yes

2 No

**Do not read:**

7 Don't know / Not sure

9 Refused

**8.6** Are you...?

(119)

**Please read:**

1 Married

2 Divorced

3 Widowed

4 Separated

5 Never married

Or

6 A member of an unmarried couple

**Do not read:**

9 Refused

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

(120-121)

— — Number of children

8 8 None

9 9 Refused

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

(122)

**Read only if necessary:**

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

**Do not read:**

- 9 Refused

8.9 Are you currently...?

(123)

**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

8.10 Is your annual household income from all sources—

(124-125)

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

**Read only if necessary:**

- 0 4 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**  
(\$20,000 to less than \$25,000)
- 0 3 Less than \$20,000 **If "no," code 04; if "yes," ask 02**  
(\$15,000 to less than \$20,000)
- 0 2 Less than \$15,000 **If "no," code 03; if "yes," ask 01**  
(\$10,000 to less than \$15,000)
- 0 1 Less than \$10,000 **If "no," code 02**

- 0 5 Less than \$35,000 **If “no,” ask 06**  
(\$25,000 to less than \$35,000)
- 0 6 Less than \$50,000 **If “no,” ask 07**  
(\$35,000 to less than \$50,000)
- 0 7 Less than \$75,000 **If “no,” code 08**  
(\$50,000 to less than \$75,000)
- 0 8 \$75,000 or more

**Do not read:**

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

**8.11** About how much do you weigh without shoes? (126-129)

**NOTE: If respondent answers in metrics, put “9” in column 126.**

**Round fractions up**

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

**8.12** About how tall are you without shoes? (130-133)

**NOTE: If respondent answers in metrics, put “9” in column 130.**

**Round fractions down**

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

**8.13** What county do you live in? (134-136)

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



**8.14** What is the ZIP Code where you live?

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

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

(142)

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

**8.16** How many of these telephone numbers are residential numbers?

(143)

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

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

(144)

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

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

(145)

1	Yes	<b>[Go to Q8.20]</b>
2	No	<b>[Go to Q8.21]</b>
7	Don't know / Not sure	<b>[Go to Q8.21]</b>
9	Refused	<b>[Go to Q8.21]</b>

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

(146)

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

**8.20** 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? (147-149)

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

**8.21** Do you own or rent your home? (150)

- 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.

**8.22** Indicate sex of respondent. Ask only if necessary. (151)

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

**8.23** To your knowledge, are you now pregnant? (152)

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

## Section 9: Fruits and Vegetables

---

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?”

**9.1** 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.

(153-155)

1 \_ \_ Per day  
2 \_ \_ Per week  
3 \_ \_ Per month  
5 5 5 Never  
7 7 7 Don't know / Not sure  
9 9 9 Refused

**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 9.6.**

**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.**

**9.2** 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

(156-158)

1 \_ \_ Per day  
2 \_ \_ Per week  
3 \_ \_ Per month  
5 5 5 Never  
7 7 7 Don't know / Not sure  
9 9 9 Refused

**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.).**

**9.3** 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. (159-161)

- 1 \_ \_ Per day
- 2 \_ \_ Per week
- 3 \_ \_ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**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.**

**9.4** 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? (162-164)

- 1 \_ \_ Per day
- 2 \_ \_ Per week
- 3 \_ \_ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**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.**

**9.5** 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? (165-167)

- 1 \_ \_ Per day
- 2 \_ \_ Per week
- 3 \_ \_ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**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).**

**9.6** 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. (168-170)

- 1 \_ \_ Per day
- 2 \_ \_ Per week
- 3 \_ \_ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**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 not include products consumed usually as condiments including ketchup, catsup, salsa, chutney, relish.

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.

## Section 10: Exercise (Physical Activity)

---

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

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

**10.1** 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? (171)

- 1 Yes
- 2 No [Go to Q10.8]
- 7 Don't know / Not sure [Go to Q10.8]
- 9 Refused [Go to Q10.8]

**10.2.** What type of physical activity or exercise did you spend the most time doing during the past month? (172-173)

- \_\_ (Specify) [See Coding List A]
- 7 7 Don't know / Not Sure [Go to Q10.8]
- 9 9 Refused [Go to Q10.8]

**INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Coding List A, choose the option listed as “Other “.**

**INTERVIEWER NOTE: Housework may be included as a physical activity or exercise spent and can be coded as “Other”.**

**10.3** How many times per week or per month did you take part in this activity during the past month? (174-176)

- 1\_\_ Times per week
- 2\_\_ Times per month
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**10.4** And when you took part in this activity, for how many minutes or hours did you usually keep at it? (177-179)

- \_: \_ Hours and minutes
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**10.5** What other type of physical activity gave you the next most exercise during the past month? (180-181)

- \_ \_ (Specify) [See Coding List A]
- 8 8 No other activity [Go to Q10.8]
- 7 7 Don't know / Not Sure [Go to Q10.8]
- 9 9 Refused [Go to Q10.8]

**INTERVIEWER INSTRUCTION:** If the respondent's activity is not included in the Coding List A, choose the option listed as "Other".

**INTERVIEWER NOTE:** Housework may be included as a physical activity or exercise spent and can be coded as "Other".

**10.6** How many times per week or per month did you take part in this activity during the past month? (182-184)

- 1\_ \_ Times per week
- 2\_ \_ Times per month
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**10.7** And when you took part in this activity, for how many minutes or hours did you usually keep at it? (185-187)

- \_: \_ Hours and minutes
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

- 10.8** During the past month, how many times per week or per month did you do physical activities or exercises to **STRENGTHEN** your muscles? Do **NOT** count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands. (188-190)
- 1\_\_ Times per week
  - 2\_\_ Times per month
  - 8 8 8 Never
  - 7 7 7 Don't know / Not sure
  - 9 9 9 Refused

## Section 11: Disability

---

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

- 11.1** Are you limited in any way in any activities because of physical, mental, or emotional problems? (191)
- 1 Yes
  - 2 No
  - 7 Don't know / Not Sure
  - 9 Refused

- 11.2** 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? (192)

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

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

## Section 12: Arthritis Burden

---

**If Q6.9 = 1 (yes) then continue, else go to next section.**

Next, I will ask you about your arthritis.

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



- 12.1** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (193)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**INTERVIEWER INSTRUCTION:** If a question arises about medications or treatment, then the interviewer should say: “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”

**INTERVIEWER NOTE:** Q12.2 should be asked of all respondents regardless of employment status.

- 12.2** In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do? (194)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**INTERVIEWER INSTRUCTION:** If respondent gives an answer to each issue (whether works, type of work, or amount of work), then if any issue is “yes” mark the overall response as “yes.” If a question arises about medications or treatment, then the interviewer should say: “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”

- 12.3** During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings? (195)

**Please read [1-3]:**

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

**Do not read:**

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

**INTERVIEWER INSTRUCTION:** If a question arises about medications or treatment, then the interviewer should say: “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”

**12.4** Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. 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. (196-197)

- — Enter number [00-10]
- 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— (198)

**Please read:**

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

**Do not read:**

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

### Section 14: Immunization

---

**14.1** Now I will ask you questions about 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? (199)

- 1 Yes
- 2 No [Go to Q14.4]
- 7 Don't know / Not sure [Go to Q14.4]
- 9 Refused [Go to Q14.4]

**14.2** 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? (200-205)

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

**14.3** At what kind of place did you get your last flu shot/vaccine? (206-207)

- 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

**14.4** 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? (208)

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

## Section 15: Alcohol Consumption

---

**15.1** 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? (209-211)

- 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]**

**15.2** 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? (212-213)

**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

**15.3** 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? (214-215)

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

**15.4** During the past 30 days, what is the largest number of drinks you had on any occasion? (216-217)

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

## Section 16: HIV/AIDS

---

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

**16.1** Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (218)

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

**16.2** Not including blood donations, in what month and year was your last HIV test? (219-224)

**NOTE: If response is before January 1985, code "Don't know."**  
**CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.**

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

**16.3** 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?

(225)

- |   |                       |
|---|-----------------------|
| 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 give us information about the health practices of people in this state. Thank you very much for your time and cooperation.

**Or**

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

#### **Please read:**

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

## Optional Modules

### Module 1: Pre-Diabetes

---

**NOTE: Only asked of those not responding “Yes” (code = 1) to Core Q6.13 (Diabetes awareness question).**

1. Have you had a test for high blood sugar or diabetes within the past three years? (245)
- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

**CATI NOTE: If Core Q6.13 = 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? (246)
- 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

---

**To be asked following Core Q6.13; if response is "Yes" (code = 1)**

1. How old were you when you were told you have diabetes? (247-248)
- |     |                                       |
|-----|---------------------------------------|
| – – | Code age in years [97 = 97 and older] |
| 9 8 | Don't know / Not sure                 |
| 9 9 | Refused                               |

2. Are you now taking insulin? (249)

- 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. (250-252)

- 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. (253-255)

- 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? (256-257)

- \_ \_ 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"? (258-259)

- \_ \_ 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? (260-261)

— — 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. (262)

**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? (263)

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? (264)

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



## Module 3: Healthy Days (Symptoms)

---

The next few questions are about health-related problems or symptoms.

1. During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation? (265-266)

– – Number of days  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused

2. During the past 30 days, for about how many days have you felt sad, blue, or depressed? (267-268)

– – Number of days  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused

3. During the past 30 days, for about how many days have you felt worried, tense, or anxious? (269-270)

– – Number of days  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused

4. During the past 30 days, for about how many days have you felt very healthy and full of energy? (271-272)

– – Number of days  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused

## Module 4: Sugar Sweetened Beverages and Menu Labeling

---

1. About how often do you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop. (273-275)

1 \_ \_ Times per day  
2 \_ \_ Times per week  
3 \_ \_ Times per month  
8 8 8 Never  
7 7 7 Don't know / Not sure  
9 9 9 Refused

2. About how often do you drink sweetened fruit drinks, such as Kool-aid, cranberry, and lemonade? Include fruit drinks you made at home and added sugar to. (276-278)

1 \_ \_ Times per day  
2 \_ \_ Times per week  
3 \_ \_ Times per month  
8 8 8 Never  
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? (279-280)

**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

## Module 5: Preconception Health / Family Planning

---

**If respondent is female and 45 years of age or older, or male, go to next module.**

The next question is about discussions that occurred as part of a routine health care visit. **DO NOT** include visits while pregnant, also called prenatal care visits.

1. Has a doctor, nurse, or other health care worker ever talked with you about ways to prepare for a healthy pregnancy and baby? (281)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential. (282)

2. Have you ever been pregnant?

**INTERVIEWER NOTE: If respondent is currently pregnant, code Yes.**

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

3. Did you or your husband/partner do anything the last time you had sex to keep you from getting pregnant? (283)

- 1 Yes
- 2 No [Go to Q5]
- 3 No partner/not sexually active [Go to Q6]
- 4 Same sex partner [Go to Q6]
- 7 Don't know / Not sure [Go to Q6]
- 9 Refused [Go to Q6]

4. What did you or your husband/partner do the last time you had sex to keep you from getting pregnant? (284-285)

**INTERVIEWER NOTE: If respondent reports using MORE THAN ONE method, please code the method that occurs first on the list.**

**INTERVIEWER NOTE: If respondent reports using "condoms," probe to determine if "female condoms" or "male condoms."**

**INTERVIEWER NOTE: If respondent reports using an "IUD" probe to determine if "levonorgestrel IUD" or "copper-bearing IUD."**

**INTERVIEWER NOTE: If respondent reports “other method,” ask respondent to “please specify” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.**

**Read only if necessary:**

- 01. Female sterilization (ex. tubal ligation, Essure, Adiana) [Go to Q7]
- 02. Male sterilization (vasectomy) [Go to Q7]
- 03. Contraceptive implant (ex. Implanon) [Go to Q6]
- 04. Levonorgestrel(LNG) or hormonal IUD(ex. Mirena) [Go to Q6]
- 05. Copper-bearing IUD (ex. ParaGard) [Go to Q6]
- 06. IUD, type unknown [Go to Q6]
- 07. Shots (ex. Depo-Provera) [Go to Q6]
- 08. Birth control pills, any kind [Go to Q6]
- 09. Contraceptive patch (ex. Ortho Evra) [Go to Q6]
- 10. Contraceptive ring (ex. NuvaRing) [Go to Q6]
- 11. Male condoms [Go to Q6]
- 12. Diaphragm, cervical cap, sponge [Go to Q6]
- 13. Female condoms [Go to Q6]
- 14. Not having sex at certain times (rhythm or natural family planning) [Go to Q6]
- 15. Withdrawal (or pulling out) [Go to Q6]
- 16. Foam, jelly, film, or cream [Go to Q6]
- 17. Emergency contraception (morning after pill) [Go to Q6]
- 18. Other method [Go to Q6]
  
- 77. Don't know / Not sure [Go to Q6]
- 99. Refused [Go to Q6]

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

- 5. What was your main reason for not doing anything the last time you had sex to keep you from getting pregnant? (286-287)

**INTERVIEWER NOTE: If respondent reports “other reason,” ask respondent to “please specify” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.**

**Read only if necessary:**

- 01 You didn't think you were going to have sex/no regular partner
- 02 You just didn't think about it/don't care if you get pregnant
- 03 You want a pregnancy
- 04 You or your partner don't want to use birth control
- 05 You or your partner don't like birth control/side effects
- 06 You couldn't pay for birth control
- 07 You had a problem getting birth control when you needed it
- 08 Religious reasons
- 09 Lapse in use of a method
- 10 Don't think you or your partner can get pregnant (infertile or too old)
- 11 You had tubes tied (sterilization) [Go to next module]

- 12 You had a hysterectomy [Go to next module]
- 13 Your partner had a vasectomy (sterilization) [Go to next module]
- 14 You are currently breast-feeding
- 15 You just had a baby/postpartum
- 16 You are pregnant now [Go to Q7]
- 17 Same sex partner
- 18 Other reason

**Do not read:**

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

6. How do you feel about having a child now or sometime in the future? Would you say: (288)

**Please read:**

- 1 You don't want to have one
- 2 You do want to have one, less than 12 months from now
- 3 You do want to have one, between 12 months to less than 2 years from now
- 4 You do want to have one, between 2 years to less than 5 years from now
- 5 You do want to have one, 5 or more years from now

**Do not read:**

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

7. How many times a week do you currently take a multivitamin, a prenatal vitamin, or a folic acid vitamin? (289)

- 1 0 times a week
- 2 1 to 3 times a week
- 3 4 to 6 times a week
- 4 Every day of the week
- 7 Don't know / Not sure
- 9 Refused

## Module 6: Visual Impairment and Access to Eye Care

---

**CATI NOTE: If respondent is less than 40 years of age or Core Q6.12 = 3 (respondent is blind), go to next module.**

Now I would like to ask you questions about your vision. These questions are for all respondents regardless of whether or not you wear glasses or contact lenses. If you wear glasses or contact lenses, answer questions as if you are wearing them.

1. How much difficulty, if any, do you have in recognizing a friend across the street? Would you say— (290)

**Please read:**

- 1 No difficulty
- 2 A little difficulty
- 3 Moderate difficulty
- 4 Extreme difficulty
- 5 Unable to do because of eyesight

**Or**

- 6 Unable to do for other reasons

**Do not read:**

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

2. How much difficulty, if any, do you have reading print in newspapers, magazines, recipes, menus, or numbers on the telephone? Would you say—

(291)

**Please read:**

- 1 No difficulty
- 2 A little difficulty
- 3 Moderate difficulty
- 4 Extreme difficulty
- 5 Unable to do because of eyesight

**Or**

- 6 Unable to do for other reasons

**Do not read:**

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

3. When was the last time you had your eyes examined by any doctor or eye care provider? (292)

**Read only if necessary:**

- 1 Within the past month (anytime less than 1 month ago) **[Go to Q5]**
- 2 Within the past year (1 month but less than 12 months ago) **[Go to Q5]**
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago
- 5 Never

**Do not read:**

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

4. What is the main reason you have not visited an eye care professional in the past 12 months?

(293-294)

**Read only if necessary:**

- 0 1 Cost/insurance
- 0 2 Do not have/know an eye doctor
- 0 3 Cannot get to the office/clinic (too far away, no transportation)
- 0 4 Could not get an appointment
- 0 5 No reason to go (no problem)
- 0 6 Have not thought of it
- 0 7 Other

**Do not read:**

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

**CATI NOTE: Skip Q5, if any response to Module 2 (Diabetes) Q8.**

5. 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.

(295)

**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
- 5 Never

**Do not read:**

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

6. Do you have any kind of health insurance coverage for eye care?

(296)

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

7. Have you been told by an eye doctor or other health care professional that you NOW have cataracts? (297)
- 1 Yes
  - 2 No, I had them removed
  - 3 No
  - 7 Don't know / Not sure
  - 9 Refused

8. Have you EVER been told by an eye doctor or other health care professional that you had glaucoma? (298)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**Please read:**

Age-related Macular Degeneration (AMD) is a disease that affects the macula, the part of the eye that allows you to see fine detail.

**NOTE: Age-related Macular Degeneration (Age-related Mak-yuh-luh r Di-jen-uh-rey-shuh n)**

9. Have you EVER been told by an eye doctor or other health care professional that you had age-related macular degeneration? (299)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Module 7: Inadequate Sleep

---

I would like to ask you a few questions about your sleep patterns.

1. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (300-301)
- — Number of days [01-30]
- 8 8 None
  - 7 7 Don't know / Not sure
  - 9 9 Refused

2. On average, how many hours of sleep do you get in a 24-hour period? Think about the time you actually spend sleeping or napping, not just the amount of sleep you think you should get.



**INTERVIEWER NOTE:** Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.

- — Number of hours [01-24]
- 7 7 Don't know / Not sure
- 9 9 Refused

3. Do you snore? (304)

**INTERVIEWER NOTE:** If the respondent indicates that their spouse or someone told him/her that they snore, then the answer to the question is "Yes," the respondent snores.

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

4. During the past 30 days, for about how many days did you find yourself unintentionally falling asleep during the day? (305-306)

- — Number of days [01-30]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

5. During the past 30 days, have you ever nodded off or fallen asleep, even just for a brief moment, while driving? (307)

- 1 Yes
- 2 No
- 3 Don't drive
- 4 Don't have license
- 7 Don't know / Not sure
- 9 Refused

## Module 8: High Risk/Health Care Worker

---

The next few questions ask about health care work and chronic illness.

1. Do you currently volunteer or work in a hospital, medical clinic, doctor's office, dentist's office, nursing home or some other health-care facility? This includes part-time and unpaid work in a health care facility as well as professional nursing care provided in the home. (308)

**INTERVIEWER NOTE: If necessary say: “This includes non-health care professionals, such as administrative staff, who work in a health-care facility.”**

- 1 Yes
- 2 No [Go to Q3]
- 7 Don't know / Not sure [Go to Q3]
- 9 Refused [Go to Q3]

2. Do you provide direct patient care as part of your routine work? By direct patient care we mean physical or hands-on contact with patients. (309)

- 1 Yes
- 2 No
- 7 Don't know / Not sure (*Probe by repeating question*)
- 9 Refused

3. Has a doctor, nurse, or other health professional ever said that you have...

**Read all items listed below before waiting for an answer:**

**[See Attached Health Problems List]**

Lung problems, other than asthma  
Kidney problems  
Anemia, including Sickle Cell

**Or**

A weakened immune system caused by a chronic illness or by medicines taken for a chronic illness?

(310)

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

4. Do you still have (this/any of these) problem(s)? (311)

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

## Module 9: Cardiovascular Health

---

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

**CATI NOTE: If Core Q6.1 = 1 (Yes), continue. If Core Q6.1 = 2, 7, or 9 (No, Don't know, or Refused), skip Q1.**

1. Following your heart attack, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (312)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**CATI NOTE: If Core Q6.3 = 1 (Yes), ask Q2. If Core Q6.3 = 2, 7, or 9 (No, Don't know, or Refused), skip Q2.**

2. Following your stroke, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (313)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**[Question 3 is asked of all respondents.]**

3. Do you take aspirin daily or every other day? (314)
- 1 Yes **[Go to next module]**
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

4. Do you have a health problem or condition that makes taking aspirin unsafe for you? (315)
- If "Yes", ask "Is this a stomach condition?" Code upset stomach as stomach problems.**
- 1 Yes, not stomach related
  - 2 Yes, stomach problems
  - 3 No
  - 7 Don't know / Not sure
  - 9 Refused

## Module 10: Actions to Control High Blood Pressure

---

**CATI NOTE: If Core Q4.1 = 1 (Yes); continue. Otherwise, go to next module.**

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?

1. (Are you) changing your eating habits (to help lower or control your high blood pressure)? (316)

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

2. (Are you) cutting down on salt (to help lower or control your high blood pressure)? (317)

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't know / Not sure
- 9 Refused

3. (Are you) reducing alcohol use (to help lower or control your high blood pressure)? (318)

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

4. (Are you) exercising (to help lower or control your high blood pressure)? (319)

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

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?

5. (Ever advised you to) change your eating habits (to help lower or control your high blood pressure)? (320)

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

6. (Ever advised you to) cut down on salt (to help lower or control your high blood pressure)? (321)

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't know / Not sure
- 9 Refused

7. (Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)? (322)

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

8. (Ever advised you to) exercise (to help lower or control your high blood pressure)? (323)

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

9. (Ever advised you to) take medication (to help lower or control your high blood pressure)? (324)

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

10. Were you told on **two or more different visits** by a doctor or other health professional that you had high blood pressure? (325)

**If "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 or pre-hypertensive
- 7 Don't know / Not sure
- 9 Refused

## Module 11: Heart Attack and Stroke

---

Now I would like to ask you about your knowledge of the signs and symptoms of a heart attack and stroke.

Which of the following do you think is a symptom of a heart attack? For each, tell me “yes,” “no,” or you’re “not sure.”

1. (Do you think) pain or discomfort in the jaw, neck, or back (are symptoms of a heart attack?) (326)

  - 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
  
2. (Do you think) feeling weak, lightheaded, or faint (are symptoms of a heart attack?) (327)

  - 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
  
3. (Do you think) chest pain or discomfort (are symptoms of a heart attack?) (328)

  - 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
  
4. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a heart attack?) (329)

  - 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
  
5. (Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack?) (330)

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

6. (Do you think) shortness of breath (is a symptom of a heart attack?) (331)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

Which of the following do you think is a symptom of a stroke? For each, tell me "yes," "no," or you're "not sure."

7. (Do you think) sudden confusion or trouble speaking (are symptoms of a stroke?) (332)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

8. (Do you think) sudden numbness or weakness of face, arm, or leg, especially on one side, (are symptoms of a stroke?) (333)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

9. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?) (334)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

10. (Do you think) sudden chest pain or discomfort (are symptoms of a stroke?) (335)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

11. (Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?) (336)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

12. (Do you think) severe headache with no known cause (is a symptom of a stroke?) (337)

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

13. If you thought someone was having a heart attack or a stroke, what is the first thing you would do? (338)

**Please read:**

- 1 Take them to the hospital
- 2 Tell them to call their doctor
- 3 Call 911
- 4 Call their spouse or a family member

**Or**

- 5 Do something else

**Do not read:**

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

## Module 12: Breast/Cervical Cancer Screening

---

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

The next questions are about breast and cervical cancer screening.

1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (339)

- 1 Yes
- 2 No **[Go to Q3]**
- 7 Don't know / Not sure **[Go to Q3]**
- 9 Refused **[Go to Q3]**

2. How long has it been since you had your last mammogram? (340)

**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

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? (341)

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

4. How long has it been since your last breast exam? (342)

**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

5. A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (343)

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

6. How long has it been since you had your last Pap test? (344)

**Read only if necessary:**

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

**Do not read:**

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

**CATI NOTE: If response to Core Q8.23 = 1 (is pregnant); then go to next module.**

7. Have you had a hysterectomy? (345)

**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

## Module 13: Prostate Cancer Screening

---

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

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

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 EVER recommended that you have a PSA test? (346)

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

2. Have you EVER HAD a PSA test? (347)

- 1 Yes
- 2 No [Go to Q8]
- 7 Don't Know / Not sure [Go to Q8]
- 9 Refused [Go to Q8]

3. How long has it been since you had your last PSA test? (348)

**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

4. What was the MAIN reason you had this PSA test – was it part of a routine exam, because of a problem, or some other reason? (349)

1 Part of a routine exam  
2 Because of a problem  
3 Other reason  
7 Don't know / Not sure  
9 Refused

5. Before you had the PSA test did a doctor EVER talk with you about the advantages of the PSA test? (350)

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

6. Before you had the PSA test did a doctor EVER talk with you about the disadvantages of the PSA test? (351)

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

7. Which of the following best describes the decision to have the PSA test done? (352)

**Please read:**

1 You made the decision  
2 Your doctor/nurse/health care provider made the decision  
3 Your doctor/nurse/health care provider and you made the decision together  
4 Your spouse/significant other/family member made the decision

**Do not read:**

7 You don't know who made the decision  
9 Refused

8. Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer? (353)

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

## Module 14: Colorectal Cancer Screening

---

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

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? (354)

1 Yes  
 2 No [Go to Q3]  
 7 Don't know / Not sure [Go to Q3]  
 9 Refused [Go to Q3]

2. How long has it been since you had your last blood stool test using a home kit? (355)

**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

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? (356)

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

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? (357)

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

5. How long has it been since you had your last sigmoidoscopy or colonoscopy? (358)

**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

## Module 15: Smoking Cessation

---

Now, I would like to ask you some questions about programs available to help people quit smoking.

1. A telephone quitline is a free telephone-based service that connects people who smoke cigarettes with someone who can help them quit. Are you aware of any telephone quitline services that are available to help **[If Core Q7.2 = 1 or 2, say "you", otherwise say people"]** quit smoking? (359)

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

**CATI NOTE: If (Core Q7.1 = 2, 7, 9) go to next module. If (Core Q7.2 = 7, 9) go to next module. If (Core Q7.3 = 1), go to Q3. If (Core Q7.3 = 2, 7, 9), go to Q7. If (Core Q7.4 = 1-4) continue. If (Core Q7.4 = 5-7, 77, 99) go to next module.**

2. You last smoked **(If Core Q7.4 = 1)**; say "less than." **(If Core Q7.4 = 2, 3, or 4)** say "more than" **[first two words in the parentheses of Core Q7.4 response]** ago. Is that because you are trying to quit smoking for good? (360)

**CATI NOTE: First two words of Core Q7.4 response, means fill in with the first two words of the response category. (This is relevant only to responses 01-04 in Core Q7.4). For example, if the respondent says they last smoked "Within the past 6 months (3 months but less than 6 months ago)", response category 03, the first sentence of Q2 would be "You last smoked more than 3 months ago."**

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

Previously, you mentioned you **(If Core Q7.3 = 1)**; say, “tried to quit smoking in the past year.”  
**(If Core Q7.4 = 1-4 and Q2 = 1)**; say, “quit smoking in the past year. The next few questions ask about your most recent attempt to quit smoking.

**CATI NOTE: If Q1 = 2 then go to Q4, else continue.**

3. **(If Core Q7.4 = 1-4 and Q.2 = 1):** When you quit smoking...  
**(If Core Q7.2 = 1 or 2 and Q7.3 = 1):** The last time you tried to quit smoking... did you call a telephone quitline to help you quit? (361)

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

4. **(If Core Q7.4 = 1-4 and Q2 = 1):** When you quit smoking...  
**(If Core Q7.2 = 1 or 2 and Q7.3 = 1):** The last time you tried to quit smoking... did you use a program to help you quit? (362)

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

5. **(If Core Q7.4 = 1-4 and Q2 = 1):** When you quit smoking...  
**(If Core Q7.2 = 1 or 2 and Q7.3 = 1):** The last time you tried to quit smoking... did you receive one-on-one counseling from a health professional to help you quit? (363)

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

6. **(If Core Q7.4 = 1-4 and Q2 = 1):** When you quit smoking...  
**(If Core Q7.2 = 1 or 2 and Q7.3 = 1):** The last time you tried to quit smoking... did you use any of the following medications: a nicotine patch, nicotine gum, nicotine lozenges, nicotine nasal spray, a nicotine inhaler, or pills such as Wellbutrin®, Zyban®, bupropion, Chantix®, or varenicline to help you quit?

**NOTE: Pronounce “Wellbutrin” as Well-BYOU-TRIN, “Zyban” as Z-EYE BAN, “bupropion” as BYO PRO PRI ON, “Chantix” as CHAN Tics, and “varenicline” as VAR EN IH CLEAN]. Please read list slowly.**

(364)

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

**CATI NOTE: If (Core Q7.2 = 1 or 2) or (Q2 = 2); continue. Otherwise, go to Next Module.**

The next few questions are about plans to quit smoking in the future.

7. Do you have a time frame in mind for quitting? (365)
- 1 Yes
  - 2 No [Go to Next Module]
  - 7 Don't know / Not sure [Go to Next Module]
  - 9 Refused [Go to Next Module]

8. Do you plan to quit smoking cigarettes for good... (366)

**Please read:**

- 1 In the next 7 days
- 2 In the next 30 days
- 3 In the next 6 months
- 4 In the next year
- 5 More than 1 year from now

**Do not read:**

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

## Module 16: Secondhand Smoke

---

The next questions are about exposure to secondhand smoke.

**If Core Q8.9 = 1 (Employed) or = 2 (Self-employed); continue. Otherwise, go to Q2.**

1. Now I'm going to ask you about smoke you might have breathed at work because someone else was smoking **indoors**. During the past 7 days, that is, since last **[TODAY'S DAY OF THE WEEK]**, on how many days did you breathe the smoke at your workplace from **someone other than you** who was smoking tobacco? (367-368)

- Number of days [01-07]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

2. Not counting decks, porches, or garages, during the past 7 days, that is, since last **[TODAY'S DAY OF WEEK]**, on how many days did **someone other than you** smoke tobacco inside your home while you were at home? (369-370)

- Number of days [01-07]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

3. During the past 7 days, that is, since last [TODAY'S DAY OF WEEK], on how many days did you ride in a vehicle where **someone other than you** was smoking tobacco?  
(371-372)

-- Number of days [01-07]  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused

The next question asks about tobacco use in indoor public places. Examples of indoor public places are the indoor areas of stores, restaurants, bars, casinos, clubs, and sports arenas.

4. **[If Q8.9 = 1 (Employed) or Q8.9 = 2 (Self-employed); say "Not counting times while you were at work,"]** during the past 7 days, that is, since last [TODAY'S DAY OF WEEK], on how many days did you breathe the smoke from **someone else** who was smoking in an indoor public place?  
(373-374)

-- Number of days [01-07]  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused

5. Not counting decks, porches, or garages, inside your home, is smoking...  
(375)

**INTERVIEWER NOTE: The order of the response categories for this question is being randomly reversed.**

**Please read:**

1 Always allowed  
2 Allowed only at some times or in some places  
3 Never allowed

**Do not read:**

6 Family does not have a smoking policy  
7 Don't know / Not sure  
9 Refused

6. Not counting motorcycles, in the vehicles that you or family members who live with you own or lease, is smoking...  
(376)

**INTERVIEWER NOTE: The order of the response categories for this question is being randomly reversed.**

**Please read:**

1 Always allowed in all vehicles  
2 Sometimes allowed in at least one vehicle  
3 Never allowed in any vehicle



**Do not read:**

- 6 Family does not have a vehicle smoking policy
- 8 Respondent's family does not own or lease a vehicle
- 7 Don't know / Not sure
- 9 Refused

7. At workplaces, do you think smoking indoors should be...

**INTERVIEWER NOTE: The order of the response categories for this question is being randomly reversed.**

(377)

**Please read:**

- 1 Always allowed
- 2 Allowed only at some times or in some places
- 3 Never allowed

**Do not read:**

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

## Module 17: Adult Asthma History

---

**CATI NOTE: If "Yes" to Core Q6.4; continue. Otherwise, go to next module.**

Previously you said you were told by a doctor, nurse or other health professional that you had asthma.

1. How old were you when you were first told by a doctor, nurse, or other health professional that you had asthma?

(378-379)

- — Age in years 11 or older [96 = 96 and older]
- 9 7 Age 10 or younger
- 9 8 Don't know / Not sure
- 9 9 Refused

**CATI NOTE: If "Yes" to Core Q6.5, continue. Otherwise, go to next module.**

2. During the past 12 months, have you had an episode of asthma or an asthma attack?

(380)

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

3. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma? (381-382)

- — Number of visits [**87 = 87 or more**]
- 8 8 None
- 9 8 Don't know / Not sure
- 9 9 Refused

4. **[If one or more visits to Q3, fill in “Besides those emergency room or urgent care center visits,”]** During the past 12 months, how many times did you see a doctor, nurse or other health professional for urgent treatment of worsening asthma symptoms? (383-384)

- — Number of visits [**87 = 87 or more**]
- 8 8 None
- 9 8 Don't know / Not sure
- 9 9 Refused

5. During the past 12 months, how many times did you see a doctor, nurse, or other health professional for a routine checkup for your asthma? (385-386)

- — Number of visits [**87 = 87 or more**]
- 8 8 None
- 9 8 Don't know / Not sure
- 9 9 Refused

6. During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma? (387-389)

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

7. Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don't have a cold or respiratory infection. During the past 30 days, how often did you have any symptoms of asthma? Would you say — (390)

**Please read:**

- 8 Not at any time **[Go to Q9]**
- 1 Less than once a week
- 2 Once or twice a week
- 3 More than 2 times a week, but not every day
- 4 Every day, but not all the time

**Or**

5 Every day, all the time

**Do not read:**

7 Don't know / Not sure

9 Refused

8. During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep? Would you say —

(391)

**Please read:**

8 None

1 One or two

2 Three to four

3 Five

4 Six to ten

**Or**

5 More than ten

**Do not read:**

7 Don't know / Not sure

9 Refused

9. During the past 30 days, how many days did you take a prescription asthma medication to PREVENT an asthma attack from occurring?

(392)

**Please read:**

8 Never

1 1 to 14 days

2 15 to 24 days

3 25 to 30 days

**Do not read:**

7 Don't know / Not sure

9 Refused

10. During the past 30 days, how often did you use a prescription asthma inhaler DURING AN ASTHMA ATTACK to stop it?

(393)

**INTERVIEWER INSTRUCTION: How often (number of times) does NOT equal number of puffs. Two to three puffs are usually taken each time the inhaler is used.**

**Read only if necessary:**

8 Never (include no attack in past 30 days)

1 1 to 4 times (in the past 30 days)

2 5 to 14 times (in the past 30 days)

- 3 15 to 29 times (in the past 30 days)
- 4 30 to 59 times (in the past 30 days)
- 5 60 to 99 times (in the past 30 days)
- 6 100 or more times (in the past 30 days)

**Do not read:**

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

## Module 18: Arthritis Management

---

**CATI NOTE: If Core Q6.9 = 1 (Yes), continue. Otherwise, go to next module.**

1. Earlier you indicated that you had arthritis or joint symptoms. Thinking about your arthritis or joint symptoms, which of the following best describes you **today**? (394)

**Please read:**

- 1 I can do everything I would like to do
- 2 I can do most things I would like to do
- 3 I can do some things I would like to do
- 4 I can hardly do anything I would like to do

**Do not read:**

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

2. Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms? (395)

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

3. Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms? (396)

**NOTE: If the respondent is unclear about whether this means an increase or decrease in physical activity, this means increase.**

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

4. Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms? (397)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Module 19: Tetanus Diphtheria (Adults)

---

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

1. Have you received a tetanus shot in the past 10 years? (398)
- 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. Was your most recent tetanus shot given in 2005 or later? (399)
- 1 Yes
  - 2 No **[Go to next module]**
  - 7 Don't know / Not sure
  - 9 Refused
3. There are currently two types of tetanus shots available for adults. One contains the tetanus diphtheria vaccine. The other type contains tetanus diphtheria and pertussis or whooping cough vaccine. Did your doctor say your recent tetanus shot included the pertussis or whooping cough vaccine? (400)
- 1 Yes (included pertussis)
  - 2 No (did not include pertussis)
  - 3 Doctor did not say
  - 7 Don't know / Not sure
  - 9 Refused

## Module 20: Adult Human Papilloma Virus (HPV)

---

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

**NOTE: Human Papilloma Virus (Human Pap-uh-loh-muh Virus); Gardasil (Gar-duh- seel); Cervarix (Serv a rix)**

1. A vaccine to prevent the human papilloma virus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, **[Fill: if female “GARDASIL or CERVARIX”; if male “ or GARDASIL”]**. Have you EVER had an HPV vaccination? (401)

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

2. How many HPV shots did you receive? (402-403)

–	–	Number of shots
0	3	All shots
7	7	Don't know / Not sure
9	9	Refused

## Module 21: Shingles

---

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

The next question is about the Shingles vaccine.

1. A vaccine for shingles has been available since May 2006; it is called Zostavax<sup>®</sup>, the zoster vaccine, or the shingles vaccine. Have you had this vaccine? (404)

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

## Module 22: Chronic Obstructive Pulmonary Disease (COPD)

---

**CATI NOTE: If core Q6.8 = 1 (Yes) then continue, else go to next module.**

Earlier you said that you had been diagnosed with Chronic Obstructive Pulmonary Disease (COPD).

1. Have you ever been given a breathing test to diagnose your COPD, chronic bronchitis, or emphysema? (405)

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

2. Would you say that shortness of breath affects the quality of your life? (406)

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

3. Other than a routine visit, have you had to see a doctor in the past 12 months for symptoms related to shortness of breath, bronchitis, or other COPD, or emphysema flare? (407)

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

4. Did you have to visit an emergency room or be admitted to the hospital in the past 12 months because of your COPD, chronic bronchitis, or emphysema? (408)

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

5. How many different medications do you currently take each day to help with your COPD, chronic bronchitis, or emphysema? (409-410)

- Number (00-76)
- 77 Don't know / Not sure
- 99 Refused

## Module 23: General Preparedness

---

The next series of questions asks about how prepared you are for a large-scale disaster or emergency. By large-scale disaster or emergency we mean any event that leaves you isolated in your home **or** displaces you from your home for at least 3 days. This might include natural disasters such as hurricanes, tornados, floods, ice storms, or man-made disasters such as explosions, terrorist events, or blackouts.

1. How well prepared do you feel your household is to handle a large-scale disaster or emergency? Would you say... (411)

**Please read:**

- 1 Well prepared
- 2 Somewhat prepared
- 3 Not prepared at all

**Do not read:**

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

2. Does your household have a 3-day supply of water for everyone who lives there? A 3-day supply of water is 1 gallon of water per person per day. (412)

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

3. Does your household have a 3-day supply of nonperishable food for everyone who lives there? By nonperishable we mean food that does not require refrigeration or cooking. (413)

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

4. Does your household have a 3-day supply of prescription medication for each person who takes prescribed medicines? (414)

- 1 Yes
- 2 No
- 3 No one in household requires prescribed medicine
- 7 Don't know / Not sure
- 9 Refused



5. Does your household have a working battery operated radio and working batteries for your use if the electricity is out? (415)

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

6. Does your household have a working flashlight and working batteries for your use if the electricity is out? (416)

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

7. In a large-scale disaster or emergency, what would be your main method or way of communicating with relatives and friends? (417)

**Read only if necessary:**

1 Regular home telephones  
2 Cell phones  
3 Email  
4 Pager  
5 2-way radios  
6 Other

**Do not read:**

7 Don't know / Not sure  
9 Refused

8. What would be your main method or way of getting information from authorities in a large-scale disaster or emergency? (418)

**Read only if necessary:**

1 Television  
2 Radio  
3 Internet  
4 Print media  
5 Neighbors  
6 Other

**Do not read:**

7 Don't know / Not sure  
9 Refused

9. Does your household have a written disaster evacuation plan for how you will leave your home, in case of a large-scale disaster or emergency that requires evacuation? (419)

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

10. If public authorities announced a mandatory evacuation from your community due to a large-scale disaster or emergency, would you evacuate? (420)

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

11. What would be the main reason you might not evacuate if asked to do so? (421-422)

**Read only if necessary:**

0 1 Lack of transportation  
0 2 Lack of trust in public officials  
0 3 Concern about leaving property behind  
0 4 Concern about personal safety  
0 5 Concern about family safety  
0 6 Concern about leaving pets  
0 7 Concern about traffic jams and inability to get out  
0 8 Health problems (could not be moved)  
0 9 Other

**Do not read:**

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

## Module 24: Veterans' Health

---

**CATI NOTE: If Core Q8.5 = 1 (Yes) continue, else go to next module.**

The next questions relate to veteran's health.

1. Did you ever serve in a combat or war zone? (423)
- 1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

2. Has a doctor or other health professional ever told you that you have depression, anxiety, or post traumatic stress disorder (PTSD)? (424)

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

3. A traumatic brain injury may result from a violent blow to the head or when an object pierces the skull and enters the brain tissue. Has a doctor or other health professional ever told you that you have suffered a traumatic brain injury (TBI)? (425)

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

4. In the past 12 months, did you receive any psychological or psychiatric counseling or treatment? (426)

**Please read:**

- 1 Yes, from a VA facility
- 2 Yes, from a non-VA facility
- 3 Yes, from both VA and non-VA facilities
- 4 No

**Do not read:**

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

**The next few questions are 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.**

5. Has there been a time in the past 12 months when you thought of taking your own life? (427)

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

6. During the past 12 months, did you attempt to commit suicide? Would you say--- (428)

**Please read:**

- 1 Yes, but did not require treatment
- 2 Yes, was treated at a VA facility
- 3 Yes, was treated at a non-VA facility
- 4 No

**Do not read:**

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

As I mentioned, I would give you a phone number for an organization that can provide information and referral for these issues. You can dial the National Crisis line at 1-800-273-TALK (8255). You can also speak directly to your doctor or health provider.

## Module 25: Reactions to Race

---

Earlier I asked you to self-identify your race. Now I will ask you how other people identify you and treat you.

1. How do other people usually classify you in this country? Would you say: White, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or some other group?

(429)

- 1 White
- 2 Black or African American
- 3 Hispanic or Latino
- 4 Asian
- 5 Native Hawaiian or Other Pacific Islander
- 6 American Indian or Alaska Native
- 7 Some other group (please specify) \_\_\_\_\_
- 8 Don't know / Not sure
- 9 Refused

**INTERVIEWER NOTE: If the respondent requests clarification of this question, say:** "We want to know how OTHER people usually classify you in this country, which might be different from how you classify yourself."

2. How often do you think about your race? Would you say never, once a year, once a month, once a week, once a day, once an hour, or constantly?

(430)

- 1 Never
- 2 Once a year
- 3 Once a month
- 4 Once a week
- 5 Once a day
- 6 Once an hour
- 8 Constantly
- 7 Don't know / Not sure
- 9 Refused

**INTERVIEWER INSTRUCTION:** The responses can be interpreted as meaning “at least” the indicated time frequency. If a respondent cannot decide between two categories, check the response for the lower frequency. For example, if a respondent says that they think about their race between once a week and once a month, check “once a month” as the response.

**[CATI skip pattern: This question should only be asked if core Q8.9 = 1 (employed for wages), 2 (self-employed), or 4 (out of work for less than one year).**

3. Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races? (431)

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races

**Do not read:**

- 4 Worse than some races, better than others
- 5 Only encountered people of the same race
- 7 Don't know / Not sure
- 9 Refused

4. Within the past 12 months, when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races? (432)

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races

**Do not read:**

- 4 Worse than some races, better than others
- 5 Only encountered people of the same race
- 6 No health care in past 12 months
- 7 Don't know / Not sure
- 9 Refused

**INTERVIEWER NOTE:** If the respondent indicates that they do not know about other people's experiences when seeking health care, say: “This question is asking about your perceptions when seeking health care. It does not require specific knowledge about other people's experiences.”

5. Within the past 30 days, have you experienced any physical symptoms, for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race? (433)

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

6. Within the past 30 days, have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race?

(434)

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

## Module 26: Anxiety and Depression

---

Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks.

1. Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?

(435-436)

- 01-14 days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

2. Over the last 2 weeks, how many days have you felt down, depressed or hopeless?

(437-438)

- 01-14 days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

3. Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much?

(439-440)

- 01-14 days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

4. Over the last 2 weeks, how many days have you felt tired or had little energy?

(441-442)

- 01-14 days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

5. Over the last 2 weeks, how many days have you had a poor appetite or eaten too much?  
(443-444)
- 01-14 days  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused
6. Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down?  
(445-446)
- 01-14 days  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused
7. Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV?  
(447-448)
- 01-14 days  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused
8. Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?  
(449-450)
- 01-14 days  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused
9. Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?  
(451)
- 1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused
10. Has a doctor or other healthcare provider EVER told you that you have an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)?  
(452)
- 1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

## Module 27: Cognitive Impairment

---

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. This **refers to** things like confusion or memory loss that are happening more often or getting worse. We want to know how these difficulties impact you or someone in your household.

1. During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse? (453)
- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

**CATI NOTE: If 1 adult in household and Q1 = 1 (Yes), go to Q4; otherwise, go to next module.**

**CATI NOTE: If number of adults > 1, go to Q2.**

2. [If Q1 = 1]; Not including yourself], how many adults 18 or older in your household experienced confusion or memory loss that is happening more often or is getting worse during the past 12 months? (454)
- |   |                                  |
|---|----------------------------------|
| – | Number of people [6 = 6 or more] |
| 8 | NONE                             |
| 7 | Don't know / Not sure            |
| 9 | Refused                          |

**CATI NOTE: If Q1 = 1 and Q2 > 6, go to Q4.**

**CATI NOTE: If number of adults > 1 and Q2 < 7; continue. Otherwise, go to next module.**

**CATI NOTE: If Q2 < 7; go to Q3. Otherwise, go to next module.**

3. Of these people, please select the person who had the most recent birthday. How old is this person? (455-456)

**Read only if necessary:**

- |     |           |
|-----|-----------|
| 0 1 | Age 18-29 |
| 0 2 | Age 30-39 |
| 0 3 | Age 40-49 |
| 0 4 | Age 50-59 |
| 0 5 | Age 60-69 |
| 0 6 | Age 70-79 |
| 0 7 | Age 80-89 |
| 0 8 | Age 90 +  |

**Do not read:**

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



**CATI NOTE: If Q1 ≠ 1 (Yes); read:** “For the next set of questions we will refer to the person you identified as ‘this person’.”

**INTERVIEWER NOTE: Repeat definition only as needed:** “For these questions, please think about confusion or memory loss that is happening more often or getting worse.”

4. During the past 12 months, how often **[If Q1 = 1 (Yes): insert “have you;” otherwise, insert “has this person”]** given up household activities or chores **[If Q1 = 1 (Yes): insert “you;” otherwise, insert “they”]** used to do, because of confusion or memory loss that is happening more often or is getting worse?

(457)

**Please read:**

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

**Do not read:**

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

5. As a result of **[If Q1 = 1 (Yes): insert “your;” otherwise, insert “this person’s”]** confusion or memory loss, in which of the following four areas **[If Q1 = 1 (Yes): insert “do you;” otherwise, insert “does this person”]** need the MOST assistance?

(458)

- 1 Safety **[read only if necessary:** such as forgetting to turn off the stove or falling]
- 2 Transportation **[read only if necessary:** such as getting to doctor's appointments]
- 3 Household activities **[read only if necessary:** such as managing money or housekeeping]
- 4 Personal care **[read only if necessary:** such as eating or bathing]

**Do not read:**

- 5 Needs assistance, but not in those areas
- 6 Doesn't need assistance in any area
- 7 Don't know / Not sure
- 9 Refused

6. During the past 12 months, how often has confusion or memory loss interfered with **[If Q1 = 1 (Yes): insert “your;” otherwise, insert “this person’s”]** ability to work, volunteer, or engage in social activities?

(459)

**Please read:**

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

**Do not read:**

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

7. During the past 30 days, how often **[If Q1 = 1 (Yes): insert "has;" otherwise, insert "have you,"]** a family member or friend provided any care or assistance for **[If Q1 = 1 (Yes): "you;" otherwise, insert "this person"]** because of confusion or memory loss?

(460)

**Please read:**

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

**Do not read:**

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

8. Has anyone discussed with a health care professional, increases in **[If Q1 = 1 (Yes): insert "your;" otherwise, insert "this person's"]** confusion or memory loss?

(461)

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

9. **[If Q1 = 1 (Yes): insert "Have you;" otherwise, insert "Has this person"]** received treatment such as therapy or medications for confusion or memory loss?

(462)

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

10. Has a health care professional ever said that [If Q1 = 1 (Yes): insert “you have;” otherwise, insert “this person has”] Alzheimer’s disease or some other form of dementia? (463)
- 1 Yes, Alzheimer’s Disease
  - 2 Yes, some other form of dementia but not Alzheimer’s Disease
  - 3 No diagnosis has been given
  - 7 Don’t know / Not sure
  - 9 Refused

## Module 28: Social Context

---

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

**If Core Q8.21 = 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--- (464)
- 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--- (465)
- 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 Q8.9 = 1 (Employed for wages) or 2 (Self-employed), go to Q3 and Q4.

If Core Q8.9 = 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 Q8.9 = 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: (466)
- 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? (467-468)
- |     |                       |                            |
|-----|-----------------------|----------------------------|
| – – | Hours (01-96 or more) | <b>[Go to next module]</b> |
| 9 7 | Don't know / Not sure | <b>[Go to next module]</b> |
| 9 8 | Does not work         | <b>[Go to next module]</b> |
| 9 9 | Refused               | <b>[Go to next module]</b> |

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: (469)
- 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? (470-471)
- |     |                       |
|-----|-----------------------|
| – – | Hours (01-96 or more) |
| 9 7 | Don't know / Not sure |
| 9 8 | Does not work         |
| 9 9 | Refused               |

## Module 29: HIV/AIDS

---

**CATI NOTE: If Core Q16.1 = 1 (Yes) continue, else go to next module.**

1. Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else? (472-473)
- 0 1 Private doctor or HMO office
  - 0 2 Counseling and testing site
  - 0 3 Hospital
  - 0 4 Clinic
  - 0 5 Jail or prison (or other correctional facility)
  - 0 6 Drug treatment facility
  - 0 7 At home
  - 0 8 Somewhere else
  - 7 7 Don't know / Not sure
  - 9 9 Refused

**CATI NOTE: If Core Q16.2 = within last 12 months continue, else go to next module.**

2. Was it a rapid test where you could get your results within a couple of hours? (474)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Module 30: Emotional Support and Life Satisfaction

---

The next two questions are about emotional support and your satisfaction with life.

1. How often do you get the social and emotional support you need?

**INTERVIEWER NOTE: If asked, say “please include support from any source.”**

(475)

**Please read:**

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

**Do not read:**

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

2. In general, how satisfied are you with your life?

(476)

**Please read:**

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied

**Do not read:**

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

## Module 31: Adverse Childhood Experience

---

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--

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

(477)

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

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

(478)

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

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

(479)

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

4. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility? (480)

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

5. Were your parents separated or divorced? (481)

- 1 Yes
- 2 No
- 8 Parents not married
- 7 Don't know / Not sure
- 9 Refused

6. How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? (482)

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

7. 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--- (483)

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

8. How often did a parent or adult in your home ever swear at you, insult you, or put you down? (484)

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

9. How often did anyone at least 5 years older than you or an adult, ever touch you sexually? (485)

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

10. How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? (486)

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

11. How often did anyone at least 5 years older than you or an adult, force you to have sex? (487)

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

As I mentioned when we started this section, I will give you a phone number for an organization that can provide information and referral for these issues. Would you like me to give you that number? **NOTE: If no local or state hotline is available, the National Hotline for child abuse is 1-800-422-4-A-CHILD (1-800-422-4453).**



## Module 32: Random Child Selection

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

**If Core Q8.7 = 1, Interviewer please read:** “Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.” **[Go to Q1]**

**If Core Q8.7 is >1 and Core Q8.7 does not equal 88 or 99, Interviewer please read:** “Previously, you indicated there were **[number]** children age 17 or younger in your household. Think about those **[number]** children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last.” Please include children with the same birth date, including twins, in the order of their birth.

**CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the “Xth” child. Please substitute “Xth” child’s number in all questions below.**

**INTERVIEWER PLEASE READ:**

I have some additional questions about one specific child. The child I will be referring to is the “Xth” **[CATI: please fill in correct number]** child in your household. All following questions about children will be about the “Xth” **[CATI: please fill in]** child.”

1. What is the birth month and year of the “Xth” child? (488-493)

$\frac{\_}{7} \frac{\_}{7} / \frac{\_}{7} \frac{\_}{7} \frac{\_}{7} \frac{\_}{7}$	Code month and year
$\frac{\_}{9} \frac{\_}{9} / \frac{\_}{9} \frac{\_}{9} \frac{\_}{9} \frac{\_}{9}$	Don’t know / Not sure
	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? (494)

1	Boy
2	Girl
9	Refused

3. Is the child Hispanic or Latino? (495)

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? (496-501)

**[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

**CATI NOTE: If more than one response to Q4, continue. Otherwise, go to Q6.**

5. Which one of these groups would you say best represents the child's race? (502)

- 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

6. How are you related to the child? (503)

**Please read:**

- 1 Parent (include biologic, step, or adoptive parent)
- 2 Grandparent
- 3 Foster parent or guardian
- 4 Sibling (include biologic, step, and adoptive sibling)
- 5 Other relative
- 6 Not related in any way

**Do not read:**

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

## Module 33: Childhood Asthma Prevalence

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

Now, I would like to ask you 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? (504)
 

1	Yes	
2	No	<b>[Go to next module]</b>
7	Don't know / Not sure	<b>[Go to next module]</b>
9	Refused	<b>[Go to next module]</b>
  
2. Does the child still have asthma? (505)
 

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

## Module 34: Child Immunization (Influenza)

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**CATI NOTE: If Core Q8.7 = 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  $\geq 6$  months, continue. Otherwise, go to next module.**

1. During the past 12 months, has [Fill: he/she] had a seasonal flu vaccination? There are two types of flu vaccinations. One is a shot and the other is a spray in the nose. (506)
 

1	Yes	
2	No	<b>[Go to next module]</b>
7	Don't know / Not sure	<b>[Go to next module]</b>
9	Refused	<b>[Go to next module]</b>
  
2. During what month and year did [Fill: he/she] receive his/her most recent seasonal flu vaccination? The seasonal flu vaccination may have been either the flu shot or the flu spray. The flu spray is the flu vaccination that is sprayed the nose?? (507-512)
 

<u>  </u> / <u>  </u>	Month / Year
77 / 7777	Don't know / Not sure
99 / 9999	Refused

3. At what kind of place did [he/she] get [his/her] last seasonal flu vaccine? (513-514)
- 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?"**)
  - 9 9 Refused

## State Added Questions

### Menu Labelling

- SAQ-4** How many times, in the last week, did you eat at, or buy take-out food from a chain or fast-food restaurant? (522)

- \_ \_ Enter number
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

- SAQ-5** Which of the following items at McDonald's, do you think has the MOST number of calories? (524)

- 1 Two Big Macs
- 2 Two Egg McMuffins
- 3 One large chocolate shake
- 4 Four regular hamburgers
- 7 Don't know / Not sure
- 9 Refused

- SAQ-6** Which of the following items at Dunkin' Donuts do you think has the LEAST number of calories? (525)

- 1 Sesame bagel with cream cheese
- 2 Two jelly-filled donuts

- 3 Banana-walnut muffin
- 4 A medium (24 oz) strawberry-banana smoothie
- 7 Don't know / Not sure
- 9 Refused

**SAQ-7** How many calories should a person of your age, height and weight eat each day? (526)

- 1 1,000 or less
- 2 1,001 to 1,500
- 3 1,501 to 2,000
- 4 2,001 to 2,500
- 5 2,501 to 3,000
- 6 3,001 or more
- 7 Don't know / Not sure
- 9 Refused

**SAQ-8** How important would it be for you to have calorie information listed on the menu or menu boards next to the foods and drinks sold in fast-food or chain restaurants? (526)

- 1 Very important
- 2 Important
- 3 Somewhat important
- 4 Not important at all
- 7 Don't know / Not sure
- 9 Refused

**SAQ-9** If the number of calories for food and drinks at restaurants were listed next to each item on the menu, how would you use this information in deciding what to order? (526)

- 1 Order food and drinks with MORE calories
- 2 Order food and drinks with LESS calories
- 7 Don't know / Not sure
- 9 Refused

## 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.

**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?

(515)

- 1 Yes
- 2 No

**Asthma Call-Back Selection**

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

(516)

- 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

## Activity List for Common Leisure Activities (To be used for Section 10: Physical Activity)

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### Code Description (Physical Activity, Questions 10.2 and 10.5 above)

0 1 Active Gaming Devices (Wii Fit, Dance Dance revolution)	4 1 Rugby
0 2 Aerobics video or class	4 2 Scuba diving
0 3 Backpacking	4 3 Skateboarding
0 4 Badminton	4 4 Skating – ice or roller
0 5 Basketball	4 5 Sledding, tobogganing
0 6 Bicycling machine exercise	4 6 Snorkeling
0 7 Bicycling	4 7 Snow blowing
0 8 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)	4 8 Snow shoveling by hand
0 9 Bowling	4 9 Snow skiing
1 0 Boxing	5 0 Snowshoeing
1 1 Calisthenics	5 1 Soccer
1 2 Canoeing/rowing in competition	5 2 Softball/Baseball
1 3 Carpentry	5 3 Squash
1 4 Dancing-ballet, ballroom, Latin, hip hop, etc	5 4 Stair climbing/Stair master
1 5 Elliptical/EFX machine exercise	5 5 Stream fishing in waders
1 6 Fishing from river bank or boat	5 6 Surfing
1 7 Frisbee	5 7 Swimming
1 8 Gardening (spading, weeding, digging, filling)	5 8 Swimming in laps
1 9 Golf (with motorized cart)	5 9 Table tennis
2 0 Golf (without motorized cart)	6 0 Tai Chi
2 1 Handball	6 1 Tennis
2 2 Hiking – cross-country	6 2 Touch football
2 3 Hockey	6 3 Volleyball
2 4 Horseback riding	6 4 Walking
2 5 Hunting large game – deer, elk	6 6 Waterskiing
2 6 Hunting small game – quail	6 7 Weight lifting
2 7 Inline Skating	6 8 Wrestling
2 8 Jogging	6 9 Yoga
2 9 Lacrosse	7 0 Other_____
3 0 Mountain climbing	
3 1 Mowing lawn	9 9 Refused
3 2 Paddleball	
3 3 Painting/papering house	
3 4 Pilates	
3 5 Racquetball	
3 6 Raking lawn	
3 7 Running	
3 8 Rock Climbing	
3 9 Rope skipping	
4 0 Rowing machine exercise	

## List of Health Problems to Accompany Module 8, Question 3

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### [DO NOT READ]

#### Lung Problems

- Acute Respiratory Distress Syndrome (ARDS)
- Bronchiectasis
- Bronchopulmonary Dysplasia
- Chronic Obstructive Pulmonary Disease (COPD)
- Cystic Fibrosis
- Emphysema
- Lymphangioliomyomatosis (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