



2009

Behavioral Risk Factor Surveillance System

TEXAS

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U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Disease Control and Prevention  
National Center for Chronic Disease Prevention and Health  
Promotion  
Division of Adult and Community Health

2009 TEXAS BRFSS

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Introduction and Random Adult Selection Module

INTROQST

HELLO, I'm calling for the [HEALTH DEPARTMENT]. My name is [INTERVIEWER 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 [XXX-XXX-XXXX]?

1. CORRECT NUMBER (PROCEED TO NEXT QUESTION) SKP → PRIVRES
2. NUMBER IS NOT THE SAME SKP → WRONGNUM

WRONGNUM - IF INTROQST = 2

Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.

PRIVRES - IF INTROQST = 1

Is this a private residence?

1. YES, CONTINUE SKP → ISCELL
2. NO, NON-RESIDENTIAL SKP → NONRES

NONRES - IF PRIVRES = 2

Thank you very much, but we are only interviewing private residences in [STATE].

ISCELL - IF PRIVRES = 1

Is this a cellular telephone?

READ IF NECESSARY: By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood.

1. NO, NOT A CELLULAR TELEPHONE, CONTINUE. SKP → ADULTS
2. YES, A CELLULAR TELEPHONE SKP → CELLYES

CELLYES - IF ISCELL = 2

Thank you very much, but we are only interviewing land line telephones and private residences.

ADULTS - IF ISCELL = 1

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

\_ \_ ENTER NUMBER OF ADULTS IF ADULTS = 1 SKP → ONEADULT

MEN

How many of these adults are men?

\_ \_ ENTER NUMBER MEN

WOMEN

How many of these adults are women?

\_ \_ ENTER NUMBER WOMEN

WRONGTOT - IF MEN + WOMEN <> ADULTS

I'm sorry, something is not right.

Number of Men	-	
Number of Women	-	+
		-----
Number of Adults	-	

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

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

The person in your household I need to speak with is [RANDOMLY SELECTED ADULT].

Are you the [RANDOMLY SELECTED ADULT]?

1. YES SKP → YOURTHE1
2. NO SKP → GETNEWAD

ONEADULT - IF ADULT = 1

Are you the Adult?

INTERVIEWER NOTE: ASK GENDER IF NECESSARY.

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

ASKGENDR - IF ADULT = 1 AND ONEADULT = 3

Is the Adult a man or a woman?

1. MALE
2. FEMALE

GETADULT - IF ONEADULT = 3

May I speak with...

[IF ASKGENDR = 1 SHOW] ...him?  
[IF ASKGENDR = 2 SHOW] ...her?

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

YOURTHE1 - IF SELECTED = 1 OR ONEADULT < 3

Then you are the person I need to speak with.

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

GETNEWAD - IF SELECTED = 2

May I speak with the [RANDOMLY SELECTED RESPONDENT]?

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

NEWADULT - IF GETNEWAD = 1

HELLO, I am calling for the [HEALTH DEPARTMENT]. My name is  
[INTERVIEWER 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.

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

INTROSCR

I will not ask for your 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. **This call may be monitored for quality assurance purposes.** If you have any questions about this survey, please call **[GIVE APPROPRIATE STATE TELEPHONE NUMBER]**.

1. PERSON INTERESTED, CONTINUE

SKP → C01Q01

2. GO BACK TO ADULTS QUESTION. WARNING: A NEW  
RESPONDENT MAY BE SELECTED

SKP → ADULTS

Core Section 01: Health Status

C01Q01

Would you say that in general your health is...

1. Excellent
2. Very good
3. Good
4. Fair
- or
5. Poor
  
7. DON'T KNOW/NOT SURE
9. REFUSED

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

C02Q01

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

\_ \_ NUMBER OF DAYS

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

CATI NOTE: IF C02Q01 = 88 AND C02Q02 = 88 SKP TO C03Q01

C02Q02

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

\_ \_ NUMBER OF DAYS

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

C02Q03 - IF C02Q01 <> 88 AND C02Q02 <> 88

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

\_ \_ NUMBER OF DAYS

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

**Core Section 03: Health Care Access**

C03Q01

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

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

C03Q02

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

INTERVIEWER NOTE: IF "NO" ASK: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"

1. YES, ONLY ONE
2. MORE THAN ONE
3. NO
  
7. DON'T KNOW/NOT SURE
9. REFUSED

C03Q03

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

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

C03Q04

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

1. Within past year (anytime less than 12 months ago)
2. Within past 2 years (1 year but less than 2 years ago)
3. Within past 5 years (2 years but less than 5 years ago)
4. 5 or more years ago
  
7. DON'T KNOW/NOT SURE
8. NEVER
9. REFUSED

**Core Section 04: Sleep**

C04Q01

The next question is about getting enough rest or sleep.

During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?

\_ \_ NUMBER OF DAYS

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

**Core Section 05: Exercise**

C05Q01

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

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

Core Section 06: Diabetes

C06Q01

Have you ever been told by a doctor that you have diabetes?

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

Module 01: Pre-Diabetes (A/B)

M01Q01 - IF C06Q01 <> 1

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

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

CATI NOTE: IF C06Q01 = 4; ANSWER Q2 "YES" (CODE 1)

M01Q02

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

INTERVIEWER NOTE: 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 02: Diabetes (A/B)

M02Q01 - IF C06Q01 = 1

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

\_ \_ Code age in years [97 = 97 and older]

98. DON'T KNOW/NOT SURE

99. REFUSED

M02Q02 - IF C06Q01 = 1

Are you now taking insulin?

1. YES

2. NO

9. REFUSED

M02Q03 - IF C06Q01 = 1

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

- 1 \_ \_ Times per day (101-199)
- 2 \_ \_ Times per week (201-299)
- 3 \_ \_ Times per month (301-399)
- 4 \_ \_ Times per year (401-499)

888. NEVER

777. DON'T KNOW/NOT SURE

999. REFUSED

M02Q04 - IF C06Q01 = 1

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

- 1 \_ \_ Times per day (101-199)
- 2 \_ \_ Times per week (201-299)
- 3 \_ \_ Times per month (301-399)
- 4 \_ \_ Times per year (401-499)

555. NO FEET

888. NEVER

777. DON'T KNOW/NOT SURE

999. REFUSED

M02Q05 - IF C06Q01 = 1 AND M02Q04 <> 555

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 greater]

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

M02Q06 - IF C06Q01 = 1 AND M02Q04 <> 555

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

\_ \_ NUMBER OF TIMES [76 = 76 or greater]

- 88. NONE
- 98. NEVER HEARD OF "A one C"
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

CATI NOTE: IF M02Q04 = 555 (NO FEET), GO TO M02Q08.

M02Q07 - IF C06Q01 = 1 AND M02Q04 <> 555

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

\_ \_ NUMBER OF TIMES [76 = 76 or greater]

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

M02Q08 - IF C06Q01 = 1

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

READ ONLY IF NECESSARY

1. Within the past month (anytime less than 1 month ago)
2. Within the past year (1 month but less than 12 months ago)
3. Within the past 2 years (1 year but less than 2 years ago)
4. 2 or more years ago
7. DON'T KNOW/NOT SURE
8. NEVER
9. REFUSED

M02Q09 - IF C06Q01 = 1

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

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

M02Q10 - IF C06Q01 = 1

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

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

#### Core Section 07: Hypertension Awareness

C07Q01

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

INTERVIEWER NOTE: IF "YES" AND RESPONDENT FEMALE, ASK: "Was this only when you were pregnant?"

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

C07Q02 - IF C07Q01 = 1

Are you currently taking medicine for your high blood pressure?

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

Core Section 08: Cholesterol Awareness

C08Q01

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

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

C08Q02 - IF C08Q01 = 1

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

READ ONLY IF NECESSARY:

- 1. WITHIN THE PAST YEAR (ANYTIME LESS THAN 12 MONTHS AGO)
- 2. WITHIN THE PAST 2 YEARS (1 YEAR BUT LESS THAN 2 YEARS AGO)
- 3. WITHIN THE PAST 5 YEARS (2 YEARS BUT LESS THAN 5 YEARS AGO)
- 4. 5 OR MORE YEARS AGO
  
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C08Q03 - IF C08Q01 = 1

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

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

Core Section 09: Cardiovascular Disease Prevalence

C09Q01

Now I would like to ask you some questions about cardiovascular disease.

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

Ever told you had a heart attack, also called a myocardial infarction?

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

C09Q02

Ever told you had angina or coronary heart disease?

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

C09Q03

Ever told you had a stroke?

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

Core Section 10: Asthma

C10Q01

Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

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

C10Q02 - IF C10Q01 = 1

Do you still have asthma?

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

**Core Section 11: Tobacco Use**

C11Q01

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

INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES

1. YES
2. NO SKP → C11Q05
  
7. DON'T KNOW/NOT SURE SKP → C11Q05
9. REFUSED SKP → C11Q05

C11Q02 - IF C11Q01 = 1

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

1. EVERY DAY
2. SOME DAYS
3. NOT AT ALL SKP → C11Q04
  
7. DON'T KNOW/NOT SURE SKP → C11Q05
9. REFUSED SKP → C11Q05

C11Q03 - IF C11Q01 = 1 AND C11Q02 = 1 OR 2

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

1. YES SKP → C11Q05
2. NO SKP → C11Q05
  
7. DON'T KNOW/NOT SURE SKP → C11Q05
9. REFUSED SKP → C11Q05

CATI NOTE: IF C11Q02 = 3, CONTINUE. OTHERWISE, GO TO C11Q05

C11Q04 - IF C11Q02 = 3

How long has it been since you last smoked cigarettes regularly?

01. WITHIN THE PAST MONTH (LESS THAN 1 MONTH AGO)
02. WITHIN THE PAST 3 MONTHS (1 MONTH BUT LESS THAN 3 MONTHS AGO)
03. WITHIN THE PAST 6 MONTHS (3 MONTHS BUT LESS THAN 6 MONTHS AGO)
04. WITHIN THE PAST YEAR (6 MONTHS BUT LESS THAN 1 YEAR AGO)
05. WITHIN THE PAST 5 YEARS (1 YEAR BUT LESS THAN 5 YEARS AGO)
06. WITHIN THE PAST 10 YEARS (5 YEARS BUT LESS THAN 10 YEARS AGO)
07. 10 YEARS OR MORE
08. NEVER SMOKED REGULARLY
  
77. DON'T KNOW/NOT SURE
99. REFUSED

C11Q05

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

INTERVIEWER 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
  
7. DON'T KNOW/NOT SURE
9. REFUSED

### Core Section 12: Demographics

C12Q01

What is your age?

\_ \_ CODE AGE IN YEARS

07. DON'T KNOW/NOT SURE
09. REFUSED

C12Q02

Are you Hispanic or Latino?

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

CATI NOTE: IF MORE THAN ONE RESPONSE TO C12Q03, CONTINUE. OTHERWISE SKIP TO C12Q05.

C12Q03

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

CHECK ALL THAT APPLY

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian or Alaska Native
- Or
6. Other [specify]
  
8. NO ADDITIONAL CHOICES
7. DON'T KNOW/NOT SURE
9. REFUSED

C12Q04 - IF C12Q03 HAS MORE THAN ONE RESPONSE

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

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian or Alaska Native
6. Other [specify]
  
7. DON'T KNOW/NOT SURE
9. REFUSED

C12Q05

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

1. YES, NOW ON ACTIVE DUTY
2. YES, ON ACTIVE DUTY DURING THE LAST 12 MONTHS, BUT NOT NOW
3. YES, ON ACTIVE DUTY IN THE PAST, BUT NOT DURING THE LAST 12 MONTHS
4. NO, TRAINING FOR RESERVES OR NATIONAL GUARD ONLY
5. NO, NEVER SERVED IN THE MILITARY
  
7. DON'T KNOW/NOT SURE
9. REFUSED

C12Q06

Are you...?

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

C12Q07

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

\_ \_ NUMBER OF CHILDREN

88. NONE
99. REFUSED

C12Q08

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

READ ONLY IF NECESSARY

1. NEVER ATTENDED SCHOOL OR ONLY ATTENDED KINDERGARTEN
2. GRADES 1 THROUGH 8 (ELEMENTARY)
3. GRADES 9 THROUGH 11 (SOME HIGH SCHOOL)
4. GRADE 12 OR GED (HIGH SCHOOL GRADUATE)
5. COLLEGE 1 YEAR TO 3 YEARS (SOME COLLEGE OR TECHNICAL SCHOOL)
6. COLLEGE 4 YEARS OR MORE (COLLEGE GRADUATE)
  
9. REFUSED

C12Q09

Are you currently...?

1. Employed for wages
  2. Self-employed
  3. Out of work for more than 1 year
  4. Out of work for less than 1 year
  5. A Homemaker
  6. A Student
  7. Retired
- Or
8. Unable to work
  
  9. REFUSED

C12Q10

Is your annual household income from all sources...

INTERVIEWER NOTE: IF RESPONDENT REFUSES ANY INCOME LEVEL, CODE AS "99"  
REFUSED

READ ONLY IF NECESSARY

04. Less than \$25,000 (\$20,000 to less than \$25,000)
03. Less than \$20,000 (\$15,000 to less than \$20,000)
02. Less than \$15,000 (\$10,000 to less than \$15,000)
01. Less than \$10,000
05. Less than \$35,000 (\$25,000 to less than \$35,000)
06. Less than \$50,000 (\$35,000 to less than \$50,000)
07. Less than \$75,000 (\$50,000 to less than \$75,000)
08. \$75,000 or more
  
77. DON'T KNOW/NOT SURE
99. REFUSED

CATI NOTE: IF C12Q11 = 7777 (DK/NS) OR 9999 (REF), SKIP TO C12Q13 AND C12Q14.

C12Q11

About how much do you weigh without shoes?

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FIRST COLUMN. ROUND FRACTIONS UP.

-- -- -- -- ENTER WEIGHT IN WHOLE POUNDS (EX. 220 POUNDS = 220) OR WHOLE KILOGRAMS (EX. 65 KILOGRAMS = 9065 OR 110 KILOGRAMS = 9110)

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

C12Q12 - IF C12Q11 <> 7777 OR 9999

About how tall are you without shoes?

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FIRST COLUMN. ROUND FRACTIONS DOWN.

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

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

CATI Note: IF C12Q13 = C12Q11 SKIP TO C12Q15.

C12Q13

How much did you weigh a year ago?

IF FEMALE RESPONDENT SAY: "If you were pregnant a year ago, how much did you weigh before your pregnancy?"

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FIRST COLUMN. ROUND FRACTIONS UP.

-- -- -- -- WEIGHT (POUNDS/KILOGRAMS)

POUNDS (EX. 220 POUNDS = 220) OR KILOGRAMS (EX. 65 KILOGRAMS = 9065 OR 110 KILOGRAMS = 9110)

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

SKP → C12Q15  
SKP → C12Q15

C12Q14 - IF (C12Q11 <> 7777, 9999) OR (C12Q13 <> C12Q11)

Was the change between your current weight and your weight a year ago intentional?

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

C12Q15

What county do you live in?

\_ \_ \_ FIPS COUNTY CODE

777. DON'T KNOW/NOT SURE
999. REFUSED

C12Q16

What is your ZIP Code where you live?

\_ \_ \_ \_ \_ ZIP CODE

77777. DON'T KNOW/NOT SURE
99999. REFUSED

**State Added 12: Houston City Limits (A/B)**

**CATI NOTE: Please place after C12Q16**

TX12Q15A - IF C12Q15 = 201 OR C12Q15 = 157 OR C12Q15 = 039 OR C12Q15 = 339

Do you live in the city limits of Houston?

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

C12Q17

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

- 1. YES
- 2. NO SKP → C12Q19
  
- 7. DON'T KNOW/NOT SURE SKP → C12Q19
- 9. REFUSED SKP → C12Q19

C12Q18 - IF C12Q17 = 1

How many of these telephone numbers are residential numbers?

\_ RESIDENTIAL TELEPHONE NUMBERS [6=6 OR MORE]

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

C12Q19

During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters.

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

**Cell Phone Questions (January through December)**

C12Q19A

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

- 1. YES SKP → C12Q19C
- 2. NO
  
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C12Q19B - IF C12Q19A = 2 OR C12Q19A = 7 OR C12Q19A = 9

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

- |                        |               |
|------------------------|---------------|
| 1. YES                 | SKP → C12Q19D |
| 2. NO                  | SKP → C12Q20  |
| 7. DON'T KNOW/NOT SURE | SKP → C12Q20  |
| 9. REFUSED             | SKP → C12Q20  |

C12Q19C - IF C12Q19A = 1

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

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

C12Q19D - IF C12Q19A = 1 OR C12Q19B = 1

Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone?

\_ \_ \_ ENTER PERCENT [1-100]

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

C12Q20

INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY.

- |           |                    |
|-----------|--------------------|
| 1. MALE   | SKP → NEXT SECTION |
| 2. FEMALE |                    |

C12Q21 - IF C12Q20 = 2 AND C12Q01 < 45

To your knowledge, are you now pregnant?

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

**Core Section 13: Caregiver Status**

C13Q01

People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

During the past month, did you provide any such care or assistance to a friend or family member?

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

**Core Section 14: Disability**

C14Q01

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

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

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

C14Q02

Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

INTERVIEWER NOTE: INCLUDE OCCASIONAL USE OR USE IN CERTAIN CIRCUMSTANCES.

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

Core Section 15: Alcohol Consumption

C15Q01

During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

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

C15Q02 - IF C15Q01 = 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?

- 1 \_ \_ Days per week
- 2 \_ \_ Days in past 30 days

- 888. NO DRINKS IN PAST 30 DAYS SKP → NEXT SECTION
- 777. DON'T KNOW/NOT SURE
- 999. REFUSED

C15Q03 - IF C15Q01 = 1 AND C15Q02 <> 888

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.

\_ \_ NUMBER OF DRINKS

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

C15Q04 - IF C15Q01 = 1 AND C15Q02 <> 888

Considering all types of alcoholic beverages, how many times during the past 30 days did you have...

- [IF C12Q20 = 1 SHOW] ...5...
- [IF C12Q20 = 2 SHOW] ...4...

...or more drinks on an occasion?

\_ \_ NUMBER OF TIMES

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

C15Q05 - IF C15Q01 = 1 AND C15Q02 <> 888

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

\_ \_ NUMBER OF DRINKS

77. DON'T KNOW/NOT SURE

99. REFUSED

**Core Section 16: Immunization**

C16Q01

A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot?

1. YES

2. NO

SKP → C16Q03

7. DON'T KNOW/NOT SURE

SKP → C16Q03

9. REFUSED

SKP → C16Q03

C16Q02 - IF C16Q01 = 1

During what month and year did you receive your most recent flu shot?

\_ \_ / \_ \_ \_ \_ MONTH/YEAR

77 / 7777 DON'T KNOW/NOT SURE

99 / 9999 REFUSED

C16Q03 - IF C16Q01 <> 1

During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine sprayed in the nose is also called FluMist™.

1. YES

2. NO

SKP → C16Q05

7. DON'T KNOW/NOT SURE

SKP → C16Q05

9. REFUSED

SKP → C16Q05

C16Q04 - IF C16Q03 = 1

During what month and year did you receive your most recent flu vaccine that was sprayed in your nose?

\_ \_ / \_ \_ \_ \_ MONTH/YEAR

77 / 7777 DON'T KNOW/NOT SURE

99 / 9999 REFUSED

C16Q05

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

1. YES
2. NO

7. DON'T KNOW/NOT SURE

9. REFUSED

**Required Module: Pandemic Flu (January through February) (A/B)**

C23Q01

What do you think is the most effective one thing you can do to prevent getting sick from the flu?

PLEASE READ

1. Avoiding touching your eyes, nose or mouth as much as possible during the flu season
2. Avoiding close contact with others who may have the flu
3. Getting the flu vaccine
4. Taking anti-viral medicine, like Tamiflu, on the first or second day that you have symptoms of the flu.

7. DON'T KNOW/NOT SURE

9. REFUSED

C23Q02

What do you think is the most effective thing you can do to prevent spreading the flu to people when you are sick?

PLEASE READ

1. Frequent hand washing
2. Covering your mouth and nose when coughing or sneezing
3. Staying home when you are sick with the flu
4. Getting the flu vaccine
5. Something else
  
7. DON'T KNOW/NOT SURE
9. REFUSED

C23Q03

"Pandemic Influenza" or "Pan Flu" is a global outbreak of a new type of serious influenza that almost everyone is susceptible to and it spreads quickly from person to person. Currently, there is not a pandemic flu outbreak occurring.

If there is a pandemic flu outbreak and you do not get the pandemic flu vaccination, what do you think your chances are of getting sick with the pandemic flu?

INTERVIEWER NOTE: PLEASE READ BOTH THE SUBJECTIVE LABEL AND THE PERCENTAGE RANGE.

1. Very high (90-100%)
2. High (70-89%)
3. Average (50-69%)
4. Low (20-49%)
5. Very Low (0-19%)
  
7. DON'T KNOW/NOT SURE
9. REFUSED

C23Q04

If there was a pandemic flu outbreak, how likely are you to get a pandemic flu vaccination if it was available to you?

PLEASE READ

1. Definitely get one
2. Probably get one
3. Probably not get one
4. Definitely not get a pandemic flu vaccination
  
7. DON'T KNOW/NOT SURE
9. REFUSED

C23Q05

If public health officials recommended that everyone go to a particular public place such as a local school, fire station, or sports stadium to get vaccinated to prevent the spread of pandemic flu, would you...

PLEASE READ

1. Definitely go
2. Probably go
3. Probably not go
4. Definitely not go to a particular place to get vaccinated
7. DON'T KNOW/NOT SURE
9. REFUSED

C23Q06

Imagine an outbreak of pandemic flu in the U.S. in the next year. What would be the most important one thing you would want to know?

PLEASE READ

01. How to prevent getting the flu
02. How to prevent spreading the flu
03. Symptoms of the flu
04. How to treat the flu
05. Cities where cases of the flu have been identified
06. Information about the flu vaccine
07. Something else
77. DON'T KNOW/NOT SURE
99. REFUSED

C23Q07

During a pandemic flu outbreak in the U.S., what would be you one most preferred source for getting information about the pandemic flu? Please tell me your one most preferred source.

INTERVIEWER DO NOT READ

01. NEWSPAPERS
  02. TELEVISION
  03. RADIO
  04. INTERNET WEBSITES
  05. YOUR DOCTOR
  06. THE CDC (CENTERS FOR DISEASE CONTROL AND PREVENTION)
  07. STATE OR LOCAL PUBLIC HEALTH DEPARTMENTS
  08. OTHER GOVERNMENT AGENCIES
  09. FAMILY OR FRIENDS
  10. RELIGIOUS LEADERS
  11. SOME OTHER SOURCE
77. DON'T KNOW/NOT SURE  
99. REFUSED

C23Q08

Excluding vaccination, what is the one most likely thing you would do if a pandemic flu outbreak were reported in your state? Please choose one from the following list.

PLEASE READ

IF NECESSARY AFTER THE FIRST READ, SAY: "I WILL REPEAT THE QUESTION AND ANSWERS CHOICES TO ASSIST YOUR RECALL."

01. Consult a website
  02. Avoid crowds and public events
  03. Consult your doctor
  04. Try to get a prescription for an anti-viral drug such as Tamiflu
  05. Reduce or avoid travel
  06. Wash hands frequently
  07. Wear a face mask
  08. Keep household members at home while the outbreak lasts
  09. Stock up on medicines and food to help with flu symptoms
  10. Something else
77. DON'T KNOW/NOT SURE  
99. REFUSED

C23Q09

If public health officials recommended that everyone stay at home for a month because of a serious outbreak of pandemic flu in your community, are you very likely, somewhat likely, somewhat unlikely, or very unlikely to stay home for a month?

1. VERY LIKELY
2. SOMEWHAT LIKELY
3. SOMEWHAT UNLIKELY
4. VERY UNLIKELY TO STAY AT HOME FOR A MONTH
  
7. DON'T KNOW/NOT SURE
9. REFUSED

C23Q10 - IF C12Q09 = 1 OR C12Q09 = 2

I'm going to read you a list of job types. Please tell me if you currently work in any of these fields.

- a. Emergency medical services, law enforcement, fire services, or in the manufacture of pandemic vaccines or anti-virals.
  - b. Public health, healthcare provider, home health, or in a nursing home.
  - c. Homeland or national security as one who would be deployed during a flu pandemic.
- 
1. YES
  2. NO
  
  7. DON'T KNOW/NOT SURE
  9. REFUSED

Core Section 17: Arthritis Burden

C17Q01

The next questions refer to the joints in your body.

Have you ever been told by a doctor of other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

INTERVIEWER: ARTHRITIS DIAGNOSES INCLUDE:

- \* RHEUMATISM, POLYMYALGIA RHEUMATICA
- \* OSTEOARTHRITIS (NOT OSTEOPOROSIS)
- \* TENDONITIS, BURSITIS, BUNION, TENNIS ELBOW
- \* CARPAL TUNNEL SYNDROME, TARSAL TUNNEL SYNDROME
- \* JOINT INFECTION, REITER'S SYNDROME
- \* ANKYLOSING SPONDYLITIS; SPONDYLOSIS
- \* ROTATOR CUFF SYNDROME
- \* CONNECTIVE TISSUE DISEASE, SCLERODERMA, POLYMYOSITIS, RAYNAUD'S SYNDROME
- \* VASCULITIS (GIANT CELL ARTERITIS, HENOCH-SCHONLEIN PURPURA, WEGENER'S GRANULOMATOSIS, POLYARTERITIS NODOSA)

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

C17Q02 - IF C17Q01 = 1

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

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

INTERVIEWER NOTE: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THE RESPONDENT SHOULD BASE ANSWER ON HIS/HER CURRENT EXPERIENCE, REGARDLESS OF WHETHER TAKING ANY MEDICATION.

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

C17Q03 - IF C17Q01 = 1

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

INTERVIEWER INSTRUCTION: IF RESPONDENT GIVES AN ANSWER TO EACH ISSUE (WHETHER WORKS, TYPE 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, THE RESPONDENT SHOULD BASE ANSWER ON HIS/HER CURRENT EXPERIENCE, REGARDLESS OF WHETHER TAKING ANY MEDICATION OR TREATMENT.

INTERVIEWER NOTE: THIS QUESTION SHOULD BE ASKED OF ALL RESPONDENTS REGARDLESS OF EMPLOYMENT STATUS.

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

C17Q04 - IF C17Q01 = 1

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

INTERVIEWER INSTRUCTION: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THE RESPONDENT SHOULD BASE ANSWER ON HIS/HER CURRENT EXPERIENCE, REGARDLESS OF WHETHER TAKING ANY MEDICATION OR TREATMENT.

PLEASE READ

1. A lot
2. A little
3. Not at all
  
7. DON'T KNOW/NOT SURE
9. REFUSED

C17Q05 - IF C17Q01 = 1

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

-- ENTER NUMBER [0-10]

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

Core Section 18: Fruit and Vegetables

C18Q01

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods you eat. Include all foods you eat, both at home and away from home.

How often do you drink fruit juices such as orange, grapefruit, or tomato?

- 1 \_ \_ PER DAY
- 2 \_ \_ PER WEEK
- 3 \_ \_ PER MONTH
- 4 \_ \_ PER YEAR

555. NEVER  
777. DON'T KNOW/NOT SURE  
999. REFUSED

C18Q02

Not counting juice, how often do you eat fruit?

- 1 \_ \_ PER DAY
- 2 \_ \_ PER WEEK
- 3 \_ \_ PER MONTH
- 4 \_ \_ PER YEAR

555. NEVER  
777. DON'T KNOW/NOT SURE  
999. REFUSED

C18Q03

How often do you eat green salad?

- 1 \_ \_ PER DAY
- 2 \_ \_ PER WEEK
- 3 \_ \_ PER MONTH
- 4 \_ \_ PER YEAR

555. NEVER  
777. DON'T KNOW/NOT SURE  
999. REFUSED

C18Q04

How often do you eat potatoes not including French fries, fried potatoes, or potato chips?

- 1 \_ \_ PER DAY
- 2 \_ \_ PER WEEK
- 3 \_ \_ PER MONTH
- 4 \_ \_ PER YEAR

555. NEVER  
777. DON'T KNOW/NOT SURE  
999. REFUSED

C18Q05

How often do you eat carrots?

- 1 \_ \_ PER DAY
- 2 \_ \_ PER WEEK
- 3 \_ \_ PER MONTH
- 4 \_ \_ PER YEAR

555. NEVER  
777. DON'T KNOW/NOT SURE  
999. REFUSED

C18Q06

Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?

INTERVIEWER NOTE: "For example a serving of vegetables at both lunch and dinner would be two servings."

- 1 \_ \_ PER DAY
- 2 \_ \_ PER WEEK
- 3 \_ \_ PER MONTH
- 4 \_ \_ PER YEAR

555. NEVER  
777. DON'T KNOW/NOT SURE  
999. REFUSED

Core Section 19: Physical Activity

CATI NOTE: IF CORE C12Q09 = 1 (EMPLOYED FOR WAGES) OR 2 (SELF-EMPLOYED) THEN CONTINUE. OTHERWISE, GO TO C19Q02.

C19Q01 - IF C12Q09 = 1 OR 2

When you are at work, which of the following best describes what you do? Would you say-

INTERVIEWER NOTE: IF RESPONDENT HAS MULTIPLE JOBS, INCLUDE ALL JOBS.

PLEASE READ

- 1. Mostly sitting or standing
- 2. Mostly walking
- 3. Mostly heavy labor or physically demanding work
  
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C19Q02

We are interested in two types of physical activity - vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

Now, thinking about the moderate activities you do [fill in "when you are not working" if "employed" or self-employed"] in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

- 1. YES
- 2. NO SKP → C19Q05
  
- 7. DON'T KNOW/NOT SURE SKP → C19Q05
- 9. REFUSED SKP → C19Q05

C19Q03 - IF C19Q02 = 1

How many days per week do you do these moderate activities for at least 10 minutes at a time?

\_ \_ DAYS PER WEEK [01-07]

- 88. DO NOT DO ANY MODERATE PHYSICAL ACTIVITY FOR AT LEAST 10 MINUTES SKP → C19Q05
- 77. DON'T KNOW/NOT SURE SKP → C19Q05
- 99. REFUSED SKP → C19Q05

C19Q04 - IF C19Q03 <> 77, 88, or 99

On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

\_: \_ HOURS AND MINUTES PER DAY

- 777. DON'T KNOW/NOT SURE
- 999. REFUSED

C19Q05

Now, thinking about the vigorous activities you do [fill in "when you are not working" if "employed" or "self-employed"] in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

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

C19Q06 - IF C19Q05 = 1

How many days per week do you do these vigorous activities for at least 10 minutes at a time?

\_ \_ DAYS PER WEEK [01-07]

- 88. DO NOT DO ANY VIGOROUS PHYSICAL ACTIVITY FOR AT LEAST 10 MINUTES SKP → NEXT SECTION
- 77. DON'T KNOW/NOT SURE SKP → NEXT SECTION
- 99. REFUSED SKP → NEXT SECTION

C19Q07 - IF C19Q06 <> 77, 88, or 99

On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

\_: \_ HOURS AND MINUTES PER DAY

- 777. DON'T KNOW/NOT SURE
- 999. REFUSED

Core Section 20: HIV/AIDS

CATI NOTE: IF RESPONDENT IS 65 YEARS OLD OR OLDER, GO TO NEXT SECTION

C20Q01 - IF C12Q01 < 65

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

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

- 1. YES
- 2. NO SKP → C20Q05
  
- 7. DON'T KNOW/NOT SURE SKP → C20Q05
- 9. REFUSED SKP → C20Q05

C20Q02 - C12Q01 < 65 & C20Q01 = 1

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

INTERVIEWER NOTE: IF RESPONSE IS BEFORE JANUARY 1985, CODE AS "DON'T KNOW"

INTERVIEWER NOTE: 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

[EXAMPLE: JUNE OF 2006 = 062006]

77/7777. DON'T KNOW/NOT SURE  
99/9999. REFUSED

C20Q03 - C12Q01 < 65 & C20Q01 = 1

Where did you have your last HIV test – at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?

INTERVIEWER NOTE: IF THE RESPONDENT INDICATES A "PUBLIC HEALTH CLINIC", CODE THE RESPONSE AS 04.

01. PRIVATE DOCTOR OR HMO OFFICE
02. COUNSELING AND TESTING SITE
03. HOSPITAL
04. CLINIC
05. JAIL OR PRISION (OR OTHER CORRECTIONAL FACILITY)
06. DRUG TREATMENT FACILITY
07. AT HOME
08. SOMEWHERE ELSE
  
77. DON'T KNOW/NOT SURE
99. REFUSED

CATI NOTE: ASK C20Q04, IF C20Q02 = WITHIN LAST 12 MONTHS; OTHERWISE GO TO C20Q05.

C20Q04 - IF C12Q01 < 65 & C20Q02 = WITHIN LAST 12 MONTHS

Was it a rapid test where you could get your results within a couple of hours?

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

C20Q05 - IF C12Q01 < 65

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

- You have used intravenous drugs in the past year
- You have been treated for a sexually transmitted disease or venereal disease in the past year
- You have given or received money or drugs in exchange for sex in the past year
- You had anal sex without a condom in the past year

Do any of these situations apply to you?

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

**Core Section 21: Emotional Support and Life Satisfaction**

C21Q01

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

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

INTERVIEWER NOTE: IF ASKED SAY: "PLEASE INCLUDE SUPPORT FROM ANY SOURCE".

PLEASE READ

1. Always
2. Usually
3. Sometimes
4. Rarely
5. Never
  
7. DON'T KNOW/NOT SURE
9. REFUSED

C21Q02

In general, how satisfied are you with your life?

PLEASE READ

1. Very satisfied
2. Satisfied
3. Dissatisfied
4. Very dissatisfied
  
7. DON'T KNOW/NOT SURE
9. REFUSED

**Core Section 22: Cancer Survivors**

C22Q01

Now I am going to ask you about cancer.

Have you ever been told by a doctor, nurse, or other health professional that you had cancer?

INTERVIEWER NOTE: READ ONLY IF NECESSARY: BY "OTHER HEALTH PROFESSIONAL" WE MEAN A NURSE PRACTITIONER, A PHYSICIAN'S ASSISTANT, SOCIAL WORKER, OR SOME OTHER LICENSED PROFESSIONAL.

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

C22Q02 - IF C22Q01 = 1

How many different types of cancer have you had?

1. ONLY ONE
2. TWO
3. THREE OR MORE
  
7. DON'T KNOW/NOT SURE SKP → CORE CLOSING
9. REFUSED SKP → CORE CLOSING

C22Q03 - IF C22Q01 = 1

[IF C22Q02 = 1, ASK] At what age were you told that you had cancer?

[IF C22Q02 = 2 OR 3, ASK] At what age was your first diagnosis of cancer?

INTERVIEWER NOTE: THIS QUESTION REFERS TO THE FIRST TIME THEY WERE TOLD ABOUT THEIR FIRST CANCER.

\_ \_ AGE IN YEARS [97=97 AND OLDER]

98. DON'T KNOW/NOT SURE

99. REFUSED

C22Q04 - IF C22Q01 = 1

[IF C22Q02 = 1, ASK] What type of cancer was it?

[IF C22Q02 = 2 or 3, ASK] With your most recent diagnoses of cancer, what type of cancer was it?

INTERVIEWER NOTE: PLEASE READ LIST ONLY IF RESPONDENT NEEDS PROMPTING FOR CANCER TYPE (I.E. NAME OF CANCER) [1-28]:.

**BREAST**

01. Breast cancer

**FEMAL REPRODUCTIVE (GYNECOLOGIC)**

02. Cervical cancer (cancer of the cervix)

03. Endometrial cancer (cancer of the uterus)

04. Ovarian cancer (cancer of the ovary)

**HEAD/NECK**

05. Head and neck cancer

06. Oral cancer

07. Pharyngeal (throat) cancer

08. Thyroid

**GASTROINTESTINAL**

09. Colon (intestine) cancer

10. Esophageal (esophagus)

11. Liver cancer

12. Pancreatic (pancreas) cancer

13. Rectal (rectum) cancer

14. Stomach

**LEUKEMIA/LYMPHOMA (LYMPH NODES AND BONE MARROW)**

15. Hodgkin's Lymphoma (Hodgkin's Disease)

16. Leukemia (blood) cancer

17. Non-Hodgkin's Lymphoma

**MALE REPRODUCTIVE**

18. Prostate cancer

19. Testicular cancer

**SKIN**

- 20. Melanoma
- 21. Other skin cancer

**THORACIC**

- 22. Heart
- 23. Lung

**URINARY CANCER**

- 24. Bladder cancer
- 25. Renal (kidney) cancer

**OTHERS**

- 26. Bone
- 27. Brain
- 28. Neuroblastoma
- 29. Other

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

**Module 03: Healthy Days (Symptoms) (B)**

M03Q01

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

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

\_\_ NUMBER OF DAYS

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

M03Q02

During the past 30 days, for about how many days have you felt sad, blue, or depressed?

\_\_ NUMBER OF DAYS

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

M03Q03

During the past 30 days, for about how many days have you felt worried, tense, or anxious?

\_ \_ NUMBER OF DAYS

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

M03Q04

During the past 30 days, for about how many days have you felt very healthy and full of energy?

\_ \_ NUMBER OF DAYS

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

**Module 05: Inadequate Sleep (B)**

M05Q01

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

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

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

\_ \_ NUMBER OF HOURS

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

M05Q02

Do you snore?

INTERVIEWER NOTE: IF THE RESPONDENT INDICATES THAT THEIR SPOUSE OR SOMEONE TOLD HIM/HER THAT THEY SNORE, THEN THE ANSWER TO THE QUESTION IS "YES", THE RESPONDENT SNORES.

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

M05Q03

During the past 30 days, for about how many days did you find yourself unintentionally falling asleep during the day?

\_ \_ NUMBER OF DAYS [01-30]

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

M05Q04

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

1. Yes
2. No
3. Don't drive
4. Don't have license
  
7. DON'T KNOW/NOT SURE
9. REFUSED

**Module 06: Cardiovascular Health (A)**

CATI NOTE: IF C09Q01 = 1 (YES), ask M06Q01. IF C09Q01 = 2, 7, 9, skip M06Q01.

M06Q01 - IF C09Q01 = 1

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

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

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

CATI NOTE: IF C09Q03 = 1 (YES), ASK M06Q02. IF C09Q03 = 2, 7, 9, skip M06Q02.

M06Q02 - IF C09Q03 = 1

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

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

CATI NOTE: M06Q03 IS ASKED OF ALL RESPONDENTS.

M06Q03

Do you take aspirin daily or every other day?

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

**SKP → NEXT MODULE**

M06Q04 - IF M06Q03 <> 1

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

INTERVIEWER NOTE: IF "YES," ASK "IS THIS A STOMACH CONDITION?"

CODE UPSET STOMACH AS STOMACH PROBLEMS.

1. Yes, not stomach related
2. Yes, stomach problems
3. No
  
7. DON'T KNOW/NOT SURE
9. REFUSED

**Module 07: Actions to Control High Blood Pressure (A)**

M07Q01 - IF C07Q01 = 1

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

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

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

M07Q02 - IF C07Q01 = 1

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

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

M07Q03 - IF C07Q01 = 1

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

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

M07Q04 - IF C07Q01 = 1

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

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

M07Q05 - IF C07Q01 = 1

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

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

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

M07Q06 - IF C07Q01 = 1

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

1. YES
2. NO
3. DO NOT USE SALT
  
7. DON'T KNOW/NOT SURE
9. REFUSED

M07Q07 - IF C07Q01 = 1

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

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

M07Q08 - IF C07Q01 = 1

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

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

M07Q09 - IF C07Q01 = 1

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

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

M07Q10 - IF C07Q01 = 1

Were you told on **two or more different visits** to a doctor or other health professional that you had high blood pressure?

INTERVIEWER NOTE: IF "YES" AND RESPONDENT IS *FEMALE*, ASK: "WAS THIS ONLY WHEN YOU WERE PREGNANT?"

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

Module 08: Heart Attack and Stroke (A)

M08Q01

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

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

Do you think pain or discomfort in the jaw, neck, or back are symptoms of a heart attack?

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

M08Q02

Do you think feeling weak, lightheaded, or faint are symptoms of a heart attack?

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

M08Q03

Do you think chest pain or discomfort are symptoms of a heart attack?

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

M08Q04

Do you think sudden trouble seeing in one or both eyes is a symptom of a heart attack?

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

M08Q05

Do you think pain or discomfort in the arms or shoulder are symptoms of a heart attack?

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

M08Q06

Do you think shortness of breath is a symptom of a heart attack?

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

M08Q07

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

Do you think sudden confusion or trouble speaking are symptoms of a stroke?

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

M08Q08

Do you think sudden numbness or weakness of face, arm, or leg, especially on one side, are symptoms of a stroke?

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

M08Q09

Do you think sudden trouble seeing in one or both eyes is a symptom of a stroke?

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

M08Q10

Do you think sudden chest pain or discomfort are symptoms of a stroke?

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

M08Q11

Do you think sudden trouble walking, dizziness, or loss of balance are symptoms of a stroke?

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

M08Q12

Do you think severe headache with no known cause is a symptom of a stroke?

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

M08Q13

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

1. Take them to the hospital
2. Tell them to call their doctor
3. Call 911
4. Call their spouse or a family member
5. Do something else
  
7. DON'T KNOW/NOT SURE
9. REFUSED

**Module 15: Tetanus Diphtheria (Adults) (B)**

M15Q01

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

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

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

M15Q02 - IF M15Q01 = 1

Was your most recent tetanus shot given in 2005 or later?

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

M15Q03 - IF M15Q02 <> 2

There are currently two types of tetanus shots available for adults. One contains the tetanus diphtheria vaccine. The other contains tetanus diphtheria and pertussis or whooping cough vaccine. Did your doctor say your recent tetanus shot included the pertussis or whooping cough vaccine?

1. YES (INCLUDED PERTUSSIS)
2. NO (DID NOT INCLUDE PERTUSSIS)
  
7. DON'T KNOW/NOT SURE
9. REFUSED

**Module 16: Adult Human Papilloma Virus (HPV) (B)**

**CATI NOTE: TO BE ASKED OF FEMALES BETWEEN THE AGES OF 18 AND 49 YEARS.**

**M16Q01 - IF C12Q20 = 2 & C12Q01 >= 18 AND <= 49**

A vaccine to prevent the human papilloma virus or HPV infection is available and is called cervical cancer vaccine, HPV shot, or GARDASIL®. Have you ever had the HPV vaccination?

INTERVIEWER NOTE: HUMAN PAPILLOMA VIRUS (HUMAN PAP·UH·LOH·MUH VIRUS); GARDASIL (GAR·DUH·SEEL)

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

**M16Q02 - IF M16Q01 = 1**

How many HPV shots did you receive?

\_ \_ NUMBER OF SHOTS

- 03. ALL SHOTS
- 07. DON'T KNOW/NOT SURE
- 09. REFUSED

**Module 17: Shingles (B)**

**M17Q01 - IF C13Q01 >= 50**

The next question is about the Shingles vaccination.

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. Have you had this vaccine?

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

Module 25: Random Child Selection (A/B)

M25Q01 - IF C12Q07 < 88

[IF C12Q07 = 1 SHOW] Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.

[IF C12Q07 > 1 & < 88 SHOW] Previously, you indicated there were [ANS C13Q07] children age 17 or younger in your household. Think about those [ANS C12Q07] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.

I have some additional questions about one specific child. The child I will be referring to is the [Xth] child in your household. All following questions about children will be about the [Xth] child.

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

\_ \_ / \_ \_ \_ \_ CODE MONTH AND YEAR

77/7777. DON'T KNOW/NOT SURE

99/9999. REFUSED

M25Q02 - IF C12Q07 < 88

Is the child a boy or a girl?

1. BOY
2. GIRL
  
9. REFUSED

M25Q03 - IF C12Q07 < 88

Is the child Hispanic or Latino?

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

M25Q04 - IF C12Q07 < 88

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

CHECK ALL THAT APPLY

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian or Alaska Native or
6. Other [SPECIFY]
  
8. NO ADDITIONAL CHOICES
7. DON'T KNOW/NOT SURE
9. REFUSED

M25Q05 - IF C12Q07 < 88 & M25Q04 HAS MORE THAN ONE RESPONSE INDICATED

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

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian or Alaska Native or
6. Other [SPECIFY]
  
7. DON'T KNOW/NOT SURE
9. REFUSED

M25Q06 - IF C12Q07 < 88

How are you related to the child?

1. Parent (include biologic, step, or adoptive parent)
2. Grandparent
3. Foster parent or guardian
4. Sibling (include biologic, step, and adoptive sibling)
5. Other relative
6. Not related in any way
  
7. DON'T KNOW/NOT SURE
9. REFUSED

Module 26: Childhood Asthma Prevalence (A/B)

M26Q01 - IF C12Q07 < 88

Now, I would like to ask you about the [Xth] child.

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

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

M26Q02 - IF C12Q07 < 88 & M26Q01 = 1

Does the child still have asthma?

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

Module 27: Childhood Immunization (A/B)

CATI NOTE: IF CHILD'S AGE IS >= 6 MONTHS, CONTINUE. OTHERWISE GO TO NEXT MODULE.

M27Q01 - IF C12Q07 < 88 AND SELECTED CHILD'S AGE IS >= 6 MONTHS

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

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

M27Q02 - IF C12Q07 < 88 AND SELECTED CHILD'S AGE IS >= 6 MONTHS

During what month and year did [he/she] receive their most recent flu vaccination? The flu vaccination may have been either the flu shot or the flu spray. The flu spray is the flu vaccination that is sprayed in the nose.

\_ \_ / \_ \_ \_ \_ MONTH/YEAR

- 77 / 7777 DON'T KNOW/NOT SURE
- 99 / 9999 REFUSED

**Module 28: Child Human Papilloma Virus (HPV) (A/B)**

**M28Q01 - IF SELECTED CHILD IS FEMALE BETWEEN AGE 9 & 17**

I have two additional questions about a vaccine the selected child may have had.

A vaccine to prevent the human papilloma virus or HPV infection is available and is called cervical cancer vaccine, HPV shot, or GARDASIL®. Have this child EVER had the HPV vaccination?

INTERVIEWER NOTE: Human Papilloma Virus (Human Pap·uh·loh·muh Virus); Gardasil (Gar·duh· seel)

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

**M28Q02 - IF M28Q01 = 1**

How many HPV shots did she receive?

\_\_ NUMBER OF SHOTS

03. ALL SHOTS
07. DON'T KNOW/NOT SURE
09. REFUSED

**Module 29: Tetanus Diphtheria (Adolescents) (A/B)**

**M29Q01 - IF SELECTED CHILD IS BETWEEN AGE 10 & 17**

I would like to ask you about the tetanus diphtheria vaccine for your child.

Has he/she received a tetanus shot in the past 10 years?

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

M29Q02 - IF SELECTED CHILD IS BETWEEN AGE 10 & 17 AND M29Q01 = 1

Was his/her most recent tetanus shot given in 2005 or later?

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

M29Q03 - IF SELECTED CHILD IS BETWEEN AGE 10 & 17 AND M29Q01 = 1

There are currently two types of tetanus shots available today for older children and teenagers. One is the tetanus diphtheria vaccine. The other contains tetanus diphtheria and pertussis or whooping cough vaccine. Did the doctor say his/her most recent tetanus shot included the pertussis or whooping cough vaccine?

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

**State Added 01: Childhood Diabetes (A/B)**

**CATI NOTE: Please fill in the correct number child.**

TX01Q01 - IF C12Q07 > 0 AND C12Q07 < 88

I have a couple more questions concerning the ["Xth"] child.

Has a doctor, nurse, or other health professional ever said that this child has diabetes?

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

TX01Q02 - IF C12Q07 > 0 AND C12Q07 < 88 AND TX01Q01 = 1

Does this child have type 1 or type 2 diabetes?

1. TYPE 1
2. TYPE 2
  
7. DON'T KNOW/NOT SURE
9. REFUSED

State Added 02: Tobacco (A/B)

TX02Q01 - IF C11Q01 = 1 AND (C11Q05 = 1 OR C11Q05 = 2)

Next, I have a few additional questions concerning quitting smoking.

[IF C11Q03 = 1 SHOW] Earlier you mentioned that in the past 12 months you stopped smoking for one day or longer because you were trying to quit smoking. Are you currently using smokeless tobacco products such as chewing tobacco, snuff, or snus as an option to quit smoking?

[IF C11Q02 = 3 SHOW] Earlier you mentioned that you used to smoke cigarettes. Did you use smokeless tobacco products such as chewing tobacco, snuff, or snus as an option to quit smoking?

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

1. YES
2. NO

8. NEVER TRIED TO QUIT SMOKING IN THE PAST 12 MONTHS
7. DON'T KNOW/NOT SURE
9. REFUSED

TX02Q02

The next question is about interactions you might have had with a doctor, nurse, or other health professional.

In the past 12 months, how many times have you seen a doctor, nurse or other health professional to get any kind of care for yourself?

\_ \_ NUMBER OF TIMES [76 = 76 OR MORE]

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

SKP → TX02Q07

TX02Q03 - IF (C11Q02 = 1 OR C11Q02 = 2) AND TX02Q02 <> 88

During the past 12 months, that is, since [CATI: DATE FILL], on how many visits were you advised to quit smoking cigarettes by a doctor, nurse or other health professional?

\_ \_ NUMBER OF VISITS [01-76]

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

TX02Q04 - IF (C11Q02 = 1 OR C11Q02 = 2) AND TX02Q02 <> 88

On how many visits did a doctor, nurse or other health professional recommend or discuss medication to assist you with quitting smoking, such as nicotine gum, patch, nasal spray, inhaler, lozenge, or prescription medication such as Wellbutrin/Zyban/Bupropion?

INTERVIEWER NOTE, PRONUNCIATION: WELL BYOU TRIN/ZEYE BAN/BYOU PRO PEE ON

\_ \_ NUMBER OF VISITS [01-76]

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

TX02Q05 - IF (C11Q02 = 1 OR C11Q02 = 2) AND TX02Q02 <> 88

On how many visits did a doctor, nurse or health professional recommend or discuss methods and strategies other than medication to assist you with quitting smoking?

INTERVIEWER NOTE: EXAMPLES OF OTHER METHODS AND STRATEGIES INCLUDE COUNSELING, HYPNOSIS, MEDITATION, REGULARLY CHEWING GUM, AND EXERCISE.

\_ \_ NUMBER OF VISITS [01-76]

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

TX02Q06 - IF (C11Q05 = 1 OR C11Q05 = 2) AND TX02Q02 <> 88

In the past 12 months, on how many visits were you advised to stop using chewing tobacco, snuff, or snus by a doctor or other health provider?

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

\_ \_ NUMBER OF VISITS [01-76]

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

TX02Q07 - IF C11Q01 = 1

A telephone quitline is a free telephone-based service that connects smokers with trained counselors who can help them quit smoking.

[If C11Q02 = 3 show] When you quit smoking, did you call a telephone quitline?

[If C11Q02 = 1 OR 2 AND C11Q03 = 1 show] The last time you tried to quit smoking, did you call a telephone quitline?

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

**State Added 03: Secondhand Smoke (A/B)**

TX03Q01

Next, I have a few additional questions concerning secondhand smoke.

Which of the following statements best describes the rules about smoking inside your home? Would you say...

PLEASE READ

1. Smoking is not allowed anywhere inside your home
2. Smoking is allowed in some places or at some times
3. Smoking is allowed anywhere inside your home, or
4. There are no rules about smoking inside your home
  
7. DON'T KNOW/NOT SURE
9. REFUSED

TX03Q02 - IF C12Q09 > 0 OR C12Q09 < 3

While working at your job, are you indoors most of the time?

1. YES
2. NO SKP → TX03Q05
  
7. DON'T KNOW/NOT SURE SKP → TX03Q05
9. REFUSED SKP → TX03Q05

TX03Q03 - IF (C12Q09 > 0 OR C12Q09 < 3) AND TX03Q02 = 1

Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms and lunchrooms?

INTERVIEWER NOTE: FOR WORKERS WHO VISIT CLIENTS, "PLACE OF WORK" MEANS THEIR BASE LOCATION.

PLEASE READ

1. Not allowed in any public areas
2. Allowed in some public areas
3. Allowed in all public areas
4. No official policy
  
7. DON'T KNOW/NOT SURE
9. REFUSED

TX03Q04 - IF C12Q09 > 0 OR C12Q09 < 3 AND TX03Q02 = 1

Which of the following best describes your place of work's official smoking policy for work areas?

PLEASE READ

1. Not allowed in any work areas
2. Allowed in some work areas
3. Allowed in all work areas
4. No official policy
  
7. DON'T KNOW/NOT SURE
9. REFUSED

TX03Q05

If there were a total ban on smoking in restaurants, would you eat out more, less, or it makes no difference?

INTERVIEWER NOTE: IF THE RESPONDENT INDICATES THAT THEY ALREADY HAVE A TOTAL BAN ON SMOKING IN RESTAURANTS, ASK: "AFTER IMPLEMENTATION DID YOU EAT OUT MORE, LESS OR NO DIFFERENCE."

1. MORE OFTEN
2. LESS OFTEN
3. NO DIFFERENCE
  
7. DON'T KNOW/NOT SURE
9. REFUSED

TX03Q06

If there were a total ban on smoking in bars and music clubs, would you go to bars and music clubs more, less, or it makes no difference?

INTERVIEWER NOTE: IF THE RESPONDENT INDICATES THAT THEY ALREADY HAVE A TOTAL BAN ON SMOKING IN BARS AND MUSIC CLUBS, ASK: "AFTER IMPLEMENTATION DID YOU GO OUT MORE, LESS OR NO DIFFERENCE."

1. MORE OFTEN
2. LESS OFTEN
3. NO DIFFERENCE
  
7. DON'T KNOW/NOT SURE
9. REFUSED

**State Added 04: Veterans' Health Status (A/B)**

TX04Q01 - IF C12Q05 > 0 AND C12Q05 < 5

The next questions relate to your military service.

Which of the following best describes your service in the United States military?

PLEASE READ

1. Currently on active duty
2. Currently in a National Guard or Reserve unit
3. Retired from military service
4. Medically discharged from military service
5. Discharged from military service
  
7. DON'T KNOW/NOT SURE
9. REFUSED

TX04Q02 - IF C12Q05 > 0 AND C12Q05 < 5

Since November 11, 1998, have you served on active duty in a theater of combat operations? This is commonly referred to as a combat veteran or an Operation Enduring Freedom (O.E.F.) or Operation Iraqi Freedom (O.I.F.) veteran.

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

State Added 05: EPRB (B)

TX05Q01

Next I have a few questions about your plans for the care of yourself in the case of a natural disaster.

If government officials ordered a mandatory evacuation in your area because of a major disaster such as a hurricane, flood, wildfire, or tornado, would you definitely leave the area, probably leave the area, definitely stay or probably stay?

INTERVIEWER NOTE: IF RESPONDENT SAYS "LEAVE" OR "STAY" ASK: "IS THAT DEFINITELY OR PROBABLY?"

1. DEFINITELY LEAVE THE AREA
2. PROBABLY LEAVE THE AREA
3. DEFINITELY STAY
4. PROBABLY STAY
  
5. REQUIRED TO STAY (E.G., POLICE OFFICER, ELECTRICIAN, HEALTH OFFICIAL, ETC.)
7. DON'T KNOW/NOT SURE
9. REFUSED

TX05Q02

If you had to evacuate, how would you leave the area?

PLEASE READ

1. Go in your car
2. Ride in a family member or friend's car
3. Use public transportation
4. Use evacuation provided transportation
  
8. WOULD NOT LEAVE HOME
7. DON'T KNOW/NOT SURE
9. REFUSED

TX05Q03

If you had to evacuate, would you physically be able to ride on a bus for several hours?

1. YES
2. NO
  
8. WOULD NOT LEAVE HOME
7. DON'T KNOW/NOT SURE
9. REFUSED

TX05Q04

If you had to evacuate, where would you go to stay until you could return home?

READ IF NECESSARY

1. Would leave home for a safer structure in your area
2. Stay with friends or family members outside of your area
3. Go to a public disaster shelter
4. Sleep in a car or outdoors
5. Stay in a hotel or motel
  
8. WOULD NOT LEAVE HOME
7. DON'T KNOW/NOT SURE
9. REFUSED

**State Added 06: Hepatitis B Vaccine (B)**

TX06Q01

The next question is about the Hepatitis B vaccine.

Have you ever received the Hepatitis B vaccination?

**INTERVIEWER NOTE: IF NEEDED, "THIS IS GIVEN IN THREE SEPARATE DOSES AND HAS BEEN AVAILABLE SINCE 1991. IT IS RECOMMENDED FOR NEWBORN INFANTS, ADOLESCENTS, AND PEOPLE SUCH AS HEALTH CARE WORKERS, WHO MAY BE EXPOSED TO THE HEPATITIS B VIRUS."**

1. YES
2. NO SKP → NEXT SECTION
  
3. DOCTOR REFUSED WHEN ASKED SKP → NEXT SECTION
7. DON'T KNOW/NOT SURE SKP → NEXT SECTION
9. REFUSED SKP → NEXT SECTION

TX06Q02 - IF TX06Q01 = 1

How many Hepatitis B shots did you receive?

INTERVIEWER NOTE: ALL SHOTS = 3

\_\_ NUMBER OF SHOTS

03. ALL SHOTS
77. DON'T KNOW/NOT SURE
99. REFUSED

State Added 07: Fruits & Vegetables Consumption Pilot (B)

TX07INT

These next questions are about the fruits and vegetables you ate or drank during the past month, that is the past 30 days, including meals and snacks. While these questions sound like questions you have already answered, they are slightly different. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned.

Tell me how often you ate or drank each one: for example, twice a day, once a day, twice a week, three times a month, and so forth.

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

TX07Q01

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

- 1 \_ \_ PER DAY
- 2 \_ \_ PER WEEK
- 3 \_ \_ PER MONTH

- 555. NEVER
- 777. DON'T KNOW/NOT SURE
- 999. REFUSED

TX07Q02

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

INTERVIEWER NOTE, IF NEEDED: "YOUR BEST GUESS IS FINE. INCLUDE APPLES, BANANAS, APPLESAUCE, ORANGES, FRUIT SALAD, WATERMELON, CANTALOUPE OR MUSK MELON, PAPAYA, MANGOS, GRAPES, AND BERRIES SUCH AS BLUEBERRIES AND STRAWBERRIES."

- 1 \_ \_ PER DAY
- 2 \_ \_ PER WEEK
- 3 \_ \_ PER MONTH

- 555. NEVER
- 777. DON'T KNOW/NOT SURE
- 999. REFUSED

TX07Q03

During the past month, how many times per day, week, or month did you eat a green leafy or lettuce salad, with or without other vegetables?

INTERVIEWER NOTE, IF NEEDED: "INCLUDE AMERICAN OR WESTERN-TYPE RAW SALADS WITH LEAF LETTUCE, ROMAINE, MIXED-GREENS, OR SPINACH AS WELL AS BOK CHOY."

1 \_ \_ PER DAY  
2 \_ \_ PER WEEK  
3 \_ \_ PER MONTH

555. NEVER  
777. DON'T KNOW/NOT SURE  
999. REFUSED

TX07Q04

During the past month, not including French fries or other fried potatoes, how many times per day, week, or month did you eat any kind of potatoes such as baked, boiled, mashed potatoes, or potato salad?

IF NEEDED: "FRIED POTATOES INCLUDE FRENCH FRIES, POTATO CHIPS, TATER TOTS, HOME FRIES, AND HASH BROWN POTATOES."

"THIS INCLUDES POTATOES PREPARED IN ANY FASHION SUCH AS BAKED, BOILED, MASHED, AU-GRATIN, OR SCALLOPED. IT INCLUDES POTATOES PREPARED IN OTHER DISHES SUCH AS POTATO SALAD."

"INCLUDE WHITE, YELLOW, AND RED-SKINNED POTATOES."

1 \_ \_ PER DAY  
2 \_ \_ PER WEEK  
3 \_ \_ PER MONTH

555. NEVER  
777. DON'T KNOW/NOT SURE  
999. REFUSED

TX07Q05

During the past month, how many times per day, week, or month did you eat cooked or canned dry Beans, such as refried beans, baked beans, bean soup, black beans, garbanzo beans, soybeans, tofu or lentils? Do not include green beans.

INTERVIEWER NOTE, IF NEEDED: "INCLUDE ROUND OR OVAL BEANS OR PEAS SUCH AS NAVY, PINTO, SPLIT PEAS, COW PEAS, GARBANZO BEANS, LENTILS, SOY BEANS AND TOFU. DO NOT INCLUDE LONG GREEN BEANS SUCH AS STRING BEANS OR POLE BEANS."

1 \_ \_ PER DAY  
2 \_ \_ PER WEEK  
3 \_ \_ PER MONTH

555. NEVER  
777. DON'T KNOW/NOT SURE  
999. REFUSED

TX07Q06

Not including what you just told me about, during the past month, about how many times per day, week, or month did you eat other vegetables? Examples of other vegetables include cooked greens, tomatoes, broccoli, corn, eggplant, cabbage, and carrots.

INTERVIEWER NOTE, IF NEEDED: "DO NOT COUNT LETTUCE SALADS, WHITE, YELLOW, OR RED-SKINNED POTATOES, BEANS, OR ANYTHING YOU HAVE ALREADY COUNTED."

1 \_ \_ PER DAY  
2 \_ \_ PER WEEK  
3 \_ \_ PER MONTH

555. NEVER  
777. DON'T KNOW/NOT SURE  
999. REFUSED

**State Added 11: Vegetable Variety Pilot (B)**

TX11Q01

Now I'm going to ask you two questions about specific vegetables you ate during the past month, that is the past 30 days.

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

- 1 \_ \_ PER DAY
- 2 \_ \_ PER WEEK
- 3 \_ \_ PER MONTH

- 555. NEVER
- 777. DON'T KNOW/NOT SURE
- 999. REFUSED

TX11Q02

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

INTERVIEWER NOTE, IF NEEDED: "WINTER SQUASH HAVE HARD, THICK SKINS AND DEEP YELLOW TO ORANGE FLESH. THEY INCLUDE ACORN, BUTTERCUP, AND SPAGHETTI SQUASH."

- 1 \_ \_ PER DAY
- 2 \_ \_ PER WEEK
- 3 \_ \_ PER MONTH

- 555. NEVER
- 777. DON'T KNOW/NOT SURE
- 999. REFUSED

Asthma Follow-up Module (B)

AdltPerm - IF C10Q01 = 1 OR M26Q01 = 1

We would like to call to 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 Texas.

The information you gave us today and any you or anyone in your household will give us in the future will be kept confidential. If you agree to this, we will keep your phone number on file, separate from the answers collected today. Even if you agree now, you or others at your household may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

1. YES
2. NO

SKP → NEXT SECTION

MostKnow - IF AdltPerm = 1 AND ADULTCHILD = 2

Are you the parent or guardian in the household who knows the most about the child's asthma?

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

CBTime - IF AdltPerm = 1

What is a good time to call you back? For example, evenings, days or weekends?

**IF MostKnow = 2:** What is a good time to call back and speak with the adult most knowledgeable about the child's asthma? For example, evenings, days or weekends?

ENTER CALLBACK TIME:

---

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

State Added 08: Intimate Partner Violence (A)

TX08INT

The next question is about violence in relationships with an intimate partner. By an intimate partner I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner. This information will help us to better understand the problem of violence in relationships. This is a sensitive topic. 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 if you are not in a safe place you can ask me to skip any question you don't want to answer.

Are you in a safe place to answer this question?

1. YES
2. NO

SKP → IPV\_CLOSING

TX08Q01 - IF TX08INT = 1

In the past 12 months, have you experienced any physical violence or had unwanted sex with an intimate partner?

INTERVIEWER NOTE: "PHYSICAL VIOLENCE INCLUDES HITTING, SLAPPING, PUSHING, KICKING, OR HURTING YOU IN ANY WAY."

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

IPV\_CLOSING

We realize that this topic 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 counselor, there is a toll-free and confidential intimate partner violence telephone hotline you can call. The number is **1-800-799-SAFE (7233)**. Would you like me to repeat the number?

State Added 09: COPD (A)

TX09Q01

The next question is about Chronic Obstructive Pulmonary Disease (C.O.P.D.).

Have you ever been told by a doctor or another health care professional that you have chronic obstructive pulmonary disease, also called C.O.P.D., emphysema or chronic bronchitis?

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

State Added 10: Family Planning (Survey A)

CATI NOTE: IF C12Q20 = 2 AND (C12Q21 = 1 OR C12Q01 > 45) GO TO ASTHMA CALL BACK SCRIPT; IF C12Q20 = 1 AND C12Q01 > 60, GO TO ASTHMA CALL BACK SCRIPT

TX10Q01 - IF (C12Q20 = 2 AND C12Q21 <> 1 AND (C12Q01 > 0 AND C12Q01 <= 45)) OR (C12Q20 = 1 AND (C12Q01 > 0 AND C12Q01 <= 60))

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

Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, implants, shots, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy. Are you or your [IF C12Q20 = 2, insert "husband/partner"; IF C12Q20 = 1, insert "wife/partner"] doing anything now to keep [IF C12Q20 = 2, insert "you"; IF C12Q20 = 1, insert "her"] from getting pregnant?

INTERVIEWER NOTE: IF MORE THAN ONE PARTNER, CONSIDER USUAL PARTNER.

1. YES
2. NO SKP → TX10Q03
  
3. NO PARTNER/NOT SEXUALLY ACTIVE SKP → ASTHMA CALL BACK SCRIPT
4. SAME SEX PARTNER SKP → ASTHMA CALL BACK SCRIPT
7. DON'T KNOW/NOT SURE SKP → ASTHMA CALL BACK SCRIPT
9. REFUSED SKP → ASTHMA CALL BACK SCRIPT

TX10Q02 - IF TX10Q01 = 1

What are you or your [IF C12Q20 = 2, insert "husband/partner"; IF C12Q20 = 1, insert "wife/partner"] doing now to keep [IF C12Q20 = 2, insert "you"; IF C12Q20 = 1, insert "her"] from getting pregnant?

READ ONLY IF NECESSARY

01. Tubes tied	SKP → TX10Q06
02. Hysterectomy (female sterilization)	SKP → TX10Q06
03. Vasectomy (male sterilization)	SKP → TX10Q06
04. Pill, all kinds (Seasonale, etc.)	SKP → TX10Q04
05. Male condoms	SKP → TX10Q04
06. Female condoms	SKP → TX10Q04
07. Contraceptive implants (Implanon)	SKP → TX10Q04
08. Shots (Depo-Provera)	SKP → TX10Q04
09. Contraceptive Patch	SKP → TX10Q04
10. Diaphragm, cervical ring, or cap (Nuvaring or others)	SKP → TX10Q04
11. IUD or IUC (including Mirena and ParaGard)	SKP → TX10Q04
12. Emergency contraception (EC or Plan B)	SKP → TX10Q04
13. Withdrawal	SKP → TX10Q04
14. Not having sex at certain times (rhythm)	SKP → TX10Q04
15. Other method (foam, jelly, cream, etc.)	SKP → TX10Q04
16. Abstinence	SKP → TX10Q04
77 DON'T KNOW/NOT SURE	SKP → TX10Q04
99 REFUSED	SKP → TX10Q04

TX10Q03 - IF TX10Q01 = 2

What is the main reason for not doing anything to keep [IF C12Q20 = 2, insert "you"; IF C12Q20 = 1, insert "your wife/partner"] from getting pregnant?

READ ONLY IF NECESSARY

01. Didn't think was going to have sex/no regular partner
  02. You want a pregnancy
  03. You don't want to use birth control
  04. Your partner doesn't want to use birth control
  05. You or your partner don't like birth control/fear side effects
  06. You can't pay for birth control
  07. Lapse in use of a method
  08. Don't think you or your partner can get pregnant
  09. You or your partner had tubes tied (sterilization) SKP → TX10Q06
  10. You or your partner had a vasectomy (sterilization) SKP → TX10Q06
  11. You or your partner had a hysterectomy SKP → TX10Q06
  12. You or your partner are too old
  13. You or your partner are currently breast-feeding
  14. You or your partner just had a baby/postpartum
  15. Other reason (Specify) \_\_\_\_\_
  16. Don't care if get pregnant
  17. You or your partner are pregnant now SKP → TX10Q06
- 77 DON'T KNOW/NOT SURE  
99 REFUSED

TX10Q04 - IF (TX10Q01 = 1 AND (TX10Q02 > 3 AND TX10Q02 <= 99)) OR (TX10Q01 = 2 AND ((TX10Q03 > 0 AND TX10Q03 < 9) OR (TX10Q03 >11 AND TX10Q03 < 17) OR TX10Q03 = 77 OR TX10Q03 = 99))

How do you feel about having a child now or sometime in the future?

Would you say...

PLEASE READ

1. You don't want to have one SKP → TX10Q06
2. You do want to have one
3. You're not sure if you do or don't SKP → TX10Q06
7. DON'T KNOW/NOT SURE SKP → TX10Q06
9. REFUSED SKP → TX10Q06

TX10Q05 - IF TX10Q04 = 2

How soon would you want to have a child? Would you say...

PLEASE READ

1. Less than 12 months from now
2. Between 12 months to less than two years from now
3. Between two years to less than 5 years from now, or
4. 5 or more years from now
  
7. DON'T KNOW/NOT SURE
9. REFUSED

TX10Q06 - IF C12Q20 = 2

Where is your usual source of services for female health concerns, such as family planning, annual exams, breast exams, tests for sexually transmitted disease, and other female concerns? Would you say...

PLEASE READ

1. Family planning clinic
2. Health department
3. Private gynecologist
4. Family doctor
5. I don't get these services
6. Other
  
7. DON'T KNOW/NOT SURE
9. REFUSED

TX10Q07 - IF C12Q20 = 2 AND TX10Q02 = 4

Previously you mentioned that you were taking the pill to keep from getting pregnant. In the past 30 days, how many pills that you were supposed to take did you miss?

INTERVIEWER NOTE: IF RESPONDENT SAYS SHE DID NOT TAKE HER INERT/INACTIVE PILLS, SAY: "WE ARE INTERESTED IN HOW MANY ACTIVE PILLS YOU MISSED, THAT IS, THE PILLS CONTAINING THE MEDICATION."

PLEASE READ

8. Never missed a pill
1. Missed only one pill, or
2. Missed two or more pills
  
7. DON'T KNOW/NOT SURE
9. REFUSED

CATI NOTE: Allow up to 3 responses

TX10Q08 - IF C12Q20 = 2 AND TX10Q02 >= 4 AND TX10Q02 <= 15

There are many reasons that women choose different birth control methods, what reasons were very important in your decision to choose your current method of birth control?

INTERVIEWER NOTE: CODE UP TO 3 RESPONSES

DO NOT READ

01. AVOIDING PREGNANCY
02. IT DOESN'T COST THAT MUCH
03. I CAN STOP USING IT AND GET PREGNANT WHEN I WANT
04. IT IS EASY TO GET
05. IT DOESN'T CAUSE SIDE EFFECTS; I KNOW IT IS SAFE
06. IT DOESN'T INTERFERE WITH SEX
07. IT IS EASILY AVAILABLE
08. DON'T NEED TO TAKE MEDICINE EVERYDAY (DON'T NEED TO THINK ABOUT IT)
09. CHANGE IN MENSTRUAL CYCLE SCARES ME (WOULD RATHER HAVE PERIOD EVERY MONTH)
10. INSURANCE COVERS IT
11. MY FRIENDS RECOMMENDED IT
12. MY FAMILY RECOMMENDED IT
13. MY DOCTOR RECOMMENDED IT
  
66. OTHER
77. DON'T KNOW/NOT SURE
99. REFUSED

**CATI NOTE: Allow up to 3 responses**

TX10Q09 - IF C12Q20 = 2 AND ((TX10Q02 > 3 AND TX10Q02 < 7) OR (TX10Q02 > 11 AND TX10Q02 < 17))

There are birth control methods that work for three months or longer such as implants, shots, and I.U.D.s (intrauterine devices). What are the reasons for you not choosing to use these methods?

INTERVIEWER NOTE: CODE UP TO 3 RESPONSES

DO NOT READ

01. DIDN'T KNOW THEY EXISTED
02. THEY AREN'T AFFORDABLE/THEY COST TOO MUCH
03. MAY WANT TO GET PREGNANT SOONER
04. CAN'T GET THEM
05. AFRAID OF SIDE EFFECTS
06. DON'T KNOW IF THEY ARE SAFE
07. PROVIDER DOESN'T STOCK IT
08. INSURANCE DOESN'T COVER IT
09. MY FRIENDS DON'T RECOMMEND IT
10. MY FAMILY DOESN'T RECOMMEND IT
11. MY DOCTOR DIDN'T RECOMMEND IT
12. RELIGIOUS BELIEFS
13. PRIVACY-DON'T WANT PARTNER TO KNOW
  
66. OTHER
77. DON'T KNOW/NOT SURE
99. REFUSED

**Asthma Follow-up Module (A)**

AdltPerm - IF C10Q01 = 1 OR C12Q02 = 1 OR M26Q01 = 1 OR M26Q02 = 1

We would like to call to 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 Texas.

The information you gave us today and any you or anyone in your household will give us in the future will be kept confidential. If you agree to this, we will keep your phone number on file, separate from the answers collected today. Even if you agree now, you or others at your household may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

1. YES
2. NO

SKP → NEXT SECTION

MostKnow - IF AdltPerm = 1 AND ADULTCHILD = 2

Are you the parent or guardian in the household who knows the most about the child's asthma?

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

CBTime - IF AdltPerm = 1

What is a good time to call you back? For example, evenings, days or weekends?

**IF MostKnow = 2:** What is a good time to call back and speak with the adult most knowledgeable about the child's asthma? For example, evenings, days or weekends?

ENTER CALLBACK TIME:

---

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

CLOSING

That is 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.

LANG1

Code language of interview.

DO NOT READ

1. ENGLISH
2. SPANISH

LENGTH [CATI NOTE: INTERVIEW TIME]

[INTERVIEW LENGTH IN MINUTES INSERTED INTO DATA SET BY CONTRACTOR]

CLOSING

That is 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.