



2016

**Behavioral Risk Factor Surveillance System**

**Texas**

**October 2016**

**(CDC Core - 3/22/2016)**

**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**



# Contents

Intro .....	1
INTROQST .....	1
WRONGNUM .....	1
PRIVRES .....	1
BUSINES .....	1
COLLEGE .....	2
NONRES .....	2
STATRES .....	2
NONSTAT .....	2
ISCELL .....	2
CELLYES .....	3
LLADULT .....	3
LLNOADLT .....	3
ADULTS .....	3
MEN .....	3
WOMEN .....	3
WRONGTOT .....	4
SELECTED .....	4
ONEADULT .....	4
ASKGENDR .....	4
GETADULT .....	4
YOURTHE1 .....	5
GETNEWAD .....	5
NEWADULT .....	6
Core Sections .....	6
INTROSCR .....	6
Section 01: Health Status .....	6
C01Q01 .....	6
Section 02: Healthy Days – Health-Related Quality of Life .....	6
C02Q01 .....	6
C02Q02 .....	7
C02Q03 .....	7
Section 03: Health Care Access .....	7
C03Q01 .....	7
C03Q02 .....	8

C03Q03 .....	8
C03Q04 .....	9
Section 04: Exercise .....	9
C04Q01 .....	9
Section 05: Inadequate Sleep .....	9
C05Q01 .....	9
C05Q01V .....	10
Section 06: Chronic Health Conditions .....	10
C06Q01 .....	10
C06Q02 .....	10
C06Q03 .....	10
C06Q04 .....	11
C06Q05 .....	11
C06Q06 .....	11
C06Q07 .....	11
C06Q08 .....	11
C06Q09 .....	12
C06Q10 .....	12
C06Q11 .....	12
C06Q12 .....	13
C06Q12V .....	13
C06Q13 .....	13
Module 1: Pre-Diabetes .....	13
M01Q01 .....	14
M01Q02 .....	14
M01Q02V .....	14
Module 2: Diabetes .....	14
M02Q01 .....	14
M02Q02 .....	15
M02Q02V .....	15
M02Q03 .....	15
M02Q03V .....	16
M02Q04 .....	16
M02Q04V .....	16
M02Q05 .....	16
M02Q05V .....	17
M02Q06 .....	17

M02Q06V .....	17
M02Q07 .....	18
M02Q08 .....	18
M02Q09 .....	19
Section 07: Oral Health .....	19
C07Q01 .....	19
C07Q02 .....	20
08: Demographics .....	20
C08Q01 .....	20
C08Q01V .....	20
C08Q02 .....	21
C08Q02V .....	21
C08Q03A .....	21
C08Q03B .....	22
C08Q04 .....	23
C08Q05 .....	24
C08Q06 .....	24
C08Q07 .....	25
C08Q08 .....	25
ASKCNTY .....	26
C08Q10 .....	26
C08Q11 .....	26
C08Q12 .....	26
C08Q13 .....	27
C08Q14 .....	27
C08Q15 .....	27
C08Q16 .....	28
C08Q17d .....	28
C08Q17c .....	28
C08Q17b .....	28
C08Q17a .....	29
C08Q17e .....	29
C08Q17f .....	29
C08Q17g .....	29
C08Q17i .....	30
C08Q18 .....	30
C08Q19 .....	30

C08Q19V .....	31
C08Q20 .....	31
C08Q20V .....	31
C08Q21 .....	31
Module 25: Disability - State Added 11 .....	32
TX11Q01 .....	32
TX11Q02 .....	32
C08Q22 .....	32
C08Q23 .....	33
C08Q24 .....	33
C08Q25 .....	33
C08Q26 .....	33
C08Q27 .....	34
Section 09: Tobacco Use .....	34
C09Q01 .....	34
C09Q02 .....	34
C09Q03 .....	34
C09Q04 .....	35
C09Q05 .....	36
Section 10: E-Cigarettes .....	36
C10Q01 .....	36
State Added 10: E-Cigarettes .....	36
TX10Q01 .....	37
C10Q02 .....	37
TX10Q02 .....	38
Section 11: Alcohol Consumption .....	38
C11Q01 .....	38
C11Q02 .....	38
C11Q02V .....	39
C11Q03 .....	39
C11Q03V .....	39
C11Q04 .....	39
C11Q04V .....	40
Section 12: Immunization .....	40
C12Q01 .....	40
C12Q02 .....	40
C12Q03 .....	41

C12Q04 .....	41
Section 13: Falls .....	41
C13Q01 .....	41
C13Q01V .....	42
C13Q02 .....	42
C13Q02V .....	42
Section 14: Seatbelt Use .....	43
C14Q01 .....	43
Section 15: Drinking and Driving .....	43
C15Q01 .....	43
Section 16: Breast and Cervical Cancer Screening .....	43
C16Q01 .....	43
C16Q02 .....	44
C16Q03 .....	44
C16Q04 .....	44
C16Q05 .....	45
C16Q06 .....	45
C16Q07 .....	45
Section 17: Prostate Cancer Screening .....	46
C17Q01 .....	46
C17Q02 .....	46
C17Q03 .....	46
C17Q04 .....	47
C17Q05 .....	47
C17Q06 .....	47
Section 18: Colorectal Cancer Screening .....	48
C18Q01 .....	48
C18Q02 .....	48
C18Q03 .....	48
C18Q04 .....	49
C18Q05 .....	49
Section 19: HIV/AIDS .....	50
C19Q01 .....	50
C19Q02 .....	50
C19Q03 .....	51
Transition to Modules and/or State-Added Questions .....	51
TRANS .....	51

Module 06: Caregiver Module .....	51
M06Q01 .....	51
M06Q02 .....	52
M06Q03 .....	52
M06Q04 .....	53
M06Q05 .....	53
M06Q06 .....	54
M06Q07 .....	54
M06Q08 .....	54
M06Q09 .....	55
Module 08: Sugar Sweetened Beverages .....	55
M08Q01 .....	55
M08Q01v .....	55
M08Q02 .....	56
M08Q02v .....	56
Module 13: Influenza .....	56
M13Q01 .....	57
Module 14: Adult Human Papillomavirus (HPV) .....	57
M14Q01 .....	58
M14Q02 .....	59
Module 21: Sexual Orientation and Gender Identity .....	59
M21Q01 .....	59
M21Q02 .....	60
State Added 01: Hypertension Awareness (Path A and B) .....	60
TX01Q01 .....	60
TX01Q01V .....	61
TX01Q02 .....	61
State Added 2: Diabetes Family History (Path A and Path B) .....	62
TX02Q01 .....	62
State Added 03: Multiple Sclerosis (Path A and Path B) .....	62
TX03Q01 .....	62
TX03Q02 .....	63
TX03Q02V .....	63
TX03Q03 .....	63
State Added 04: Hepatitis B Vaccination (Path B) .....	64
TX04Q01 .....	64
TX04Q02 .....	64

State Added 05: Menu Labeling (Path B) .....	64
TX05Q01 .....	64
TX05Q02 .....	65
State Added 06: Mammography Screening Location (Path B) .....	65
TX06Q01 .....	65
TX06Q02 .....	65
TX06Q03 .....	66
TX06Q04 .....	66
State Added 07: Medical Tourism (Path A) .....	66
TX07Q01 .....	66
TX07Q02 .....	67
TX07Q03 .....	68
TX07Q04 .....	69
TX07Q05 .....	69
TX07Q06 .....	69
State Added 08: Breastfeeding Awareness (Path A) .....	70
TX08Q01 .....	70
TX08Q02 .....	70
TX08Q03 .....	71
TX08Q04 .....	71
TX08Q05 .....	72
TX08Q06 .....	72
TX08Q07 .....	72
TX08Q08 .....	73
TX08Q09 .....	73
State Added 09: Suicide Attempts (Path B) .....	73
TX09Q01 .....	73
TX09Q02 .....	74
TX09Q03 .....	74
State Added Section 12: Preconception Health/Family Planning .....	74
TX12Q01 .....	74
TX12Q02 .....	75
TX12Q03 .....	76
State Added Section 13: Zika .....	77
TX13Q01 .....	77
TX13Q02 .....	78
TX13Q02ot .....	78

TX13Q03 .....	78
TX13Q03a .....	79
TX13Q03ot .....	79
Asthma Call-Back Permission Script .....	79
ADLTPERM .....	79
FNAME .....	80
CBTIME .....	80
Closing Statement .....	80
CLOSING .....	80

## Intro

### INTROQST

HELLO, I am calling for the **Texas Department of State Health Services**. My name is [Interviewer Name].

We are gathering information about the health of **Texas** 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 your health and health practices.

Is this **{PHONE7}**?

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

### 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           | <b>SKP</b> | → | <b>STATRES</b> |
| 2 | NO, NON-RESIDENTIAL     | <b>SKP</b> | → | <b>COLLEGE</b> |
| 3 | NO, BUSINESS PHONE ONLY | <b>SKP</b> | → | <b>BUSINES</b> |

### 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 | <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 currently live 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 **Texas** at this time.

DISPOS 4100

**ISCELL** IF - STATRES = 1

Is this a cell(ular) telephone?

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

READ ONLY IF NECESSARY:

"By cell(ular) 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. Excluding adults living away from home such as students away at college, how many members of your household, including yourself, are 18 years of age or older?

\_\_\_ NUMBER OF ADULTS

**MEN** IF - ADULTS > 1

How many of these adults are men and how many are women?

\_\_\_ NUMBER OF MEN

CATI NOTE: CATI program to subtract number of men from number of adults provided

**WOMEN** IF - ADULTS > 1

So the number of adult women in the household is

{Calculate: ADULTS - MEN}.

Is that correct?

- |   |     |            |   |                 |
|---|-----|------------|---|-----------------|
| 1 | YES | <b>SKP</b> | → | <b>SELECTED</b> |
| 2 | NO  | <b>SKP</b> | → | <b>WRONGTOT</b> |

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

I'm sorry, something is not right.

Number of Men - {MEN}

Number of Women - + {vWOMEN}

-----

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 &lt; 3

Then you are the person I need to speak with.

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

**GETNEWAD**

IF - SELECTED = 2

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

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

**NEWADULT**

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

HELLO, I am calling for the **Texas Department of State Health Services**. My name is [**Interviewer Name**].

We are gathering information about the health of **Texas** 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 your health and health practices.

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

**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 **512-776-6579**.

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

**Section 01: Health Status****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             |

**Section 02: Healthy Days — Health-Related Quality of Life****C02Q01**

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

\_\_\_ NUMBER OF DAYS

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

*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
- 30 MAX

**Section 03: Health Care Access**

**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

**Section 04: Exercise****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

**Section 05: Inadequate Sleep****C05Q01**

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

**C05Q01V**

IF - C05Q01 < 3 OR (C05Q01 > 18 AND C05Q01 < 77)

INTERVIEWER: YOU RECORDED THAT ON AVERAGE THE RESPONDENT SLEEPS {C05Q01} HOURS.

IS THE PREVIOUS ANSWER CORRECT?

1 YES, CORRECT AS IS, CONTINUE

2 NO, REASK QUESTION

SKP

→

C05Q01

## Section 06: Chronic Health Conditions

**C06Q01**

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 (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, IF NEEDED SAY:

"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

CATI NOTE: If Q6.12 = 1 (Yes), go to next question. If any other response to Q6.12, go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.

**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

**C06Q13**

IF - C06Q12 = 1

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

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

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

CATI NOTE: Go to Diabetes Optional Module (if used). Otherwise, go to next section.

**Module 1: Pre-Diabetes**

NOTE: Only asked of those not responding "Yes" (code = 1) to C06Q12 (Diabetes awareness question).

**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 Q6.12 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 "Yes" (code = 1). M01Q02XX = 1

**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**

## Module 2: Diabetes

Note: To be asked following Core Q6.13; If response is "Yes" (code = 1) to Core Q6.12

**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 (198).

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 &gt; 105 AND M02Q02 &lt; 200) OR (M02Q02 &gt; 235 AND M02Q02 &lt; 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 → M02Q04

**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 &gt; 52 AND M02Q05 &lt; 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 &lt;&gt; 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 &gt; 52 AND M02Q06 &lt; 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 your 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

### **Section 07: Oral Health**

**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.

INTERVIEWR NOTE, IF NEEDED SAY:

"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

**08: Demographics**

**C08Q01**

INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY.

- 1 Male
- 2 Female
- 9 REFUSED

**C08Q01V** IF - RESPGEND <> C08Q01

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS

{IF C08Q01=1, MALE}  
{IF C08Q01=2, FEMALE}  
{IF C08Q01=9, REFUSED}.

ARE YOU SURE?

THE RESPONDENT SELECTED WAS THE

{SRESP}

IS THE PREVIOUS ANSWER CORRECT?

- 1 YES
- 2 NO

**SKP** → **C08Q01**

**C08Q02**

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

**C08Q02V**

IF - C06Q13 > C08Q02 AND C06Q13 < 98 AND C08Q02 > 17

INTERVIEWER: THE RESPONDENT INDICATED THEIR AGE TO BE {C08Q02} 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** → **C08Q02**

**C08Q03A**

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

- 1 YES
- 2 NO **SKP** → **C08Q04**
- 7 DON'T KNOW/NOT SURE **SKP** → **C08Q04**
- 9 REFUSED **SKP** → **C08Q04**

CATI Note: IF C08Q03A = 2, code C08Q03B = 5

**C08Q03B**

IF - C08Q03A = 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

INTERVIEWER NOTE: ONE OR MORE CATEGORIES MAY BE SELECTED.

1 Mexican, Mexican American, Chicano/a

2 Puerto Rican

3 Cuban

4 Another Hispanic, Latino/a, or Spanish  
origin

5 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

**C08Q04**

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.

INTERVIEWER NOTE: SELECT 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 C08Q04; continue.  
Otherwise, go to C08Q06.

**C08Q05**

IF - C08Q04 < 77 AND C08Q04.2 > 0 AND C08Q04.2  
<> 88

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

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

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

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

**C08Q08**

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, IF NEEDED SAY:

"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

**ASKCNTY**

In what county do you currently live?

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

**C08Q10**

What is the ZIP Code where you currently live?

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

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

CATI Note: if cellular telephone interview skip to C08Q14 (QSTVER  
>= 20)

**C08Q11**

IF - QSTPATH < 20

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** → **C08Q13**
- 7 DON'T KNOW/NOT SURE **SKP** → **C08Q13**
- 9 REFUSED **SKP** → **C08Q13**

**C08Q12**

IF - C08Q11 = 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

**C08Q13**

IF - QSTPATH &lt; 20

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

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

**C08Q14**

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, IF NEEDED SAY:

"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

**C08Q15**

Are you currently...?

INTERVIEWER NOTE: IF MORE THAN ONE SELECTED SAY:

"Select the category which best describes you."

PLEASE READ:

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

**C08Q16**

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

\_\_\_ NUMBER OF CHILDREN

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

CATI Note: If C08Q16 is answered, this will be considered a partial complete

CATI Note: If respondent refuses at ANY income level code income variable to 99 (refused).

**C08Q17d**

Is your annual household income from all sources:

Less than \$25,000?

- 1 YES
- 2 NO SKP → C08Q17e
- 7 DON'T KNOW/NOT SURE SKP → C08Q17i
- 9 REFUSED SKP → C08Q17i

**C08Q17c** IF - C08Q17d = 1

(Is your annual household income from all sources: )

Less than \$20,000?

- 1 YES
- 2 NO SKP → C08Q17i
- 7 DON'T KNOW/NOT SURE SKP → C08Q17i
- 9 REFUSED SKP → C08Q17i

**C08Q17b** IF - C08Q17c = 1

(Is your annual household income from all sources: )

Less than \$15,000?

- 1 YES
- 2 NO SKP → C08Q17i
- 7 DON'T KNOW/NOT SURE SKP → C08Q17i
- 9 REFUSED SKP → C08Q17i

**C08Q17a** IF - C08Q17b = 1

(Is your annual household income from all sources: )

Less than \$10,000?

1	YES	SKP	→	C08Q17i
2	NO	SKP	→	C08Q17i
7	DON'T KNOW/NOT SURE	SKP	→	C08Q17i
9	REFUSED	SKP	→	C08Q17i

**C08Q17e** IF - C08Q17d = 2

(Is your annual household income from all sources: )

Less than \$35,000?

1	YES	SKP	→	C08Q17i
2	NO			
7	DON'T KNOW/NOT SURE	SKP	→	C08Q17i
9	REFUSED	SKP	→	C08Q17i

**C08Q17f** IF - C08Q17e = 2

(Is your annual household income from all sources: )

Less than \$50,000?

1	YES	SKP	→	C08Q17i
2	NO			
7	DON'T KNOW/NOT SURE	SKP	→	C08Q17i
9	REFUSED	SKP	→	C08Q17i

**C08Q17g** IF - C08Q17f = 2

(Is your annual household income from all sources: )

Less than \$75,000?

1	YES	SKP	→	C08Q17i
2	NO	SKP	→	C08Q17i
7	DON'T KNOW/NOT SURE	SKP	→	C08Q17i
9	REFUSED	SKP	→	C08Q17i

**C08Q17i**

ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES IS:

- {If C08Q17g = 2, More than \$75,000?}
- {If C08Q17g = 1, \$50,000 to less than \$75,000}
- {If C08Q17f = 1, \$35,000 to less than \$50,000}
- {If C08Q17e = 1, \$25,000 to less than \$35,000}
- {If C08Q17c = 2, \$20,000 to less than \$25,000}
- {If C08Q17b = 2, \$15,000 to less than \$20,000}
- {If C08Q17a = 2, \$10,000 to less than \$15,000}
- {If C08Q17a = 1, Less than \$10,000}
- {Default, REFUSED/DON'T KNOW/NOT SURE}

IS THIS CORRECT?

- 1 YES
- 2 NO SKP → C08Q17d
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**C08Q18**

Have you used the internet in the past 30 days?

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

**C08Q19**

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

**C08Q19V**

IF - C08Q19 <> 7777 AND C08Q19 <> 9999 AND  
 ((C08Q19 < 9000 AND (C08Q19 < 80 OR C08Q19 >  
 350)) OR (C08Q19 > 9000 AND (C08Q19 < 9035 OR  
 C08Q19 > 9159)))

INTERVIEWER YOU INDICATED THE RESPONDENT WEIGHS {C08Q19}

IS THIS CORRECT?

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

**SKP** → **C08Q19**

**C08Q20**

About how tall are you without shoes?

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

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)

- 7777 DON'T KNOW/NOT SURE  
 9999 REFUSED

**C08Q20V**

IF - (C08Q20 < 9000 AND (C08Q20 > 608 OR C08Q20 <  
 407)) OR (C08Q20 > 9000 AND (C08Q20 > 9206 OR C08Q20  
 < 9139)) AND C08Q20 <> 7777 AND C08Q20 <> 9999

INTERVIEWER YOU INDICATED THE RESPONDENT IS {C08Q20}

IS THIS CORRECT?

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

**SKP** → **C08Q20**

If male, go to Q8.22, If female respondent is 45 years old or older, go to Q8.22

**C08Q21**

IF - C08Q01 = 2 AND C08Q02 < 45

To your knowledge, are you now pregnant?

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

## Module 25: Disability – State Added 11

CATI PROGRAMMING NOTE: RENUMBERED AS TEXAS STATE ADDED SECTION 11 TO NOT INTERFERE WITH STANDARD MODULE PLACEMENT. DATA WILL BE EXPORTED AS MODULE 25

### TX11Q01

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

### TX11Q02

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

### C08Q22

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

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

Are you deaf or do you have serious difficulty hearing?

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

**C08Q23**

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

**C08Q24**

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

**C08Q25**

Do you have serious difficulty walking or climbing stairs?

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

**C08Q26**

Do you have difficulty dressing or bathing?

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

**C08Q27**

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

**Section 09: Tobacco Use****C09Q01**

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

INTERVIEWER NOTE: IF NECESSARY SAY:

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

NOTE: 5 PACKS = 100 CIGARETTES

- 1 YES
- 2 NO **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 Every day
- 2 Some days
- 3 Not at all **SKP** → **C09Q04**
- 7 DON'T KNOW/NOT SURE **SKP** → **C09Q05**
- 9 REFUSED **SKP** → **C09Q05**

**C09Q03**

IF - C09Q01 = 1 AND (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')

INTERVIEWER NOTE: IF NEEDED SAY:

"Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum."

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

**Section 10: E-Cigarettes**

**C10Q01**

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

INTERVIEWER NOTE: READ IF NECESSARY:

"Electronic cigarettes (e-cigarettes) and other electronic 'vaping' products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy."

- 1 YES
- 2 NO SKP → C10END
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED SKP → C10END

**State Added 10: E-Cigarettes**

*Ask TX10Q01 after C10Q01.*

**TX10Q01**

IF - C10Q01 = 1

Which one of the products have you used or tried?

CHECK ALL THAT APPLY

- 1 E-cigarette
- 2 Vape pen
- 3 E-hookah
- 4 Other (Specify)
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**C10Q02**

IF - C10Q01 = 1 OR C10Q01 = 7

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

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

*Ask TX10Q02 after C10Q02.*

**TX10Q02**

IF - C10Q01 = 1

What best describes your reason for using or trying these products?

- 1 To cut down or quit smoking
- 2 I visit places where smoking is not allowed
- 3 For enjoyment or pleasure
- 4 Just tried it a few times
- 5 Other (Specify)
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

### Section 11: Alcohol Consumption

**C11Q01**

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>C11END</b>
777	DON'T KNOW/NOT SURE	<b>SKP</b>	→	<b>C11END</b>
999	REFUSED	<b>SKP</b>	→	<b>C11END</b>
101	MIN			
230	MAX			

**C11Q02**

IF - C11Q01 < 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

**C11Q02V** IF - C11Q02 > 15 AND C11Q02 < 77

INTERVIEWER YOU INDICATED {C11Q02} DRINKS PER DAY

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE

2 NO, REASK QUESTION **SKP** → **C11Q02**

**C11Q03** IF - C11Q01 < 777

Considering all types of alcoholic beverages, how many times during the past 30 days did you have {IF C08Q01 = 1, 5, 4} or more drinks on an occasion?

\_\_\_ NUMBER OF TIMES

88 NONE

77 DON'T KNOW/NOT SURE

99 REFUSED

76 MAX

**C11Q03V** IF - C11Q03 > 15 AND C11Q03 < 77

INTERVIEWER YOU INDICATED {C11Q03} OCCASIONS WHEN THE RESPONDENT HAD 4/5 OR MORE DRINKS.

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE

2 NO, REASK QUESTION **SKP** → **C11Q03**

**C11Q04** IF - C11Q01 < 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

**C11Q04V** IF - (C11Q04 <> 99 AND C11Q04 <> 77)AND C11Q04 < 77  
AND ((C08Q01 = 1 AND (C11Q04 < 5 AND (C11Q03 < 88 AND  
C11Q03 <>77)) OR (C11Q03 = 88 AND (C11Q04 > 4 AND  
C11Q04 < 77))) OR (C08Q01 = 2 AND (C11Q04 < 4 AND  
(C11Q03 < 88 AND C11Q03 <>77)) OR (C11Q03 = 88 AND  
(C11Q04 > 3 AND C11Q04 < 77))))

INTERVIEWER YOU INDICATED {C11Q04} DRINKS IS THE LARGEST NUMBER  
OF DRINKS THE RESPONDENT HAD ON ANY OCCASION BUT THE NUMBER OF  
TIMES THE RESPONDENT HAD {IF C08Q01 = 1, 5, 4} IS {C11Q03}.

IS THIS CORRECT?

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

**Section 12: Immunization**

**C12Q01**

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** → **C12Q03**
- 7 DON'T KNOW/NOT SURE **SKP** → **C12Q03**
- 9 REFUSED **SKP** → **C12Q03**

**C12Q02** IF - C12Q01 = 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
- 012015 MIN
- 122016 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 06/2016, response can be no older than 06/2015.

**C12Q03**

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

**C12Q04**

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

**Section 13: Falls****C13Q01** IF - C08Q02 >= 45 OR C08Q02 = 07 or C08Q02 = 09

The next questions 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                | <b>SKP</b> | → | <b>C13END</b> |
| 77 | DON'T KNOW/NOT SURE | <b>SKP</b> | → | <b>C13END</b> |
| 99 | REFUSED             | <b>SKP</b> | → | <b>C13END</b> |
| 01 | MIN                 |            |   |               |
| 76 | MAX                 |            |   |               |

**C13Q01V** IF - C13Q01 > 30 AND C13Q01 < 77

INTERVIEWER YOU INDICATED THE RESPONDENT HAS FALLEN {C13Q01} TIMES IN THE PAST 12 MONTHS.

IS THE PREVIOUS ANSWER CORRECT?

- 1 YES, CORRECT AS IS, CONTINUE
- 2 NO, REASK QUESTION **SKP** → **C13Q01**

**C13Q02** IF - C13Q01 > 0 AND C13Q01 < 77

{IF C13Q01 = 1, Did this fall cause an injury?}

{IF C13Q01 > 1 AND C13Q01 < 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 C13Q01 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

**C13Q02V** IF - (C13Q01 < C13Q02) AND (C13Q02 < 77)

ENTREVISTADOR, INDICÓ QUE QUIEN RESPONDE SE HA CAÍDO {C13Q01} VECES EN LOA ÚLTIMOS 12 MESES, PERO EL NÚMERO DE CAÍDAS QUE CASÓ LESIONES ES {C13Q02}.

POR FAVOR CORRIJA

- 1 CORREGIR C13Q01 **SKP** → C13Q01
- 2 CORREGIR C13Q02 **SKP** → **C13Q02**

## Section 14: Seatbelt Use

### 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

*Cati Note: If Q14.1 = 8 (Never drive or ride in a car), go to Section 16; otherwise continue.*

## Section 15: Drinking and Driving

*Cati Note: If Q11.1 = 888 (No drinks in the past 30 days); go to next section.*

### C15Q01

IF - C11Q01 <> 888 AND C14Q01 <> 8

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

## Section 16: Breast and Cervical Cancer Screening

*CATI Note: If respondent is male, go to the next section*

### C16Q01

IF - C08Q01 = 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** → **C16Q03**
  
- 7 DON'T KNOW/NOT SURE **SKP** → **C16Q03**
- 9 REFUSED **SKP** → **C16Q03**

**C16Q02**

IF - C16Q01 = 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

**C16Q03**

IF - C08Q01 = 2

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

- |                       |            |   |               |
|-----------------------|------------|---|---------------|
| 1 YES                 |            |   |               |
| 2 NO                  | <b>SKP</b> | → | <b>C16Q05</b> |
| 7 DON'T KNOW/NOT SURE | <b>SKP</b> | → | <b>C16Q05</b> |
| 9 REFUSED             | <b>SKP</b> | → | <b>C16Q05</b> |

**C16Q04**

IF - C16Q03 = 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

**C16Q05**

IF - C08Q01 = 2

Now, I would like to ask you about the Human Papillomavirus (Pap·uh·loh·muh virus) or HPV test.

An HPV test is sometimes given with the Pap test for cervical cancer screening.

Have you ever had an HPV test?

- |   |                     |            |   |               |
|---|---------------------|------------|---|---------------|
| 1 | YES                 |            |   |               |
| 2 | NO                  | <b>SKP</b> | → | <b>C16Q07</b> |
| 7 | DON'T KNOW/NOT SURE | <b>SKP</b> | → | <b>C16Q07</b> |
| 9 | REFUSED             | <b>SKP</b> | → | <b>C16Q07</b> |

**C16Q06**

IF - C16Q05 = 1

How long has it been since you had your last HPV 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 C08Q21 = 1 (is pregnant); then go to next section.

**C16Q07**

IF - C08Q01 = 2 AND C08Q21 &lt;&gt; 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

## Section 17: Prostate Cancer Screening

CATI note: If respondent is  $\leq 39$  years of age, or is female, go to next module.

<b>C17Q01</b>	IF - C08Q01 = 1 AND (C08Q02 > 39 OR C08Q02 = 7 OR C08Q02 = 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

<b>C17Q02</b>	IF - C08Q01 = 1 AND (C08Q02 > 39 OR C08Q02 = 7 OR C08Q02 = 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

<b>C17Q03</b>	IF - C08Q01 = 1 AND (C08Q02 > 39 OR C08Q02 = 7 OR C08Q02 = 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

**C17Q04** IF - C08Q01 = 1 AND (C08Q02 > 39 OR C08Q02 = 7  
OR C08Q02 = 9)

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

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

**C17Q05** IF - C17Q04 = 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

**C17Q06** IF - C17Q04 = 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

## Section 18: Colorectal Cancer Screening

CATI note: If respondent is  $\leq 49$  years of age, go to next module.

**C18Q01** IF - C08Q02 > 49 OR C08Q02 = 7 OR C08Q02 = 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                  | <b>SKP</b> | → <b>C18Q03</b> |
| 7 | DON'T KNOW/NOT SURE | <b>SKP</b> | → <b>C18Q03</b> |
| 9 | REFUSED             | <b>SKP</b> | → <b>C18Q03</b> |

**C18Q02** IF - C18Q01 = 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

**C18Q03** IF - C08Q02 > 49 OR C08Q02 = 7 OR C08Q02 = 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                  | <b>SKP</b> | → <b>C18END</b> |
| 7 | DON'T KNOW/NOT SURE | <b>SKP</b> | → <b>C18END</b> |
| 9 | REFUSED             | <b>SKP</b> | → <b>C18END</b> |

**C18Q04**

IF - C18Q03 = 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

**C18Q05**

IF - C18Q03 = 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

## Section 19: HIV/AIDS

### C19Q01

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.

Not counting tests you may have had as part of blood donation, have you ever been tested for HIV? Include testing fluid from your mouth.

- |   |                     |     |   |        |
|---|---------------------|-----|---|--------|
| 1 | YES                 |     |   |        |
| 2 | NO                  | SKP | → | C19Q03 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C19Q03 |
| 9 | REFUSED             | SKP | → | C19Q03 |

### C19Q02

IF - C19Q01 = 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
772016	MAX

**C19Q03**

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

- You have used intravenous drugs in the past year.
- 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.
- You had anal sex without a condom in the past year.
- You had four or more sex partners in the past year.

Do any of these situations apply to you?

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

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

**TRANS**

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

**Module 06: Caregiver Module**

**M06Q01**

People may provide regular care or assistance to a friend or family member who has a health problem or disability.

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

INTERVIEWER INSTRUCTIONS: IF CAREGIVING RECIPIENT HAS DIED IN THE PAST 30 DAYS, CODE 8 AND SAY:

"I'm so sorry to hear of your loss."

- 1 YES
- 2 NO **SKP** → **M06Q09**
  
- 7 DON'T KNOW/NOT SURE **SKP** → **M06Q09**
- 8 CAREGIVING RESIPIENT DIED IN PAST 30 DAYS **SKP** → **M06END**
- 9 REFUSED **SKP** → **M06Q09**

**M06Q02**

IF - M06Q01 = 1

What is his or her relationship to you?

INTERVIEWER NOTE: IF MORE THAN ONE PERSON, SAY:

"Please refer to the person to whom you are giving the most care."

DO NOT READ: CODE RESPONSE USING THESE CATEGORIES

- 01 MOTHER
- 02 FATHER
- 03 MOTHER-IN-LAW
- 04 FATHER-IN-LAW
- 05 CHILD
- 06 HUSBAND
- 07 WIFE
- 08 LIVE IN PARTNER
- 09 BROTHER OR BROTHER-IN-LAW
- 10 SISTER OR SISTER-IN-LAW
- 11 GRANDMOTHER
- 12 GRANDFATHER
- 13 GRANDCHILD
- 14 OTHER RELATIVE
- 15 NON-RELATIVE/FAMILY FRIEND
  
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

**M06Q03**

IF - M06Q01 = 1

For how long have you provided care for that person? Would you say...

- 1 Less than 30 days
- 2 1 month to less than 6 months
- 3 6 months to less than 2 years
- 4 2 years to less than 5 years
- 5 More than 5 years
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**M06Q04**

IF - M06Q01 = 1

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

- 1 Up to 8 hours per week
- 2 9 to 19 hours per week
- 3 20 to 39 hours per week
- 4 40 hours or more
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**M06Q05**

IF - M06Q01 = 1

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

IF NECESSARY:

"Please tell me which one of these conditions would you say is the major problem?"

DO NOT READ: RECORD ONE RESPONSE

- 01 ARTHRITIS/RHEUMATISM
- 02 ASTHMA
- 03 CANCER
- 04 CHRONIC RESPIRATORY CONDITIONS SUCH AS EMPHYSEMA OR COPD
- 05 DEMENTIA AND OTHER COGNITIVE IMPAIRMENT DISORDERS
- 06 DEVELOPMENTAL DISABILITIES SUCH AS AUTISM, DOWN'S SYNDROME, AND SPINA BIFIDA
- 07 DIABETES
- 08 HEART DISEASE, HYPERTENSION, STROKE
- 09 HUMAN IMMUNODEFICIENCY VIRUS INFECTION (HIV)
- 10 MENTAL ILLNESSES, SUCH AS ANXIETY, DEPRESSION, OR SCHIZOPHRENIA
- 11 OTHER ORGAN FAILURE OR DISEASES SUCH AS KIDNEY OR LIVER PROBLEMS
- 12 SUBSTANCE ABUSE OR ADDICTION DISORDERS
- 13 INJURIES, INCLUDING BROKEN BONES
- 14 OLD AGE/INFIRMITY/FRAILTY
- 15 OTHER
  
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

**M06Q06**

IF - M06Q01 = 1

In the past 30 days, did you provide care for this person by...

Managing personal care such as giving medications, feeding, dressing, or bathing?

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

**M06Q07**

IF - M06Q01 = 1

In the past 30 days, did you provide care for this person by...

Managing household tasks such as cleaning, managing money, or preparing meals?

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

**M06Q08**

IF - M06Q01 = 1

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

INTERVIEWER NOTE: IF RESPONDENT ASKS WHAT RESPITE CARE IS, SAY:

"Respite care means short-term or long-term breaks for people who provide care."

READ OPTIONS 1 - 6

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

CATI Note: [If Q1 = 1 or 8, GO TO NEXT MODULE]

**M06Q09**

IF - M06Q01 > 1 AND M06Q01 <> 8

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

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

## Module 08: Sugar Sweetened Beverages

**M08Q01**

Now I would like to ask you some questions about sugary beverages.

During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.

PLEASE READ:

"You can answer times per day, week, or month: for example, twice a day, once a week, and so forth."

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

- 888 NONE
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED
- 101 MIN
- 399 MAX

**M08Q01v**

IF - (M08Q01 > 105 AND M08Q01 < 200) OR (M08Q01 > 235 AND M08Q01 < 300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT DRINKS REGULAR SODA OR POP THAT CONTAINS SUGAR {M08Q01 SHOWTIME}

IS THIS CORRECT?

- 1 YES, CORRECT AS IS, CONTINUE
- 2 NO, REASK QUESTION      **SKP**      →      **M08Q01**

**M08Q02**

During the past 30 days, how often did you drink sugar-sweetened fruit drinks (such as Kool-aid and lemonade), sweet tea, and sports or energy drinks (such as Gatorade and Red Bull)? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks.

PLEASE READ:

"You can answer times per day, week, or month: for example, twice a day, once a week, and so forth."

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

\_\_\_ TIMES

888 NONE

777 DON'T KNOW/NOT SURE

999 REFUSED

101 MIN

399 MAX

**M08Q02v**

IF - (M08Q02 > 105 AND M08Q02 < 200) OR (M08Q02 > 235 AND M08Q02 < 300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT DRINKS SUGAR-SWEETENED FRUIT DRINKS {M08Q02 SHOWTIME}

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE

2 NO, REASK QUESTION

SKP → M08Q02

**Module 13: Influenza**

CATI Note: If Core Q12.1 = 1 (Yes) then continue, else go to next section.

**M13Q01**

IF - C12Q01 = 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?

INTERVIEWER NOTE: IF RESPONDENT SAYS DON'T KNOW/NOT SURE, SAY:

"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

### **Module 14: Adult Human Papillomavirus (HPV)**

CATI Note: To be asked of respondents between the ages of 18 and 49 years; otherwise, go to next module.

**M14Q01**

IF - C08Q02 &lt; 50

A vaccine to prevent the human papillomavirus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, {If RESPGEND = 2, GARDASIL or CERVARIX, or GARDASIL}.

Have you **EVER** had an HPV vaccination?

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

- |   |                           |            |   |               |
|---|---------------------------|------------|---|---------------|
| 1 | YES                       |            |   |               |
| 2 | NO                        | <b>SKP</b> | → | <b>M14END</b> |
| 3 | DOCTOR REFUSED WHEN ASKED | <b>SKP</b> | → | <b>M14END</b> |
| 7 | DON'T KNOW/NOT SURE       | <b>SKP</b> | → | <b>M14END</b> |
| 9 | REFUSED                   | <b>SKP</b> | → | <b>M14END</b> |

**M14Q02**

IF - M14Q01 = 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

## **Module 21: Sexual Orientation and Gender Identity**

**M21Q01**

The next two questions are about sexual orientation and gender identity.

Do you consider yourself to be:

INTERVIEWER NOTE:

"We ask this question in order to better understand the health and health care needs of people with different sexual orientations."

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

PLEASE READ:

- 1 1 - Straight
- 2 2 - Lesbian or gay
- 3 3 - Bisexual
  
- 4 OTHER
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

## M21Q02

Do you consider yourself to be transgender?

IF YES, ASK:

"Do you consider yourself to be 1. male-to-female, 2. female-to-male, or 3. gender non-conforming?"

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

INTERVIEWER NOTE: IF ASKED ABOUT DEFINITION OF TRANSGENDER:

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

INTERVIEWER NOTE: IF ASKED ABOUT DEFINITION OF GENDER NON-CONFORMING:

"Some people think of themselves as gender **NON-CONFORMING** when they do not identify **ONLY** as a man or **ONLY** as a woman."

- 1 1 - Yes, Transgender, male-to-female
- 2 2 - Yes, Transgender, female to male
- 3 3 - Yes, Transgender, gender nonconforming
- 4 4 - No
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

## State Added 01: Hypertension Awareness (Path A and B)

### TX01Q01

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	<b>SKP</b>	→	<b>TX01END</b>
3	NO	<b>SKP</b>	→	<b>TX01END</b>
4	TOLD BORDERLINE HIGH OR PRE-HYPERTENSIVE	<b>SKP</b>	→	<b>TX01END</b>
7	DON'T KNOW/NOT SURE	<b>SKP</b>	→	<b>TX01END</b>
9	REFUSED	<b>SKP</b>	→	<b>TX01END</b>

<b>TX01Q01V</b>	IF - RESPGEND = 1 AND TX01Q01 = 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	<b>SKP</b>	→	<b>TX01Q01</b>

<b>TX01Q02</b>	IF - TX01Q01 = 1
----------------	------------------

Are you currently taking medicine for your high blood pressure?

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

**State Added 2: Diabetes Family History (Path A and Path B)**

**TX02Q01**

Including living and deceased, which of your biological or blood relatives including grandparents, parents, brothers, or sisters were ever told by a health professional that they had diabetes? Do not include adopted relatives or those related only by marriage.

INTERVIEWER NOTE: IF RESPONDENT REPORTS "GRANDPARENT", "GRANDMOTHER", OR "GRANDFATHER" PLEASE PROBE TO DETERMINE IS IT'S "MOTHER'S MOTHER", "MOTHER'S FATHER", "FATHER'S MOTHER", OR "FATHER'S FATHER".

MARK ALL THAT APPLY.

READ ONLY IF NECESSARY:

- 01 Mother
- 02 Father
- 03 Maternal grandmother (mother's mother)
- 04 Maternal grandfather (mother's father)
- 05 Paternal grandmother (father's mother)
- 06 Paternal grandfather (father's father)
- 07 Sister (including half-sister)
- 08 Brother (including half-brother)
- 09 NONE
- 66 OTHER (SPECIFY)
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

**State Added 03: Multiple Sclerosis (Path A and Path B)**

**TX03Q01**

Has a doctor ever told you that you have multiple sclerosis?

- 1 Yes
- 2 No **SKP** → **TX03END**
- 7 DON'T KNOW/NOT SURE **SKP** → **TX03END**
- 9 REFUSED **SKP** → **TX03END**

**TX03Q02**

IF - TX03Q01 = 1

How old were you when you were first told you have multiple sclerosis?

\_\_\_ Code age in years

- 10 10 YEARS OR YOUNGER
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED
- 10 MIN
- 99 MAX

**TX03Q02V**

IF - TX03Q02 &gt; C08Q02 AND C08Q02 &gt; 17

INTERVIEWER: THE RESPONDENT INDICATED THEIR AGE TO BE {C08Q02} YEARS OLD! YOU INDICATED THEY WERE TOLD THEY HAD MULTIPLE SCLEROSIS AT AGE {TX03Q02}! PLEASE VERIFY THAT THIS IS THE CORRECT ANSWER.

- 1 YES, CORRECT AS IS, CONTINUE
- 2 NO, REASK TX03Q02 **SKP** → **TX03Q02**
- 3 NO, FILL OUT DATA CHANGE FORM TO CORRECT AGE AND CONTINUE

**TX03Q03**

IF - TX03Q01 = 1

How long before your diagnosis of multiple sclerosis did your symptoms first appear?

PLEASE READ:

- 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 4 years (2 years but less than 4 years ago)
- 4 4 or more years ago
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

## State Added 04: Hepatitis B Vaccination (Path B)

### TX04Q01

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

- |   |                           |     |           |
|---|---------------------------|-----|-----------|
| 1 | YES                       |     |           |
| 2 | NO                        | SKP | → TX04END |
| 3 | DOCTOR REFUSED WHEN ASKED | SKP | → TX04END |
| 7 | DON'T KNOW/NOT SURE       | SKP | → TX04END |
| 9 | REFUSED                   | SKP | → TX04END |

### TX04Q02

IF - TX04Q01 = 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                 |  |  |

## State Added 05: Menu Labeling (Path B)

### TX05Q01

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 restaurants you usually go?

- |   |   |     |           |
|---|---|-----|-----------|
| 1 | YES   |     |           |
| 2 | NO  | SKP | → TX05END |
| 6 | Do not eat at fast food or chain restaurants          | SKP | → TX05END |
| 8 | Never noticed or never looked for calorie information |     |           |
| 7 | DON'T KNOW/NOT SURE                                   | SKP | → TX05END |
| 9 | REFUSED   | SKP | → TX05END |

**TX05Q02**

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 the time
- 4 Sometimes
- 5 Never
- 8 Usually cannot find calorie information
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**State Added 06: Mammography Screening Location (Path B)****TX06Q01**

IF - C08Q21 = 2 AND C16Q01 = 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

**TX06Q02**

IF - C08Q21 = 2 AND C16Q01 = 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

**TX06Q03** IF - C08Q21 = 2 AND (C16Q01 = 2 OR C16Q01 = 7 OR C16Q01 = 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

**TX06Q04** IF - C08Q21 = 2 AND (C16Q01 = 2 OR C16Q01 = 7 OR C16Q01 = 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

### State Added 07: Medical Tourism (Path A)

**TX07Q01**

During the past 12 months, did you travel outside of the United States to receive pre-planned medical, dental or surgical procedures or treatments?

INTERVIEWER NOTE, IF NEEDED SAY:

"This is referring to preplanned care and not care that may have occurred during the trip due to an illness or injury."

- 1 Yes
- 2 No **SKP** → **TX07END**
  
- 7 DON'T KNOW/NOT SURE **SKP** → **TX07END**
- 9 REFUSED **SKP** → **TX07END**

**TX07Q02**

IF - TX07Q01 = 1

What specific countries outside of the United States did you travel to during the past 12 months for your pre-planned medical, dental or surgical procedures or treatments?

INTERVIEWER NOTE: RESPONDENT MAY LIST UP TO 3.

\_\_\_\_\_ ISO Country Code

OTHER

7777 DON'T KNOW/NOT SURE

9999 REFUSED

**TX07Q03**

IF - TX07Q01 = 1

What types of procedures or treatments did you receive on your trips outside of the United States for your pre-planned medical, dental or surgical procedures or treatments?

INTERVIEWER NOTE: RESPONDENT MAY CHOOSE MORE THAN ONE OPTION.

DO NOT READ RESPONSE OPTIONS.

- Organ Transplant
- 11 Kidney Transplant
- 12 Liver Transplant
- 13 Heart Transplant
- 14 Lung Transplant
- 15 Corneal (Eye) Transplant
- Cosmetic Surgery
- 21 Facial (Cosmetic surgery)
- 22 Liposuction
- 23 Breast (implant, lift, reduction)
- 24 Abdominoplasty (tummy tuck)
- 25 Hair transplant
- 30 Dental Surgery
- 40 Cardiac/Heart Surgery
- Orthopedic Surgery
- 51 Hip replacement
- 52 Knee replacement
- 53 OTHER ORTHOPEDIC SURGERY (SPECIFY)
- Medical treatment for illness
- 61 Cancer treatment
- 62 Drug and Alcohol Rehabilitation
- 63 Fertility/Infertility
- 64 OTHER MEDICAL TREATMENT FOR ILLNESS (SPECIFY)
- Other procedures
- 81 CT and MRI Scans
- 82 Stem Cell Transplant
- 83 Bariatric/Obesity Surgery
  
- 98 OTHER (SPECIFY)
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

**TX07Q04**

IF - TX07Q01 = 1

Why did you travel outside of the United States for your pre-planned medical, dental or surgical procedures or treatments?

INTERVIEWER NOTE: RESPONDENT MAY CHOOSE MORE THAN ONE ANSWER.

READ ONLY IF NECESSARY:

- 1 The procedure or treatment was not available in the United States
- 2 The procedure or treatment was not covered by health insurance
- 3 The procedure or treatment was too expensive in the United States
- 4 Felt the quality of care or success of procedure or treatment would be better in another country
- 5 Felt more familiar or comfortable receiving the procedure or treatment in another country/Went back to home country
- 6 OTHER (SPECIFY)
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**TX07Q05**

IF - TX07Q01 = 1

Did you have any unexpected problems, complications, or undesirable health outcomes as a result of the procedures or treatments you received outside of the United States?

- 1 Yes
- 2 NO **SKP** → **TX07END**
- 7 DON'T KNOW/NOT SURE **SKP** → **TX07END**
- 9 REFUSED **SKP** → **TX07END**

**TX07Q06**

IF - TX07Q05 = 1

Did you see a doctor, nurse or other health care professional for these unexpected, problems, complications or undesirable health outcomes after returning to the United States?

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

## State Added 08: Breastfeeding Awareness (Path A)

### TX08Q01

The next few questions are on breastfeeding.

What is your personal reaction when you see a woman breastfeeding in public? Choose one or more of the following.

INTERVIEWER NOTE: PLEASE READ

- 01 I think it is very positive
- 02 I think it is normal and appropriate
- 03 It doesn't bother me
- 04 It doesn't bother me if she covers herself up or is discreet
- 05 I do not think it is appropriate
- 06 I think she should go to the nearest restroom
- 07 I wish there was a more appropriate and private place for women to breastfeed other than a restroom
- 08 I wish a manager or security guard would make the woman leave the location
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

### TX08Q02

The next few questions are about peoples' attitudes toward breastfeeding. How much would you agree or disagree with these statements...

A woman should be able to breastfeed her baby in public even if it makes another person uncomfortable. Do you agree slightly or strongly, or disagree slightly or strongly?

INTERVIEWER NOTE: "IN YOUR OPINION"

READ ONLY IF NECESSARY

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree or disagree
- 4 Disagree slightly
- 5 Disagree strongly
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**TX08Q03**

In general, people in your community think it is important for women to breastfeed. Do you agree slightly or strongly, or disagree slightly or strongly?

INTERVIEWER NOTE: "IN YOUR OPINION"

READ ONLY IF NECESSARY

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree or disagree
- 4 Disagree slightly
- 5 Disagree strongly
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**TX08Q04**

A mother cannot breastfeed her baby and also work outside the home.

INTERVIEWER NOTE: "IN YOUR OPINION"

READ ONLY IF NECESSARY

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree or disagree
- 4 Disagree slightly
- 5 Disagree strongly
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**TX08Q05**

Employers should provide flexible work schedules, such as additional break time, for breastfeeding employees to pump breast milk when separated from their babies during the work day.

INTERVIEWER NOTE: "IN YOUR OPINION"

READ ONLY IF NECESSARY

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree or disagree
- 4 Disagree slightly
- 5 Disagree strongly
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**TX08Q06**

Employers should provide a private space other than a bathroom for breastfeeding employees to pump breast milk when separated from their babies during the work day.

INTERVIEWER NOTE: "IN YOUR OPINION"

READ ONLY IF NECESSARY

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree or disagree
- 4 Disagree slightly
- 5 Disagree strongly
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**TX08Q07**

Some formulas are just as healthy for babies as breast milk.

INTERVIEWER NOTE: "IN YOUR OPINION"

READ ONLY IF NECESSARY

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree or disagree
- 4 Disagree slightly
- 5 Disagree strongly
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**TX08Q08**

Texas law states that a mother is entitled to breastfeed her baby in any location in which the mother is authorized to be. Before today did you know about this law in Texas?

READ ONLY IF NECESSARY

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

**TX08Q09**

Federal law requires employers to provide an unpaid break time and a private place, other than a bathroom, for an employee to express breast milk for her nursing child for one year after the child's birth each time such employee has need to express the milk. Before today did you know about this law?

READ ONLY IF NECESSARY

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

**State Added 09: Suicide Attempts (Path B)****TX09Q01**

The next few questions relate to suicide. If these questions create a need for additional information please call the National Suicide Prevention Lifeline at 1-800-273-8255.

During the past 12 months, have you ever seriously considered attempting suicide?

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

**TX09Q02**

During the past 12 months, did you actually attempt suicide?

- |   |                     |            |   |                |
|---|---------------------|------------|---|----------------|
| 1 | Yes                 |            |   |                |
| 2 | No                  | <b>SKP</b> | → | <b>TX09END</b> |
| 7 | DON'T KNOW/NOT SURE | <b>SKP</b> | → | <b>TX09END</b> |
| 9 | REFUSED             | <b>SKP</b> | → | <b>TX09END</b> |

**TX09Q03**

IF - TX09Q02 = 1

Did any suicide attempt in the past 12 months result in an injury, poisoning or overdose that had to be treated by a doctor or nurse

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

**State Added Section 12: Preconception Health/Family Planning**

CATI NOTE: IF RESPONDENT IS FEMALE AND GREATER THAN 49 YEARS OF AGE, HAS HAD A HYSTERECTOMY, IS PREGNANT, OR IF RESPONDENT IS MALE GO TO THE NEXT MODULE.

**TX12Q01**

IF - RespGend = 2 AND C08Q02 < 50 AND C16Q07 <> 1 AND C08Q21 <> 1

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

Did you or your partner do anything the last time you had sex to keep you from getting pregnant?

- |   |                                |            |   |                |
|---|--------------------------------|------------|---|----------------|
| 1 | Yes                            |            |   |                |
| 2 | No                             | <b>SKP</b> | → | <b>TX12Q03</b> |
| 3 | No partner/not sexually active | <b>SKP</b> | → | <b>TX12END</b> |
| 4 | Same sex partner               | <b>SKP</b> | → | <b>TX12END</b> |
| 7 | DON'T KNOW/NOT SURE            | <b>SKP</b> | → | <b>TX12Q03</b> |
| 9 | REFUSED                        | <b>SKP</b> | → | <b>TX12Q03</b> |

**TX12Q02**

IF - TX12Q01 = 1

What did you or your 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 "CONDOMS," PROBE TO DETERMINE IF "FEMALE CONDOMS OR MALE CONDOMS."

INTERVIEWER NOTE: IF RESPONDENT REPORTS USING AN "IUD" PROBE TO DETERMINE IF "LEVONORGESTREL IUD" OR "COPPER-BEARING IUD."

INTERVIEWER NOTE: IF RESPONDENT REPORTS "OTHER METHOD," ASK RESPONDENT TO "PLEASE SPECIFIC" 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 (ex. Tubal ligation, Essure, Adiana)
- 02 Male sterilization (vasectomy)
- 03 Contraceptive implant (ex. Implanon)
- 04 Levonorgestrel (LNG) or hormonal IUD (ex. Mirena)
- 05 Copper-bearing IUD (ex. ParaGard)
- 06 IUD, type unknown
- 07 Shots (ex. Depo-Provera)
- 08 Birth control pills, any kind
- 09 Contraceptive patch (ex. Ortho Evra)
- 10 Contraceptive ring (ex. NuvaRing)
- 11 Male condoms
- 12 Diaphragm, cervical cap, 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
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

**TX12Q03**

IF - TX12Q01 = 2 OR TX12Q01 > 4

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
- 03 Don't care if you get pregnant
- 04 You want a pregnancy
- 05 You or your partner don't want to use birth control
- 06 You or your partner don't like birth control/side effects
- 07 You couldn't pay for birth control
- 08 You had a problem getting birth control when you needed it
- 09 Religious reasons
- 10 Lapse in use of a method
- 11 Don't think you or your partner can get pregnant (infertile or too old)
- 12 You had tubes tied (sterilization)
- 13 You had a hysterectomy
- 14 Your partner had a vasectomy (sterilization)
- 15 You are currently breast-feeding
- 16 You just had a baby/postpartum
- 17 You are pregnant now
- 18 Same sex partner
- 19 Other reasons
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

## State Added Section 13: Zika

**TX13Q01**

The following questions are about your knowledge and experiences with Zika virus.

What would you say is your main source of information about Zika virus?

INTERVIEWER NOTE: DO NOT READ RESPONSES. IF THE RESPONDENT PROVIDES MORE THAN ONE ANSWER, SAY (WITH AN EMPHASIS ON MAIN):

"Which of those would you say is your **MAIN** source of information about Zika virus?"

INTERVIEWER NOTE: IF THE RESPONDENT PROVIDES AN ANSWER THAT MAY COME FROM MANY SOURCES (E.G. 'NEWS') SAY THE FOLLOWING STATEMENT THEN READ THE RESPONSES.

"From where is this source of information?"

- 01 TELEVISION/TV
- 02 RADIO
- 03 NEWSPAPER, MAGAZINES, POSTERS
- 04 INTERNET (WEBSITES, GOOGLE, WIKIPEDIA, WEBMD, CDC)
- 05 SOCIAL MEDIA (FACEBOOK, TWITTER, INSTAGRAM, SNAPCHAT)
- 06 HEALTHCARE FACILITY, SUCH AS A DOCTOR'S OFFICE, CLINIC, HOSPITAL
- 07 FAMILY, FRIENDS, COWORKERS, NEIGHBORS, OR OTHERS
- 08 OTHER (SPECIFY)
- 09 I NEVER HEARD OF ZIKA VIRUS **SKP** → **TX13END**
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

**TX13Q02** IF - TX13Q01 <> 09

What actions have you taken to prevent yourself from getting Zika virus from mosquito bites?

INTERVIEWER NOTE: DO NOT READ RESPONSES.

SELECT ALL THAT APPLY.

- 01 USED MOSQUITO OR INSECT REPELLENT ON SKIN OR CLOTHING
- 02 WORE PROTECTIVE CLOTHING THAT COVER ARMS AND LEGS
- 03 USED SCREENS ON WINDOWS OR DOORS
- 04 AVOIDED GOING OUTSIDE DURING PEAK MOSQUITO HOURS
- 05 REMOVED OR EMPTIED STANDING WATER FROM AROUND HOME OR YARD
- 06 AVOIDED AREAS THAT MAY HAVE MOSQUITOS WHICH CARRY ZIKA
- 07 USED INSECTICIDE SPRAY OUTSIDE OR INSIDE YOUR HOME
- 08 AVOIDED TRAVEL TO COUNTRIES WITH ACTIVE ZIKA VIRUS
- 09 OTHER (SPECIFY)
- 88 NO ACTIONS TAKEN
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

**TX13Q02ot** IF - TX13Q02 = 09

What other actions have you taken?

- 1 SPECIFY Other

**TX13Q03** IF - C08Q02 < 50 AND TX13Q01 <> 09 AND TX12Q01 <> 3

Did you or your partner change your sex behavior due to Zika virus?

INTERVIEWER NOTE: DO NOT READ RESPONSES.

- 1 YES **SKP** → **TX13Q03a**
- 2 NO, OR ZIKA DOES NOT APPLY TO THEIR SEX BEHAVIOR **SKP** → **TX13END**
  
- 8 NOT SEXUALLY ACTIVE **SKP** → **TX13END**
- 7 DON'T KNOW/NOT SURE **SKP** → **TX13END**
- 9 REFUSED **SKP** → **TX13END**

**TX13Q03a** IF - C08Q02 < 50 AND TX13Q03 = 1

Which sex behaviors have you or your partner changed due to Zika virus?

1-Using condoms, 2-Abstaining from sex, 3-Delaying pregnancy, or 4-Other behaviors (specify).

INTERVIEWER NOTE: READ RESPONSES INCLUDING THE NUMBER. RESPONDENT CAN PROVIDE THE ANSWER OR THE NUMBER.

SELECT ALL THAT APPLY

- 1 USING CONDOMS
- 2 ABSTAINING FROM SEX
- 3 DELAYING PREGNANCY
- 4 OTHER BEHAVIORS (SPECIFY)
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**TX13Q03ot** IF - TX13Q03a = 4

What other behaviors?

- 1 Specify Other

### Asthma Call-Back Permission Script

**ADLTPERM** IF - (C06Q04 = 1) OR (M23Q01 = 1 AND (M22Q06 = 1 OR M22Q06 = 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

**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

**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.