



2017

**Tennessee Behavioral Risk Factor
Surveillance System
Questionnaire**

December 8, 2017



Form Approved

OMB No. 0920-1061

Exp. Date 3/31/2018

Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).

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



Behavioral Risk Factor Surveillance System 2017 Questionnaire

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Interviewer's Script Landline Sample

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

LL.1 Is this (phone number) ?

1. Yes
2. No

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

PVTRES

LL.2 Is this a private residence?

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

INTERVIEWER NOTE: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 DAYS INCLUDING VACATION HOMES, RVS OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.

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

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

College Housing

LL.3 Do you live in college housing?

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

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

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

State of Residence

LL.4. Do you currently live in _____ (state) _____?

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

Cellular Phone

LL.5 Is this a cell telephone?

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

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

1 Yes

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

2 No

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

Adult

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

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

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

Adult Random Selection

I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home, such as students away at college, How many members of your household, including yourself, are 18 years of age or older?

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

If "yes,":

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

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

[GO TO THE CORRECT RESPONDENT]

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

[GO TO "CORRECT RESPONDENT" BEFORE SECTION 1]

LL.8 How many of these adults are men?

___ Number of men

So the number of women in the household is ___

___ Number of women

Is that correct?

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

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

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

Interviewer's Script Cell Phone

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

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

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

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

Phone

CP.2 Is this (phone number) ?

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

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

Cellular Phone

CP.3 Is this a cell telephone?

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

1. Yes [GO TO ADULT]
2. No

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

Adult

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

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

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

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

Private Residence

CP.5 Do you live in a private residence?

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

INTERVIEWER NOTE: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 DAYS INCLUDING VACATION HOMES, RVS OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.

1. Yes [GO TO STATE OF RESIDENCE]

2. No [GO TO COLLEGE HOUSING]

College Housing

CP.6 Do you live in college housing?

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

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

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

State of Residence

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

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

State

CP.8 In what state do you currently live?

_____ ENTER FIPS STATE

Landline

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

Read only if necessary: “By landline telephone, we mean a “regular” telephone in your home that is used for making or receiving calls.” Please include landline phones used for both business and personal use.”

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

1. Yes
2. No

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

NUMADULT

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

— Number of adults

99 Refused

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

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Core Sections

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

To Correct Respondent:

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call (give appropriate state telephone number).

Section 1: Health Status

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

Please read:

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

Do not read:

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

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

2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

(91-92)

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

2.2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (93-94)

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

2.3 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (95-96)

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

Section 3: Health Care Access

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

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

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

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

- | | | |
|---|---------------|------|
| | | (98) |
| 1 | Yes, only one | |
| 2 | More than one | |
| 3 | No | |

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

3.3 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (99)

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

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

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

(100)

Read only if necessary:

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

Do not read:

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

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

Section 4: Hypertension Awareness

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

(101)

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

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

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

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

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

Section 5: Cholesterol Awareness

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

(103)

Read only if necessary:

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

Do not read:

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

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

(104)

- 1 Yes
- 2 No [GO TO NEXT SECTION]

7 Don't know / Not sure [GO TO NEXT SECTION]

9 Refused [GO TO NEXT SECTION]

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

(105)

1 Yes

2 No

7 Don't know / Not sure

9 Refused

Section 6: Chronic Health Conditions

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

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

1 Yes

2 No

7 Don't know / Not sure

9 Refused

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

1 Yes

2 No

7 Don't know / Not sure

9 Refused

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

1 Yes

2 No

7 Don't know / Not sure

9 Refused

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

1 Yes

2 No [GO TO Q6.6]

7 Don't know / Not sure [GO TO Q6.6]

9 Refused [GO TO Q6.6]

6.5 Do you still have asthma? (110)

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

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

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

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

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

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

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

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

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

INTERVIEWER NOTE: ARTHRITIS DIAGNOSES INCLUDE:

- **RHEUMATISM, POLYMYALGIA RHEUMATICA**
- **OSTEOARTHRITIS (NOT OSTEOPOROSIS)**
- **TENDONITIS, BURSITIS, BUNION, TENNIS ELBOW**
- **CARPAL TUNNEL SYNDROME, TARSAL TUNNEL SYNDROME**
- **JOINT INFECTION, REITER'S SYNDROME**
- **ANKYLOSING SPONDYLITIS; SPONDYLOSIS**
- **ROTATOR CUFF SYNDROME**

- **CONNECTIVE TISSUE DISEASE, SCLERODERMA, POLYMYOSITIS, RAYNAUD’S SYNDROME**
- **VASCULITIS (GIANT CELL ARTERITIS, HENOCHE-SCHONLEIN PURPURA, WEGENER’S GRANULOMATOSIS,**
- **POLYARTERITIS NODOSA)**

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

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

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

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

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

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

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

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

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

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

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

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

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

Section 7: Arthritis Burden

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

Next, I will ask you about your arthritis.

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

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

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

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

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

7.2 In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do? (121)

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

INTERVIEWER INSTRUCTION: IF RESPONDENT GIVES AN ANSWER TO EACH ISSUE (WHETHER RESPONDENT WORKS, TYPE OF WORK, OR AMOUNT OF WORK), THEN IF ANY ISSUE IS “YES” MARK THE OVERALL RESPONSE AS “YES.”
IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN THE INTERVIEWER SHOULD SAY: “PLEASE ANSWER THE QUESTION BASED ON YOUR CURRENT EXPERIENCE, REGARDLESS OF WHETHER YOU ARE TAKING ANY MEDICATION OR TREATMENT.”

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

(122)

Please read [1-3]:

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

Do not read:

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

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

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

- — Enter number [00-10]**
- 77 Don't know / Not sure**
- 99 Refused**

(123-124)

Section 8: Demographics

8.1 Are you ... (125)

- 1 Male
- 2 Female
- 9 Refused

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

8.2 What is your age? (126-127)

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

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

If yes, ask: Are you...

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

- 1 Mexican, Mexican American, Chicano/a**
- 2 Puerto Rican**
- 3 Cuban**
- 4 Another Hispanic, Latino/a, or Spanish origin**

Do not read:

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

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

INTERVIEWER NOTE: SELECT ALL THAT APPLY.

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

Please read:

- 10 White**
- 20 Black or African American**
- 30 American Indian or Alaska Native**
- 40 Asian**

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian

- 50 Pacific Islander**
- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

Do not read:

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

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

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

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

(160-161)

- 10 White**
- 20 Black or African American**
- 30 American Indian or Alaska Native**
- 40 Asian**

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian

50 Pacific Islander

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

Do not read:

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

8.6 Are you...?

(162)

Please read:

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

Do not read:

- 9 Refused

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

(163)

Read only if necessary:

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

Do not read:

- 9 Refused

8.8 Do you own or rent your home?

(164)

Read only if necessary:

- 1 Own
- 2 Rent
- 3 Other arrangement

Do not read:

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

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

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

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

8.9 In what county do you currently live?

(165-167)

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

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

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

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

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

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

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

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

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

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

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

INTERVIEWER NOTE: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. (176)

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

8.15 Are you currently...?

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

Please read: (177)

- 1 Employed for wages**
- 2 Self-employed**
- 3 Out of work for 1 year or more**
- 4 Out of work for less than 1 year**
- 5 A Homemaker**
- 6 A Student**
- 7 Retired, or**
- 8 Unable to work**

Do not read:

- 9 Refused

INTERVIEWER NOTE: DO NOT CODE 7 FOR “DON’T KNOW” ON THIS QUESTION.

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

- — Number of children
- 88 None
- 99 Refused

8.17 Is your annual household income from all sources—

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

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

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

Do not read:

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

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

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

8.19 About how much do you weigh without shoes?

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

(183-186)

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

8.20 About how tall are you without shoes?

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

(187-190)

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

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

8.21 To your knowledge, are you now pregnant?

(191)

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

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

Some people who are deaf or have serious difficulty hearing may or may not use equipment to communicate by phone.

8.22 Are you deaf or do you have serious difficulty hearing? (192)

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

8.23 Are you blind or do you have serious difficulty seeing, even when wearing glasses? (193)

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

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

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

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

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

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

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

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

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

Section 9: Tobacco Use

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

INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES

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

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

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

Do not read:

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

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

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

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

Read only if necessary:

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

Do not read:

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

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

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

Do not read:

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

Do not read:

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

Section 10: E-Cigarettes

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

INTERVIEWER NOTE: THESE QUESTIONS CONCERN ELECTRONIC VAPING PRODUCTS FOR NICOTINE USE. THE USE OF ELECTRONIC VAPING PRODUCTS FOR MARIJUANA USE IS NOT INCLUDED IN THESE QUESTIONS.

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

Read if necessary: **Electronic cigarettes (e-cigarettes) and other electronic “vaping” products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.**

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

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

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

Section 11: Alcohol Consumption

11.1 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

(206-208)

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

999 Refused

[GO TO NEXT SECTION]

11.2 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

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

(209-210)

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

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

(211-212)

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

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

(213-214)

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

Section 12: Fruits and Vegetables

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

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

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

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.
IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?”

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Section 13: Exercise (Physical Activity)

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

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

13.1 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (233)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(250-252)

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

Section 14: Seatbelt Use

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

Please read:

1	Always
2	Nearly always
3	Sometimes
4	Seldom
5	Never

Do not read:

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

Section 15: Immunization

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

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

Read only if necessary: A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

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

15.2 During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?

(255-260)

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

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

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

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

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

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

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

Section 16: HIV/AIDS

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

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

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

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

INTERVIEWER INSTRUCTIONS: IF RESPONSE IS BEFORE JANUARY 1985, CODE “DON’T KNOW.” IF THE RESPONDENT REMEMBERS THE YEAR BUT CANNOT REMEMBER THE MONTH, CODE THE FIRST TWO DIGITS 77 AND THE LAST FOUR DIGITS FOR THE YEAR.

(264-269)

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

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

(270)

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

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

Closing Statement

INTERVIEWER NOTE: IF THERE ARE NO MODULES/STATE ADDED QUESTIONS OR THIS IS AN OUT-OF-STATE CELL PHONE INTERVIEW, PLEASE READ:

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

Or

Continue to module(s) and/or state-added questions

Optional Modules

Module 3: Respiratory Health (COPD Symptoms)

The next few questions are about breathing problems you may have.

1. During the past 3 months, did you have a cough on most days? (308)

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

2. During the past 3 months, did you cough up phlegm [FLEM] or mucus on most days? (309)

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

3. Do you have shortness of breath either when hurrying on level ground or when walking up a slight hill or stairs? (310)

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

4. Have you ever been given a breathing test to diagnose breathing problems? (311)

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

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

(312-313)

- Number of years (01-76)
- 88 Never smoked or smoked less than one year
- 77 Don't know/Not sure
- 99 Refused

Module 4: 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), ASK Q1. 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.") (314)

- 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.") (315)

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

INTERVIEWER NOTE: QUESTION 3 IS ASKED OF ALL RESPONDENTS

3. Do you take aspirin daily or every other day? (316)

INTERVIEWER NOTE: ASPIRIN CAN BE PRESCRIBED BY A HEALTH CARE PROVIDER OR OBTAINED AS AN OVER-THE-COUNTER (OTC) MEDICATION.

- 1 Yes **[GO TO QUESTION 5]**

- 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? (317)

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

- 1 Yes, not stomach related [GO TO NEXT MODULE]
- 2 Yes, stomach problems [GO TO NEXT MODULE]
- 3 No [GO TO NEXT MODULE]
- 7 Don't know / Not sure [GO TO NEXT MODULE]
- 9 Refused [GO TO NEXT MODULE]

5. Do you take aspirin to relieve pain? (318)

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

6. Do you take aspirin to reduce the chance of a heart attack? (319)

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

7. Do you take aspirin to reduce the chance of a stroke? (320)

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

Module 9: Sleep Disorder

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

INTERVIEWER NOTE: ENTER HOURS OF SLEEP IN WHOLE NUMBERS, ROUNDING 30 MINUTES (1/2 HOUR) OR MORE UP TO THE NEXT WHOLE HOUR AND DROPPING 29 OR FEWER MINUTES.

(359-360)

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

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

(361-362)

- __ __ 01-14 days
- 88 None
- 77 Don't know/Not sure
- 99 Refused

3. Over the last 2 weeks, how many days did you unintentionally fall asleep during the day?

(363-364)

- __ __ 01-14 days
- 88 None
- 77 Don't know/Not sure
- 99 Refused

4. Have you ever been told that you snore loudly?

(365)

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

5. Has anyone ever observed that you stop breathing during your sleep? (366)

INTERVIEWER NOTE: ALSO ENTER "YES" IF RESPONDENT MENTIONS HAVING A MACHINE OR CPAP THAT RECORDS THAT BREATHING SOMETIMES STOPS DURING THE NIGHT.

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

Module 11: Alcohol Screening & Brief Intervention (ASBI)

CATI NOTE: IF CORE Q3.4 = 1, OR 2 (HAD A CHECKUP WITHIN THE PAST 2 YEARS) CONTINUE, ELSE GO TO NEXT MODULE.

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

1. You told me earlier that your last routine checkup was [within the past year/within the past 2 years]. At that checkup, were you asked in person or on a form if you drink alcohol? (403)

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

2. Did the health care provider ask you in person or on a form how much you drink? (404)

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

3. Did the healthcare provider specifically ask whether you drank [5 FOR MEN /4 FOR WOMEN] or more alcoholic drinks on an occasion? (405)

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

4. Were you offered advice about what level of drinking is harmful or risky for your health? (406)

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

[CATI NOTE: IF QUESTION 1, 2, OR 3 = 1 (YES) CONTINUE, ELSE GO TO NEXT MODULE.]

5. Healthcare providers may also advise patients to drink less for various reasons. At your last routine checkup, were you advised to reduce or quit your drinking? (407)

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

Module 15: Marijuana

1. During the past 30 days, on how many days did you use marijuana or hashish? (432-433)

- (1-30) Number of Days
- 88 None (0 days) [GO TO NEXT MODULE]
- 77 Don't know/not sure [GO TO NEXT MODULE]
- 99 Refused [GO TO NEXT MODULE]

2. [CATI NOTE: ASKED ONLY OF CURRENT MARIJUANA USERS]. During the past 30 days, what was the primary mode you used marijuana? Please select one. Did you... (434)

Please read:

- 1 Smoke it (for example, in a joint, bong, pipe, or blunt).**
- 2 Eat it (for example, in brownies, cakes, cookies, or candy)**
- 3 Drink it (for example, in tea, cola, or alcohol)**
- 4 Vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device)**
- 5 Dab it (for example, using waxes or concentrates).**
- 6 Use it some other way.**

Do not read:

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

3. [CATI NOTE: ASKED ONLY OF CURRENT MARIJUANA USERS]. When you used marijuana or hashish during the past 30 days, was it for medical reasons to treat or decrease symptoms of a health condition, or was it for non-medical reasons to get pleasure or satisfaction (such as: excitement, to “fit in” with a group, increased awareness, to forget worries, for fun at a social gathering). (435)

Read if necessary:

- 1 Only for medical reasons to treat or decrease symptoms of a health condition
- 2 Only for non-medical purposes to get pleasure or satisfaction
- 3 Both medical and non-medical reasons

Do not read:

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

Module 18: Adult Human Papillomavirus (HPV)

[CATI NOTE: TO BE ASKED OF RESPONDENTS BETWEEN THE AGES OF 18 AND 49 YEARS; OTHERWISE, GO TO NEXT MODULE.]

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

1. A vaccine to prevent the human papillomavirus 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?

(443)

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

2. How many HPV shots did you receive?

(444-445)

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

Module 25: Industry and Occupation

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

Now I am going to ask you about your work.

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

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

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

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

[Record answer] _____
99 Refused

[IF CORE Q8.15 = 4 (OUT OF WORK FOR LESS THAN 1 YEAR) ASK,]

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

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

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

[Record answer] _____
99 Refused

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

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

(584-683)

[Record answer] _____
99 Refused

[CATI NOTE: IF CORE Q8.15 = 4 (OUT OF WORK FOR LESS THAN 1 YEAR) ASK,]

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

[Record answer] _____
99 Refused

State Added Questions

Drug Abuse

Drug Use: [prompt] The next health topic is about the use of prescription pain relievers and drugs. Please keep in mind that you can ask me to skip any question you do not want to answer.

1. In the last 12 months, have you taken any prescription pain relievers or tranquilizers including (Codeine, morphine, Lortab, Vicodin, Tylenol #3, Percocet, OxyContin) when it was NOT prescribed to you by a doctor, dentist, nurse practitioner, or other healthcare provider? We only want to know about prescription medication NOT medication that is available over the counter.

1. Yes
2. No (SKP to Q3)
7. Don't know / Not sure (SKP to Q3)
9. Refused (SKP to Q3)

2. From whom did you obtain the prescription pain medication? (Interviewer can clarify with: "referring to the last time you used prescription pain medication not available over the counter and not prescribed specifically for you".)

1. From a friend or relative
2. From an acquaintance
3. From a street dealer or other person I did not know
4. Online
5. Other

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

3. Within the last 12 months, have you traveled either locally or out of state, to more than one health care provider for the primary reason of obtaining prescription pain medications or tranquilizers such as Codeine, morphine, Lortab, Vicodin, Tylenol #3, Percocet, or OxyContin?

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

4. Within the last 12 months, have you used heroin?

- 1. Never
- 2. Once
- 3. More than once
- 7. Don't know / Not sure
- 9. Refused

Veterans Health

1. Did you ever serve in a combat or war zone?

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

2. Which of the following best describes your service in the United States Armed Services?

- 01. Currently on active duty
- 02. Currently in a National Guard unit
- 03. Currently in a reserve unit
- 04. Retired from military service
- 05. Veteran, not retired from military service
- 06. Spouse, of current or former service member
- 07. Self and spouse never served in the military
- 77. Don't know / Not sure
- 99. Refused

3. What is your (if Q2 = 1, 2, or 3 insert 'current') (if Q2 = 4 or 5, insert 'most recent') (if Q2 = 6, insert 'spouse' s current or most recent) US Armed Force component?

- 1. Army
- 2. Navy
- 3. Air force
- 4. Marine Corps
- 5. Coast Guard
- 7. Don't know / Not sure
- 9. Refused

Wearable Devices

[READ IF NECESSARY]

Wearable devices include wrist bands, biometric clothing, apps, or other devices used to monitor your general health, nutrition, sleep, or physical activity. Online apps may include sites that allow you to store and track daily activity levels or nutrition. Do not include devices prescribed by your healthcare provider, or devices that monitor specific health conditions (such as pacemakers, rehabilitation devices or implanted devices).]

Wearable.1. Do you track your nutrition, sleep, or physical activity using a wearable device or a mobile application (such as Fitbit, Samsung Gear Fit, Apple fitness app or other consumer application)?

1. Yes
2. No (end of module)
7. DON'T KNOW (end of module)
9. REFUSED (end of module)

Wearable 2. What types of health information do you track using your mobile app or wearable device?

(select all that apply)

1. Physical activity
2. Nutrition/ calories
3. Sleep
4. Chronic indicator (blood sugar, blood pressure)
5. Other
7. DON'T KNOW/NOT SURE
9. REFUSED

Wearable.3. How often do you enter information on your mobile app or wearable device?

[READ IF NECESSARY:]

1. It is automatically entered by the app
2. Multiple times per day
3. Daily
4. At least once per week
5. At least once per month
6. Less frequently than once per month
7. DON'T KNOW/NOT SURE
9. REFUSED

Wearable.4. Would you be willing to share information stored on your mobile device or app for use by a public health agency, such as the CDC or state health department?

1. Yes
2. No (end of module)
7. DON'T KNOW (end of module)
9. REFUSED (end of module)

Adverse Childhood Experiences

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?

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?

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?

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?

1 Yes

2 No

7 Don't know / Not sure

9 Refused

5. Were your parents separated or divorced?

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?

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---

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?

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?

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?

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?

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 would give you a phone number for an organization that can provide information and referral for these issues. You can dial (place state or local hotline here) to reach a referral service to locate an agency in your area. [Note: if no local or state hotline is available, give respondent the National Hotline for child abuse 1-800-422-4-A-CHILD (1-800-422-4453).

CLOSING STATEMENT

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

Activity List for Common Leisure Activities (To be used for Section 13: Physical Activity)

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

- | | |
|--|---|
| 01 Active Gaming Devices (Wii Fit, Dance, Dance revolution) | 40 Rowing machine exercises |
| 02 Aerobics video or class | 41 Rugby |
| 03 Backpacking | 42 Scuba diving |
| 04 Badminton | 43 Skateboarding |
| 05 Basketball | 44 Skating – ice or roller |
| 06 Bicycling machine exercise | 45 Sledding, tobogganing |
| 07 Bicycling | 46 Snorkeling |
| 08 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping) | 47 Snow blowing |
| 09 Bowling | 48 Snow shoveling by hand |
| 10 Boxing | 49 Snow skiing |
| 11 Calisthenics | 50 Snowshoeing |
| 12 Canoeing/rowing in competition | 51 Soccer |
| 13 Carpentry | 52 Softball/Baseball |
| 14 Dancing-ballet, ballroom, Latin, hip hop, Zumba, etc. | 53 Squash |
| 15 Elliptical/EFX machine exercise | 54 Stair climbing/Stair master |
| 16 Fishing from river bank or boat | 55 Stream fishing in waders |
| 17 Frisbee | 56 Surfing |
| 18 Gardening (spading, weeding, digging, filling) | 57 Swimming |
| 19 Golf (with motorized cart) | 58 Swimming in laps |
| 20 Golf (without motorized cart) | 59 Table tennis |
| 21 Handball | 60 Tai Chi |
| 22 Hiking – cross-country | 61 Tennis |
| 23 Hockey | 62 Touch football |
| 24 Horseback riding | 63 Volleyball |
| 25 Hunting large game – deer, elk | 64 Walking |
| 26 Hunting small game – quail | 66 Waterskiing |
| 27 Inline Skating | 67 Weight lifting |
| 28 Jogging | 68 Wrestling |
| 29 Lacrosse | 69 Yoga |
| 30 Mountain climbing | 71 Childcare |
| 31 Mowing lawn | 72 Farm/Ranch Work (caring for livestock, stacking hay, etc.) |
| 32 Paddleball | 73 Household Activities (vacuuming, dusting, home repair, etc.) |
| 33 Painting/papering house | 74 Karate/Martial Arts |
| 34 Pilates | 75 Upper Body Cycle (wheelchair sports, ergometer) |
| 35 Racquetball | 76 Yard work (cutting/gathering wood, trimming, etc.) |
| 36 Raking lawn/trimming hedges | 98 Other_____ |
| 37 Running | 99 Refused |
| 38 Rock climbing | |
| 39 Rope skipping | |