



2014

Behavioral Risk Factor Surveillance System

Texas Survey

English

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U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Adult and Community Health

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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.

SKP → 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 persons on residential phones 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 | SKP | → | STATRES |
| 2 | NO | SKP | → | NONRES |

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 | SKP | → | ISCELL |
| 2 | NO | SKP | → | NONSTAT |

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 | YES, A CELLULAR TELEPHONE | SKP | → | CELLYES |
| 2 | NO, NOT A CELLULAR TELEPHONE, CONTINUE | | | |

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	SKP	→	YOURTHE1
2	Yes and the respondent is female	SKP	→	YOURTHE1
3	No	SKP	→	LLNOADLT

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 > 1

How many of these adults are men?

___ NUMBER OF MEN

WOMEN IF - ADULTS > 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 NEW RESPONDENT MAY BE SELECTED SKP → ADULTS

GETNEWAD IF - SELECTED = 2

May I speak with the {SRESP}?

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

NEWADULT IF - 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 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}.

- 1 PERSON INTERESTED, CONTINUE **SKP** → **C01INTRO**
- 2 GO BACK TO ADULTS QUESTION. WARNING: A **SKP** → **ADULTS**
NEW RESPONDENT MAY BE SELECTED

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

IF C02Q01 AND C02C02 = 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: Exercise

C04INTRO

C04Q01

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

- 1 YES
- 2 NO

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

C04END

Section 05: Inadequate Sleep

C05INTRO

C05Q01

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

C05END

Section 06: Chronic Health Conditions

C06INTRO

C06Q01

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

C06Q02

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

- 1 YES
- 2 NO

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

C06Q03

(Ever told) you had a stroke?

- 1 YES
- 2 NO

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

C06Q04

(Ever told) you had asthma?

- 1 YES
- 2 NO SKP → C06Q06

- 7 DON'T KNOW/NOT SURE SKP → C06Q06
- 9 REFUSED SKP → C06Q06

C06Q05

IF - C06Q04 = 1

Do you still have asthma?

- 1 YES
- 2 NO

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

C06Q06

(Ever told) you had skin cancer?

- 1 YES
- 2 NO

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

C06Q07

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

- 1 YES
- 2 NO

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

C06Q08

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

- 1 YES
- 2 NO

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

C06Q09

(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

C06Q10

(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

C06Q11

(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

C06Q12

(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 SKP → C06Q13
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

C06Q12V IF - RESPGEND = 1 AND C06Q12 = 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 → C06Q12

CATI NOTE: IF C06Q12 = 1 (YES) GO TO NEXT QUESTION. IF C06Q12 <>
1, GO TO PRE-DIABETES OPTIONAL MODULE (IF USED). OTHERWISE, GO TO
NEXT SECTION.

C06Q13 IF - C06Q12 = 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

C06END

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

Module 01: Pre-Diabetes (Path A)

CATI NOTE: ONLY ASKED OF THOSE NOT RESPONDING "YES" (CODE = 1) TO CORE C06Q12 (DIABETES AWARENESS QUESTION).

M01INTRO IF - C06Q12 > 1

M01Q01 IF - C06Q12 >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 C06Q12 = 4 (NO, PRE-DIABETES OR BORDERLINE DIABETES); ANSWER M01Q02 = 1 (YES)

M01Q02 IF - (C06Q12 > 1 AND C06Q12 < 4) OR C06Q12 > 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 (Path A)

CATI NOTE: ONLY ASKED OF THOSE RESPONDING "YES" (CODE = 1) TO CORE C06Q12 (DIABETES AWARENESS QUESTION).

M02INTRO IF - C06Q12 = 1

M02Q01 IF - C06Q12 = 1

Are you now taking insulin?

- 1 YES
- 2 NO

- 9 REFUSED

M02Q02 IF - C06Q12 = 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.

INTERVIEWER NOTE: IF THE RESPONDENT USES A CONTINUOUS GLUCOSE MONITORING SYSTEM (A SENSOR INSERTED UNDER THE SKIN TO CHECK GLUCOSE LEVELS CONTINUOUSLY), FILL IN '98 TIMES PER DAY.'

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

M02Q02V IF - (M02Q02 > 105 AND M02Q02 < 200) OR (M02Q02 > 235 AND M02Q02 < 300)

INTERVIEWER YOU RECORDED THE RESPONDENT CHECKS BLOOD {M02Q02} TIMES PER DAY/WEEK/MONTH/YEAR

IS THIS CORRECT?

- 1 YES, CORRECT AS IS, CONTINUE
- 2 NO, REASK QUESTION **SKP** → **M02Q02**

M02Q03

IF - C06Q12 = 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

M02Q03V

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

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

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE

2 NO, REASK QUESTION

SKP

→

M02Q03**M02Q04**

IF - C06Q12 = 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

M02Q04V

IF - M02Q04 > 52 AND M02Q04 < 77

INTERVIEWER YOU RECORDED THE RESPONDENT HAS SEEN A HEALTH PROFESSIONAL {M02Q04} TIMES IN THE PAST 12 MONTHS.

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE

2 NO, REASK QUESTION

SKP

→

M02Q05

M02Q05

IF - C06Q12 = 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

M02Q05V

IF - M02Q05 > 52 AND M02Q05 < 77

INTERVIEWER YOU RECORDED THE RESPONDENT HAS BEEN CHECKED FOR "A ONE C" BY 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**

CATI NOTE: IF M02Q03 = 555 "NO FEET", GO TO M02Q07.

M02Q06

IF - C06Q12 = 1 AND M02Q03 <> 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

M02Q06V

IF - M02Q06 > 52 AND M02Q06 < 77

INTERVIEWER YOU RECORDED THE RESPONDENT HAS HAD THEIR FEET CHECKED 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**

M02Q07

IF - C06Q12 = 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

M02Q08

IF - C06Q12 = 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

M02Q09

IF - C06Q12 = 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 07: Oral Health

C07INTRO

C07Q01

How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.

READ ONLY IF NECESSARY:

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

- 7 DON'T KNOW/NOT SURE
- 8 NEVER
- 9 REFUSED

C07Q02

How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

NOTE: IF WISDOM TEETH ARE REMOVED BECAUSE OF TOOTH DECAY OR GUM DISEASE, THEY SHOULD BE INCLUDED IN THE COUNT FOR LOST TEETH.

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None

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

C07END

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 - C06Q13 > C08Q01 AND C06Q13 < 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 {C06Q13}! 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?

If YES, ask: Are you...

Mexican, Mexican American, Chicano/a,
Puerto Rican
Cuban or
Another Hispanic, Latino/a, or Spanish Origin

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

C08Q02B

IF - C08Q02A < 5

(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 < 77 AND C08Q03.2 > 0 AND C08Q03.2
<> 88

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?

INTERVIEWER NOTE: ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT **DOES** INCLUDE ACTIVATION, FOR EXAMPLE, FOR THE PERSIAN GULF WAR.

- 1 YES
- 2 NO

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

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).

INCOME

Is your annual household income from all sources:

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

READ ONLY IF NECESSARY

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

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

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	SKP	→	C08Q19
2	NO	SKP	→	C08Q19
7	DON'T KNOW/NOT SURE	SKP	→	C08Q19
9	REFUSED	SKP	→	C08Q19

CATI NOTE: C08Q18 ALWAYS SKIPPED DUE TO NEW OVERLAPPING FRAME

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.

INTERVIEWER NOTE:

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

- 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 < 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

INTERVIEWER NOTE:

"For cigarettes, do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana."

- | | | | | |
|---|---------------------|-----|---|--------|
| 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	SKP	→	C10END
777	DON'T KNOW/NOT SURE	SKP	→	C10END
999	REFUSED	SKP	→	C10END
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	SKP	→	C10Q02

C10Q03 IF - C10Q01 < 777

Considering all types of alcoholic beverages, how many times during the past 30 days did you have {IF C08Q21 = 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 > 15 AND C10Q03 < 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 < 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 ((C08Q21 = 1 AND C10Q04 >= 5 AND (C10Q03 = 88 OR C10Q03 < 5)) OR (C08Q21 = 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 C08Q21=1, 5, 4} IS {C10Q03}.

IS THIS CORRECT?

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

C10END

Section 11: Immunization

C11INTRO

C11Q01

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 | → | C11Q03 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C11Q03 |
| 9 | REFUSED | SKP | → | C11Q03 |

C11Q02

IF - C11Q01 = 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 |
| 122014 | MAX |

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 06/2014, RESPONSE CAN BE NO OLDER THAN 06/2013.

C11Q03

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

C11Q04

IF - C08Q01 > 48

The next question is about the Shingles vaccine.

Have you ever had the shingles or zoster vaccine?

INTERVIEWER NOTE: READ IF NECESSARY:

"Shingles is caused by the chickenpox virus. It is an outbreak of rash or blisters on the skin that may be associated with severe pain. A vaccine for shingles has been available since May 2006; it is called Zostavax®, the zoster vaccine, or the shingles vaccine."

- 1 YES
- 2 NO

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

C11END

Section 12: Falls

C12INTRO IF - C08Q01 >= 45 OR C08Q01 = 07 or C08Q01 = 09

C12Q01 IF - C08Q01 >= 45 OR C08Q01 = 07 or C08Q01 = 09

Next, I will ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

In the past 12 months, how many times have you fallen?

___ NUMBER OF TIMES [76 = 76 or more]

88	NONE	SKP	→	C12END
77	DON'T KNOW/NOT SURE	SKP	→	C12END
99	REFUSED	SKP	→	C12END
01	MIN			
76	MAX			

C12Q02 IF - C12Q01 > 0 AND C12Q01 < 77

{IF C12Q01 = 1, Did this fall cause an injury?}

{IF C12Q01 > 1 AND C12Q01 < 77, How many of these falls caused an injury?}

By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

INTERVIEWER NOTE: IF ONLY ONE FALL FROM C12Q01 AND RESPONSE IS "YES" (CAUSED AN INJURY); CODE 01. IF RESPONSE IS "NO," CODE 88.

___ NUMBER OF FALLS [76 = 76 or more]

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

C12END

Section 13: Seatbelt Use

C13INTRO

C13Q01

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

C13END

Section 14: Drinking and Driving

C14INTRO IF - C10Q01 <> 888 AND C13Q01 <> 8

C14Q01 IF - C10Q01 <> 888 AND C13Q01 <> 8

The next question is about drinking and driving.

During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

___ NUMBER OF TIMES

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

C14END

Section 15: Breast and Cervical Cancer Screening

CATI NOTE: IF RESPONDENT IS MALE, GO TO THE NEXT SECTION

C15INTRO IF - C08Q21 = 2

C15Q01 IF - C08Q21 = 2

The next questions are about breast and cervical cancer.

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

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

C15Q02 IF - C15Q01 = 1

How long has it been since you had your last mammogram?

READ ONLY IF NECESSARY:

- | | | | | |
|---|---|--|--|--|
| 1 | Within the past year (anytime less than 12 months ago) | | | |
| 2 | Within the past 2 years (1 year but less than 2 years ago) | | | |
| 3 | Within the past 3 years (2 years but less than 3 years ago) | | | |
| 4 | Within the past 5 years (3 years but less than 5 years ago) | | | |
| 5 | 5 or more years ago | | | |
| 7 | DON'T KNOW/NOT SURE | | | |
| 9 | REFUSED | | | |

C15Q03 IF - C08Q21 = 2

A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam?

- | | | | | |
|---|---------------------|-----|---|--------|
| 1 | YES | | | |
| 2 | NO | SKP | → | C15Q05 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C15Q05 |
| 9 | REFUSED | SKP | → | C15Q05 |

C15Q04

IF - C15Q03 = 1

How long has it been since your last breast exam?

READ ONLY IF NECESSARY:

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

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

C15Q05

IF - C08Q21 = 2

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

- | | | | | |
|---|---------------------|-----|---|--------|
| 1 | YES | | | |
| 2 | NO | SKP | → | C15Q07 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C15Q07 |
| 9 | REFUSED | SKP | → | C15Q07 |

C15Q06

IF - C15Q05 = 1

How long has it been since you had your last Pap test?

READ ONLY IF NECESSARY:

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

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

CATI NOTE: IF RESPONSE TO CORE C08Q22 = 1 (IS PREGNANT); THEN GO TO NEXT SECTION.

C15Q07 IF - C08Q21 = 2 AND C08Q22 <> 1

Have you had a hysterectomy?

READ ONLY IF NECESSARY:

"A hysterectomy is an operation to remove the uterus (womb)."

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

C15END

Section 16: Prostate Cancer Screening

CATI NOTE: IF RESPONDENT IS <39 YEARS OF AGE, OR IS FEMALE, GO TO NEXT MODULE.

C16INTRO	IF - C08Q21 = 1 AND (C08Q01 > 39 OR C08Q01 = 7 OR C08Q01 = 9)
-----------------	--

C16Q01	IF - C08Q21 = 1 AND (C08Q01 > 39 OR C08Q01 = 7 OR C08Q01 = 9)
---------------	--

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

A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor, nurse, or other health professional **EVER** talked with you about the advantages of the PSA test?

- 1 YES
- 2 NO

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

C16Q02	IF - C08Q21 = 1 AND (C08Q01 > 39 OR C08Q01 = 7 OR C08Q01 = 9)
---------------	--

Has a doctor, nurse, or other health professional **EVER** talked with you about the disadvantages of the PSA test?

- 1 YES
- 2 NO

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

C16Q03	IF - C08Q21 = 1 AND (C08Q01 > 39 OR C08Q01 = 7 OR C08Q01 = 9)
---------------	--

Has a doctor, nurse, or other health professional **EVER** recommended that you have a PSA test?

- 1 YES
- 2 NO

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

C16Q04 IF - C08Q21 = 1 AND (C08Q01 > 39 OR C08Q01 = 7
OR C08Q01 = 9)

Have you **EVER HAD** a PSA test?

- 1 YES
- 2 NO SKP → C16END
- 7 DON'T KNOW/NOT SURE SKP → C16END
- 9 REFUSED SKP → C16END

C16Q05 IF - C16Q04 = 1

How long has it been since you had your last PSA test?

READ ONLY IF NECESSARY:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C16Q06 IF - C16Q04 = 1

What was the **MAIN** reason you had this PSA test - was it...?

PLEASE READ:

- 1 Part of a routine exam
- 2 Because of a prostate problem
- 3 Because of a family history of prostate cancer
- 4 Because you were told you had prostate cancer
- 5 Some other reason
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C16END

Section 17: Colorectal Cancer Screening

CATI NOTE: IF RESPONDENT IS \leq 49 YEARS OF AGE, GO TO NEXT MODULE.

C17INTRO IF - C08Q01 > 49 OR C08Q01 = 7 OR C08Q01 = 9

C17Q01 IF - C08Q01 > 49 OR C08Q01 = 7 OR C08Q01 = 9

The next questions are about colorectal cancer screening.

A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

- | | | | | |
|---|---------------------|-----|---|--------|
| 1 | YES | | | |
| 2 | NO | SKP | → | C17Q03 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C17Q03 |
| 9 | REFUSED | SKP | → | C17Q03 |

C17Q02 IF - C17Q01 = 1

How long has it been since you had your last blood stool test using a home kit?

READ ONLY IF NECESSARY:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C17Q03 IF - C08Q01 > 49 OR C08Q01 = 7 OR C08Q01 = 9

Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

- | | | | | |
|---|---------------------|-----|---|--------|
| 1 | YES | | | |
| 2 | NO | SKP | → | C17END |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C17END |
| 9 | REFUSED | SKP | → | C17END |

C17Q04

IF - C17Q03 = 1

For a **SIGMOIDOSCOPY**, a flexible tube is inserted into the rectum to look for problems. A **COLONOSCOPY** is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your **MOST RECENT** exam a sigmoidoscopy or a colonoscopy?

- 1 SIGMOIDOSCOPY
- 2 COLONOSCOPY

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

C17Q05

IF - C17Q03 = 1

How long has it been since you had your last sigmoidoscopy or colonoscopy?

READ ONLY IF NECESSARY:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C17END

Section 18: HIV/AIDS

C18INTRO

C18Q01

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 | → | C18END |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C18END |
| 9 | REFUSED | SKP | → | C18END |

C18Q02

IF - C18Q01 = 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
772014	MAX

C18Q03

IF - C18Q01 = 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

C18END

Transition to Modules and/or State-Added Questions

TRANS

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

Module 05: Alcohol Screening & Brief Intervention (ASBI) (Path A and B)

M05INTRO

IF - C03Q04 = 1 OR C03Q04 = 2

M05Q01

IF - C03Q04 = 1 OR C03Q04 = 2

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

You told me earlier that your last routine checkup was **{IF C03Q04 = 1, within the past year, within the past 2 years}**. At that checkup, were you asked in person or on a form if you drink alcohol?

- 1 YES
- 2 NO

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

M05Q02

IF - C03Q04 = 1 OR C03Q04 = 2

Did the health care provider ask you in person or on a form how much you drink?

- 1 YES
- 2 NO

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

M05Q03

IF - C03Q04 = 1 OR C03Q04 = 2

Did the health care provider specifically ask whether you drank **{IF C08Q21 = 1, 5, 4}** or more alcoholic drinks on an occasion?

- 1 YES
- 2 NO

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

M05Q04

IF - C03Q04 = 1 OR C03Q04 = 2

Were you offered advice about what level of drinking is harmful or risky for your health?

- 1 YES
- 2 NO

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

M05Q05

IF - M05Q01 = 1 OR M05Q02 = 1 OR M05Q03 = 1

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

- 1 YES
- 2 NO

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

M05END

Module 08: Influenza (Path B)

CATI NOTE: IF C11Q01 = 1 (YES) THEN CONTINUE, ELSE GO TO NEXT SECTION.

M08INTRO IF - C11Q01 = 1

M08Q01 IF - C11Q01 = 1

Earlier, you told me you had received an influenza vaccination in the past 12 months.

At what kind of place did you get your last flu shot/vaccine?

NOTE:

"How would you describe the place where you went to get your most recent flu vaccine?"

READ ONLY IF NECESSARY:

- 01 A doctor's office or health maintenance organization (HMO)
- 02 A health department
- 03 Another type of clinic or health center (Example: a community health center)
- 04 A senior, recreation, or community center
- 05 A store (Examples: supermarket, drug store)
- 06 A hospital (Example: inpatient)
- 07 An emergency room
- 08 Workplace
- 09 Some other kind of place
- 10 RECEIVED VACCINATION IN CANADA/MEXICO (VOLUNTEERED-DO NOT READ)
- 11 A school

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

M08END

Module 09: Tetanus Diphtheria (Tdap) (Adults) (Path B)

M09INTRO

M09Q01

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

M09END

Module 11: Adult Human Papilloma Virus (HPV) (Path B)

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

M11INTRO IF - C08Q01 < 50 OR C08Q01 = 7 OR C08Q01 = 9

M11Q01 IF - C08Q01 < 50 OR C08Q01 = 7 OR C08Q01 = 9

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, {C08Q21 = 2, GARDASIL or CERVARIX, or GARDASIL}. Have you **EVER** had an HPV vaccination?

NOTE: HUMAN PAPILOMA VIRUS 'HUMAN PAP·UH·LOH·MUH VIRUS'; GARDASIL 'GAR·DUH·SEEL'; CERVARIX 'SIR VAR ICKS'

- | | | | |
|---|---------------------------|-----|----------|
| 1 | YES | | |
| 2 | NO | SKP | → M11END |
| 3 | DOCTOR REFUSED WHEN ASKED | SKP | → M11END |
| 7 | DON'T KNOW/NOT SURE | SKP | → M11END |
| 9 | REFUSED | SKP | → M11END |

M11Q02 IF - M11Q01 = 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 |

M11END

Module 17: Random Child Selection (Path A and B)

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

M17INTRO 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}

M17Q01 IF - C08Q07 < 88

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

_____ CODE MONTH AND YEAR

777777 DON'T KNOW/NOT SURE
999999 REFUSED
XX1995 MIN
XX2014 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 \geq 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 2014

M17Q02 IF - C08Q07 < 88

Is the child a boy or a girl?

- 1 Boy
- 2 Girl

- 9 REFUSED

M17Q03A

IF - C08Q07 < 88

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

- | | | | | |
|---|---------------------|-----|---|--------|
| 1 | YES | | | |
| 2 | NO | SKP | → | M17Q04 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | M17Q04 |
| 9 | REFUSED | SKP | → | M17Q04 |

M17Q03B

IF - M17Q03A = 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 |

M17Q04

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 M17Q04, CONTINUE
OTHERWISE, GO TO Q6.

M17Q05 IF - M17Q04 < 77 AND M17Q04.2 > 0 AND M17Q04.2
<> 88

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

M17Q06 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

M17END

Module 18: Childhood Asthma Prevalence (Path A and B)

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

M18INTRO IF - C08Q07 > 0 AND C08Q07 < 88

M18Q01 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 | → M18END |
| 7 | DON'T KNOW/NOT SURE | SKP | → M18END |
| 9 | REFUSED | SKP | → M18END |

M18Q02 IF - M18Q01 = 1

Does the child still have asthma?

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

M18END

State Added 01: Childhood Diabetes (Path A and B)

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

TX01INTRO IF - C08Q07 > 0 AND C08Q07 < 88

TX01Q01 IF - C08Q07 > 0 AND C08Q07 < 88

Has a doctor, nurse or other health professional **EVER** said that the 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: Mental Illness and Stigma (Path A)

TX02INTRO

TX02Q01

Now, I am going to ask you some questions about how you have been feeling lately.

About how often during the past 30 days did you feel **NERVOUS**—would you say **ALL** of the time, **MOST** of the time, **SOME** of the time, **A LITTLE** of the time, or **NONE** of the time?

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None

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

TX02Q02

During the past 30 days, about how often did you feel **HOPELESS** - **ALL** of the time, **MOST** of the time, **SOME** of the time, **A LITTLE** of the time, or **NONE** of the time?

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None

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

TX02Q03

During the past 30 days, about how often did you feel **RESTLESS** or **FIDGETY**?

INTERVIEWER NOTE: IF NECESSARY:

"All, most, some, a little, or none of the time?"

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None

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

TX02Q04

During the past 30 days, about how often did you feel **SO DEPRESSED** that nothing could cheer you up?

INTERVIEWER NOTE: IF NECESSARY:

"All, most, some, a little, or none of the time?"

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None

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

TX02Q05

During the past 30 days, about how often did you feel that **EVERYTHING WAS AN EFFORT?**

INTERVIEWER NOTE: IF NECESSARY:

"All, most, some, a little, or none of the time?"

NOTE: IF RESPONDENT ASKS WHAT DOES "EVERYTHING WAS AN EFFORT" MEAN; SAY,

"Whatever it means to you"

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None

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

TX02Q06

During the past 30 days, about how often did you feel **WORTHLESS?**

INTERVIEWER NOTE: IF NECESSARY:

"All, most, some, a little, or none of the time?"

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None

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

TX02Q07

During the past 30 days, for about how many days did a mental health condition or emotional problem **KEEP YOU FROM DOING** your work or other usual activities?

INTERVIEWER NOTE: IF ASKED "USUAL ACTIVITIES" INCLUDES HOUSEWORK, SELF-CARE, CARE GIVING, VOLUNTEER WORK, ATTENDING SCHOOL, STUDIES, OR RECREATION.

___ NUMBER OF DAYS

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

TX02Q08

Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?

- 1 YES
- 2 NO

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

TX02Q09

These next questions ask about peoples' attitudes toward mental illness and its treatment.

Treatment can help people with mental illness lead normal lives. Do you – **AGREE** slightly or strongly, or **DISAGREE** slightly or strongly?

INTERVIEWER NOTE: IF RESPONDENT ASKS ABOUT PURPOSE OF THIS QUESTION SAY:

"Answers to these questions will be used by health planners to help understand public attitudes about mental illness and its treatment and to help guide health education programs."

READ ONLY IF NECESSARY:

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly

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

TX02Q10

People are generally caring and sympathetic to people with mental illness. Do you – **AGREE** slightly or strongly, or **DISAGREE** slightly or strongly?

INTERVIEWER NOTE: IF RESPONDENT ASKS ABOUT PURPOSE OF THIS QUESTION SAY:

"Answers to these questions will be used by health planners to help understand public attitudes about mental illness and its treatment and to help guide health education programs."

READ ONLY IF NECESSARY:

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly

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

TX02END

State Added 03: Walking for Transportation (Path B)

TX03INTRO

TX03Q01

The next question is about walking for transportation.

On how many days during the past seven days did you walk to get some place such as work, school, a store or a restaurant?

- 01 One day
- 02 Two days
- 03 Three days
- 04 Four days
- 05 Five days
- 06 Six days
- 07 Seven days

- 66 NONE
- 77 DON'T KNOW/NOT SURE
- 88 CAN'T WALK/IS DISABLED
- 99 REFUSED

TX03Q02

IF - TX03Q01 > 0 AND TX03Q01 < 66

On average, how many minutes did that/those walk(s) take per day?

___ MINUTES (1-776)

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

TX03Q03

IF - (TX03Q02 > 0 AND TX03Q02 < 20) OR TX03Q02 =
777

What is the main reason that you do not walk more for
transportation?

DO NOT READ

- 01 TOO BUSY
- 02 POOR HEALTH
- 03 NO OR UNSAFE PATHS OR SIDEWALKS
- 04 NO SHOPS OR INTERESTING PLACES TO GO
- 05 CRIME
- 06 TOO MUCH TRAFFIC
- 07 AIR POLLUTION
- 08 WEATHER (TOO HOT OR TOO COLD)
- 09 TOO FAR
- 10 OTHER (SPECIFY)

77 DON'T KNOW/NOT SURE

99 REFUSED

TX03END

State Added 04: Mammography Screening Location (Path B)

TX04INTRO

TX04Q01 IF - C08Q21 = 2 AND C15Q01 = 1

Was your most recent mammogram recommended or suggested by a doctor, nurse or other health professional?

- 1 YES
- 2 NO

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

TX04Q02 IF - C08Q21 = 2 AND C15Q01 = 1

About how many miles from work or home did you travel for your most recent mammogram?

INTERVIEWER NOTE: IF RESPONDENT IS UNSURE YOU CAN ASK FOR AN ESTIMATE.

___ MILES (1-776)

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

TX04Q03 IF - C08Q21 = 2 AND (C15Q01 = 2 OR C15Q01 = 7 OR C15Q01 = 9)

Has a doctor, nurse, or other health professional ever recommended or suggested that you have a mammogram?

- 1 YES
- 2 NO

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

TX04Q04

IF - C08Q21 = 2 AND (C15Q01 = 2 OR C15Q01 = 7 OR
C15Q01 = 9)

About how many miles from work or home is the closest mammogram
clinic or facility?

INTERVIEWER NOTE: IF RESPONDENT IS UNSURE YOU CAN ASK FOR AN
ESTIMATE.

___ MILES (1-776)

777 DON'T KNOW/NOT SURE

999 REFUSED

001 MIN

776 MAX

TX04END

State Added 05: Adult Meningococcal Vaccination (Path B)

TX05INTRO

TX05Q01

A vaccine to prevent meningitis is available and is called either meningococcal polysaccharide vaccine – also known as Menomune® – or meningococcal conjugate vaccine – also known as Menactra® and Menveo®. Have you **EVER** had the meningococcal vaccination?

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

INTERVIEWER NOTE: PRONOUNCIATION: MENINGOCOCCAL (MEN-IN-JA-KOK-AL) MENINGITIS (MEN-IN-JAHY-TIS) MENOMUNE (MEN-OH-MEWN) MENACTRA (MEN-ACK-TRUH) MENVEO (MEN-VEE-OH)

- | | | | |
|---|---------------------------|-----|-----------|
| 1 | YES | | |
| 2 | NO | SKP | → TX05END |
| 3 | DOCTOR REFUSED WHEN ASKED | SKP | → TX05END |
| 7 | DON'T KNOW/NOT SURE | SKP | → TX05END |
| 9 | REFUSED | SKP | → TX05END |

TX05END

State Added 06: Adult Hepatitis B Vaccination (Path B)

TX06INTRO

TX06Q01

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

- | | | | | |
|---|---------------------------|-----|---|---------|
| 1 | YES | | | |
| 2 | NO | SKP | → | TX06END |
| 3 | DOCTOR REFUSED WHEN ASKED | SKP | → | TX06END |
| 7 | DON'T KNOW/NOT SURE | SKP | → | TX06END |
| 9 | REFUSED | SKP | → | TX06END |

TX06Q02 IF - TX06Q01 = 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

TX06END

State Added 07: TV Viewing (Path A)

TX07INTRO

TX07Q01

Next, I have a few additional questions concerning your health.

Over the past 30 days, on a typical day, how much time did you spend sitting and watching TV or videos or using a computer outside of work?

Would you say...

INTERVIEWER NOTE:

"Please include Ipads, smart phones, tablets, handheld games and video games."

- 1 Less than 1 hour
- 2 1 hour
- 3 2 hours
- 4 3 hours
- 5 4 hours
- 6 5 hours or more
- 8 You do not watch TV or videos or use computer outside of work
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TX07END

State Added 08: Sugar Sweetened Beverages (Path A)

TX08INTRO

TX08Q01

How many times per day do you drink a can, bottle, or glass of a sugar-sweetened beverage? These include regular soda, sweet tea, energy drinks, flavored coffee drinks, sports drinks and fruit punch drinks (such as Hawaiian Punch, Koolaid, SunnyD, or Hi-C). Do not include diet beverages or 100% fruit juice.

READ IF NECESSARY:

"That would be a large glass or a 12 oz. can or bottle. The average juice pack is 6 oz or ½ of a can."

INTERVIEWER NOTE: PLAIN WHITE MILK IS NOT A SUGAR-SWEETENED BEVERAGE. FLAVORED MILK IS A SUGAR-SWEETENED BEVERAGE.

INTERVIEWER NOTE: ROUND RESPONSES UP.

- 1 1 time per day or less
- 2 2 times per day
- 3 3 times per day
- 4 4 times per day
- 5 5 or more times per day

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

TX08END

State Added 09: Menu Labeling (Path A)

TX09INTRO

TX09Q01

The next questions are about eating out at fast food and chain restaurants. Sometimes restaurants have calorie information available. Is this type of information available at the fast food and chain restaurants you usually go to?

- | | | | | |
|---|---|-----|---|---------|
| 1 | YES | | | |
| 2 | NO | SKP | → | TX09END |
| 6 | DO NOT EAT AT FAST FOOD OR CHAIN RESTAURANTS | SKP | → | TX09END |
| 8 | NEVER NOTICED OR NEVER LOOKED FOR CALORIE INFORMATION | SKP | → | TX09END |
| 7 | DON'T KNOW/NOT SURE | SKP | → | TX09END |
| 9 | REFUSED | SKP | → | TX09END |

TX09Q02

IF - TX09Q01 = 1

How often does this calorie information help you decide what to order?

Would you say...?

- | | | | | |
|---|---|--|--|--|
| 1 | Always | | | |
| 2 | Most of the time | | | |
| 3 | About half of the time | | | |
| 4 | Sometimes | | | |
| 5 | Never | | | |
| 8 | USUALLY CANNOT FIND CALORIE INFORMATION | | | |
| 7 | DON'T KNOW/NOT SURE | | | |
| 9 | REFUSED | | | |

TX09END

State Added 10: Technology Use (Path B)

CATI NOTE: ASK IF C08Q19 = 1

TX10INTRO

TX10Q01 IF - C08Q19 = 1

Earlier you said that you had used the Internet in the past 30 days. How many minutes or hours do you spend on the Internet in a typical week?

INTERVIEWER NOTE: EXAMPLES:

ENTER 30 MINUTES AS 30

ENTER 1 HOUR 30 MINUTES AS 130

ENTER 10 HOURS AS 1000

ENTER 120 HOURS AS 12000

_____ Hours and Minutes

88888 NONE

77777 DON'T KNOW/NOT SURE

99999 REFUSED

00001 MIN

16800 MAX

TX10Q02

IF - C08Q19 = 1

What activities do you do on the internet?

INTERVIEWER NOTE: READ ONLY IF NECESSARY. MARK ALL THAT APPLY.

- 01 Send and receive Email
- 02 Read the news/for entertainment
- 03 Shopping
- 04 On-line banking
- 05 Connect with family and friends
Skype, Google Talk, or Face Time
- 06 Search for health and health related
resources
- 07 Attend webinars or podcasts
- 08 Social media (Facebook, Instagram,
Twitter)
- 09 Search for general information
- 10 Play games
- 11 Manage investments (e.g. stocks)
- 12 Other (specify)

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

TX10Q03

Do you personally own a device that can connect to the Internet?

INTERVIEWER NOTE: LAPTOP COMPUTER, DESKTOP COMPUTER, TABLET,
SMART PHONE.

- 1 YES
- 2 NO

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

TX10Q04

IF - TX10Q03 = 2

What is the main reason you do not own a device that can connect
to the Internet?

- 1 Cost too much/Too expensive/Can't
afford
- 2 Too hard to use/Don't know how to use
- 3 Don't need or want
- 4 Other (specify)

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

TX10Q05

IF - C08Q01 > 59 OR C08Q23 = 1 OR C08Q24 = 1 OR
C08Q25 = 1 OR C08Q26 = 1 OR C08Q27 = 1 OR C08Q28
= 1 OR C08Q29 = 1

Do you own a device that allows you to push a button to get help or medical assistance in an emergency?

INTERVIEWER NOTE: LIFE STATION, LIFE ALERT, LIFE LINE, GREAT CALL.

- 1 YES
- 2 NO

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

TX10Q06

IF - TX10Q05 = 2

Why do you not own a device that allows you to push a button to get help?

- 1 Do not need
- 2 Cost too much/Too expensive/Can't afford
- 3 Too hard to use/Don't know how to use/Wouldn't know how to use
- 4 Other (specify)

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

TX10END

Asthma Call-Back Permission Script

AFUINTRO

ADLTPERM IF - (C06Q04 = 1) OR (M18Q01 = 1 AND (M18Q06 = 1 OR M18Q06 = 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.