

2019 BRFSS Questionnaire



All questions Paths A and B unless otherwise indicated.
As of 01/08/2019

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Interviewer's Script Landline –

Form Approved
OMB No. 0920-1061
Exp. Date 3/31/2021

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.

CTELENM1

LL01 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) ?

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]

PVTRESD1

LL02 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 LL04]
2. No [GO TO LL03]
3. No, this is a business

[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.

INTERVIEWER NOTE: Business numbers which are also used for personal communication ARE eligible]

COLGHOUS

LL03 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 LL04]
- 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]

STATERE1

LL04. Do you currently live in _____ (state) _____?

- 1. Yes [GO TO LL05]
- 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]

CELPHONE

LL05 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 TELEPHONE WE MEAN A TELEPHONE THAT IS MOBILE AND USABLE OUTSIDE OF YOUR NEIGHBORHOOD.

- 1 Yes, it is a cell phone [TERMINATE]
- 2 Not a cell phone (GO TO LL06)

[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]

LADULT1

LL06 Are you 18 years of age or older?

- 1 Yes
- 2 No

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

[CATI NOTE: IF YES 18 YEARS OF AGE OR OLDER AND IF COLLEGE HOUSING = YES, CONTINUE; OTHERWISE GO TO ADULT RANDOM SELECTION]

COLGSEX

[CATI NOTE: ONLY FOR RESPONDENTS WHO ARE LL AND COLGHOUSE=1]

LL07 Are you male or female?

- 1 Male
- 2 Female
- 7 Don't know/not sure [TERMINATE]
- 9 Refused [TERMINATE]

[CATI/INTERVIEWER NOTE; IF DK/NS OR REFUSED – THANK YOU FOR YOUR TIME, YOUR NUMBER MAY BE SELECTED FOR ANOTHER SURVEY IN THE FUTURE.]

Adult Random Selection

NUMADULT

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?

LL08 __ Number of adults

If 1: Are you the adult?

- 1 Yes
- 2 No

[CATI/INTERVIEWER NOTE: IF YES: THEN YOU ARE THE PERSON I NEED TO SPEAK WITH. GO TO LL09.]

[CATI/INTERVIEWER NOTE: IF NO,: MAY I SPEAK WITH THE ADULT IN THE HOUSEHOLD]

CATI/INTERVIEWER NOTE; IF 1, GO TO LL09; IF 2-6 OR MORE GO TO LL10.

LANDSEX

LL09. Are you male or female?

- 1 Male
- 2 Female
- 7 Don't Know/Not Sure
- 9 Refused

[CATI/INTERVIEWER NOTE; IF 1 OR 2, GO TO TRANSITION SECTION 1. IF 7 or 9, THANK YOU FOR YOUR TIME, YOUR NUMBER MAY BE SELECTED FOR ANOTHER SURVEY IN THE FUTURE.]

NUMMEN

LL10 How many of these adults are men?

- __ Number of men
- 77 Don't know/Not Sure
- 99 Refused

NUMWOMEN

LL11. 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 [Oldest/Youngest/Middle//Male/Female].

RESPSLCT

LL12. The person in your household that I need to speak with is [Oldest/Youngest/Middle//Male/Female]. Are you the [Oldest/Youngest/Middle//Male/Female] in this household?

- 1 Male
- 2 Female
- 7 Don't know/Not sure
- 9 Refused

[CATI/INTERVIEWER NOTE; IF DK/NS OR REFUSED – THANK YOU FOR YOUR TIME. YOUR NUMBER MAY BE SELECTED FOR ANOTHER SURVEY IN THE FUTURE.

Interviewer's Script Cell Phone –

Form Approved
OMB No. 0920-1061
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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.

SAFETIME

CP01 Is this a safe time to talk with you?

1. Yes
2. No

[CATI/INTERVIEWER NOTE: IF YES, GO TO CP02. IF NO: THANK YOU VERY MUCH. WE WILL CALL YOU BACK AT A MORE CONVENIENT TIME. ([SET APPOINTMENT IF POSSIBLE]) STOP]

CTELNUM1

CP02 Is this (phone number) ?

1. Yes
2. No

[CATI/INTERVIEWER NOTE: IF YES, GO TO CP03. IF NO: TERMINATE. 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]

CELLFON5

CP03 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
- 2 No

[CATI/INTERVIEWER NOTE: IF YES, GO TO CADULT1; IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING CELL TELEPHONES AT THIS TIME. STOP]

CADULT1

CP04 Are you 18 years of age or older?

- 1. Yes
- 2. No

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

CELLSEX

CP05. Are you male or female?

- 1 Male
- 2 Female
- 7 Don't know/Not sure
- 9 Refused

[CATI/INTERVIEWER NOTE; IF DK/NS OR REFUSED; THANK YOU FOR YOUR TIME, YOUR NUMBER MAY BE SELECTED FOR ANOTHER SURVEY IN THE FUTURE.]

PVTRES3

CP06 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
- 2. No

CATI NOTE: IF YES GO TO CP08. IF NO, GO TO CP07.

CCLGHOUS

CP07 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
- 2. No

[CATI/INTERVIEWER NOTE: IF YES, GO TO CP08. 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]

CSTATE1

CP08 Do you currently live in _____ **(state)** _____?

- 1. Yes
- 2. No

RSPSTAT1

CP09 In what state do you currently live?

_____ ENTER FIPS STATE

LANDLINE

CP10 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.**

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

HHADULT

CP11 How many members of your household, including yourself, are 18 years of age or older?

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

[CATI/INTERVIEWER NOTE: IF CP07 COLLEGE HOUSING = YES THEN NUMBER OF ADULTS IS AUTOMATICALLY SET TO 1.]

TRANSITION TO SECTION 1

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 not be connected to any personal information. If you have any questions about the survey, please call **(give appropriate state telephone number)**.

Core 1: Health Status

GENHLTH

C01.01 Would you say that in general your health is—

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

Core 2: Healthy Days

PHYSHLTH

C02.01 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

- — Number of days (01 – 30)
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

MENTHLTH

C02.02 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

- — Number of days (01 – 30)
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

CATI NOTE: DO NOT ASK THIS QUESTION AND SKIP TO NEXT SECTION IF C02.01, PHYSHLTH, IS 88 AND CO2.02, MENTHLTH, IS 88.
POORHLTH

C02.03 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

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

Core 03: Health Care Access (Question 1)

HLTHPLN1

C03.01 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service?

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

Module 14: Healthcare Access (Question 1) PATHS A & B

HLTHCVR1

M14.01 What is the primary source of your health care coverage? Is it...

Read if necessary:

- 1 A plan purchased through an employer or union [including plans purchased through another person's employer)
- 2 A plan that you or another family member buys on your own
- 3 Medicare
- 4 Medicaid other state program
- 5 TRICARE (formerly CHAMPUS), VA, or Military
- 6 Alaska Native, Indian Health Service, Tribal Health Services
- Or
- 7 Some other source
- 8 None (no coverage)

Do not read:

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

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

Core 03: Health Care Access (Questions 2 to 4)

PERSDOC2

C03.02

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?”

- 1 Yes, only one
- 2 More than one
- 3 No
- 7 Don't know / Not sure
- 9 Refused

MEDCOST

C03.03

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

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

CHECKUP1

C03.04

About how long has it been since you last visited a doctor for a routine checkup?

Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

Read 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

State Added Section 3: Healthcare Access

MEDICARE

ME03.01

Do you have Medicare?

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

INTERVIEWER NOTE: MEDICARE IS A COVERAGE PLAN FOR PEOPLE AGE 65 OR OVER AND FOR CERTAIN DISABLED PEOPLE.

[CATI: If ME03.01= 1, continue; Else go to ME03.4]

DELAYMED

ME03.02 Have you delayed getting medical care for one of the following reasons in the past 12 months?
Was it because.....

(INTERVIEWER NOTE: If respondent provides more than one reason, say: "Which was the most important reason you delayed getting care?")

Read:

- 1 You couldn't get through on the telephone.
- 2 You couldn't get an appointment soon enough.
- 3 Once you got there, you had to wait too long to see the doctor.
- 4 The clinic or doctor's office wasn't open when you got there.
- 5 You didn't have transportation.

Do not read:

- 6 Other _____ (specify)
- 8 No, I did not delay getting medical care/did not need medical care
- 7 Don't know/Not sure
- 9 Refused

CATI NOTE: If C03.01 = 2, 7, or 9 continue, else Go to ME03.05

NOCOV12

ME03.03 In the past 12 months was there any time when you did not have any health insurance or coverage?

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

PASTPLAN

ME03.04 About how long has it been since you last had health care coverage?

Read if necessary:

- 1 6 months or less
- 2 More than 6 months, but not more than 1 year ago
- 3 More than 1 year, but not more than 3 years ago
- 4 More than 3 years
- 5 Never

Do not read:

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

DRVISITS

ME03.05 How many times have you been to a doctor, nurse, or other health professional in the past 12 months?

- __ Number of times
- 88 None
- 98 Never heard of A-one-C test
- 77 Don't know / Not sure
- 99 Refused

MEDSCOST

ME03.06 Not including over the counter (OTC) medications, was there a time in the past 12 months when you did not take your medication as prescribed because of cost?

- 1 Yes
- 2 No

DO NOT READ:

- 3 No medication was prescribed
- 7 Don't know/ not sure
- 9 Refused

CARERCVD

ME03.07 In general, how satisfied are you with the health care you received? Would you say—

Read:

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Not at all satisfied

Do not read:

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

MEDBILL1

ME03.08 Do you currently have any health care bills that are being paid off over time?

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

INTERVIEWER NOTE: This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year.

INTERVIEWER NOTE: Health care bills can include medical, dental, physical therapy and/or chiropractic cost.

CATI NOTE: GO TO CORE SECTION 4

Core 04: Hypertension Awareness

BPHIGH4

C04.01 Have you EVER been told by a doctor, nurse, or other health professional that you have

high blood pressure?

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 high or pre-hypertensive
- 7 Don't know/Not sure
- 9 Refused

[CATI/INTERVIEWER NOTE; BY OTHER HEALTH PROFESSIONAL WE MEAN NURSE PRACTITIONER, A PHYSICIAN ASSISTANT, OR SOME OTHER LICENSED HEALTH PROFESSIONAL.]

CATI NOTE: IF 2,3,4,7 OR 9 GO TO NEXT SECTION.

BPMEDS

C04.02 Are you currently taking prescription medicine for your high blood pressure?

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

Core Section 5: Cholesterol Awareness

CHOLCHK2

C05.01 Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your blood cholesterol checked?

- 1 Never
- 2 Within the past year (anytime less than 1 year ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 Within the past 3 years (2 years but less than 3 years ago)
- 5 Within the past 4 years (3 years but less than 4 years ago)
- 6 Within the past 5 years (4 years but less than 5 years ago)
- 8 6 or more years ago

Do Not Read:

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

CATI NOTE: IF RESPONSE 1, 9 GO TO NEXT SECTION

TOLDHI2

C05.02 Have you ever been told by a doctor, nurse or other health professional that blood cholesterol is high?

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

INTERVIEWER NOTE: By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.

CATI NOTE: IF RESPONSE 2,7,9 GO TO NEXT SECTION

CHOLMED2

C05.03 Are you currently taking medicine prescribed by your doctor or other health professional for your blood cholesterol?

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

Core 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."

CVDINFR4

C06.01 (Ever told) you that you had a heart attack also called a myocardial infarction?

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

CVDCRHD4

C06.02 (Ever told) (you had) angina or coronary heart disease?

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

CVDSTRK3

C06.03 (Ever told) (you had) a stroke?

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

ASTHMA3

C06.04 (Ever told) (you had) asthma?

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

CATI NOTE: IF 2,7, OR 9 GO TO C06.06)

ASTHNOW
C06.05

Do you still have asthma?

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

CHCSCNCR
C06.06

(Ever told) (you had) skin cancer?

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

CHCOCNCR
C06.07

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

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

CHCCOPD1
C06.08

(Ever told) (you had) Chronic Obstructive Pulmonary Disease C.O.P.D., emphysema or chronic bronchitis?

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

ADDEPEV2
C06.09

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

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

CHCKDNY2
C06.10

Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease?

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

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

DIABETE3

C06.11 (Ever told) (you had) diabetes?

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 RESPONSE 2, 3, 4, 7 OR 9, go to Pre-Diabetes Optional Module 1.

DIABAGE2

C06.12 How old were you when you were told you had diabetes?

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

CATI NOTE: Go to Diabetes Optional Module 2.

Module 1: Pre-Diabetes

NOTE: Skip if Section C06.11, DIABETE3, is coded 1

NOTE: Only asked of those NOT responding “Yes” (code = 1) to Core Q6.11 (Diabetes awareness question).

PDIABTST

M01.01 Have you had a test for high blood sugar or diabetes within the past three years?

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

CATI note: Skip if Core Q6.11, DIABETE3 is coded 1; If C06.11, DIABETE3, is coded 4 automatically code M01.02, PREDIAB1, equal to 1 (Yes).

PREDIAB1

M01.02 Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

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

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

Module 2: Diabetes

CATI note: To be asked following Core Q6.12; if response to Q6.11 is "Yes" (code = 1)

INSULIN

M02.01 Are you now taking insulin?

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

BLDSUGAR

M02.02 About how often do you check your blood for glucose or sugar?

READ IF NECESSARY: Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

- 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

DO NOT READ: If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in '98 times per day.'

FEETCHK3

M02.03 Including times when checked by a family member or friend, about how often do you check your feet for any sores or irritations?

- 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

DOCTDIAB

M02.04 About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

_ _ Number of times [76 = 76 or more]

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

CHKHEMO3

M02.05 About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?

Read if Necessary: A test for A-one-C measures the average level of blood sugar over the past three months.

- – 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 M02.03 = 555 (No feet), go to QM02.07.

FEETCHK

M02.06 About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

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

EYEEEXAM1

M02.07 When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light.

Read only if necessary:

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

Do not read:

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

DIABEYE

M02.08 Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

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

DIABEDU

M02.09 Have you ever taken a course or class in how to manage your diabetes yourself?

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

Core 7: Arthritis

HAVARTH3

C07.01 (Ever told) (you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

- 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)

CATI NOTE: IF RESPONSE = 2, 7, OR 9 GO TO NEXT SECTION

ARTHEXER

C07.02 Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?

(INTERVIEWER NOTE: IF THE RESPONDENT IS UNCLEAR ABOUT WHETHER THIS MEANS INCREASE OR DECREASE IN PHYSICAL ACTIVITY, THIS MEANS INCREASE.)

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

ARTHEDU

C07.03 Have you ever taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

- 1 Yes
- 2 No

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

LMTJOIN3

CO7.04 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

[INTERVIEWER NOTE: IF A RESPONDENT QUESTION ARISES ABOUT MEDICATION, RESPOND "PLEASE ANSWER THE QUESTION BASED ON HOW YOU ARE WHEN YOU ARE TAKING ANY OF THE MEDICATIONS OR TREATMENTS YOU MIGHT USE."]

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

ARTHDIS2

C07.05 In the 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?

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

[INTERVIEWER NOTE: 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 – 'PLEASE ANSWER THE QUESTION BASED ON YOUR CURRENT EXPERIENCE, REGARDLESS OF WHETHER YOU ARE TAKING ANY MEDICATION OR TREATMENT.'

JOINPAI2

C07.06 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 on a scale of 0 to 10 where 0 is no pain and 10 is pain or aching as bad as it can be.

___ **Enter number (00 – 10)**

77 Don't know/Not sure

99 Refused

Core Section 8: Demographics (Question 1 to 5)

I will ask you some questions about yourself in the next section. We include these questions so that we can compare health indicators by groups.

AGE

C08.01 What is your age?

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

HISPANC3

C08.02 Are you Hispanic, Latino/a, or Spanish origin?

If yes, ask: Are you...

INTERVIEWER NOTE: One or more categories may be selected.

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

Do not read:

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

MRACE1

C08.03 Which one or more of the following would you say is your race?

INTERVIEWER NOTE: Select all that apply.

INTERVIEWER NOTE: 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

Please read:

- 10 White**
- 20 Black or African American**
- 30 American Indian or Alaska Native**
- 40 Asian**
 - 41 Asian Indian
 - 42 Chinese
 - 43 Filipino
 - 44 Japanese
 - 45 Korean
 - 46 Vietnamese
 - 47 Other Asian
- 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 C08.03, CONTINUE. OTHERWISE GO TO C08.05

ORACE3

C08.04

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.

INTERVIEWER NOTE: IF RESPONDENT HAS SELECTED MULTIPLE RACES IN PREVIOUS AND REFUSES TO SELECT A SINGLE RACE, CODE AS 'REFUSED'.]

- 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

MARITAL

C08.05

Are you...?

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

State Added Section ME01: Gender Identity (PATH A & B)

ME01.01 The next questions are about gender identity and sexual orientation. What sex were you assigned at birth, on your original birth certificate?

[IF NEEDED, SAY: WE ASK THESE QUESTIONS IN ORDER TO BETTER UNDERSTAND THE HEALTH CARE NEEDS OF PEOPLE WITH DIFFERENT SEXUAL ORIENTATIONS AND GENDER IDENTITIES'.]

- 1 Male
- 2 Female
- 7 Don't know/Not Sure
- 9 Refused

ME01.02 I'll read a list of terms people sometimes use to describe their gender identity. Please tell me which number best describes how you think of yourself.

- 1 Male
- 2 Female
- 3 Transgender
- 4 Do not identify as female, male, or transgender
- 7 Don't know/Not sure
- 9 Refused

INTERVIEWER NOTE: PLEASE SAY THE NUMBER BEFORE THE TEXT RESPONSE. RESPONDENTS CAN ANSWER WITH EITHER THE NUMBER OR THE TEXT WORD.

INTERVIEWER NOTE: IF ASKED ABOUT DEFINITION OF TRANSGENDER, SAY:

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

State Added Section ME02: Sexual Orientation (PATH A & B)

ME02.01 Now I'll read a list of terms people sometimes use to describe themselves – heterosexual or straight; homosexual (gay or lesbian) and bisexual. As I read the list again, please stop me when I get to the term that best describes how you think of yourself.

- 1 Heterosexual or straight
- 2 Homosexual (gay or lesbian)
- 3 Bisexual
- 4 Other
- 7 Don't Know/ Not Sure
- 9 Refused

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

Core Section 8: Demographics (Question 6 to 25)

EDUCA

C08.06

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

Read only if necessary:

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

Do not read:

- 9 Refused

RENTHOM1

C08.07

Do you own or rent your home?

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

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

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

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

CTYCODE2

C08.08 In what county do you currently live?

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

ZIPCODE1

C08.09 What is the ZIP Code where you currently live?

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

CATI NOTE: If cellular telephone interview, do not ask C08.10, go to C08.12

NUMHHOL3

C08.10 Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household? .

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

CATI NOTE: IF RESPONSE TO C08.10 IS 2, 7, OR 9, GO TO C08.12

NUMPHON3

C08.11 How many of these telephone numbers are residential numbers?

— Residential telephone numbers [1-5]
6 Six or more
7 Don't know / Not sure
9 Refused

CPDEMO1B

C08.12 How many cell phones do you have for personal use?

Read if necessary: Include cell phones used for both business and personal use.

— Enter number (1-5)
6 Six or more
7 Don't know / Not sure
8 None
9 Refused

VETERAN3

C08.13 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

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

1 Yes

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

EMPLOY1
C08.14

Are you currently...?

INTERVIEWER NOTE: If more than one, say "select the category which best describes you."

Please read:

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

Or

- 8 Unable to work

Do not read:

- 9 Refused

CHILDREN
C08.15

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

— — Number of children

- 8 8 None
- 9 9 Refused

INCOME2
C08.16

Is your annual household income from all sources—

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

WEIGHT2
C08.17

About how much do you weigh without shoes?

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

Round fractions UP

__ __ __ __ Weight
(pounds/kilograms)

7 7 7 7 Don't know / Not sure

9 9 9 9 Refused

HEIGHT3
C08.18

About how tall are you without shoes?

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

Round fractions UP

__ / __ Height
(ft / inches/meters/centimeters)

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

9 9 / 9 9 Refused

Skip if Male (ME01.01 is coded 1) IF (CP05 = 1 or LL12=1; or LL09 = 1 or LL07 =1) or C08.01 or AGE, is greater than 49

PREGNANT
C08.19

To your knowledge, are you now pregnant?

1 Yes

2 No

7 Don't know / Not sure

9 Refused

DEAF
C08.20

Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone.

Are you deaf or do you have serious difficulty hearing?

1 Yes

2 No

7 Don't know / Not Sure

9 Refused

BLIND

C08.21 Are you blind or do you have serious difficulty seeing, even when wearing glasses?

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

DECIDE

C08.22 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

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

DIFFWALK

C08.23 Do you have serious difficulty walking or climbing stairs?

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

DIFFDRES

C08.24 Do you have difficulty dressing or bathing?

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

DIFFALON

C08.25 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

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

Core Section 9: Tobacco Use

SMOKE100

C09.01 Have you smoked at least 100 cigarettes in your entire life?

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."

NOTE: 5 packs = 100 cigarettes

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

9 Refused

CATI NOTE: IF C09.01 RESPONSES 2, 7 OR 9 GO TO C09.05)

SMOKDAY2

C09.02

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

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

CATI NOTE: IF C09.02 RESPONSE IS 3, GO TO C09.04; IF RESPONSE IS 7 OR 9 GO TO C09.05)

STOPSMK2

C09.03

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

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

CATI NOTE: GO TO C09.05 – SKIP C09.04

LASTSMK2

C09.04

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

Read if necessary:

- 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

Do not read:

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

USENOW3

C09.05

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.

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

Do not read:

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

State Added Section 9: Other Tobacco Products (PATH B ONLY)

ME09.01 Now I would like to ask you some questions about using other kinds of tobacco.
Do you now smoke regular cigars or cigarillos 'every day,' 'some days,' or 'not at all'?

INTERVIEWER NOTE: REGULAR MEANS NOT FLAVORED OR NOT CIGARETTE SIZED

- 1 Every Day
- 2 Some days
- 3 Not at all
- 7 Don't Know/Not sure
- 9 Refused

ME09.02 Do you smoke little cigars that look like cigarettes every day, some days or not at all?

READ IF NECESSARY

- 1 Every Day
- 2 Some Days
- 3 Not at all
- 7 Don't Know/Not Sure
- 9 Refused

State Added Section 18: E-cigarettes (PATH B ONLY)

ME18.01 Have you ever used an e-cigarette or other electronic vaping product even just one time in your entire life?

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 CORE SECTION 10: Alcohol Consumption**)
- 7 Don't Know/Not sure (**Go to CORE SECTION 10: Alcohol Consumption**)
- 9 Refused (**Go to CORE SECTION 10: Alcohol Consumption**)

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.

ME18.02 Do you now use e-cigarettes or other electronic 'vaping products' every day, some days, or not at all?

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

7 Don't Know/Not Sure
9 Refused

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.

State Added Section 10: E-cigarettes (PATH B ONLY)

CATI NOTE: ASK ME10.01 IF M18.01 = 1

ME10.01 Why did you start to use e-cigs?

- 1 Try something new
- 2 To quit smoking
- 3 Friends (introduced, pressured, recommended)
- 4 Health (Improve, Less harmful)
- 5 To be able to smoke in places where cigarette smoking is not allowed (restaurants, bars or other public places)
- 8 Other**
- 7 Don't Know/Not sure
- 9 Refused

CATI NOTE: ASK IF (C09.01 > 0 AND C09.02 <3) OR ME09.01 <3 OR ME09.02 <3 or C09.05 <3) and ME18.01 = 1

ME10.02 Do you or did you use e-cigs the same, more or less frequently than other tobacco products?

INTERVIEWER NOTE: Use is 10 minutes or 10-20 puffs at a time.

Read if necessary

- 1 Same
- 2 More
- 3 Less
- 7 Don't Know/Not sure
- 9 Refused

CATI NOTE: ASK IF ME18.02 < 3

ME10.03 Have you stopped using other tobacco products completely?

- 1 Yes
- 2 No
- 3 Never use other tobacco products
- 7 Don't Know/Not sure
- 9 Refused

CATI NOTE: ASK IF ME18.01 = 1

ME10.04 Will you continue to use e-cigs or plan to use e-cigs in the future?

- 1 Yes

- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

Core Section 10: Alcohol Consumption

ALCDAY5

C10.01

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?

- 1 _ _ Days per week
- 2 _ _ Days in past 30 days
- 8 8 8 No drinks in past 30 days
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

[INTERVIEWER NOTE: One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.]

CATI NOTE: IF C10.01 RESPONSE = 888, 777 OR 999, GO TO NEXT SECTION

AVEDRNK2

C10.02

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?

READ IF NECESSARY: 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

DRNK3GE5

C10.03

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?

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

MAXDRNKS

C10.04

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

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

Core 11: Exercise (Physical Activity)

EXERANY2

C11.01

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?

[INTERVIEWER NOTE; If respondent does not have a regular job or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.]

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

CATI NOTE: IF C11.01 RESPONSE = 2, 7 OR 9 GO TO C11.08

EXTRACT11

C11.02

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

- ___ Specify from Physical Activity Coding list
- 77 Don't know/Not sure
- 99 Refused

INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Physical Activity Coding List, choose the option listed as "Other (specify)".

CATI NOTE: IF C11.02 RESPONSE = 77 OR 99 GO TO C11.08

EXEROFT1

C11.03

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

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

EXERHMM1

C11.04

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

- ___ Hours and minutes
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

EXTRACT21

C11.05 What other type of physical activity gave you the next most exercise during the past month?

INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Physical Activity Coding List, choose the option listed as "Other (specify)".

- ___ Specify from Physical Activity Coding list
- 88 No other activity
- 77 Don't know/not sure

CATI NOTE: IF C11.05 RESPONSE = 88 OR 77 GO TO C11.08

EXEROFT2

C11.06 How many times per week or per month did you take part in this activity during the past month?

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

EXERHMM2

C11.07 And when you took part in this activity, for how many minutes or hours did you usually keep at it?

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

STRENGTH

C11.08 During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles?

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

INTERVIEWER NOTE: 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.

Core 12: Fruits and Vegetables

FRUIT2

C12.01 Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.

Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month.

ENTER QUANTITY IN TIMES PER DAY, WEEK OR MONTH.

- 1 _ _ Days
- 2 _ _ Weeks
- 3 _ _ Months
- 3 0 0 Less than once a month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

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.”

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 TIMES PER MONTH. DO NOT ENTER TIMES PER DAY UNLESS THE RESPONDENT REPORTS THAT HE/SHE CONSUMED THAT FOOD ITEM EACH DAY DURING THE PAST MONTH.

FRUITJU2

C12.02 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?

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?”

- 1 __ Days
- 2 __ Weeks
- 3 __ Months
- 3 0 0 Less than once a month
- 5 5 5 Never
- 7 7 7 Don’t know / Not sure
- 9 9 9 Refused

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.”

FVGREEN1

C12.03 How often did you eat a green leafy or lettuce salad, with or without other vegetables?

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?”

- 1 __ Days
- 2 __ Weeks
- 3 __ Months
- 3 0 0 Less than once a month
- 5 5 5 Never
- 7 7 7 Don’t know / Not sure
- 9 9 9 Refused

READ IF RESPONDENT ASKS ABOUT SPINACH: “INCLUDE SPINACH SALADS.”

FRENCHF1

C12.04 How often did you eat any kind of fried potatoes, including French fries, home fries or hash browns?

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?”

- 1 __ Days
- 2 __ Weeks
- 3 __ Months
- 3 0 0 Less than once a month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

READ IF RESPONDENT ASKS ABOUT WHAT TYPES OF POTATOES TO INCLUDE: “DO NOT INCLUDE POTATO CHIPS.”

POTATOE1

C12.05 How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?

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?”

- 1 __ Days
- 2 __ Weeks
- 3 __ Months
- 3 0 0 Less than once a month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

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

VEGETAB2

C12.06 Not including lettuce salads and potatoes, how often did you eat other vegetables?

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?”

- 1 __ Days
- 2 __ Weeks
- 3 __ Months
- 3 0 0 Less than once a month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

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.

Core Section 13: Immunization

FLUSHOT7

C13.01 During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm?

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

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

CATI NOTE: IF C13.01 RESPONSE = 2, 7, OR 9 GO TO C13.03

FLSHTMY3

C13.02 During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm?

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

TETANUS1

C13.03 Have you received a tetanus shot in the past 10 years?

INTERVIEWER NOTE: IF YES, ASK: 'Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?'

- 1 Yes, received Tdap
- 2 Yes, received tetanus shot, but not Tdap
- 3 Yes, received tetanus shot but not sure what type
- 4 No, did not receive any tetanus shot in the past 10 years
- 7 Don't know/Not sure
- 9 Refused

PNEUVAC4

C13.04 Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

INTERVIEWER NOTE: IF RESPONDENT IS CONFUSED READ: THERE ARE TWO TYPES OF PNEUMONIA SHOTS: POLYSACCHARIDE, ALSO KNOWN AS PNEUMOVAX, AND CONJUGATE, ALSO KNOWN AS PREVNAR.

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

Core Section 14: H.I.V./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.

HIVTST7

C14.01 Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for H.I.V.?

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

CATI NOTE: IF C14.01 RESPONSE = 2, 7, OR 9 GO TO C14.03

HIVTSTD3

C14.02 Not including blood donations, in what month and year was your last H.I.V. test?

NOTE: If response is before January 1985, code "777777"

CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

- __/_---- Code month and year
- 77/7777 Don't know / Not sure
- 99/9999 Refused / Not sure

HIVRISK5

C14.03 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.

- 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

Module 8: Lung Cancer Screening

IF C09.01=1 (YES) AND C09.02 = 1, 2, OR 3 (EVERY DAY, SOME DAYS, OR NOT AT ALL) CONTINUE. ELSE GO TO QUESTION M08.04.

LCSFIRST

M08.01 You've told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer.

How old were you when you first started to smoke cigarettes regularly?

INTERVIEWER NOTE: Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).

If respondent indicates age inconsistent with previously entered age, verify that this is the correct answer and change the age of the respondent regularly smoking or make a note to correct the age of the respondent.

___ Age in Years (001 – 100)
777 Don't know/Not sure
999 Refused

888 Never smoked cigarettes regularly

LCSLAST

M08.02 How old were you when you last smoked cigarettes regularly?

___ Age in Years (001 – 100)
777 Don't know/Not sure
999 Refused

LCSNUMCG

M08.03 On average, when you {smoke/smoked} regularly, about how many cigarettes {do/did} you usually smoke each day?

INTERVIEWER NOTE: Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all). Respondents may answer in packs instead of number of cigarettes. Below is a conversion table: 0.5 pack = 10 cigarettes/ 1.75 pack = 35 cigarettes/ 0.75 pack = 15 cigarettes/ 2 packs = 40 cigarettes/ 1 pack = 20 cigarettes/ 2.5 packs= 50 cigarettes/ 1.25 pack = 25 cigarettes/ 3 packs= 60 cigarettes/ 1.5 pack = 30 cigarettes

___ Number of cigarettes
777 Don't know/Not sure
999 Refused

LCSCCTSCN

M08.04 The next question is about CT or CAT scans. During this test, you lie flat on your back on a table. While you hold your breath, the table moves through a donut shaped x-ray machine while the scan is done. In the last 12 months, did you have a CT or CAT scan?

Read if necessary:

- 1 Yes, to check for lung cancer
- 2 No (did not have a CT scan)
- 3 Had a CT scan, but for some other reason

Do not read:

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

State Added Section 19: Lung Cancer (PATHS A AND B)

Lung cancer screening occurs when someone who is healthy, without any symptoms or signs of lung cancer, is tested to see if lung cancer is present. The test that is used for lung cancer screening is called a CT or CAT scan. During this test, you lie flat on your back on a table, which moves through a donut-shaped x-ray machine that takes pictures of your lungs.

ME19.01 In the last 12 months, did any of your health care providers ask you whether you wanted to have a CT scan for lung cancer screening?

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

ME19.02 In the last 12 months, did your health care providers talk to you about the possible benefits of the CT scan for lung cancer screening?

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

ME19.03 In the last 12 months, did your health care providers talk to you about the possible harms of the CT scan for lung cancer screening?

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

ME19.04 In the last 12 months, did you have a CT scan for lung cancer screening?

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

INTERVIEWER NOTE: Confirm with respondent that the CT scan was performed for lung cancer screening, not for other reasons (such as evaluation of symptoms like cough, shortness of breath, etc.)

ME19.05 How many parents, brothers, or sisters in your family have had lung cancer?

- 1 0
- 2 1
- 3 2 or more
- 7 Don't know/Not sure
- 9 Refused

ME19.06 Have you been exposed to asbestos at work?

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

Module 15: Aspirin for CVD Prevention

ASPIRIN

M15.01 How often do you take an aspirin to prevent or control heart disease, heart attacks or stroke? Would you say....

READ LIST:

- 1 Daily
- 2 Some days
- 3 Used to take it but had to stop due to side effects, OR
- 4 Do not take it

DO NOT READ:

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

Module 16: Home/Self-measured Blood Pressure

HOMBCHK

M16.01 Has your doctor, nurse or other health professional recommended you check your blood pressure outside of the office or at home?

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

INTERVIEWER NOTE: By other healthcare professional, we mean nurse practitioner, a physician assistant, or some other licensed health professional.

HOMRGCHK

M16.02 Do you regularly check your blood pressure outside of your healthcare professional's office or at home?

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

CATI NOTE: IF 2, 7 OR 9, GO TO NEXT SECTION

WHEREBP

M16.03 Do you take it mostly at home or on a machine at a pharmacy, grocery, or similar location?

- 1 At home
- 2 On a machine at a pharmacy, grocery or similar location
- 3 Do not check it
- 7 Don't know / Not sure
- 9 Refused

SHAREBP

M16.04 How do you share your blood pressure numbers that you collected with your health professional? Is it mostly by telephone, other methods such as emails, internet portal or fax, or in person?

DO NOT READ:

- 1 Telephone
- 2 Other methods such as email, internet portal or fax, OR
- 3 In Person
- 4 Do not share information
- 7 Don't know / Not sure
- 9 Refused

Module 17: Sodium or Salt-Related Behavior

WTCHSALT

M17.01 Are you currently watching or reducing your sodium or salt intake?

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

DRADVISE

M17.02 Has a doctor or other health professional ever advised you to reduce sodium or salt intake?

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

Module 21: Caregiver (Questions 1 to 8) (Path A ONLY)

CAREGIV1

M21.01 During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?

INTERVIEWER NOTE: If caregiving recipient has died in the past 30 days, code 8 and say: I'm so sorry to hear of your loss

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 8 Caregiving recipient died in past 30 days
- 9 Refused

CATI NOTE: IF 2, 7 OR 9, GO TO M21.09. IF 8, GO TO NEXT MODULE

CRGVREL2

M21.02 What is his or her relationship to you?

INTERVIEWER NOTE: If more than one person, say: Please refer to the person to whom you are giving the most care.

- 01 Mother
- 02 Father
- 03 Mother-in-law
- 04 Father-in-law
- 05 Child
- 06 Husband
- 07 Wife
- 08 Live-in partner
- 09 Brother or brother-in-law
- 10 Sister or sister-in-law
- 11 Grandmother
- 12 Grandfather
- 13 Grandchild
- 14 Other relative
- 15 Non-relative/ Family friend
- 77 Don't know/Not sure

CRGVLNG1

M21.03 For how long have you provided care for that person?

Read if necessary:

- 1 Less than 30 days
- 2 1 month to less than 6 months
- 3 6 months to less than 2 years
- 4 2 years to less than 5 years
- 5 More than 5 years

Do not read:

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

CRGVHRS1

M21.04 In an average week, how many hours do you provide care or assistance?

Read if necessary:

- 1 Up to 8 hours per week
- 2 9 to 19 hours per week
- 3 20 to 39 hours per week
- 4 40 hours or more

Do not read:

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

CRGVPRB3

M21.05 What is the main health problem, long term illness, or disability that the person you care for has?

- 01 Arthritis/ rheumatism
- 02 Asthma
- 03 Cancer
- 04 Chronic respiratory conditions such as emphysema or COPD
- 05 Alzheimer's disease, dementia or other cognitive impairment disorder
- 06 Developmental disabilities such as autism, Down's Syndrome, and spina bifida
- 07 Diabetes
- 08 Heart disease, hypertension, stroke
- 09 Human Immunodeficiency Virus Infection (H.I.V.)
- 10 Mental illnesses, such as anxiety, depression, or schizophrenia
- 11 Other organ failure or diseases such as kidney or liver problems
- 12 Substance abuse or addiction disorders
- 13 Injuries, including broken bones
- 14 Old age/ infirmity/frailty
- 15 Other
- 77 Don't know/Not sure
- 99 Refused

CATI NOTE: If M21.05 = 5 (Alzheimer's disease, dementia or other cognitive impairment disorder), go to M21.07. Otherwise, continue

CRGVALZD

M21.06 Does the person you care for also have Alzheimer's disease, dementia or other cognitive impairment disorder?

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

CRGVPERS

M21.07 In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing?

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

CRGVHOUS

M21.08 In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or preparing meals?

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

State Added Section 21: Caregiver (PATH A ONLY)

ME21.01 Of the following support services, which one do you most need, that you are not currently getting?

INTERVIEWER NOTE: IF RESPONDENT ASKS WHAT RESPITE CARE IS, SAY: 'Respite care means short term breaks for people who provide care.'

Please read

- 1 Classes about giving care, such as giving medications
- 2 Help in getting access to services
- 3 Support groups
- 4 Individual counseling to help cope with giving care
- 5 Respite care
- 6 You don't need any of these support services

Do not read

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

CATI: GO TO NEXT MODULE (SKIP M21.09)

Module 21: Caregiver (Question 9) (Path A ONLY)

CATI NOTE: If M21.01 = 1 or 8, go to next module

CRGVEXPT

M21.09 In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?

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

Module 30: Random Child Selection

CATI NOTE: If Core C08.15 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

If Core C08.15 = 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 C08.15 is >1 and Core C08.15 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.

RCSBIRTH

M30.01. What is the birth month and year of the [Xth] child?

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

RCSGENDR

M30.02. Is the child a boy or a girl?

- 1 Boy
- 2 Girl
- 9 Refused

RCHISLA1

M30.03. Is the child Hispanic, Latino/a, or Spanish origin?
If yes, ask: Are they...

INTERVIEWER NOTE: One or more categories may be selected

Read:

- 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

RCSRACE1

M30.04. Which one or more of the following would you say is the race of the child?

(Select all that apply)

INTERVIEWER NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
 - 41 Asian Indian
 - 42 Chinese
 - 43 Filipino
 - 44 Japanese
 - 45 Korean
 - 46 Vietnamese
 - 47 Other Asian
- 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

[CATI NOTE: IF MORE THAN ONE RESPONSE TO M30.04; CONTINUE. OTHERWISE, GO TO M30.06.]

RCSBRAC2

M30.05. Which one of these groups would you say best represents the child's race?

INTERVIEWER NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
 - 41 Asian Indian
 - 42 Chinese

- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian

- 50 Pacific Islander

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

Do not read:

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

RCSRLTN2

M30.06. How are you related to the child? Are you a.....

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 31: Childhood Asthma Prevalence

CATI NOTE: If response to Core C08.15 = 88 (None) or 99 (Refused), go to next module.

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

CASTHDX2

M31.01. Has a doctor, nurse or other health professional EVER said that the child has asthma?

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

CATI NOTE: IF 2, 7 OR 9, GO TO NEXT MODULE

CASTHNO2

M31.02. Does the child still have asthma?

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

Asthma Call-Back Permission Script

We would like to call you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in Maine. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you or others may refuse to participate in the future.

CALLBACK

CB01.01 Would it be okay if we called you back to ask additional asthma-related questions at a later time?

- 1 Yes
- 2 No

ADLTCHLD

CB01.02 Which person in the household was selected as the focus of the asthma call-back?

- 1 Adult
- 2 Child

CB01.03. 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.

State Added Section 5: Mental Health

ME05.01 Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?

- __ 01-14 Days
- 88 None
- 77 Don't Know/Not sure
- 99 Refused

CATI NOTE: 14 Maximum

ME05.02 Over the last 2 weeks, how many days have you felt down, depressed or hopeless?

- __ 01-14 Days
- 88 None
- 77 Don't Know/Not sure
- 99 Refused

CATI NOTE: 14 Maximum

ME05.03 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)?

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

ME05.04 Are you now taking medicine or receiving treatment from a doctor or other healthcare provider for any type of mental health condition or emotional problem?

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

State Added Section 6: Substance Abuse 1

ME06.01 During the past 30 days, on how many days did you use marijuana or hashish?

___ (01-30) NUMBER OF DAYS

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

ME06.02 Within the past 30 days on how many days did you use prescription drugs that were either not prescribed to you and/or not used as prescribed in order to get high?

- 1 NEVER USED
- 2 HAVE USED BUT NOT IN THE LAST 30 DAYS
- 3 1-2 DAYS
- 4 3-5 DAYS
- 5 6 OR MORE DAYS
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

State Added Section 7: Sugar Sweetened Beverage (PATH A ONLY)

ME07.01 During the past month, how many times per day, week or month did you drink a can, bottle or glass of soda, sports drink, energy drink, or other sugar-sweetened beverage such as Gatorade, Red Bull, lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny D? (Do not count diet soda, other diet drinks, or 100% fruit juice).

- 101 – 199 PER DAY
- 201 – 299 PER WEEK
- 301 – 399 PER MONTH
- ___ TIMES
- 555 NEVER
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED

CATI NOTE: 101 MINIMUM, 399 MAXIMUM

State Added Section 8: Cigarette Use (PATH B ONLY)

CATI NOTE: ASK IF C09.01 = 1 AND C09.02 = 1

ME08.01 We have some additional questions on specific health issues we would like to ask you about.

On the average, about how many cigarettes a day do you now smoke?

___ Enter number of cigarettes

777 Don't Know/Not sure

999 Refused

INTERVIEWER NOTE: 1 PACK = 20 CIGARETTES

CATI NOTE: ASK IF C09.01 = 1 AND C09.02 = 2

ME08.02 We have some additional questions on specific health issues we would like to ask you about.
On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke in a day?

___ Enter number of cigarettes

777 Don't Know/Not sure

999 Refused

INTERVIEWER NOTE: 1 PACK = 20 CIGARETTES

CATI NOTE: Ask if C09.01 = 1

ME08.03 How old were you when you smoked your first cigarette?

___ Age in years

777 Don't Know/Not sure

999 Refused

State Added Section 11: Cessation (PATH B ONLY)

CATI NOTE for state added section ME11: IF (C09.02 > 0 AND C09.02 < 3) OR ME09.01 < 3 OR ME09.02 < 3 OR C09.05 < 3 or ME18.02 <3 continue, else go to next section

ME11.01 The next questions are about quitting tobacco use.

Would you like to quit smoking or using other tobacco products?

1 Yes

2 No **(Go to ME11.04)**

7 Don't Know/Not Sure **(Go to ME11.04)**

9 Refused **(Go to ME11.04)**

CATI NOTE: ASK IF ME11.01 = 1

ME11.02 Are you seriously considering quitting within the next 6 months?

1 Yes

2 No **(Go to ME11.04)**

7 Don't Know/Not Sure

9 Refused

CATI NOTE: ASK IF ME11.01 = 1 AND (ME11.02 > 0 AND ME11.02 <= 2)

ME11.03 Are you planning to stop within the next 30 days?

1 Yes

2 No

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

ME11.04 Now I am going to reAd you a list of products and services that you might have used to help you quit smoking or using other tobacco products

In the last 12 months, have you used...

Nicotine replacement medication such as nicotine patches, gum, inhaler or nasal spray?

- 1 Yes
- 2 No (**GO TO ME11.06**)
- 3 I did not try to quit smoking or using tobacco products (**Go to ME11.08**)
- 7 Don't Know/Not sure (**Go to ME11.06**)
- 9 Refused (**Go to ME11.06**)

CATI NOTE ASK IF ME11.04 = 1

ME11.05 How did you pay for it (nicotine replacement systems)? Would you say

- 1 You paid for it on your own
- 2 Insurance paid for some of it
- 3 Insurance paid for all of it
- 4 You were given the medication free of charge
- 7 Don't Know/Not sure
- 9 Refused

CATI NOTE: ASK IF ME11.04 > 0 AND ME11.04 <> 3

ME11.06 In the last 12 months, have you used...

Non-nicotine medication such as Zyban, Wellbutrin, Chantix, Varenicline or other medications?

INTERVIEWER NOTE: CHANTIX PRONOUNCED 'SHANtix', VRENICLINE PRONOUNCED 'ver EN e kleen'

- 1 Yes
- 2 No (**Go to ME11.08**)
- 3 I Did not try to quit smoking or using tobacco products (**Go to ME11.08**)
- 7 Don't Know/Not sure (**Go to ME11.08**)
- 9 Refused (**Go to ME11.08**)

CATI NOTE: ASK IF ME11.06 = 1

ME11.07 How did you pay for it (non-nicotine medication)? Would you say...

- 1 You paid for it on your own
- 2 Insurance paid for some of it
- 3 Insurance paid for all of it
- 4 You were given the medication free of charge
- 7 Don't Know/Not Sure
- 9 Refused

ME11.08 In the past 12 months, has a dentist or dental hygienist advised you to stop smoking or using other tobacco products?

- 1 Yes
- 2 No
- 3 I have not seen a dentist in the last 12 months
- 7 Don't Know/Not Sure
- 9 Refused

ME11.09 The next set of questions is about experiences you may have had during a visit to a doctor's office in the last 12 months.

During any such visit, did any health professional...

Advise you to stop smoking or using other tobacco products?

1 Yes

2 No

3 I have not visited a doctor's office in the last 12 months (**Go to ME11.12**)

7 Don't Know/Not Sure

9 Refused

CATI NOTE: IF ME11.09 > 0 AND ME11.09 <= 3 continue; else go to ME11.12

ME11.10 During any such visit, did any health professional...

Give you information about counseling classes or programs, such as the Maine Tobacco HelpLine to help you quit smoking or using other tobacco products?

1 Yes

2 No

7 Don't Know/Not sure

9 Refused

ME11.11 During any such visit, did any health professional...

Talk with you about medications to help you stop smoking or using other tobacco products?

INTERVIEWER NOTE: IF CLARIFICATION NEEDED ON "Medications", STATE: "Such as nicotine patch or gum, nicotine inhaler or nasal spray, or medication (Zyban, Wellbutrin, Chantix, or Varenicline)"

INTERVIEWER NOTE: CHANTIX PRONOUNCED "SHAN tix" VARENICLINE PRONOUNCED "ver EN e kleen"

1 Yes

2 No

7 Don't Know/Not sure

9 Refused

ME11.12 During the past 30 days, have you seen any advertisements on television about help to quit smoking?

1 Yes

2 No (**Go to ME11.14**)

7 Don't Know/Not Sure (**Go to ME11.14**)

9 Refused (**Go to ME11.14**)

CATI NOTE: ASK IF ME11.12= 1

ME11.13 Which ones do you remember?

DO NOT READ CHECK ALL THAT APPLY

1 Maine Tobacco Helpline

2 Quitnow (tips from former smokers – has graphic ads with heart surgery or throat surgery)

3 Quitlink (the Maine Community of Online Support to quit smoking, may also be called the Maine Quit Smoking Website.)

4 Other cessation (which could include NRT Ads, Hospital cessation programs, etc.)

- 5 Tobacco industry ad (Which could include E-cigarettes)
- 7 Don't Know/Not Sure
- 9 Refused

ME11.14 In the last 12 months, how many times have you called the Maine Tobacco Helpline?

Would you say...

PLEASE READ

- 1 Zero Times
- 2 One Time
- 3 Two Times
- 4 Three or more times

DO NOT READ

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

CATI NOTE Ask if ME11.14<6

ME11.15 How were you referred to the Maine Tobacco Helpline?

PLEASE READ

- 1 Quitlink
- 2 From ads/materials promoting the Helpline
- 3 By a healthcare professional
- 4 By a family member or friend
- 5 I was not referred to the Maine Tobacco Helpline

State Added Section 12: Environmental Tobacco (PATH B ONLY)

ME12.01 These next questions ask about the type of building you live in and how long you have lived there.

In what type of living space do you currently reside?

PLEASE READ

- 1 Single family home
- 2 Duplex
- 3 Double or multi-family home
- 4 Condominium
- 5 Townhouse
- 6 Apartment building

Do not read:

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

ME12.02 How long have you lived in your current residence?

CATI NOTE: 101. MIN, 499. MAX

- 101 – 199 Number of Days**
- 201 – 299 Number of Weeks**
- 301 – 399 Number of months**
- 401 – 499 number of years**

___ Enter amount of time

777 Don't Know/Not Sure
999 Refused

ME12.03 Do you currently live in public/affordable/subsidized housing or participate in a voucher/low-income housing program (Such as Section 8)?

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

ME12.04 Now I am going to ask you some questions about second hand cigarette smoke.

Do you agree or disagree with the following statement "People should be protected from secondhand smoke"? Would you say

PLEASE READ

- 1 Strongly agree
- 2 Somewhat agree
- 3 Neither agree nor disagree
- 4 Somewhat disagree
- 5 Strongly disagree

Do not read:

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

ME12.05 On how many of the past 30 days has someone, including yourself, smoked cigarettes, cigars, or pipes anywhere INSIDE your home?

CATI NOTE: 30 MAX

- __ Days
- 88 None
- 77 Don't Know/Not Sure
- 99 Refused

ME12.06 Which of the following statements best describes the rules about smoking inside your home?

Please read

- 1 No one is allowed to smoke anywhere inside your home
- 2 Smoking is not allowed if children are in the home
- 3 Smoking is allowed in some place or at some times
- 4 Smoking is permitted anywhere inside your home

Do not read:

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

CATI NOTE: ASK IF ME12.01 > 1 AND ME12.01 < 7

ME12.07 Which of the following statements best describes the official smoking policy in your building?

Please read

- 1 Smoking is not allowed in any areas of the building including living units
- 2 Smoking is not allowed in shared areas, but is allowed inside living units
- 3 Smoking is allowed anywhere

Do not read

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

ME12.08 Which of the following statements best describes the rules about smoking inside your car?

Please read

- 1 No one is allowed to smoke inside your car
- 2 Smoking is not allowed if children are in your car
- 3 Smoking is permitted anytime inside your car
- 4 Don't own a car

Do not read:

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

ME12.09 In the past 12 months, have you asked someone to not smoke near you or around you?

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

ME12.10 During the past 7 days, that is, since last {today's day of the week}, on how many days did you ride in a vehicle where someone other than you was smoking tobacco?

CATI NOTE: Program {today's day of the week}.

__ Number of Days (01-07) **(07 MAX)**

- 88 None
- 77 Don't Know/Not Sure Refused

CATI NOTE: IF C08.14 = 1 OR C08.14 = 2 continue, else go to next section

ME12.11. Which of these best describes your place of work's smoking policy for indoor public common areas, such as lobbies, rest rooms and lunchrooms? Would you say smoking is

Please read

- 1 Not allowed in any public areas
- 2 Allowed in some public areas
- 3 Allowed in all public areas

Do not read:

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

ME12.12 Which of these statements best describes your place of work's smoking policy for work areas? Would you say smoking is...

Please read

- 1 Not allowed in any work areas
- 2 Allowed in some work areas

3 Allowed in all work areas

Do not read:

7 Don't Know/Not Sure

9 Refused

ME12.13 Which of these statements best describes your place of work's smoking policy for vehicles? Would you say smoking is...

Please read:

1 Not allowed in any vehicles

2 Allowed in some vehicles

3 Allowed in all vehicles

4 My work does not involve the use of any vehicles at any time

Do not read:

7 Don't Know/Not Sure

9 Refused

ME12.14 The next question is about exposure to secondhand smoke. 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?

CATI NOTE: 07 MAX

CATI NOTE: Program {Today's day of the week}

__ Number of Days (01-07)

88 None

77 Don't Know/Not sure

99 Refused

State Added Section 13: Smoking Beliefs (PATH B ONLY)

ME13.01 When you go to convenience stores or gas stations in your community, how often do you see advertisements for cigarettes, chewing tobacco, or other tobacco products? Would you say...

Please read

1 Frequently

2 Sometimes

3 Almost Never

4 I Don't go to convenience stores or gas stations

Do not read:

7 Don't know/Not sure

9 Refused

CATI NOTE: IF C08.15 < 88 continue, else go to next section

ME13.02 Do you try to prevent the children in your household from using cigarettes or other tobacco products?

1 Yes

2 No

7 DON'T KNOW/NOT SURE

9 Refused

ME13.03 Do you believe e-cigarettes or other electronic vaping products have the same, more or less nicotine than regular cigarettes?

READ IF NECESSARY: Electronic cigarettes (e-cigarettes and other electronic 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 Same
- 2 More
- 3 Less
- 7 Don't Know/Not Sure
- 9 Refused

INTERVIEWERS NOTE: This question concerns electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in this question.

State Added Section 14: Environmental Health (PATH A ONLY)

ME14.01 Do you have any type of air conditioning in your home?

READ: Any type of air conditioning means a central air conditioning system or window air conditioning units or a heat pump used to cool the air in your home.

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

CATI NOTE: IF 'YES' THEN ASK NEXT QUESTION, ELSE SKIP TO NEXT SECTION.

CATI NOTE: ASK M314.02 IF ME14.01 = 1

ME14.02 Do you have central air conditioning, or a window air conditioner unit, or a heat pump?

(INTERVIEWER NOTE: CHECK ALL THAT APPLY)

- 1 Central air conditioning
- 2 A window air conditioning unit
- 4 Heat pump
- 7 Don't know/not sure
- 9 Refused

WAT_WELL

ME14.03 Now I would like to ask some questions about well water. When I ask about using well water, I am asking about the water you currently use for drinking, cooking or bathing.

Do you get any of your water from a well?

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

CATI NOTE: ASK ME14.04 IF ME14.03 = 1

WAT_TEST

ME14.04 Have you ever had your current well water tested?

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

CATI NOTE: ASK ME14.05 IF ME14.04 = 1

TST_ARSN

ME14.05 Arsenic is not included in all water tests. Have you tested your well water for arsenic?

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

CATI NOTE: ASK ME14.06 IF ME14.04 = 1

RDN_WATR

ME14.06 Radon is not included in all water tests. Testing water for radon is not the same as testing your household air for radon. Have you tested your well water for radon?

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

RDN_TEST

ME14.07 Testing household air for radon is not the same as testing your water for radon.

Has your household air been tested for the presence of radon gas?

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

CATI NOTE: ASK ME14.08 IF ME14.07 = 1

RDN_LEVEL

ME14.08 Were the radon levels in your household above normal?

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

CATI NOTE: ASK ME14.09 IF ME14.08 = 1

RDN_FIXD

ME14.09 Have the radon levels been reduced or fixed?

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

State Added Section 15: Sexual Violence (PATH A ONLY)

ME15.01 Now I'd like to ask you some questions about different types of physical and/or sexual violence or other unwanted sexual experiences. This information will allow us to better understand the problem of violence and unwanted sexual contact and may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. At the end of this section, I will give you phone numbers for organizations that can provide information and referral for these issues.

Are you in a safe place to answer these questions?

1. YES
2. NO

CATI NOTE: IF 2 (NO), END SECTION.

CATI NOTE: ASK IF ME15Q01=1

ME15.02 Now, I am going to ask you questions about unwanted sex. Unwanted sex includes things like putting anything into your {IF C08.01 = 2, vagina}, anus, or mouth or making you do these things to them after you said or showed that you didn't want to. It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused.

Has anyone EVER had sex with you or attempted to have sex with you after you said or showed that you didn't want them to or without your consent?

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

CATI NOTE: IF 2, 7, OR 9, GO TO ME15Q04

CATI NOTE: ASK IF ME15.02 = 1

ME15.03 Has this happened in the past 12 months?

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

CATI NOTE: ASK IF ME15.01 = 1

ME15.04 In the past 12 months, has anyone touched sexual parts of your body after you said or showed that you didn't want them to, or without your consent?

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

CATI NOTE: ASK IF ME15.01 = 1

ME15.05 The next questions are about conflicts in relationships with an intimate partner. By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you dated would also be considered an intimate partner.

Have you EVER been frightened for your safety or the safety of your family or friends because of anger or threats by a current or former intimate partner?

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

CATI NOTE: ASK IF ME15.01 = 1

ME15.06 In the past 12 months, have you experienced physical violence or had unwanted sex with a current or former intimate partner? Physical violence includes being hit, kicked, punched, choked or otherwise physically hurt

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

CATI NOTE: ASK IF ME15.01 = 1

ME15.07 We realize that these questions may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained advocate or would like more information about sexual violence, please call 1-800-871-7741. For domestic violence, please call 1-866-834-HELP (4357). Would you like me to repeat these numbers?

State Added Section 16: Health Care Opinions (PATHS A AND B)

ME16.01 When you are sick or need advice about your health, to which one of the following places do you usually go? Would you say:

- 01 A DOCTORS OFFICE
- 02 A PUBLIC HEALTH CLINIC OR COMMUNITY HEALTH CENTER
- 03 A HOSPITAL OUTPATIENT DEPARTMENT
- 04 A HOSPITAL EMERGENCY ROOM
- 05 URGENT CARE CENTERS
- 06 SOME OTHER KIND OF PLACE
- 77 DON'T KNOW/NOT SURE

State Added Section 17: Substance Abuse 2 (PATHS A AND B)

CATI NOTE: ASK IF ME17Q01 >1 AND ME17Q02 < 7

ME17.01 In your lifetime, how many times have you gambled (bet) with money or possessions (i.e. casino, race track or online, lottery tickets or sporting events)?

- 1 0 times (**Go to ME17END**)
- 2 1-2 times
- 3 3-9 times
- 4 10-19 times
- 5 20-39 times
- 6 40 or more times
- 7 Don't Know/Not Sure (**Go to ME17END**)
- 9 Refused (**Go to ME17END**)

ME17.02 Has the money or time that you spent on gambling led to financial problems or problems in your family, work, school or personal life?

1 Yes

2 No

7 Don't Know/Not Sure

9 Refused

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