



2013

Behavioral Risk Factor Surveillance System

Texas Survey

English

January 2013

(CDC Core - 12/21/2012)

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Adult and Community Health

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## INTRO

### INTROQST

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

We are gathering information about the health of {STTEXT} residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this {PHONE7}?

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

### WRONGNUM IF - INTROQST = 2

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

INTROQST

### PRIVRES IF - INTROQST = 1

Is this a private residence?

READ ONLY IF NECESSARY:

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

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

### BUSINES IF - PRIVRES = 3

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

DISPOS 4500

**COLLEGE** IF - PRIVRES = 2

Do you live in college housing?

READ ONLY IF NECESSARY:

"By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangements provided by a college or university."

- |   |               |            |   |                |
|---|---------------|------------|---|----------------|
| 1 | YES, CONTINUE | <b>SKP</b> | → | <b>STATRES</b> |
| 2 | NO            | <b>SKP</b> | → | <b>NONRES</b>  |

**NONRES** IF - COLLEGE = 2

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

DISPOS 4500

**STATRES** IF - PRIVRES = 1 OR COLLEGE = 1

Do you reside in **{STATE}**?

- |   |     |            |   |                |
|---|-----|------------|---|----------------|
| 1 | YES | <b>SKP</b> | → | <b>ISCELL</b>  |
| 2 | NO  | <b>SKP</b> | → | <b>NONSTAT</b> |

**NONSTAT** IF - STATRES = 2

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

DISPOS 4100

**ISCELL** IF - STATRES = 1

Is this a cellular telephone?

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

READ ONLY IF NECESSARY:

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

- |   |  |            |   |                |
|---|--|------------|---|----------------|
| 1 | NO, NOT A CELLULAR TELEPHONE, CONTINUE |            |   |                |
| 2 | YES, A CELLULAR TELEPHONE              | <b>SKP</b> | → | <b>CELLYES</b> |

**CELLYES**

IF - ISCELL = 2

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

DISPOS 4450

**LLADULT**

IF - COLLEGE = 1

Are you 18 years of age or older?

NOTE: ASK GENDER IF NECESSARY

1	Yes and the respondent is male	<b>SKP</b>	→	<b>YOURTHE1</b>
2	Yes and the respondent is female	<b>SKP</b>	→	<b>YOURTHE1</b>
3	No	<b>SKP</b>	→	<b>LLNOADLT</b>

**LLNOADLT**

IF - LLADULT = 3

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

DISPOS 4700

**ADULTS**

IF - PRIVRES = 1

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

\_\_\_ NUMBER OF ADULTS

**MEN**

IF - ADULTS &gt; 1

How many of these adults are men?

\_\_\_ NUMBER OF MEN

**WOMEN**

IF - ADULTS &gt; 1

How many of these adults are women?

\_\_\_ NUMBER OF WOMEN

**WRONGTOT** IF - MEN + WOMEN <> ADULTS

I'm sorry, something is not right.

Number of Men - {MEN}

Number of Women - + {WOMEN}

-----

Number of Adults - {ADULTS}

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

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

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

Are you the {SRESP}?

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

**ONEADULT** IF - ADULTS = 1

Are you the adult?

INTERVIEWER NOTE: ASK GENDER IF NECESSARY.

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

**ASKGENDR** IF - ADULTS = 1 AND ONEADULT = 3

Is the Adult a man or a woman?

- 1 MALE
- 2 FEMALE

**GETADULT** IF - ONEADULT = 3

May I speak with...

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

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

**YOURTHE1** IF - SELECTED = 1 OR ONEADULT < 3

Then you are the person I need to speak with.

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

**GETNEWAD** IF - SELECTED = 2

May I speak with the **{SRESP}**?

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

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

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

We are gathering information about the health of **{STTEXT}** residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

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

## Core Sections

### INTROSCR

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call {CPHONE}. This call may be monitored for quality assurance purposes.

1	PERSON INTERESTED, CONTINUE	<b>SKP</b>	→	<b>C01INTRO</b>
2	GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED	<b>SKP</b>	→	<b>ADULTS</b>

## Section 01: Health Status

**C01INTRO**

**C01Q01**

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

PLEASE READ:

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

7 DON'T KNOW/NOT SURE

9 REFUSED

**C01END**

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

### C02INTRO

### 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  
1 MIN  
30 MAX

### C02Q02

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

— NUMBER OF DAYS

88 NONE  
77 DON'T KNOW/NOT SURE  
99 REFUSED  
1 MIN  
30 MAX

CATI NOTE: IF C02Q01 AND C02Q02 = 88 (NONE), GO TO NEXT SECTION

### C02Q03

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

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

— NUMBER OF DAYS

88 NONE  
77 DON'T KNOW/NOT SURE  
99 REFUSED  
1 MIN  
30 MAX

**C02END**

## Section 03: Health Care Access

### C03INTRO

### C03Q01

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

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

### C03Q02

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

INTERVIEWER NOTE: IF "NO" ASK:

"Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"

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

### C03Q03

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

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

**C03Q04**

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

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

**C03END**

## Section 04: Inadequate Sleep

**C04INTRO**

**C04Q01**

I would like to ask you about your sleep pattern.

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

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

\_\_\_ NUMBER OF HOURS[01-24]

77 DON'T KNOW/NOT SURE

99 REFUSED

1 MIN

24 MAX

**C04END**

## Section 05: Hypertension Awareness

### C05INTRO

### C05Q01

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

READ ONLY IF NECESSARY:

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

IF "YES" AND RESPONDENT IS FEMALE, ASK:

"Was this only when you were pregnant?"

- |   |  |     |   |        |
|---|--|-----|---|--------|
| 1 | Yes  |     |   |        |
| 2 | Yes, but female told only during pregnancy | SKP | → | C05END |
| 3 | No   | SKP | → | C05END |
| 4 | Told borderline high or pre-hypertensive   | SKP | → | C05END |
| 7 | DON'T KNOW/NOT SURE                        | SKP | → | C05END |
| 9 | REFUSED                                    | SKP | → | C05END |

### C05Q01V IF - RESPGEND = 1 AND C05Q01 = 2

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS TOLD BY A DOCTOR DURING PREGNANCY THAT SHE HAD HIGH BLOOD PRESSURE. ARE YOU SURE?

THE RESPONDENT SELECTED WAS THE

{SRESP}

IS THE PREVIOUS ANSWER CORRECT?

- |   |     |     |   |        |
|---|-----|-----|---|--------|
| 1 | YES |     |   |        |
| 2 | NO  | SKP | → | C05Q01 |

### C05Q02 IF - C05Q01 = 1

Are you currently taking medicine for your high blood pressure?

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

**C05END**

## Section 06: Cholesterol Awareness

### C06INTRO

### C06Q01

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

- |   |                     |     |   |        |
|---|---------------------|-----|---|--------|
| 1 | YES                 |     |   |        |
| 2 | NO                  | SKP | → | C06END |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C06END |
| 9 | REFUSED             | SKP | → | C06END |

### C06Q02 IF - C06Q01 = 1

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

READ ONLY IF NECESSARY:

- 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
- 9 REFUSED

### C06Q03 IF - C06Q01 = 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

### C06END

## Section 07: Chronic Health Conditions

### C07INTRO

### C07Q01

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

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

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

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

### C07Q02

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

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

### C07Q03

(Ever told) you had a stroke?

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

**C07Q04**

(Ever told) you had asthma?

- 1 YES
- 2 NO SKP → C07Q06
  
- 7 DON'T KNOW/NOT SURE SKP → C07Q06
- 9 REFUSED SKP → C07Q06

**C07Q05**

IF - C07Q04 = 1

Do you still have asthma?

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

**C07Q06**

(Ever told) you had skin cancer?

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

**C07Q07**

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

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

**C07Q08**

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

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

**C07Q09**

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

INTERVIEWER NOTE: ARTHRITIS DIAGNOSES INCLUDE:

- Rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, raynaud's syndrome
- vasculitis (giant cell arteritis, henoch-schonlein purpura, wegener's granulomatosis),
- polyarteritis nodosa

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

**C07Q10**

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

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

**C07Q11**

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

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

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

**C07Q12**

(Ever told) you have diabetes?

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

"Was this only when you were pregnant?"

IF RESPONDENT SAYS PRE-DIABETES OR BORDERLINE DIABETES, USE RESPONSE CODE 4.

- 1 YES
- 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

**C07Q12V** IF - RESPGEND = 1 AND C07Q12 = 2

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS TOLD BY A DOCTOR DURING PREGNANCY THAT SHE HAD DIABETES. ARE YOU SURE?

THE RESPONDENT SELECTED WAS THE

**{SRESP}**

IS THE PREVIOUS ANSWER CORRECT?

- 1 YES
  - 2 NO
- SKP** → **C07Q12**

**C07END**

CATI NOTE: IF C07Q12 = 1 (YES), GO TO DIABETES OPTIONAL MODULE. IF ANY OTHER RESPONSE TO C07Q12, GO TO PRE-DIABETES OPTIONAL MODULE

## Module 01: Pre-Diabetes (Version A)

**CATI NOTE: INSERT AFTER SECTION C07END**

CATI NOTE: ONLY ASKED OF THOSE NOT RESPONDING "YES" (CODE = 1) TO CORE C07Q12 (DIABETES AWARENESS QUESTION).

**M01INTRO** IF - C07Q12 > 1

**M01Q01** IF - C07Q12 > 1

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

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

CATI NOTE: IF CORE C07Q12 = 4 (NO, PRE-DIABETES OR BORDERLINE DIABETES); ANSWER M01Q02 = YES

**M01Q02** IF - (C07Q12 > 1 AND C07Q12 < 4) OR C07Q12 > 4

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

IF "YES" AND RESPONDENT IS FEMALE, ASK:

"Was this only when you were pregnant?"

- 1 Yes
- 2 Yes, during pregnancy
- 3 No
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**M01Q02V** IF - RESPGEND = 1 AND M01Q02 = 2

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS TOLD BY A DOCTOR DURING PREGNANCY THAT SHE HAD PRE-DIABETES OR BORDERLINE DIABETES. ARE YOU SURE?

THE RESPONDENT SELECTED WAS THE

{SRESP}

IS THE PREVIOUS ANSWER CORRECT?

- 1 YES
- 2 NO

SKP → M01Q02

**M01END**

## Module 02: Diabetes (Version A)

**CATI NOTE: INSERT AFTER SECTION C07END**

CATI NOTE: ONLY ASKED OF THOSE RESPONDING "YES" (CODE = 1) TO CORE C07Q12 (DIABETES AWARENESS QUESTION).

**M02INTRO** IF - C07Q12 = 1

**M02Q01** IF - C07Q12 = 1

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

\_\_\_ CODE AGE IN YEARS [97 = 97 or older]

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

**M02Q02** IF - C07Q12 = 1

Are you now taking insulin?

- 1 YES
- 2 NO
  
- 9 REFUSED

**M02Q03** IF - C07Q12 = 1

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

101-199 = PER DAY                      301-399 = PER MONTH

201-299 = PER WEEK                    401-499 = PER YEAR

\_\_\_ TIMES

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

**M02Q03V** IF - (M02Q03 > 105 AND M02Q03 < 200) OR (M02Q03 > 235 AND M02Q03 < 300)

INTERVIEWER YOU RECORDED THE RESPONDENT CHECKS BLOOD {M02Q03} TIMES PER DAY/WEEK/MONTH/YEAR

IS THIS CORRECT?

- 1 YES, CORRECT AS IS, CONTINUE  
2 NO, REASK QUESTION SKP → M02Q03

**M02Q04** IF - C07Q12 = 1

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

101-199 = PER DAY 301-399 = PER MONTH

201-299 = PER WEEK 401-499 = PER YEAR

\_\_\_ TIMES

555 NO FEET

888 NEVER

777 DON'T KNOW/NOT SURE

999 REFUSED

101 MIN

499 MAX

**M02Q04V** IF - (M02Q04 > 105 AND M02Q04 < 200) OR (M02Q04 > 235 AND M02Q04 < 300)

INTERVIEWER YOU RECORDED THE RESPONDENT CHECKS THEIR FEET {M02Q04} TIMES PER DAY/WEEK/MONTH/YEAR

IS THIS CORRECT?

- 1 YES, CORRECT AS IS, CONTINUE  
2 NO, REASK QUESTION SKP → M02Q04

**M02Q05** IF - C07Q12 = 1

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

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

88 NONE

77 DON'T KNOW/NOT SURE

99 REFUSED

01 MIN

76 MAX

**M02Q05V**

IF - M02Q05 > 52 AND M02Q05 < 77

INTERVIEWER YOU RECORDED THE RESPONDENT HAS SEEN A HEALTH PROFESSIONAL {M02Q05} TIMES IN THE PAST 12 MONTHS.

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE

2 NO, REASK QUESTION

**SKP**

→

**M02Q05**

**M02Q06**

IF - C07Q12 = 1

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

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

88 NONE

98 NEVER HEARD OF "A ONE C" TEST

77 DON'T KNOW/NOT SURE

99 REFUSED

01 MIN

76 MAX

**M02Q06V**

IF - M02Q06 > 52 AND M02Q06 < 77

INTERVIEWER YOU RECORDED THE RESPONDENT HAS BEEN CHECKED FOR "A ONE C" BY A HEALTH PROFESSIONAL {M02Q06} TIMES IN THE PAST 12 MONTHS.

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE

2 NO, REASK QUESTION

**SKP**

→

**M02Q06**

**CATI NOTE: IF M02Q04=555 "NO FEET", GO TO M02Q08.**

**M02Q07**

IF - C07Q12 = 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 more]

88 NONE

77 DON'T KNOW/NOT SURE

99 REFUSED

01 MIN

76 MAX

**M02Q07V**

IF - M02Q07 > 52 AND M02Q07 < 77

INTERVIEWER YOU RECORDED THE RESPONDENT HAS HAD THEIR FEET CHECKED BY A HEALTH PROFESSIONAL {M02Q07} TIMES IN THE PAST 12 MONTHS.

IS THIS CORRECT?

- 1 YES, CORRECT AS IS, CONTINUE
- 2 NO, REASK QUESTION **SKP** → **M02Q07**

**M02Q08**

IF - C07Q12 = 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 - C07Q12 = 1

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

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

**M02Q10**

IF - C07Q12 = 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

**M02END**

## Section 08: Demographics

### C08INTRO

### C08Q01

What is your age?

\_\_\_ CODE AGE IN YEARS [99 = 99 years or older]

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

### C08Q01V IF - M02Q01 > C08Q01 AND M02Q01 < 98 AND C08Q01 > 18

INTERVIEWER: THE RESPONDENT INDICATED THEIR AGE TO BE {C08Q01} YEARS OLD! YOU INDICATED EARLIER THEY WERE TOLD THEY HAD DIABETES AT AGE {M02Q01}! PLEASE VERIFY THAT THIS IS THE CORRECT ANSWER AND CHANGE THE AGE OF THE RESPONDENT OR MAKE A NOTE TO CORRECT THE AGE THE RESPONDENT WAS DIAGNOSED AS A DIABETIC.

1 YES, CORRECT AS IS, CONTINUE  
2 NO, REASK QUESTION **SKP** → **C08Q01**

### C08Q02A

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

1 YES  
2 NO **SKP** → **C08Q03**  
7 DON'T KNOW/NOT SURE **SKP** → **C08Q03**  
9 REFUSED **SKP** → **C08Q03**

**C08Q02B**

IF - C08Q02A = 1

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

Are you...

Mexican, Mexican American, Chicano/a

Puerto Rican

Cuban or

Another Hispanic, Latino/a, or Spanish Origin

CHECK ALL THAT APPLY

1 Mexican, Mexican American, Chicano/a

2 Puerto Rican

3 Cuban

4 Another Hispanic, Latino/a, or Spanish  
Origin

5 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

**C08Q03**

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

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

CHECK ALL THAT APPLY

PLEASE READ:

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian
- 50 Pacific Islander
- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander
- 60 Other [Specify]
  
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED
- 88 NO ADDITIONAL CHOICES

CATI NOTE: IF MORE THAN ONE RESPONSE TO C08Q03; CONTINUE. OTHERWISE,  
GO TO C08Q05

**C08Q04**

IF - C08Q03 < 7 AND C08Q03.2 > 0 AND C08Q03.2 <> 8

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

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian
- 50 Pacific Islander
- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander
- 60 Other [Specify]
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

**C08Q05**

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
- 2 No
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**C08Q06**

Are you...?

PLEASE READ:

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

**C08Q07**

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

— NUMBER OF CHILDREN

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

**C08Q08**

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

**C08Q09**

Are you currently...?

PLEASE READ:

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

CATI NOTE: IF RESPONDENT REFUSES AT ANY INCOME LEVEL CODE INCOME VARIABLE TO 99 (REFUSED).

**C08Q10d**

Is your annual household income from all sources:

Less than \$25,000?

- |   |                     |     |   |         |
|---|---------------------|-----|---|---------|
| 1 | YES                 |     |   |         |
| 2 | NO                  | SKP | → | C08Q10e |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C08Q10i |
| 9 | REFUSED             | SKP | → | C08Q10i |

**C08Q10c** IF - C08Q10d = 1

(Is your annual household income from all sources: )

Less than \$20,000?

- |   |                     |     |   |         |
|---|---------------------|-----|---|---------|
| 1 | YES                 |     |   |         |
| 2 | NO                  | SKP | → | C08Q10i |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C08Q10i |
| 9 | REFUSED             | SKP | → | C08Q10i |

**C08Q10b** IF - C08Q10c = 1

(Is your annual household income from all sources: )

Less than \$15,000?

- |   |                     |     |   |         |
|---|---------------------|-----|---|---------|
| 1 | YES                 |     |   |         |
| 2 | NO                  | SKP | → | C08Q10i |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C08Q10i |
| 9 | REFUSED             | SKP | → | C08Q10i |

**C08Q10a** IF - C08Q10b = 1

(Is your annual household income from all sources: )

Less than \$10,000?

1	YES	SKP	→	C08Q10i
2	NO	SKP	→	C08Q10i
7	DON'T KNOW/NOT SURE	SKP	→	C08Q10i
9	REFUSED	SKP	→	C08Q10i

**C08Q10e** IF - C08Q10d = 2

(Is your annual household income from all sources: )

Less than \$35,000?

1	YES	SKP	→	C08Q10i
2	NO			
7	DON'T KNOW/NOT SURE	SKP	→	C08Q10i
9	REFUSED	SKP	→	C08Q10i

**C08Q10f** IF - C08Q10e = 2

(Is your annual household income from all sources: )

Less than \$50,000?

1	YES	SKP	→	C08Q10i
2	NO			
7	DON'T KNOW/NOT SURE	SKP	→	C08Q10i
9	REFUSED	SKP	→	C08Q10i

**C08Q10g** IF - C08Q10f = 2

(Is your annual household income from all sources: )

Less than \$75,000?

1	YES	SKP	→	C08Q10i
2	NO	SKP	→	C08Q10i
7	DON'T KNOW/NOT SURE	SKP	→	C08Q10i
9	REFUSED	SKP	→	C08Q10i

**C08Q10i**

ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES IS:

{IF C08Q10g = 2, More than \$75,000?}  
{IF C08Q10g = 1, \$50,000 to less than \$75,000}  
{IF C08Q10f = 1, \$35,000 to less than \$50,000}  
{IF C08Q10e = 1, \$25,000 to less than \$35,000}  
{IF C08Q10c = 2, \$20,000 to less than \$25,000}  
{IF C08Q10b = 2, \$15,000 to less than \$20,000}  
{IF C08Q10a = 2, \$10,000 to less than \$15,000}  
{IF C08Q10a = 1, Less than \$10,000}  
{Default, REFUSED/DON'T KNOW/NOT SURE}

IS THIS CORRECT?

- 1 YES  
2 NO SKP → C08Q10d  
  
7 DON'T KNOW/NOT SURE  
9 REFUSED

**C08Q11**

About how much do you weigh without shoes?

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

ROUND FRACTIONS UP

\_\_\_\_\_ WEIGHT (POUNDS/KILOGRAMS)

- 7777 DON'T KNOW/NOT SURE  
9999 REFUSED

**C08Q11V** IF - C08Q11 <> 7777 AND C08Q11 <> 9999 AND ((C08Q11 < 9000 AND (C08Q11 < 80 OR C08Q11 > 350)) OR (C08Q11 > 9000 AND (C08Q11 < 9035 OR C08Q11 > 9159)))

INTERVIEWER YOU INDICATED THE RESPONDENT WEIGHS {C08Q11}

IS THIS CORRECT?

- 1 YES, CORRECT AS IS, CONTINUE  
2 NO, REASK QUESTION SKP → C08Q11

**C08Q12**

About how tall are you without shoes?

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

ROUND FRACTIONS DOWN

\_\_\_/\_\_\_ HEIGHT (FT/INCHES/METERS/CENTIMETERS)

77/77 DON'T KNOW/NOT SURE

99/99 REFUSED

**C08Q12V**

IF - (C08Q12 < 9000 AND (C08Q12 > 608 OR C08Q12 < 407)) OR (C08Q12 > 9000 AND (C08Q12 > 9206 OR C08Q12 < 9139))

INTERVIEWER YOU INDICATED THE RESPONDENT IS {C08Q12}

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE

2 NO, REASK QUESTION

**SKP**

→

**C08Q12**

**ASKCNTY**

What county do you live in?

ENTER FIRST LETTER OF COUNTY NAME

\_\_\_ ANSI COUNTY CODE (FORMERLY FIPS COUNTY CODE)

888 OTHER

777 DON'T KNOW/NOT SURE

999 REFUSED

001 MIN

775 MAX

**CATI NOTE: SET MIN AND MAX BASED ON STATE ZIP RANGE**

**C08Q14**

What is the ZIP Code where you live?

\_\_\_\_\_ ZIP Code

77777 DON'T KNOW/NOT SURE

99999 REFUSED

**C08Q15**

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 | → | C08Q17 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C08Q17 |
| 9 | REFUSED             | SKP | → | C08Q17 |

**C08Q16**

IF - C08Q15 = 1

How many of these telephone numbers are residential numbers?

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

**C08Q17**

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

- |   |                     |     |   |        |
|---|---------------------|-----|---|--------|
| 1 | YES                 |     |   |        |
| 2 | NO                  | SKP | → | C08Q19 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C08Q19 |
| 9 | REFUSED             | SKP | → | C08Q19 |

**C08Q18**

IF - C08Q17=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 TO 100)

- |     |                     |
|-----|---------------------|
| 888 | ZERO                |
| 777 | DON'T KNOW/NOT SURE |
| 999 | REFUSED             |
| 001 | MIN                 |
| 100 | MAX                 |

**C08Q19**

Have you used the internet in the past 30 days?

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

**C08Q20**

Do you own or rent your home?

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

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

- 1 OWN
- 2 RENT
- 3 OTHER ARRANGEMENT
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**C08Q21**

INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY

- 1 MALE
- 2 FEMALE

**C08Q21V** IF - RESPGEND <> C08Q21

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS {C08Q21}. ARE YOU SURE?

THE RESPONDENT SELECTED WAS THE

**{SRESP}**

IS THE PREVIOUS ANSWER CORRECT?

- 1 YES
- 2 NO

**SKP** → **C08Q21**

**C08Q22**

IF - C08Q01 &lt; 45 AND C08Q21 = 2

To your knowledge, are you now pregnant?

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

**C08Q23**

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

**C08Q24**

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

NOTE: INCLUDE OCCASIONAL USE OR USE IN CERTAIN CIRCUMSTANCES.

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

**C08Q25**

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

**C08Q26**

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

**C08Q27**

Do you have serious difficulty walking or climbing stairs?

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

**C08Q28**

Do you have difficulty dressing or bathing?

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

**C08Q29**

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

**C08END**

## Section 09: Tobacco Use

### C09INTRO

### C09Q01

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

INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES

- |   |                     |     |   |        |
|---|---------------------|-----|---|--------|
| 1 | YES                 |     |   |        |
| 2 | NO                  | SKP | → | C09Q05 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C09Q05 |
| 9 | REFUSED             | SKP | → | C09Q05 |

### C09Q02 IF - C09Q01 = 1

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

- |   |                     |     |   |        |
|---|---------------------|-----|---|--------|
| 1 | Everyday            |     |   |        |
| 2 | Some days           |     |   |        |
| 3 | Not at all          | SKP | → | C09Q04 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C09Q05 |
| 9 | REFUSED             | SKP | → | C09Q05 |

### C09Q03 IF - C09Q02 = 1 OR C09Q02 = 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 | → | C09Q05 |
| 2 | NO                  | SKP | → | C09Q05 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C09Q05 |
| 9 | REFUSED             | SKP | → | C09Q05 |

**C09Q04**

IF - C09Q02 = 3

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

- 01 Within the past month (less than 1 month ago)
- 02 Within the past 3 months (1 month but less than 3 months ago)
- 03 Within the past 6 months (3 months but less than 6 months ago)
- 04 Within the past year (6 months but less than 1 year ago)
- 05 Within the past 5 years (1 year but less than 5 years ago)
- 06 Within the past 10 years (5 years but less than 10 years ago)
- 07 10 years or more
- 08 Never smoked regularly
  
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

**C09Q05**

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

INTERVIEWER NOTE: SNUS (RHYMES WITH 'GOOSE')

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

- 1 Everyday
- 2 Some days
- 3 Not at all
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**C09END**

## Section 10: Alcohol Consumption

### C10INTRO

### C10Q01

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

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

\_\_\_        DAYS

888	NO DRINKS IN PAST 30 DAYS	<b>SKP</b>	→	<b>C10END</b>
777	DON'T KNOW/NOT SURE	<b>SKP</b>	→	<b>C10END</b>
999	REFUSED	<b>SKP</b>	→	<b>C10END</b>
101	MIN			
230	MAX			

### C10Q02

IF - C10Q01 < 777

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

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

\_\_\_        NUMBER OF DRINKS

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

### C10Q02V

IF - C10Q02 > 15 AND C10Q02 < 77

INTERVIEWER YOU INDICATED {C10Q02} DRINKS PER DAY

IS THIS CORRECT?

1	YES, CORRECT AS IS, CONTINUE			
2	NO, REASK QUESTION	<b>SKP</b>	→	<b>C10Q02</b>

**C10Q03**

IF - C10Q01 &lt; 777

Considering all types of alcoholic beverages, how many times during the past 30 days did you have {IF C08Q20=1, 5, 4} or more drinks on an occasion?

\_\_\_ NUMBER OF TIMES

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

**C10Q03V**

IF - C10Q03 &gt; 15 AND C10Q03 &lt; 77

INTERVIEWER YOU INDICATED {C10Q03} OCCASIONS WHEN THE RESPONDENT HAD 4/5 OR MORE DRINKS.

IS THIS CORRECT?

- 1 YES, CORRECT AS IS, CONTINUE
- 2 NO, REASK QUESTION **SKP** → **C10Q03**

**C10Q04**

IF - C10Q01 &lt; 777

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

\_\_\_ NUMBER OF DRINKS

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

**C10Q04V**

IF - (C10Q04 <> 99 AND C10Q04 <> 77) AND C10Q04 < 77  
 AND ((C08Q20 = 1 AND C10Q04 >= 5 AND (C10Q03 = 88 OR  
 C10Q03 < 5)) OR (C08Q20 = 2 AND C10Q04 >= 4 AND  
 (C10Q03 = 88 OR C10Q03 < 4)))

INTERVIEWER YOU INDICATED {C10Q04} DRINKS IS THE LARGEST NUMBER OF DRINKS THE RESPONDENT HAD ON ANY OCCASION BUT THE NUMBER OF TIMES THE RESPONDENT HAD {IF C08Q20=1, 5, 4} IS {C10Q03}.

IS THIS CORRECT?

- 1 YES, CORRECT AS IS, CONTINUE
- 2 NO, REASK QUESTION **SKP** → **C10Q04**

**C10END**

## Section 11: Fruits and Vegetables

**C11INTRO**

IF - USEC11 = TRUE

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

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

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

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

**C11Q01**

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

INTERVIEWER NOTE: DO NOT INCLUDE FRUIT DRINKS WITH ADDED SUGAR OR OTHER ADDED SWEETENERS LIKE KOOL-AID, HI-C, LEMONADE, CRANBERRY COCKTAIL, TAMPICO, SUNNY DELIGHT, SNAPPLE, FRUITOPIA, GATORADE, POWER-ADE, OR YOGURT DRINKS. DO NOT INCLUDE FRUIT JUICE DRINKS THAT PROVIDE 100% DAILY VITAMIN C BUT INCLUDE ADDED SUGAR. DO NOT INCLUDE VEGETABLE JUICE SUCH AS TOMATO AND V8 IF RESPONDENT PROVIDES BUT INCLUDE IN "OTHER VEGETABLES" QUESTION C11Q06.

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

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

\_\_\_\_ TIMES

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

**C11Q01V**

IF - (C11Q01 > 105 AND C11Q01 < 201) OR (C11Q01 > 235 AND C11Q01 < 300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT DRINKS 100% PURE FRUIT JUICES {**C11Q01 SHOWTIME**}

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE

2 NO, REASK QUESTION

**SKP**

→

**C11Q01**

**C11Q02**

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

READ ONLY IF NECESSARY:

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

INTERVIEWER NOTE: DO NOT COUNT FRUIT JAM, JELLY, OR FRUIT PRESERVES. DO NOT INCLUDE DRIED FRUIT IN READY-TO-EAT CEREALS.

DO INCLUDE DRIED RAISINS, CRAN-RAISINS IF RESPONDENT TELLS YOU- BUT DUE TO THEIR SMALL SERVING SIZE THEY ARE NOT INCLUDED IN THE PROMPT. DO INCLUDE CUT UP FRESH, FROZEN, OR CANNED FRUIT ADDED TO YOGURT, CEREAL, JELLO, AND OTHER MEAL ITEMS. INCLUDE CULTURALLY AND GEOGRAPHICALLY APPROPRIATE FRUITS THAT ARE NOT MENTIONED (E.G. GENIP, SOURSOP, SUGAR APPLE, FIGS, TAMARIND, BREAD FRUIT, SEA GRAPES, CARABOLA, LONGANS, LYCHEES, AKEE, RAMBUTAN, ETC.).

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

\_\_\_ TIMES

555 NEVER

777 DON'T KNOW/NOT SURE

999 REFUSED

101 MIN

399 MAX

**C11Q02V**

IF - (C11Q02 > 105 AND C11Q02 < 201) OR (C11Q02 > 235 AND C11Q02 < 300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS FRUIT {**C11Q02 SHOWTIME**}

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE

2 NO, REASK QUESTION

**SKP**

→

**C11Q02**

**C11Q03**

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

READ ONLY IF NECESSARY:

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

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

INCLUDE FALAFEL AND TEMPEH.

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

\_\_\_ TIMES

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

**C11Q03V** IF - (C11Q03 > 105 AND C11Q03 < 201) OR (C11Q03 > 235 AND C11Q03 < 300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS COOKED OR CANNED BEANS {**C11Q03 SHOWTIME**}

IS THIS CORRECT?

- 1 YES, CORRECT AS IS, CONTINUE
- 2 NO, REASK QUESTION **SKP** → **C11Q03**

**C11Q04**

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

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

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

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

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

\_\_\_ TIMES

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

**C11Q04V** IF - (C11Q04 > 105 AND C11Q04 < 201) OR (C11Q04 > 235 AND C11Q04 < 300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS DARK GREEN VEGETABLES {C11Q04 SHOWTIME}

IS THIS CORRECT?

- 1 YES, CORRECT AS IS, CONTINUE
- 2 NO, REASK QUESTION **SKP** → **C11Q04**



**C11Q06**

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

READ ONLY IF NEEDED:

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

INTERVIEWER NOTE: INCLUDE CORN, PEAS, TOMATOES, OKRA, BEETS, CAULIFLOWER, BEAN SPROUTS, AVACADO, CUCUMBER, ONIONS, PEPPERS (RED, GREEN, YELLOW, ORANGE); ALL CABBAGE INCLUDING AMERICAN-STYLE COLE-SLAW; MUSHROOMS, SNOW PEAS, SNAP PEAS, BROAD BEANS, STRING, WAX-, OR POLE-BEANS. INCLUDE ANY FORM OF THE VEGETABLE (RAW, COOKED, CANNED, OR FROZEN). DO NOT INCLUDE TOMATO JUICE IF RESPONDENT DID NOT COUNT IN FRUIT JUICE. INCLUDE CULTURALLY AND GEOGRAPHICALLY APPROPRIATE VEGETABLES THAT ARE NOT MENTIONED (E.G. DAIKON, JICAMA, ORIENTAL CUCUMBER, ETC.).

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

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

\_\_\_ TIMES

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

**C11Q06V** IF - (C11Q06 > 105 AND C11Q06 < 201) OR (C11Q06 > 235 AND C11Q06 < 300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS OTHER VEGETABLES {C11Q06 SHOWTIME}

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE  
2 NO, REASK QUESTION SKP → C11Q06

**C11END**

## Section 12: Exercise (Physical Activity)

### C12INTRO

### C12Q01

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

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 DUTY" OR IS RETIRED, THEY MAY COUNT THE PHYSICAL ACTIVITY OR EXERCISE THEY SPEND MOST OF THE TIME DOING IN A REGULAR MONTH.

- |   |                     |     |   |        |
|---|---------------------|-----|---|--------|
| 1 | YES                 |     |   |        |
| 2 | NO                  | SKP | → | C12Q08 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C12Q08 |
| 9 | REFUSED             | SKP | → | C12Q08 |

### C12Q02

IF - C12Q01 = 1

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

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

INTERVIEWER NOTE: HOUSEWORK MAY BE INCLUDED AS A PHYSICAL ACTIVITY OR EXERCISE SPENT AND CAN BE CODED AS "OTHER".

\_\_\_ (Specify) [See Coding List A]

- |    |                     |     |   |        |
|----|---------------------|-----|---|--------|
| 77 | DON'T KNOW/NOT SURE | SKP | → | C12Q08 |
| 99 | REFUSED             | SKP | → | C12Q08 |

## ACTIVITY LIST

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

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

**OTHER**

**C12Q03**

IF - C12Q02 &gt; 0 AND C12Q02 &lt;&gt; 97 AND C12Q02 &lt;&gt; 99

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

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

\_\_\_            TIMES

777           DON'T KNOW/NOT SURE

999           REFUSED

101           MIN

299           MAX

**C12Q03V**

IF - (C12Q03 &gt; 107 AND C12Q03 &lt; 201) OR (C12Q03 &gt; 231 AND C12Q03 &lt; 300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE ACTIVITY RECORDED IN C10Q03 {**C12Q03 SHOWTIME**}

IS THIS CORRECT?

1            YES, CORRECT AS IS, CONTINUE

2            NO, REASK QUESTION

**SKP**

→

**C12Q03**

**C12Q04**

IF - C12Q02 &gt; 0 AND C12Q02 &lt;&gt; 97 AND C12Q02 &lt;&gt; 99

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

EXAMPLE 1 HOUR 30 MINUTES ENTER AS "130"

\_\_\_            HOURS AND MINUTES

777           DON'T KNOW/NOT SURE

999           REFUSED

001           MIN

659           MAX

**C12Q04V**

IF - C12Q04 &gt; 430 AND C12Q04 &lt; 777

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT KEEPS AT THIS ACTIVITY FOR {**C12Q04 HOURMIN**}

IS THIS CORRECT?

1            YES, CORRECT AS IS, CONTINUE

2            NO, REASK QUESTION

**SKP**

→

**C12Q04**

**C12Q05**

IF - C12Q02 &gt; 0 AND C12Q02 &lt;&gt; 97 AND C12Q02 &lt;&gt; 99

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

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

INTERVIEWER NOTE: HOUSEWORK MAY BE INCLUDED AS A PHYSICAL ACTIVITY OR EXERCISE SPENT AND CAN BE CODED AS "OTHER".

\_\_\_ (Specify) [See Coding List A]

88	NO OTHER ACTIVITY	<b>SKP</b>	→	<b>C12Q08</b>
77	DON'T KNOW/NOT SURE	<b>SKP</b>	→	<b>C12Q08</b>
99	REFUSED	<b>SKP</b>	→	<b>C12Q08</b>

**C12Q05V**

IF - C12Q02 = C12Q05

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE SAME ACTIVITY RECORDED IN C12Q02.

FIRST ACTIVITY (C12Q02)= **{C12Q02}**

SECOND ACTIVITY (C12Q05)= **{C12Q05}**

IS THIS CORRECT?

1	NO, CHANGE ACTIVITY IN QUESTION C10Q05	<b>SKP</b>	→	<b>C12Q05</b>
2	NO, CHANGE ACTIVITY IN QUESTION C10Q02	<b>SKP</b>	→	<b>C12Q02</b>
3	YES, CORRECT AS IS, CONTINUE			

## ACTIVITY LIST

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

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

**OTHER**

<b>C12Q06</b>	IF - C12Q05 > 0 AND C12Q05 <> 97 AND C12Q05 <> 99
---------------	---

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

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

\_\_\_\_\_ TIMES

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

**C12Q06V**

IF - (C12Q06 > 107 AND C12Q06 < 201) OR (C12Q06 > 231 AND C12Q06 < 300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE ACTIVITY RECORDED IN C10Q06 {**C12Q06 SHOWTIME**}

IS THIS CORRECT?

- 1 YES, CORRECT AS IS, CONTINUE  
2 NO, REASK QUESTION **SKP** → **C12Q06**

**C12Q07**

IF - C12Q05 > 0 AND C12Q05 <> 97 AND C12Q05 <> 99

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

EXAMPLE 1 HOUR 30 MINUTES ENTER AS "130"

\_\_\_ HOURS AND MINUTES

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

**C12Q07V**

IF - C12Q07 > 430 AND C12Q07 < 777

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT KEEPS AT THIS ACTIVITY FOR {**C12Q07 HOURMIN**}

IS THIS CORRECT?

- 1 YES, CORRECT AS IS, CONTINUE  
2 NO, REASK QUESTION **SKP** → **C12Q07**

**C12Q08**

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

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

\_\_\_ TIMES

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

**C12Q08V**

IF - (C12Q08 > 107 AND C12Q08 < 201) OR (C12Q08 >  
231 AND C12Q08 < 300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN  
STRENGTHENING EXERCISES **{C12Q08 SHOWTIME}**

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE

2 NO, REASK QUESTION

**SKP**

→

**C12Q08**

**C12END**

## Section 13: Arthritis Burden

IF C07Q09 = 1 (YES) THEN CONTINUE, ELSE GO TO NEXT SECTION.

**C13INTRO** IF - C07Q09 = 1

**C13Q01** IF - C07Q09 = 1

Next, I will ask you about your arthritis.

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

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

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

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

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

**C13Q02 SHOULD BE ASKED OF ALL RESPONDENTS REGARDLESS OF EMPLOYMENT**

**C13Q02** IF - C07Q09 = 1

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

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

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

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

**C13Q03**

IF - C07Q09 = 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?

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

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

PLEASE READ:

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

7 DON'T KNOW/NOT SURE

9 REFUSED

**C13Q04**

IF - C07Q09 = 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 [00-10]

88 ZERO

77 DON'T KNOW/NOT SURE

99 REFUSED

01 MIN

10 MAX

**C13END**

## Section 14: Seatbelt Use

**C14INTRO**

**C14Q01**

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

PLEASE READ:

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never
  
- 7 DON'T KNOW/NOT SURE
- 8 NEVER DRIVE OR RIDE IN A CAR
- 9 REFUSED

**C14END**

## Section 15: Immunization

### C15INTRO

### C15Q01

Now I will ask you questions about the flu vaccine. There are two ways to get the flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist. During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?

READ IF NECESSARY:

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

- |   |                     |     |   |        |
|---|---------------------|-----|---|--------|
| 1 | YES                 |     |   |        |
| 2 | NO                  | SKP | → | C15Q03 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C15Q03 |
| 9 | REFUSED             | SKP | → | C15Q03 |

CATI NOTE: DO NOT ALLOW 77 FOR FIRST TWO MONTH DIGITS. PLEASE SET MIN TO NO MORE THAN 12 MONTHS FROM THE CURRENT MONTH. EX: CALL MADE IN 06/2013, RESPONSE CAN BE NO OLDER THAN 06/2012.

### C15Q02

IF - C15Q01 = 1

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

\_\_\_\_\_ Month / Year

- |        |                     |
|--------|---------------------|
| 777777 | DON'T KNOW/NOT SURE |
| 999999 | REFUSED             |
| 012012 | MIN                 |
| 122013 | MAX                 |

**C15Q03**

Since 2005, have you had a tetanus shot?

IF YES, ASK:

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

READ IF NECESSARY

- 1 Yes, received Tdap
- 2 Yes, received the tetanus shot, but not Tdap
- 3 Yes, received tetanus shot but not sure what type
- 4 No, did not receive any tetanus since 2005
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**C15Q04**

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

**C15END**

## Section 16: HIV/AIDS

### C16INTRO

### C16Q01

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 | → | C16END |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C16END |
| 9 | REFUSED             | SKP | → | C16END |

### C16Q02

IF - C16Q01 = 1

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

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

CATI INSTRUCTION: IF THE RESPONDENT REMEMBERS THE YEAR BUT CANNOT REMEMBER THE MONTH, CODE THE FIRST TWO DIGITS 77 AND THE LAST FOUR DIGITS FOR THE YEAR.

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

777777	DON'T KNOW/NOT SURE
999999	REFUSED
011985	MIN
772013	MAX

CATI NOTE: IF C16Q02 = WITHIN LAST 12 MONTHS CONTINUE, ELSE GO TO  
OPTIONAL MODULE TRANSITION. XX IS CURRENT MONTH.

**C16Q03**

IF - C16Q01 = 1

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

- 01 Private doctor or HMO office
- 02 Counseling and testing site
- 09 Emergency room
- 03 Hospital inpatient
- 04 Clinic
- 05 Jail or prison (or other correctional facility)
- 06 Drug treatment center
- 07 At home
- 08 Somewhere else
  
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

**C16END**

## Transition to Modules and/or State-Added Questions

**TRANS**

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

## Module 20: Random Child Selection (Version A & B)

CATI NOTE: IF C08Q07 = 88 OR C08Q07 = 99 (NO CHILDREN UNDER AGE 18 IN THE HOUSEHOLD, OR REFUSED), GO TO NEXT MODULE.

### M20INTRO

IF - C08Q07<88

{If C08Q07 = 1, Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.}

{If C08Q07 > 1 AND C08Q07 < 88, Previously, you indicated there were {C08Q07} children age 17 or younger in your household. Think about those {C08Q07} children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.

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

### M20Q01

IF - C08Q07 < 88

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

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

77/7777 DON'T KNOW/NOT SURE

99/9999 REFUSED

XX/1995 MIN

XX/2013 MAX

CATI INSTRUCTION: CALCULATE THE CHILD'S AGE IN MONTHS (CHLDAGE1=0 TO 216) AND ALSO IN YEARS (CHLDAGE2=0 TO 17) BASED ON THE INTERVIEW DATE AND THE BIRTH MONTH AND YEAR USING A VALUE OF 15 FOR THE BIRTH DAY. IF THE SELECTED CHILD IS < 12 MONTHS OLD ENTER THE CALCULATED MONTHS IN CHLDAGE1 AND 0 IN CHLDAGE2. IF THE CHILD IS > 12 MONTHS ENTER THE CALCULATED MONTHS IN CHLDAGE1 AND SET CHLDAGE2=TRUNCATE (CHLDAGE1/12).

ADD A MINIMUM BASED ON THE CURRENT MONTH AND YEAR OF 1995, WHICH WOULD MEAN THE CHILD IS OVER THE AGE OF 18. ADD A MAX OF THE CURRENT MONTH AND YEAR OF 2013.

### M20Q02

IF - C08Q07 < 88

Is the child a boy or a girl?

- 1 Boy
- 2 Girl

9 REFUSED

**M20Q03A**

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

- |   |                     |            |   |               |
|---|---------------------|------------|---|---------------|
| 1 | YES                 |            |   |               |
| 2 | NO                  | <b>SKP</b> | → | <b>C08Q03</b> |
| 7 | DON'T KNOW/NOT SURE | <b>SKP</b> | → | <b>C08Q03</b> |
| 9 | REFUSED             | <b>SKP</b> | → | <b>C08Q03</b> |

**M20Q03B**

IF - M20Q03A = 1

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

Are they...

Mexican, Mexican American, Chicano/a

Puerto Rican

Cuban or

Another Hispanic, Latino/a, or Spanish Origin

CHECK ALL THAT APPLY

- |   |   |
|---|---|
| 1 | Mexican, Mexican American, Chicano/a          |
| 2 | Puerto Rican                                  |
| 3 | Cuban   |
| 4 | Another Hispanic, Latino/a, or Spanish Origin |
| 5 | NO  |
| 7 | DON'T KNOW/NOT SURE                           |
| 9 | REFUSED                                       |

**M20Q04**

IF - C08Q07 < 88

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

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

CHECK ALL THAT APPLY

PLEASE READ:

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian
- 50 Pacific Islander
- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander
- 60 Other [Specify]
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED
- 88 NO ADDITIONAL CHOICES

CATI NOTE: IF MORE THAN ONE RESPONSE TO M20Q04, CONTINUE. OTHERWISE,  
GO TO M20Q06.

**M20Q05** IF - M20Q04 < 7 AND M20Q04.2 > 0 AND M20Q04.2 <> 8

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

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian
- 50 Pacific Islander
- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander
- 60 Other [Specify]
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

**M20Q06** IF - C08Q07 < 88

How are you related to the child?

PLEASE READ:

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

**M20END**

## Module 21: Childhood Asthma Prevalence (Version A & B)

CATI NOTE: IF RESPONSE TO C08Q07 = 88 (NONE) OR C08Q07 = 99 (REFUSED), GO TO NEXT MODULE.

**M21INTRO** IF - C08Q07 > 0 AND C08Q07 < 88

**M21Q01** IF - C08Q07 > 0 AND C08Q07 < 88

{IF C08Q07 > 1, The next two questions are about the {SHOWKID}.}

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

- |   |                     |     |          |
|---|---------------------|-----|----------|
| 1 | YES                 |     |          |
| 2 | NO                  | SKP | → M21END |
| 7 | DON'T KNOW/NOT SURE | SKP | → M21END |
| 9 | REFUSED             | SKP | → M21END |

**M21Q02** IF - M21Q01 = 1

Does the child still have asthma?

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

**M21END**

## State Added 01: Childhood Diabetes (Version A & B)

CATI NOTE: IF C08Q07 = 88 OR C08Q07 = 99, GO TO NEXT MODULE.

### TX01INTRO

#### TX01Q01 IF - C08Q07 > 0 AND C08Q07 < 88

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

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

#### TX01Q02 IF - TX01Q01 = 1

Does this child have type 1 or type 2 diabetes?

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

### TX01END

## State Added 02: Cardiovascular Health (Version A)

**TX02INTRO**

**TX02Q01** IF - C07Q01 = 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

**TX02Q02** IF - C07Q03 = 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

**TX02END**

## State Added 03: Heart Attack & Stroke (Version A)

### TX03INTRO

### TX03Q01

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

### TX03Q02

(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

### TX03Q03

(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

**TX03Q04**

(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

**TX03Q05**

(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

**TX03Q06**

(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

**TX03Q07**

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

**TX03Q08**

(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

**TX03Q09**

(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

**TX03Q10**

(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

**TX03Q11**

(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

**TX03Q12**

(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

**TX03Q13**

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

PLEASE READ:

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

**TX03END**

## State Added 04: Fast Food Restaurants (Version A)

**TX04INTRO**

**TX04Q01**

The next question is about eating out.

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

READ ONLY IF NEEDED:

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

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

\_\_\_\_ TIMES

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

**TX04END**

## State Added 05: Access to Fresh Fruits and Vegetables (Version A)

### TX05INTRO

### TX05Q01

The next few questions are about fresh fruits and vegetables that are offered in stores in your community. I am interested in the food that is available in the local area around your home. These stores may not be where you shop.

Is it easy for you to get to a store that carries fresh fruits and vegetables or a farmer's market from your home?

INTERVIEWER NOTE: IF THE RESPONDENT ASKS ABOUT CONVENIENCE STORES, SAY:

"Only count those stores that offer a variety of fresh fruits and vegetables."

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

### TX05Q02

How would you rate the availability of fresh fruits and vegetables in the stores in your community? Would you say...

INTERVIEWER NOTE: IF THE RESPONDENT ASKS ABOUT CONVENIENCE STORES, SAY:

"Only count those stores that offer a variety of fresh fruits and vegetables."

PLEASE READ

- 1 Very available
- 2 Somewhat available
- 3 Not available
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**TX05Q03**

How would you rate the cost of fresh fruits and vegetables in the stores in your community? Would you say...

INTERVIEWER NOTE: IF THE RESPONDENT ASKS ABOUT CONVENIENCE STORES, SAY:

"Only count those stores that offer a variety of fresh fruits and vegetables."

PLEASE READ

- 1 Very expensive
- 2 Somewhat expensive
- 3 Not expensive
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**TX05END**

## State Added 06: Extra Physical Activity (Version A)

**TX06INTRO**

**TX06Q01**

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

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

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

**TX06END**

## State Added 07: Adult Immunizations (Version B)

### TX07INTRO

### TX07Q01

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

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

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

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

### TX07Q02

Have you ever been vaccinated against meningococcal disease—also known as meningococcal meningitis?

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

INTERVIEWER NOTE: PRONUNCIATION:

"Meningococcal: "ma-nin-ja-kok-al"; Meningitis: "men-in-jahy-tis"; Menomune: "Men-oh-mewn"; Menactra: "Men-ack-truh"; Menveo: "Men-vee-oh""

- 1 Yes
- 2 No
- 3 Doctor refused when asked
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**TX07Q03**

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

- |   |                           |     |           |
|---|---------------------------|-----|-----------|
| 1 | YES                       |     |           |
| 2 | NO                        | SKP | → TX07Q05 |
| 3 | DOCTOR REFUSED WHEN ASKED | SKP | → TX07Q05 |
| 7 | DON'T KNOW/NOT SURE       | SKP | → TX07Q05 |
| 9 | REFUSED                   | SKP | → TX07Q05 |

**TX07Q04**

IF - TX07Q03 = 1

How many hepatitis B shots did you receive?

\_\_\_ NUMBER OF SHOTS

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

**TX07Q05**

IF - C08Q01 &gt; 17 and C08Q01 &lt; 50

A vaccine to prevent the human papilloma virus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, **{IF C08Q21 = 2, Gardasil or Cervarix, Gardasil}**. Have you **EVER** had an HPV vaccination?

NOTE:

Human Papilloma Virus "(Human Pap·uh·loh·muh Virus)"; Gardasil "(Gar·duh·seel)"; Cervarix "(Sir·var·icks)"

- |   |                           |     |           |
|---|---------------------------|-----|-----------|
| 1 | Yes                       |     |           |
| 2 | No                        | SKP | → TX07END |
| 3 | Doctor refused when asked | SKP | → TX07END |
| 7 | DON'T KNOW/NOT SURE       | SKP | → TX07END |
| 9 | REFUSED                   | SKP | → TX07END |

**TX07Q06**

IF - TX07Q05 = 1

How many HPV shots did you receive?

— NUMBER OF SHOTS

03 ALL SHOTS

77 DON'T KNOW/NOT SURE

99 REFUSED

01 MIN

03 MAX

**TX07END**

## State Added 12: Health Care Worker (Version A & B)

CATI NOTE: INSERT STATE ADDED 12: HEALTH CARE WORKER (VERSION A) AFTER TX06END.

CATI NOTE: INSERT STATE ADDED 12: HEALTH CARE WORKER (VERSION B) AFTER TX07END.

### TX12INTRO

### TX12Q01

The next question is about health care work which includes full time, part-time and volunteer work in a health care facility as well as professional health care provided in the home.

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

INTERVIEWER NOTE: IF RESPONDENT ANSWERS 7 "DON'T KNOW/NOT SURE", PROBE BY REPEATING QUESTION.

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

### TX12END

## State Added 08: Preparedness (Version B)

### TX08INTRO

### TX08Q01

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

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

- 1 Well prepared
- 2 Somewhat prepared
- 3 Not prepared at all
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

### TX08Q02

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

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

**TX08Q03**

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

INTERVIEWER NOTE: IF "CELL PHONE," ASK:

"Do you mean by telephone calls or text messages?"

READ ONLY IF NECESSARY

- 1 Regular home telephones
- 2 Cell phone (telephone calls)
- 3 Cell phone (text messages)
- 4 E-mail
- 5 Social Media (Facebook, Twitter, YouTube, Myspace, blog)
- 6 Other (specify)
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**TX08Q04**

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

INTERVIEWER NOTE: IF "INTERNET," ASK:

"Do you mean from a news website or from social media (such as Facebook, Twitter, and YouTube)?"

READ ONLY IF NECESSARY

- 01 Television
- 02 Radio
- 03 Internet (News Website)
- 04 Internet (Social Media: Facebook, Twitter, YouTube, Myspace, blog)
- 05 Print Media (newspapers, bulletins, newsletters)
- 06 Neighbors
- 07 Reverse 911 (Direct messages from authorities either by texting or calling)
- 66 Other (specify)
  
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

**TX08Q05**

If government officials ordered a mandatory evacuation from your area due to a large-scale disaster or emergency, 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 TX08Q07
- 2 Probably leave the area
- 3 Definitely stay
- 4 Probably stay

- 5 REQUIRED TO STAY (E.G.POLICE OFFICER, SKP → TX08Q07  
ELECTRICIAN, HEALTH OFFICIAL, ETC.)
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

CATI NOTE: IF TX08Q05 = 5, AUTOFILL TX08Q06 = 09.

**TX08Q06**

IF - TX08Q05 <> 1 OR TX08Q05 <> 5

What would be the main reason you might not evacuate if asked to do so?

READ IF NECESSARY

- 01 Lack of transportation
- 02 Lack of trust in public officials
- 03 Concern about leaving property behind
- 04 Concern about personal safety
- 05 Concern about family safety
- 06 Concern about leaving pets
- 07 Concern about traffic jams and inability to  
get out
- 08 Health problems (could not be moved)
- 09 Job requires I stay to help
- 66 Other (specify)
  
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

**TX08Q07**

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 a friend's car
- 3 Use public transportation
- 4 Use evacuation provided transportation or
- 6 Leave in another way, (specify)
  
- 8 WOULD NOT LEAVE AREA/WOULD NOT EVACUATE
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**TX08Q08**

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

PLEASE READ

- 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 or
- 6 Stay elsewhere (specify)
  
- 8 WOULD NOT LEAVE HOME/WOULD NOT EVACUATE
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**TX08END**

## State Added 09: Cognitive Impairment (Version B)

### TX09INTRO

### TX09Q01

The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This **DOES NOT REFER** to occasionally forgetting your keys or the name of someone you recently met. This **REFERS to** things like confusion or memory loss that are happening more often or getting worse. We want to know how these difficulties impact you or someone in your household.

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

- 1 Yes
- 2 No
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

### TX09Q02

IF - ADULTS > 1

{IF TX09Q01 = 1, Not including yourself,} how many adults 18 or older in your household experienced confusion or memory loss that is happening more often or is getting worse during the past 12 months?

\_ NUMBER OF PEOPLE [6 = 6 OR MORE]

- 8 NONE
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**TX09Q03**

IF - TX09Q02 &gt; 0 AND TX09Q02 &lt; 7

Of these people, please select the person who had the most recent birthday. How old is this person?

READ ONLY IF NECESSARY

- 01 Age 18-29
- 02 Age 30-39
- 03 Age 40-49
- 04 Age 50-59
- 05 Age 60-69
- 06 Age 70-79
- 07 Age 80-89
- 08 Age 90+

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

**TX09Q04**

IF - (TX09Q01 = 1) OR (TX09Q02 &gt; 0 AND TX09Q02 &lt; 7)

**{IF TX09Q01 <> 1, For the next set of questions, we will refer to the person you identified as 'this person'."}**

During the past 12 months, how often **{IF TX09Q01 = 1, have you, has this person}** given up household activities or chores **{IF TX09Q01 = 1, you, they}** used to do, because of confusion or memory loss that is happening more often or is getting worse?

INTERVIEWER NOTE: REPEAT DEFINITION ONLY AS NEEDED:

"For these questions, please think about confusion or memory loss that is happening more often or getting worse."

PLEASE READ

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

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

**TX09Q05**

IF - (TX09Q01 = 1) OR (TX09Q02 &gt; 0 AND TX09Q02 &lt; 7)

As a result of **{IF TX09Q01 = 1, your, this person's}** confusion or memory loss, in which of the following four areas **{IF TX09Q01 = 1, do you, does this person}** need the **MOST** assistance?

PLEASE READ

- 1 Safety [read only if necessary: such as forgetting to turn off the stove or falling]
- 2 Transportation [read only if necessary: such as getting to doctor's appointments]
- 3 Household activities [read only if necessary: such as managing money or housekeeping]
- 4 Personal care [read only if necessary: such as eating or bathing]
  
- 5 NEEDS ASSISTANCE, BUT NOT IN THOSE AREAS
- 6 DOESN'T NEED ASSISTANCE IN ANY AREA
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**TX09Q06**

IF - (TX09Q01 = 1) OR (TX09Q02 &gt; 0 AND TX09Q02 &lt; 7)

During the past 12 months, how often has confusion or memory loss interfered with **{IF TX09Q01 = 1, your, this person's}** ability to work, volunteer, or engage in social activities?

PLEASE READ

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

**TX09Q07** IF - (TX09Q01 = 1) OR (TX09Q02 > 0 AND TX09Q02 < 7)

During the past 30 days, how often **{IF TX09Q01 = 1, has, have you,}** a family member or friend provided any care or assistance for **{IF TX09Q01 = 1, you, this person}** because of confusion or memory loss?

PLEASE READ

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

**TX09Q08** IF - (TX09Q01 = 1) OR (TX09Q02 > 0 AND TX09Q02 < 7)

Has anyone discussed with a health care professional, increases in **{IF TX09Q01 = 1, your, this person's}** confusion or memory loss?

- 1 Yes
- 2 No **SKP** → **TX09END**
  
- 7 DON'T KNOW/NOT SURE **SKP** → **TX09END**
- 9 REFUSED **SKP** → **TX09END**

**TX09Q09** IF - (TX09Q01 = 1) OR (TX09Q02 > 0 AND TX09Q02 < 7)

Have **{IF TX09Q01 = 1, you, this person}** received treatment such as therapy or medications for confusion or memory loss?

- 1 Yes
- 2 No
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**TX09Q10** IF - (TX09Q01 = 1) OR (TX09Q02 > 0 AND TX09Q02 < 7)

Has a health care professional ever said that **{IF TX09Q01 = 1, you have, this person has}** Alzheimer's disease or some other form of dementia?

- 1 Yes, Alzheimer's Disease
- 2 Yes, some other form of dementia but not Alzheimer's Disease
- 3 No diagnosis has been given
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**TX09END**

## State Added 10: Secondhand Smoke (Version A)

### TX10INTRO

### TX10Q01

Next, I have a few 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

### TX10Q02

IF - C08Q09 = 1 or C08Q09 = 2

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

- |                       |       |         |
|-----------------------|-------|---------|
| 1 Yes                 |       |         |
| 2 No                  | SKP → | TX10Q05 |
| 7 DON'T KNOW/NOT SURE | SKP → | TX10Q05 |
| 9 REFUSED             | SKP → | TX10Q05 |

**TX10Q03**

IF - TX10Q02 = 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. FOR SELF-EMPLOYED PERSONS WHO WORK AT HOME, THE OFFICIAL SMOKING POLICY MEANS THE HOME SMOKING POLICY.

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

**TX10Q04**

IF - TX10Q02 = 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

**TX10Q05**

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

PLEASE READ

- 1 More often
- 2 Less often
- 3 No difference
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**TX10Q06**

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

PLEASE READ

- 1 More often
- 2 Less often
- 3 No difference
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**TX10END**

## State Added 11: HIV/STDs (Version A & B)

### TX11INTRO

This is the last set of questions for this survey. 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.

PRESS 1 TO CONTINUE

### TX11Q01

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

- You have been treated for a sexually transmitted or venereal disease in the past year.

- You have given or received money or drugs in exchange for sex in the past year.

**{IF C08Q21 = 2, - You had sex with a bi-sexual man, that is a man who has sex with men and women.}**

- You had sex with an injecting drug user.

-You had sex with an HIV positive person.

-You had anal sex without a condom in the past year.

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

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

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

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

1 Yes

2 No

7 DON'T KNOW/NOT SURE

9 REFUSED

**TX11Q02**

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

- 1 Yes
- 2 No
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**TX11Q03**

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

PLEASE READ

- 1 Men only
- 2 Women only
- 3 Both men and women
- 4 No sexual partners
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**TX11END**

**State Added 13: Reproductive Health (Version B)  
(April - December)**

**TX13INTRO** IF - C08Q21 = 2 AND C08Q01 < 50

Now I'd like to ask you some questions related to your reproductive health. Please keep in mind that if you are uncomfortable with any question, you can skip any question you do not want to answer.

**TX13Q01**

How many times have you been pregnant? Be sure to count all of your pregnancies, including current pregnancy, live births, miscarriages, stillbirths, tubal pregnancies, or abortions.

\_\_ Number of pregnancies (01-76)

88	NONE/ZERO/NEVER	SKP	→	TX13Q05
77	DON'T KNOW/NOT SURE	SKP	→	TX13Q05
99	REFUSED	SKP	→	TX13Q05

CATI NOTE: NUMBER OF VAGINAL DELIVERIES CANNOT BE GREATER THAN THE NUMBER OF PREGNANCIES.

**TX13Q02** IF - TX13Q01 < 77

How many vaginal deliveries have you had? Please count stillbirths as well as live births. Please count the number of vaginal deliveries, not the number of babies delivered.

INTERVIEWER NOTE: FOR EXAMPLE, IF RESPONDENT DELIVERED TWINS OR HAD ANY OTHER MULTIPLE BIRTH, COUNT AS A SINGLE DELIVERY.

\_\_ Number of vaginal deliveries (01-76)

88	NONE/ZERO/NEVER
77	DON'T KNOW/NOT SURE
99	REFUSED

CATI NOTE: NUMBER OF CESAREAN DELIVERIES CANNOT BE GREATER THAN THE NUMBER OF PREGNANCIES

**TX13Q03**

IF - TX13Q01 < 77

How many cesarean deliveries have you had? Cesarean deliveries are also known as C-sections. Please count stillbirths as well as live births. Please count the number of cesarean deliveries, not the number of babies delivered.

INTERVIEWER NOTE: FOR EXAMPLE, IF RESPONDENT DELIVERED TWINS OR HAD ANY OTHER MULTIPLE BIRTH, COUNT AS A SINGLE DELIVERY.

\_\_\_ Number of cesarean deliveries (01-76)

88 NONE/ZERO/NEVER  
77 DON'T KNOW/NOT SURE  
99 REFUSED

**TX13Q04**

IF - TX13Q02 < 77 OR TX13Q03 < 77

{IF TX13Q02 = 1 AND TX13Q03 = 88) OR (TX13Q02 = 88 AND TX13Q03 = 1), Did your delivery result in a live birth?, How many of your deliveries resulted in a live birth? Please count the number of deliveries, not the number of live-born children.}

INTERVIEWER NOTE: FOR EXAMPLE, IF RESPONDENT DELIVERED TWINS OR HAD ANY OTHER MULTIPLE BIRTH, COUNT AS A SINGLE DELIVERY.

{IF TX13Q02 = 1 AND TX13Q02 = 88) OR (TX13Q02 = 88 AND TX13Q03 = 1) INTERVIEWER NOTE: YES = 01, NO = 88}

\_\_\_ Enter number of live births (01-76)

88 NONE/ZERO/NEVER  
77 DON'T KNOW/NOT SURE  
99 REFUSED

**TX13Q05**

IF - C08Q22 &lt;&gt; 1

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
- 2 You do want to have one, less than 12 months from now
- 3 You do want to have one, between 12 months to less than 2 years from now
- 4 You do want to have one, between 2 years to less than 5 years from now
- 5 You do want to have one, 5 or more years from now
- 6 You do want to have one, but not sure when or don't have a timeline
  
- 8 UNABLE TO HAVE CHILDREN/HYSTERECTOMY
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

CATI NOTE: IF MODULE 12 (BREAST AND CERVICAL CANCER SCREENING)  
M12Q07 = 1 (HAD A HYSTERECTOMY) OR M12Q05 = 8 THEN GO TO  
TX13Q09, ELSE CONTINUE.

**TX13Q06**

Did you or your spouse or partner do anything the **LAST TIME YOU HAD SEX** to keep you from getting pregnant?

- |                                  |     |   |         |
|----------------------------------|-----|---|---------|
| 1 Yes                            |     |   |         |
| 2 No                             | SKP | → | TX13Q08 |
| 3 No partner/not sexually active | SKP | → | TX13Q09 |
| 4 In a same-sex relationship     | SKP | → | TX13Q09 |
| 7 DON'T KNOW/NOT SURE            | SKP | → | TX13Q09 |
| 9 REFUSED                        | SKP | → | TX13Q09 |

What did you or your spouse or partner do the **LAST TIME YOU HAD SEX** to keep you from getting pregnant?

INTERVIEWER NOTE: IF RESPONDENT REPORTS USING MORE THAN ONE METHOD, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST.

INTERVIEWER NOTE: IF RESPONDENT REPORTS USING AN "IUD," PROBE TO DETERMINE IF "LEVONORGESTREL IUD (E.G., MIRENA)" OR "COPPER-BEARING IUD (E.G., PARAGARD)." IF RESPONDENT DOES NOT KNOW THE TYPE OF IUD, PLEASE CODE AS "IUD, TYPE UNKNOWN."

INTERVIEWER NOTE: IF RESPONDENT REPORTS USING "CONDOMS," PROBE TO DETERMINE IF "FEMALE CONDOMS" OR "MALE CONDOMS."

INTERVIEWER NOTE: IF RESPONDENT REPORTS "OTHER METHOD," ASK RESPONDENT TO "PLEASE SPECIFY" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.

READ ONLY IF NECESSARY:

- 01 Female sterilization (for example, tubal ligation, Essure, Adiana)
- 02 Male sterilization (vasectomy)
- 03 Contraceptive implant (for example, Implanon)
- 04 Hormonal IUD (for example, Mirena)
- 05 Copper-bearing IUD (for example, ParaGard)
- 06 IUD, type unknown
- 07 Shots/Injections (for example, Depo-Provera)
- 08 Birth control pills, any kind
- 09 Contraceptive patch (for example, Ortho Evra)
- 10 Contraceptive ring (for example, NuvaRing)
- 11 Male condoms
- 12 Diaphragm, cervical cap, or sponge
- 13 Female condoms
- 14 Not having sex at certain times (rhythm or natural family planning)
- 15 Withdrawal (or pulling out)
- 16 Foam, jelly, film, or cream
- 17 Emergency contraception (morning after pill)
- 18 Other method. Please specify
  
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

CATI NOTE: ALL RESPONDENTS ASKED TX13Q07, SHOULD SKIP TO TX13Q09

**TX13Q08**

IF - TX13Q06 = 2

Some reasons for not doing anything to keep you from getting pregnant the **LAST TIME YOU HAD SEX** might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant. What was your main reason for not doing anything the **LAST TIME YOU HAD SEX** to keep you from getting pregnant?

INTERVIEWER NOTE: IF RESPONDENT REPORTS "OTHER REASON," ASK RESPONDENT TO "PLEASE SPECIFY" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.

READ ONLY IF NECESSARY:

- 01 You didn't think you were going to have sex/no regular partner
- 02 You just didn't think about it/don't care if you get pregnant
- 03 You want a pregnancy
- 04 You or your partner don't want to use birth control
- 05 You or your partner don't like birth control/side effects
- 06 You couldn't pay for birth control
- 07 You had a problem getting birth control when you needed it
- 08 Religious reasons
- 09 Lapse in use of a method
- 10 Don't think you can get pregnant (infertile or too old)
- 11 You had tubes tied (sterilization)
- 12 You had a hysterectomy
- 13 Your partner had a vasectomy (sterilization)
- 14 You are currently breast-feeding
- 15 You just had a baby/postpartum
- 16 You are pregnant now
- 17 Same sex partner
- 18 Forced to have sex
- 19 Under the influence of alcohol or drugs
- 20 Other reason
  
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

**TX13Q09**

The next questions are about infertility. This means that after a year of trying, a couple is unable to become pregnant or stay pregnant.

Have you or your spouse or partner ever experienced infertility, including difficulty staying pregnant?

INTERVIEWER NOTE: IF RESPONSE IS "YES", PROBE WITH

"Was it you, your spouse or partner, both you and your spouse or partner, or was it undetermined?"

INTERVIEWER NOTE: IF RESPONSE IS "NO", PROBE WITH

"Is this because you have never tried to get pregnant?"

- |   |                               |            |   |                |
|---|-------------------------------|------------|---|----------------|
| 1 | Yes, I have                   |            |   |                |
| 2 | Yes, my spouse or partner has | <b>SKP</b> | → | <b>TX13Q11</b> |
| 3 | Yes, we both have             |            |   |                |
| 4 | Yes, but undetermined         |            |   |                |
| 5 | No                            | <b>SKP</b> | → | <b>TX13END</b> |
| 6 | Never tried to get pregnant   | <b>SKP</b> | → | <b>TX13END</b> |
| 7 | DON'T KNOW/NOT SURE           | <b>SKP</b> | → | <b>TX13Q11</b> |
| 9 | REFUSED                       | <b>SKP</b> | → | <b>TX13Q11</b> |

**TX13Q10**

IF - TX13Q09 &lt; 5

Was it infertility, difficulty staying pregnant, or both?

READ IF NECESSARY

- 1 Infertility
- 2 Difficulty staying pregnant
- 3 Both
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

CATI NOTE: ALLOW FOR UP TO SIX RESPONSES

<b>TX13Q11</b>	IF - TX13Q09 = 1 OR TX13Q09 = 2 OR TX13Q09 = 3 OR TX13Q09 = 4 OR TX13Q09 = 7 OR TX13Q09 = 9
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Did you or your spouse or partner receive any of the following treatments?

INTERVIEWER NOTE: ALLOW FOR UP TO SIX RESPONSES

\*01 OR PERGONAL ®.

\*02 NOTE: TREATMENTS IN WHICH SPERM, BUT NOT EGGS, ARE COLLECTED AND MEDICALLY PLACED INTO A WOMAN'S BODY.

\*03 NOTE: TREATMENTS IN WHICH BOTH A WOMAN'S EGGS AND A MAN'S SPERM ARE HANDLED IN THE LABORATORY, SUCH AS IN VITRO FERTILIZATION, INTRACYTOPLASMIC SPERM INJECTION, FROZEN EMBRYO TRANSFER, OR DONOR EMBRYO TRANSFER.

PLEASE READ

- |    |   |            |                  |
|----|---|------------|------------------|
| 01 | Drugs to improve or stimulate ovulation such as Clomid ®, Serophene ®, *    |            |                  |
| 02 | Artificial insemination or intrauterine insemination *                      |            |                  |
| 03 | Assisted reproductive technology  |            |                  |
| 04 | Another type of surgical treatment for infertility                          |            |                  |
| 05 | A consultation with an infertility specialist                               |            |                  |
| 06 | Something else [specify],   |            |                  |
| 07 | Or, you have not received medical consultation or treatment for infertility | <b>SKP</b> | → <b>TX13END</b> |
| 77 | DON'T KNOW/NOT SURE   |            |                  |
| 99 | REFUSED   | <b>SKP</b> | → <b>TX13END</b> |

**TX13Q12**

IF - TX13Q11 <> 07 OR TX13Q11 <> 99

What was the result of the most recent treatment? Did you...

PLEASE READ

- 1 Become pregnant and are still pregnant
- 2 Become pregnant and had a baby
- 3 Become pregnant, but the pregnancy was not maintained
- 4 Did not become pregnant, but are still trying
- 5 Did not become pregnant and have stopped trying, or
- 6 You are currently receiving infertility treatment
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**TX13END**

## Asthma Call-Back Permission Script

### AFUINTRO

**ADLTPERM** IF - (C07Q04 = 1) OR (M21Q01 = 1 AND (M20Q06 = 1 OR M20Q06 = 3))

We would like to call you again within the next 2 weeks to talk in more detail about **{ADLTCHLD = 1, your, your child's}** experiences with asthma. The information will be used to help develop and improve the asthma programs in **{STATE}**. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

- 1 Yes
- 2 No

**SKP** → **AFUEND**

**FNAME** IF - ADLTPERM = 1

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

- 1 ENTER FIRST NAME OR INITIALS

**OTHER**

- 9 REFUSED

**CNAME** IF - ADLTCHILD = 2 AND ADLTPERM = 1

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

- 1 ENTER FIRST NAME OR INITIALS

**OTHER**

- 9 REFUSED

**MOSTKNOW**

IF - ADLTCHILD = 2 AND ADLTPERM = 1

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

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

**OTHNAME**

IF - MOSTKNOW = 2

You said someone else was more knowledgeable about the child's asthma. Can I please have this adult's first name, initials or nickname so we will know who to ask for when we call back regarding your child.

- 1 ENTER FIRST NAME, INITIALS, OR NICKNAME **OTHER**
  
- 9 REFUSED

**CBTIME**

IF - ADLTPERM=1

{If MOSTKNOW = 2, What is a good time to call back and speak with {OTHNAME}, What is a good time to call you back?}

For example, evenings, days or weekends?

- 1 ENTER CALLBACK TIME **OTHER**
  
- 9 REFUSED

**AFUEND**

## **Closing Statement**

### **CLOSING**

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