



2010

Behavioral Risk Factor Surveillance System

Texas
English

January 2010
(CDC Core - 12/31/2009)

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

Interviewer Script.....	1
Core Sections.....	5
Section 01: Health Status.....	6
Section 02: Healthy Days -- Health-Related Quality of Life.....	7
Section 03: Health Care Access.....	9
Section 04: Sleep.....	11
Section 05: Exercise.....	12
Section 06: Diabetes.....	13
Module 01: Pre-Diabetes (A).....	14
Module 02: Diabetes (A).....	15
Section 07: Oral Health.....	19
Section 08: Cardiovascular Disease Prevalence.....	21
Section 09: Asthma.....	22
Section 10: Disability.....	23
Section 11: Tobacco Use.....	24
Section 12: Demographics.....	26
Section 13: Alcohol Consumption.....	34
Module 31: Novel H1N1 Adult Immunization.....	36
Section 14: Immunization.....	37
Section 15: Falls.....	39
Section 16: Seatbelt Use.....	40
Section 17: Drinking and Driving.....	41
Section 18: Women's Health.....	42
Section 19: Prostate Cancer Screening.....	45
Section 20: Colorectal Cancer Screening.....	47
Section 21: HIV/AIDS.....	49
Section 22: Emotional Support and Life Satisfaction.....	52
Influenza like Illness.....	53
Module 10: High Risk/Health Care Worker.....	56
Module 11: Shingles (Zostavax or ZOS) (A).....	58
Module 12: Tetanus Diphtheria (Adults) (A).....	59
Module 13: Adult Human Papilloma Virus (HPV) (A).....	60
Module 14: Cancer Survivorship (B).....	61
Module 23: Random Child Selection (A & B).....	67
Module 24: Childhood Asthma Prevalence (A & B).....	70

Module 27: Child Influenza like Illness.....	71
Module 30: Novel H1N1 Childhood Immunization.....	72
Module 25: Childhood Immunization (A & B).....	74
Module 26: Child Human Papilloma Virus (HPV) (A & B).....	75
State Added 01: Tetanus Diphtheria (Adolescents) (Version A & B)....	76
State Added 02: Childhood Diabetes.....	77
State Added 03: Autism.....	78
State Added 04: Childhood Breastfeeding (Version A & B).....	80
State Added 05: Hepatitis B Vaccine (Version A).....	81
State Added 06: HIV STDs (Version A).....	82
State Added 07: Caregiver (Version B).....	85
State Added 08: Family Planning (Version B).....	91
State Added 09: Acculturation (Version A & B).....	97
State Added 10: Sugar Sweetened Beverages (Version A & B).....	100
State Added 11: Breastfeeding.....	101

Interviewer Script

INTROQST

HELLO, I am calling for the [Health Department]. My name is [Interviewer Name].

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

Is this [XXX-XXX-XXXX]?

- | | | | | |
|---|------------------------|------------|---|-----------------|
| 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.

PRIVRES IF - INTROQST = 1

Is this a private residence in (State)?

- | | | | | |
|---|---------------------|------------|---|---------------|
| 1 | Yes, CONTINUE | SKP | → | ISCELL |
| 2 | No, NON-RESIDENTIAL | SKP | → | NONRES |

NONRES IF - PRIVRES = 2

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

ISCELL IF - PRIVRES = 1

Is this a cellular telephone?

READ ONLY IF NECESSARY:

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

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

CELLYES

IF - ISCELL = 2

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

ADULTS

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

77 DON'T KNOW/NOT SURE

99 REFUSED

MEN

How many of these adults are men?

___ Number of Adults

WOMEN

How many of these adults are women?

___ Number of Adults

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

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

Are you the **[RANDOMLY SELECTED ADULT]**?

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

ONEADULT IF - NUMADLT = 1

Are you the adult?

INTERVIEWER NOTE: ASK GENDER IF NECESSARY.

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

ASKGENDR IF - ADULT =1 AND ONEADULT = 3

Is the Adult a man or a woman?

- 1 MALE
- 2 FEMALE

GETADULT IF - ONEADULT = 3

May I speak with...

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

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

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

YOURTHE1 IF - SELECTED = 1 OR ONEADULT < 3

Then you are the person I need to speak with.

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

GETNEWAD IF - SELECTED = 2

May I speak with the **[RANDOMLY SELECTED RESPONDENT]**?

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

NEWADULT IF - GETNEWAD = 1

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

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

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

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 (give appropriate state telephone number).

- | | | | | |
|---|--|-----|---|--------|
| 1 | PERSON INTERESTED, CONTINUE | SKP | → | C01Q01 |
| 2 | GO BACK TO ADULTS QUESTION. WARNING: A
NEW RESPONDENT MAY BE SELECTED | SKP | → | ADULTS |

Section 01: Health Status

C01INTRO

C01Q01

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

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

Do not read:

- 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
01 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
01 MIN
30 MAX

C02Q03

IF - C02Q01 <> 88 AND C02Q02 <> 88

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

— NUMBER OF DAYS

88 NONE
77 DON'T KNOW/NOT SURE
99 REFUSED
01 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, or government plans such as Medicare?

- 1 YES
- 2 NO

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

C03Q02

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

INTERVIEWER NOTE: IF "NO" ASK:

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

- 1 YES, ONLY ONE
- 2 MORE THAN ONE
- 3 NO

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

C03Q03

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

- 1 YES
- 2 NO

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

C03Q04

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

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

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

C03END

Section 04: Sleep

C04INTRO

C04Q01

The next question is about getting enough rest or sleep.

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

— NUMBER OF DAYS

88 NONE

77 DON'T KNOW/NOT SURE

99 REFUSED

01 MIN

30 MAX

C04END

Section 05: Exercise

C05INTRO

C05Q01

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

- 1 YES
- 2 NO

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

C05END

Section 06: Diabetes

C06INTRO

C06Q01

Have you ever been told by a doctor that you have diabetes?
INTERVIEWER NOTE: IF "YES" AND RESPONDENT IS FEMALE, ASK:

"Was this only when you were pregnant?"

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

- 1 YES
- 2 YES, BUT FEMALE TOLD ONLY DURING
PREGNANCY
- 3 NO
- 4 NO, PRE-DIABETES OR BORDERLINE DIABETES

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

C06END

Module 01: Pre-Diabetes (A)

M01INTRO

IF - C06Q01 <> 1

M01Q01

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

M01Q02

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

"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

M02END

Module 02: Diabetes (A)

M02INTRO

IF - C06Q01 = 1

M02Q01

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

30 MAX

M02Q02

Are you now taking insulin?

1 YES

2 NO

9 REFUSED

M02Q03

IF - STATE = 5 AND M02Q01 = 0

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.

NOTE:

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

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

888 Never

777 DON'T KNOW/NOT SURE

999 REFUSED

M02Q04

IF - STATE = 5 AND M02Q01 = 0

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.

NOTE:

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

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

—

555 NO FEET

888 NEVER

777 DON'T KNOW/NOT SURE

999 REFUSED

M02Q05

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

M02Q06

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

M02Q07

IF M02Q04 <> 555

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

___ Number of times [76 = 76 or more]

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

M02Q08

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 No Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago

Do not read:

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

M02Q09

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

- 1 YES
- 2 NO

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

M02Q10

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
- 4 None

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

C07Q03

IF - NOT(C07Q01 = 8 AND C07Q03 = 3)

How long has it been since you had your teeth cleaned by a dentist or dental hygienist?

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

C07END

Section 08: Cardiovascular Disease Prevalence

C08INTRO

C08Q01

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

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

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

- 1 YES
- 2 NO

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

C08Q02

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

- 1 YES
- 2 NO

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

C08Q01

(Ever told) you had a stroke?

- 1 YES
- 2 NO

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

C08END

Section 09: Asthma

C09INTRO

C09Q01

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

1 YES

2 NO

SKP → **C09END**

7 DON'T KNOW/NOT SURE

SKP → **C09END**

9 REFUSED

SKP → **C09END**

C09Q02

IF - C09Q01 = 1

Do you still have asthma?

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

C09END

Section 10: Disability

C10INTRO

C10Q01

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

C10Q02

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

C10END

Section 11: Tobacco Use

C11INTRO

C11Q01

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

INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES

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

C11Q02

IF - C11Q01 = 1

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

- | | | | | |
|---|---------------------|-----|---|--------|
| 1 | Everyday | | | |
| 2 | Some days | | | |
| 3 | Not at all | SKP | → | C11Q04 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C11Q05 |
| 9 | REFUSED | SKP | → | C11Q05 |

C11Q03

IF - C11Q02 = 1 OR C11Q02 = 2

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

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

C11Q04

IF - C11Q02 = 3

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

- 01 Within the past month (less than 1 month ago)
- 02 Within the past 3 months (1 month but less than 3 months ago)
- 03 Within the past 6 months (3 months but less than 6 months ago)
- 04 Within the past year (6 months but less than 1 year ago)
- 05 Within the past 5 years (1 year but less than 5 years ago)
- 06 Within the past 10 years (5 years but less than 10 years ago)
- 07 10 years or more
- 08 Never smoked regularly

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

C11Q05

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

Snus (rhymes with 'goose')

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

- 1 Everyday
- 2 Some days
- 3 Not at all

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

C11END

Section 12: Demographics

C12INTRO

C12Q01

What is your age?
___ YEARS

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

C12Q02

Are you Hispanic or Latino?

- 1 YES
- 2 NO

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

C12Q03

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

(CHECK ALL THAT APPLY)

PLEASE READ:

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

C12Q04

IF - C12Q03 = MORE THAN 1 RESPONSE

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

PLEASE READ:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
Or
- 6 Other [Specify]

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

C12Q05

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

- 1 Yes, now on active duty
- 2 Yes, on active duty during the last 12 months, but not now
- 3 Yes, on active duty in the past, but not during the last 12months
- 4 No, training for Reserves or National Guard only
- 5 No, never served in the military

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

C12Q06

Are you...?

PLEASE READ:

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

- 9 REFUSED

C12Q07

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

— NUMBER OF CHILDREN

- 88 NONE
- 99 REFUSED

C12Q08

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

READ ONLY IF NECESSARY:

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

- 9 REFUSED

C12Q09

Are you currently...?

PLEASE READ:

- 01 Employed for wages
- 02 Self-employed
- 03 Out of work for more than 1 year
- 04 Out of work for less than 1 year
- 05 A Homemaker
- 06 A Student
- 07 Retired Or
- 08 Unable to work

- 99 REFUSED

C12Q10

Is your annual household income from all sources:

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

READ ONLY IF NECESSARY

- 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

C12Q11

About how much do you weigh without shoes?

NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN COLUMN 122.

ROUND FRACTIONS UP

_____ WEIGHT

7777 DON'T KNOW/NOT SURE

9999 REFUSED

C12Q12

About how tall are you without shoes?

NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN COLUMN 126.

ROUND FRACTIONS DOWN

___/___ HEIGHT

77/77 DON'T KNOW/NOT SURE

99/99 REFUSED

C12Q13

What county do you live in?

_____ FIPS COUNTY CODE

777 DON'T KNOW/NOT SURE

999 REFUSED

C12Q14

What is your ZIP Code where you live?

_____ ZIP Code

77777 DON'T KNOW/NOT SURE

99999 REFUSED

C12Q15

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 | → C12Q17 |
| 7 | DON'T KNOW/NOT SURE | SKP | → C12Q17 |
| 9 | REFUSED | SKP | → C12Q17 |

C12Q16

IF - C12Q15 = 1

How many of these telephone numbers are residential numbers?
_ Residential Telephone Numbers [6 = 6 or more]

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

C12Q17

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

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

[CELL PHONE QUESTIONS]**C12Q18A**

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

- | | | | |
|---|---------------------|-----|-----------|
| 1 | YES | SKP | → C12Q18C |
| 2 | NO | | |
| 7 | DON'T KNOW/NOT SURE | | |
| 9 | REFUSED | | |

C12Q18B IF - C12Q18A <> 1

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

- | | | | | |
|---|---------------------|-----|---|---------|
| 1 | YES | SKP | → | C12Q18D |
| 2 | NO | SKP | → | C12Q19 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C12Q19 |
| 9 | REFUSED | SKP | → | C12Q19 |

C12Q18C IF - C12Q18A = 1

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

- | | | | | |
|---|---------------------|-----|---|---------|
| 1 | YES | SKP | → | C12Q18D |
| 2 | NO | SKP | → | C12Q19 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C12Q19 |
| 9 | REFUSED | SKP | → | C12Q19 |

C12Q18D IF - C12Q18A = 1 OR C12Q18B = 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 | NONE |
| 777 | DON'T KNOW/NOT SURE |
| 999 | REFUSED |

C12Q19

Indicate sex of respondent. Ask only if necessary.

- | | | | | |
|---|--------|-----|---|--------|
| 1 | MALE | SKP | → | C12END |
| 2 | FEMALE | | | |

C12Q20 IF - C12Q19 = 2 AND C12Q01 <= 45

To your knowledge, are you now pregnant?

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

C12END

Section 13: Alcohol Consumption

C13INTRO

C13Q01

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

- | | | | | |
|---|---------------------|-----|---|--------|
| 1 | YES | | | |
| 2 | NO | SKP | → | C13END |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C13END |
| 9 | REFUSED | SKP | → | C13END |

C13Q02 IF - C13Q01 = 1

During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

- | | | |
|---|-----|----------------|
| 1 | ___ | Days per week |
| 2 | ___ | Days per month |

- | | | | | |
|-----|-------------------------------|-----|---|--------|
| 888 | No drinks in the past 30 days | SKP | → | C13END |
| 777 | DON'T KNOW/NOT SURE | | | |
| 999 | REFUSED | | | |

C13Q03 IF - C13Q01 = 1 AND C13Q02 <> 888

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

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 | | | |

C13Q04

IF - C13Q01 = 1 AND C13Q02 <> 888

Considering all types of alcoholic beverages, how many times during the past 30 days did you have [If C12Q19 = 1, 5, 4] or more drinks on an occasion?

___ Number of times

88 NONE

77 DON'T KNOW/NOT SURE

99 REFUSED

C13Q05

IF - C13Q01 = 1 AND C13Q02 <> 888

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

___ Number of drinks

77 DON'T KNOW/NOT SURE

99 REFUSED

C13END

Module 31: Novel H1N1 Adult Immunization

(Through June 2010)

M31Q01

There are currently vaccines available for two kinds of flu -- the seasonal flu, and the 2009 H1N1 flu. I will first ask you questions about vaccination for H1N1 flu, which is sometimes called swine flu or pandemic flu, and then ask you questions about vaccination for seasonal flu.

There are two ways to get the H1N1 flu vaccination. One is a shot in the arm and the other is a spray, mist or drop in the nose.

Since September, 2009, have you been vaccinated either way for the H1N1 flu?

- 1 YES
- 2 NO

SKP → C14Q01

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

SKP → C14Q01

SKP → C14Q01

M31Q02

IF - M31Q01 = 1

During what month did you receive your H1N1 flu vaccine?

___ Month

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

M31Q03

IF - M31Q01 = 1

Was this a shot or was it a vaccine sprayed in the nose?

- 1 Flu shot
- 2 Flu Nasal Spray (spray, mist or drop in the nose)

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

Section 14: Immunization

C14INTRO

C14Q01

Now I will ask you questions about seasonal flu. A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a seasonal flu shot?

- | | | | | |
|---|---------------------|-----|---|--------|
| 1 | YES | | | |
| 2 | NO | SKP | → | C14Q03 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C14Q03 |
| 9 | REFUSED | SKP | → | C14Q03 |

C14Q02

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

___/___ Month / Year

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

C14Q03

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

- | | | | | |
|---|---------------------|-----|---|--------|
| 1 | YES | | | |
| 2 | NO | SKP | → | C14Q05 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C14Q05 |
| 9 | REFUSED | SKP | → | C14Q05 |

C14Q04

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

___/___ Month / Year

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

C14Q05

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

- 1 YES
- 2 NO

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

C15END

Section 15: Falls

C15INTRO IF - C12Q01 >= 45

C15Q01

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 3 months, how many times have you fallen?

___ Number of times [76 = 76 or more]

88	NONE	SKP	→	C15END
77	DON'T KNOW/NOT SURE	SKP	→	C15END
99	REFUSED	SKP	→	C15END

C15Q02 IF - C15q01 < 77

{C15Q01= 1, Did this fall cause an injury?}

IF ONLY ONE FALL FROM C15Q01 AND RESPONSE IS "YES" (CAUSED AN INJURY); CODE 01. IF RESPONSE IS "NO," CODE 88.

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.

___ Number of falls [76 = 76 or more]

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

C15END

Section 16: Seatbelt Use

C16INTRO

C16Q01

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

SKP → **C16END**

C16END

Section 17: Drinking and Driving

C17INTRO

IF - C16Q01 <> 8 AND C13Q01 <> 2

C17Q01

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 [76 = 76 or more]

88 NONE

77 DON'T KNOW/NOT SURE

99 REFUSED

C17END

Section 18: Women's Health

C18INTRO

IF - C12Q19 = 2

C18Q01

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 | → | C18Q03 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C18Q03 |
| 9 | REFUSED | SKP | → | C18Q03 |

C18Q02

IF - C18Q01 = 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 (2 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

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

C18Q03

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 | → | C18Q05 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C18Q05 |
| 9 | REFUSED | SKP | → | C18Q05 |

C18Q04

IF - C18Q03 = 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 (2 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

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

C18Q05

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

- | | | | |
|-----------------------|------------|---|---------------|
| 1 YES | | | |
| 2 NO | SKP | → | C18Q07 |
| 7 DON'T KNOW/NOT SURE | SKP | → | C18Q07 |
| 9 REFUSED | SKP | → | C18Q07 |

C18Q06

IF - C18Q05 = 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 (2 years but less than 5 years ago)
 - 5 5 or more years ago
- 7 DON'T KNOW/NOT SURE
 - 9 REFUSED

C18Q07

IF - C12Q20 <> 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

C18END

Section 19: Prostate Cancer Screening

C19INTRO

IF - C12Q01 > 39 AND C12Q19 = 1

C19Q01

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. Have you ever had a PSA test?

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

C19Q02

IF - C19Q01 = 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 (2 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

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

C19Q03

A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam?

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

C19Q04

IF - C19Q03 = 1

How long has it been since your last digital rectal 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 (2 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

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

C19Q05

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

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

C19END

Section 20: Colorectal Cancer Screening

C20INTRO

IF - C12Q01 > 49

C20Q01

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 | → | C20Q03 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C20Q03 |
| 9 | REFUSED | SKP | → | C20Q03 |

C20Q02

IF - C20Q01 = 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 (2 years but less than 5 years ago) | | | |
| 5 | 5 or more years ago | | | |
| 7 | DON'T KNOW/NOT SURE | | | |
| 9 | REFUSED | | | |

C20Q03

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 | → | C21Q01 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C21Q01 |
| 9 | REFUSED | SKP | → | C21Q01 |

C20Q04

IF - C20Q03 = 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

C20Q05

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

READ ONLY IF NECESSARY

- 01 Within the past year (anytime less than 12 months ago)
- 02 Within the past 2 years (1 year but less than 2 years ago)
- 03 Within the past 3 years (2 years but less than 3 years ago)
- 04 Within the past 5 years (2 years but less than 5 years ago)
- 05 Within the past 10 years (5 years but less than 10 years ago)
- 06 10 or more years ago

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

C20END

Section 21: HIV/AIDS

C21INTRO

IF - C12Q20 < 65

C21Q01

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 → **C21Q05**

7 DON'T KNOW/NOT SURE

SKP → **C21Q05**

9 REFUSED

SKP → **C21Q05**

C21Q02

IF - C21Q01 = 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.

___/___ Month / Year

77/7777 DON'T KNOW/NOT SURE

99/9999 REFUSED

C21Q03

IF - C21Q01 = 1

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

READ ONLY IF NECESSARY

- 01 Private doctor or HMO office)
- 02 Counseling and testing site
- 03 Hospital
- 04 Clinic
- 05 Jail or prison (or other correctional facility)
- 06 Drug treatment facility
- 07 At home
- 08 Somewhere else

Do not read:

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

C21Q04

IF - C21Q01 = 1 AND C21Q02 = WITHIN LAST 12 MONTHS

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

- 1 YES
- 2 NO

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

C21Q05

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

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

Do any of these situations apply to you?

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

C21END

Section 22: Emotional Support and Life Satisfaction

C22INTRO

C22Q01

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

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

INTERVIEWER NOTE: IF ASKED, SAY:

"Please include support from **ANY** source."

PLEASE READ:

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

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

C22Q02

In general, how satisfied are you with your life?

PLEASE READ:

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied

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

C22END

Influenza like Illness

(Through March 2010)

E01Q01

We would like to ask you some questions about recent respiratory illnesses.

During the past month, were you ill with a fever?

- | | | | |
|---|---------------------|-----|----------|
| 1 | YES | | |
| 2 | NO | SKP | → E01Q08 |
| 7 | DON'T KNOW/NOT SURE | SKP | → E01Q08 |
| 9 | REFUSED | SKP | → E01Q08 |

E01Q02

IF - E01Q01 = 1

Did you also have a cough and/or sore throat?

- | | | | |
|---|---------------------|-----|----------|
| 1 | YES | | |
| 2 | NO | SKP | → E01Q08 |
| 7 | DON'T KNOW/NOT SURE | SKP | → E01Q08 |
| 9 | REFUSED | SKP | → E01Q08 |

E01Q03

IF - E01Q02 = 1

When did you first become ill with fever, cough or sore throat?

INTERVIEWER: READ OFF CHOICES; CHOOSE THE MOST SPECIFIC

- | | |
|---|---|
| 1 | Within the past week [Past 1-7 days] |
| 2 | 2 weeks ago [past 8-14 days] |
| 3 | 3-4 weeks ago [15-30 days before today] |
| 7 | DON'T KNOW/NOT SURE |
| 9 | REFUSED |

E01Q04

IF - E01Q02 = 1

Did you visit a doctor, nurse, or other health professional for this illness?

- | | | | |
|---|---------------------|-----|----------|
| 1 | YES | | |
| 2 | NO | SKP | → E01Q08 |
| 7 | DON'T KNOW/NOT SURE | SKP | → E01Q08 |
| 9 | REFUSED | SKP | → E01Q08 |

E01Q05

IF - E01Q04 = 1

What did the doctor, nurse, or other health professional tell you? Did they say..

- 1 You had regular influenza or the flu
- 2 You had swine flu, also known as H1N1 or novel H1N1
- 3 You had some other illness, but not the flu **SKP** → **E01Q08**

- 7 DON'T KNOW/NOT SURE **SKP** → **E01Q08**
- 9 REFUSED **SKP** → **E01Q08**

E01Q06

IF - E01Q04 = 1 AND E01Q05 <> 3

Did you have a flu test that was positive for this illness? Usually a swab from your nose or throat is tested. Would you say..

- 1 Yes, had flu test and it was positive
- 2 No, had flu test but it was negative
- 3 No, flu test was not done

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

E01Q07

IF - E01Q04 = 1 AND E01Q05 <> 3

Did you receive Tamiflu or oseltamivir [o sel TAM i veer] or an inhaled medicine called Relenza or zanamivir [za NA mi veer] to treat this illness?

- 1 YES
- 2 NO

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

E01Q08

IF - E01Q04 = 1 AND E01Q05 <> 3

Did any other members of your household have a fever with cough or sore throat during the past month?

- 1 YES
- 2 NO **SKP** → **E01Q10 IF E01Q01 = 1 AND E01Q02 = 1**

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

E01Q09

IF - E01Q08 = 1 OR E01Q08 = 7 OR E01Q08 = 9

How many household members, including you, were ill during the past month?

___ # PERSONS (>= 1)

88 NONE

77 DON'T KNOW/NOT SURE

99 REFUSED

E01Q10

IF - (E01Q01 = 1 AND E01Q02 = 1) OR E01Q08 = 1

How many people in your household, including you, were hospitalized for flu during the past month?

INTERVIEWER, IF NEEDED: HOSPITALIZED MEANS ADMITTED TO A HOSPITAL TO RECEIVE MEDICAL TREATMENT.

___ # PERSONS (>= 1)

88 NONE

77 DON'T KNOW/NOT SURE

99 REFUSED

Module 10: High Risk/Health Care Worker

M10INTRO

The next few questions ask about health care work and chronic illness.

M10Q01

Do you currently volunteer or work in a hospital, medical clinic, doctor's office, dentist's office, nursing home or some other health-care facility? This includes part-time and unpaid work in a health care facility as well as professional nursing care provided in the home.

INTERVIEWER NOTE: IF NECESSARY SAY:

"This includes non-health care professionals, such as administrative staff, who work in a health-care facility."

- 1 YES
- 2 NO

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

M10Q02

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

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE (*Probe by repeating question*)
- 9 REFUSED

M10Q03

Has a doctor, nurse, or other health professional ever said that you have...

Read all items listed below before waiting for an answer:

Lung problems, other than asthma

Kidney problems

Anemia, including Sickle Cell

Or

A weakened immune system caused by a chronic illness or by medicines taken for a chronic illness?

[See Attached Health Problems List, if necessary]

1 YES

2 NO

SKP → M10END

7 DON'T KNOW/NOT SURE (*Probe by repeating question*)

SKP → M10END

9 REFUSED

SKP → M10END

M10Q04

Do you still have (this/any of these) problem(s)?

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

M10END

Module 11: Shingles (Zostavax or ZOS) (A)

M11INTRO

IF - C12Q01 > 49

The next question is about the Shingles vaccine.

M11Q01

Shingles is caused by the chicken pox virus. It is an outbreak of rash or blisters on the skin that may be associated with severe pain. A vaccine for shingles has been available since May 2006; it is called Zostavax[®], the zoster vaccine, or the shingles vaccine. Have you had this vaccine?

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

M11END

Module 12: Tetanus Diphtheria (Adults) (A)

M12INTRO

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

M12Q01

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

- 1 YES
- 2 NO SKP → M12END

- 7 DON'T KNOW/NOT SURE SKP → M12END
- 9 REFUSED SKP → M12END

M12Q02

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

- 1 YES
- 2 NO SKP → M12END

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

M12Q03

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

- 1 Yes (included pertussis)
- 2 No (did not include pertussis)
- 3 Doctor did not say

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

M12END

Module 13: Adult Human Papilloma Virus (HPV) (A)

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

M13INTRO IF - C12Q01 ≥ 18 AND C12Q01 ≤ 49

M13Q01

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, [Fill: if female "GARDASIL or CERVARIX"; if male " 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 | → M13END |
| 3 | Doctor refused when asked | SKP | → M13END |
| 7 | DON'T KNOW/NOT SURE | SKP | → M13END |
| 9 | REFUSED | SKP | → M13END |

M13Q02

How many HPV shots did you receive?

___ Number of shots

- | | |
|----|---------------------|
| 03 | All shots |
| 77 | DON'T KNOW/NOT SURE |
| 99 | REFUSED |

M13END

Module 14: Cancer Survivorship (B)

M14INTRO

Now I am going to ask you about cancer.

M14Q01

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

READ ONLY IF NECESSARY:

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

- | | | | |
|---|---------------------|-----|----------|
| 1 | Yes | | |
| 2 | No | SKP | → M14END |
| 7 | DON'T KNOW/NOT SURE | SKP | → M14END |
| 9 | REFUSED | SKP | → M14END |

M14Q02

IF - STATE = 5 AND M14Q01 = 0

How many different types of cancer have you had?

- | | | | |
|---|---------------------|-----|----------|
| 1 | Only one | | |
| 2 | Two | | |
| 3 | Three or more | | |
| 7 | DON'T KNOW/NOT SURE | SKP | → M14END |
| 9 | REFUSED | SKP | → M14END |

M14Q03

At what age were you told that you had cancer?

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

— Code age in years [97 = 97 and older]

98 DON'T KNOW/NOT SURE

99 REFUSED

CATI note: If Core Q19.5 = 1 (Yes) and Q2 = 1 (Only one); auto fill Q4 (response code 18)

M14Q04

What type of cancer was it?

{M14Q02 = 2 OR M14Q02 = 3, With your most recent diagnoses of cancer, what type of cancer was it?}

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

Breast

1 Breast cancer

Female reproductive (Gynecologic)

2 Cervical cancer (cancer of the cervix)

3 Endometrial cancer (cancer of the uterus)

4 Ovarian cancer (cancer of the ovary)

Head/Neck

5 Head and neck cancer

6 Oral cancer

7 Pharyngeal (throat) cancer

8 Thyroid

Gastrointestinal

9 Colon (intestine) cancer

10 Esophageal (esophagus)

11 Liver cancer

12 Pancreatic (pancreas) cancer

13 Rectal (rectum) cancer

14 Stomach

Leukemia/Lymphoma (lymph nodes and bone marrow)

15 Hodgkin's Lymphoma (Hodgkin's disease)

16 Leukemia (blood) cancer

17 Non-Hodgkin's Lymphoma

Male reproductive

18 Prostate cancer

19 Testicular cancer

Skin

- 20 Melanoma
- 21 Other skin cancer
- Thoracic**
- 22 Heart
- 23 Lung
- Urinary cancer:**
- 24 Bladder cancer
- 25 Renal (kidney) cancer
- Others**
- 26 Bone
- 27 Brain
- 28 Neuroblastoma
- 29 Other

Do not read:

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

M14Q05	IF - STATE = 5 AND M14Q01 = 0
---------------	-------------------------------

Are you currently receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.

- 1 Yes **SKP** → **M14END**
- 2 No

- 7 DON'T KNOW/NOT SURE **SKP** → **M14END**
- 9 REFUSED **SKP** → **M14END**

M14Q06

IF - STATE = 5 AND M14Q01 = 0

What type of doctor provides the majority of your health care?

INTERVIEWER NOTE: IF THE RESPONDENT REQUESTS CLARIFICATION OF THIS QUESTION, SAY:

"We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.)."

PLEASE READ [1-10]:

- 01 Cancer Surgeon
- 02 Family Practitioner
- 03 General Surgeon
- 04 Gynecologic Oncologist
- 05 Internist
- 06 Plastic Surgeon, Reconstructive Surgeon
- 07 Medical Oncologist
- 08 Radiation Oncologist
- 09 Urologist
- 10 Other

Do not read:

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

M14Q07

Did any doctor, nurse, or other health professional **EVER** give you a written summary of all the cancer treatments that you received?

READ ONLY IF NECESSARY:

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

- 1 Yes
- 2 No

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

M14Q08

Have you **EVER** received instructions from a doctor, nurse, or other health professional about *where* you should return or *who* you should see for routine cancer check-ups after completing your treatment for cancer?

- 1 Yes
- 2 No SKP → M14Q10

- 7 DON'T KNOW/NOT SURE SKP → M14Q10
- 9 REFUSED SKP → M14Q10

M14Q09

IF - STATE = 5 AND M14Q01 = 0

Were these instructions written down or printed on paper for you?

- 1 Yes
- 2 No

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

M14Q10

With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?

INTERVIEWER NOTE: "HEALTH INSURANCE" ALSO INCLUDES MEDICARE, MEDICAID, OR OTHER TYPES OF STATE HEALTH PROGRAMS.

- 1 Yes
- 2 No

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

M14Q11

IF - STATE = 5 AND M14Q01 = 0

Were you **EVER** denied health insurance or life insurance coverage because of your cancer?

- 1 Yes
- 2 No

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

M14Q12

IF - STATE = 5 AND M14Q01 = 0

Did you participate in a clinical trial as part of your cancer treatment?

- 1 Yes
- 2 No

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

M14Q13

Do you currently have physical pain caused by your cancer or cancer treatment?

- 1 Yes
- 2 No

SKP → M14END

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

SKP → M14END

SKP → M14END

M14Q14

IF - STATE = 5 AND M14Q01 = 0

Is your pain currently under control?

- 1 Yes
- 2 No

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

M14END

Module 23: Random Child Selection (A & B)

M23INTRO

IF - C12Q07 <> 88 OR C12Q07 <> 99

{IF C12Q07 = 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.} [Go to M23Q01]

{IF C12Q07 is > 1 AND (C12Q07 <> 88 OR C12Q07 <> 99), Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.

INTERVIEWER PLEASE READ:

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

M23Q01

What is the birth month and year of the "Xth" child?

___/___ Code month and year

77/7777 DON'T KNOW/NOT SURE

99/9999 REFUSED

M23Q02

Is the child a boy or a girl?

- 1 Boy
- 2 Girl

9 REFUSED

M23Q03

Is the child Hispanic or Latino?

- 1 Yes
- 2 No

Do not read:

7 DON'T KNOW/NOT SURE

9 REFUSED

M23Q04

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

(CHECK ALL THAT APPLY)

PLEASE READ:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
Or
- 6 Other [Specify]

Do not read:

- 8 No additional choices
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

M23Q05**IF M23Q04 = MORE THAN 1 RESPONSE**

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

PLEASE READ:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
Or
- 6 Other [Specify]

Do not read:

- 8 No additional choices
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

M23Q06

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

Do not read:

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

M23END

Module 24: Childhood Asthma Prevalence (A & B)

M24INTRO IF - C12Q07 <> 88 OR C12Q07 <> 99

The next two questions are about the "Xth" child.

M24Q01

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

1 Yes

2 No

SKP → **M24END**

7 DON'T KNOW/NOT SURE

SKP → **M24END**

9 REFUSED

SKP → **M24END**

M24Q02 IF- M24Q01 = 1

Does the child still have asthma?

1 Yes

2 No

7 DON'T KNOW/NOT SURE

9 REFUSED

M24END

Module 27: Child Influenza like Illness

M27INTRO

M27Q01

The next questions are about the "Xth" child.

Has the child had a fever with cough and/or sore throat during the past month?

- | | | | |
|---|---------------------|-----|----------|
| 1 | YES | | |
| 2 | NO | SKP | → M27END |
| 7 | DON'T KNOW/NOT SURE | SKP | → M27END |
| 9 | REFUSED | SKP | → M27END |

M27Q02

IF - M27Q01 = 1

Did the child visit a doctor, nurse, or other health professional for this illness?

- | | | | |
|---|---------------------|-----|----------|
| 1 | YES | | |
| 2 | NO | SKP | → M27END |
| 7 | DON'T KNOW/NOT SURE | SKP | → M27END |
| 9 | REFUSED | SKP | → M27END |

M27END

Module 30: Novel H1N1 Childhood Immunization

M30INTRO

M30Q01 IF - CHILDDAGE2 ≥ 6 MONTHS

The next questions are about this child's immunizations. I will first ask you questions about vaccination for H1N1 flu, which is sometimes called swine flu or pandemic flu, and then ask you questions about vaccination for seasonal flu. There are two ways to get the H1N1 flu vaccination. One is a shot in the arm and the other is a spray, mist or drop in the nose.

Since September, 2009, has {IF M23Q02 = 1, he, she} been vaccinated either way for the H1N1 flu?

- | | | | |
|---|---------------------|-----|----------|
| 1 | YES | | |
| 2 | NO | SKP | → M25Q01 |
| 7 | DON'T KNOW/NOT SURE | SKP | → M25Q01 |
| 9 | REFUSED | SKP | → M25Q01 |

M30Q02 IF - CHILDDAGE2 < 10 YEARS

Since September 2009, how many of these H1N1 vaccinations has {IF M23Q02 = 1, he, she} received?

- | | | | |
|---|-------------------------------|-----|----------|
| 1 | One vaccination or dose | | |
| 2 | Two or more vaccination doses | | |
| 7 | DON'T KNOW/NOT SURE | SKP | → M25Q01 |
| 9 | REFUSED | SKP | → M25Q01 |

M30Q03

During what month did {IF M23Q02 = 1, he, she} received {IF M23Q02 = 1, his, her} {IF CHILDDAGE2 < 10 YEARS, first H1N1 flu vaccine, H1N1 flu vaccine}?

- | | | | |
|----|---------------------|-----|----------|
| __ | MONTH | | |
| 77 | DON'T KNOW/NOT SURE | SKP | → M25Q01 |
| 99 | REFUSED | SKP | → M25Q01 |

M30Q03v IF - M30Q03 < 77

That was {MONTH} of {YEAR}, correct?

___ MONTH

77 DON'T KNOW/NOT SURE

99 REFUSED

M30Q04 M30Q01 = 1

Was this a shot or was it a vaccine sprayed in the nose?

1 Flu shot

2 Flu Nasal Spray (spray, mist or drop in the nose)

7 DON'T KNOW/NOT SURE

SKP → **M25Q01**

9 REFUSED

SKP → **M25Q01**

M30Q05

During what month did {IF M23Q02 = 1, he, she} received {IF M23Q02 = 1, his, her} second H1N1 flu vaccine?

___ MONTH

77 DON'T KNOW/NOT SURE

99 REFUSED

M30Q05v IF - M30Q05 < 77

That was {MONTH} of {YEAR}, correct?

___ MONTH

77 DON'T KNOW/NOT SURE

99 REFUSED

M30Q06

Was this a shot or was it a vaccine sprayed in the nose?

1 Flu shot

2 Flu Nasal Spray (spray, mist or drop in the nose)

7 DON'T KNOW/NOT SURE

9 REFUSED

M30END

Module 25: Childhood Immunization (A & B)

M25INTRO IF - C12Q07 <> 88 OR C12Q07 <>99 AND CHILDDAGE1 ≥
6 MONTHS

M25Q01

Now I will ask you questions about seasonal flu. There are two types of seasonal flu vaccinations. One is a shot and the other is a spray in the nose. During the past 12 months, has **{IF M23Q02 = 1, he, she}** had a seasonal flu vaccination?

- 1 Yes
2 No SKP → M25END

7 DON'T KNOW/NOT SURE SKP → M25END
9 REFUSED SKP → M25END

M25Q02

The flu vaccination may have been either the flu shot or the flu spray. The flu spray is the flu vaccination that is sprayed in the nose. During what month and year did **{IF M23Q02 = 1, his, her}** receive **{IF M23Q02 = 1, his, her}** most recent seasonal flu vaccination?

___/___ Month / Year

-

77/777 DON'T KNOW/NOT SURE

7

99/999 REFUSED

9

M25END

Module 26: Child Human Papilloma Virus (HPV) (A & B)

M26INTRO IF - CHILDDAGE2 ≥ 9 AND CHILDDAGE2 ≤ 17

NOTE: HUMAN PAPILLOMA VIRUS (HUMAN PAP·UH·LOH·MUH VIRUS);

GARDASIL (GAR·DUH·SEEL); CERVARIX (SIR·VAR·ICKS)

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

M26Q01

A vaccine to prevent the human papilloma virus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, {IF M23Q02 = 2, GARDASIL or CERVARIX}{IF M23Q02 = 1, or GARDASIL}. Has this child **EVER** had an HPV vaccination?

- | | | | |
|---|---------------------------|-----|----------|
| 1 | Yes | | |
| 2 | No | SKP | → M26END |
| 3 | Doctor refused when asked | SKP | → M26END |
| 7 | DON'T KNOW/NOT SURE | SKP | → M26END |
| 9 | REFUSED | SKP | → M26END |

M26Q02

How many HPV shots did {IF M23Q02 = 1, he, she} receive?

— Number of shots

- | | |
|----|---------------------|
| 03 | All shots |
| 77 | DON'T KNOW/NOT SURE |
| 99 | REFUSED |

M26END

State Added 01: Tetanus Diphtheria (Adolescents) (Version A & B)

TX01INTRO IF - CHILDDAGE2 >= 10 AND CHILDDAGE2 <= 17

TX01Q01

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

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

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

TX01Q02 IF - TX01Q01 = 1

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

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

TX01Q03 IF - TX01Q02 <> 2

There are currently two types of tetanus shots available today for older children and teenagers. One contains the tetanus diphtheria vaccine. The other type contains tetanus diphtheria and pertussis or whooping cough vaccine.

Did the doctor say his/her most recent tetanus shot included the pertussis or whooping cough vaccine?

- 1 Yes (included pertussis)
- 2 No (did not include pertussis)
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TX01END

State Added 02: Childhood Diabetes

TX02INTRO IF - C12Q07 < 88

TX02Q01

I have a couple more questions concerning {SHOWKID}.

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

- | | | | | |
|---|---------------------|------------|---|----------------|
| 1 | Yes | | | |
| 2 | No | SKP | → | TX02END |
| 7 | DON'T KNOW/NOT SURE | SKP | → | TX02END |
| 9 | REFUSED | SKP | → | TX02END |

TX02Q02 IF - TX02Q01 = 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 | | | |

TX02END

State Added 03: Autism

TX03INTRO IF - C12Q07 < 88

TX03Q01 IF - C12Q07 < 88

Has a doctor, nurse, school psychologist or other school staff EVER told you that this child has autism, Asperger's Disorder, pervasive developmental disorder, or other autism spectrum disorder?

- 1 YES
- 2 NO **SKP** → **TX03Q03**
- 7 DON'T KNOW/NOT SURE **SKP** → **TX03Q03**
- 9 REFUSED **SKP** → **TX03Q03**

TX03Q02 IF - TX03Q01 = 1

Which of them told you that; please include all who did?

READ ONLY IF NECESSARY:

- 1 Doctor
- 2 Nurse
- 3 School psychologist
- 4 Someone else who works at the school
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TX03Q03 IF - C12Q07 < 88

Has a doctor, nurse, school psychologist or other school staff EVER told you that this child has Attention Deficit Hyperactivity Disorder, also known as ADHD or ADD?

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

TX03Q04

IF - TX03Q03 = 1

Which of them told you that; please include all who did?

READ ONLY IF NECESSARY:

- 1 Doctor
- 2 Nurse
- 3 School psychologist
- 4 Someone else who works at the school

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

TX03Q05

IF - TX03Q01 = 1 OR TX03Q03 = 1

Do the therapies and school services your child gets for {IF TX03Q01 = 1 OR TX03Q03 = 1, autism spectrum disorder and/or ADHD} meet your child's needs?

INTERVIEWER NOTE:

'Therapies include physical, occupational, and speech therapy.'

- 1 Yes
- 2 No
- 3 My child does not get these services

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

TX03END

State Added 04: Childhood Breastfeeding (Version A & B)

TX04INTRO

IF - C12Q07 = 88 OR C12Q07 = 99

TX04Q01

IF - C12Q07 < 77

The next question is about breastfeeding. Was this child breastfed, bottle fed formula, or both?

- 1 Breastfed
- 2 Bottle fed
- 3 Both

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

TX04END

State Added 05: Hepatitis B Vaccine (Version A)

TX05INTRO

TX05Q01

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

Have you EVER received the hepatitis B vaccination?

- | | | | | |
|---|---------------------------|------------|---|----------------|
| 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 |

TX05Q02 IF - TX05Q01 = 1

How many hepatitis B shots did you receive?

____ Number of shots
03 All shots

- 77 DON'T KNOW/NOT SURE
99 REFUSED

TX05END

State Added 06: HIV STDs (Version A)

TX06INTRO

IF - C12Q01 < 65

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to.

TX06Q01

IF - C21Q01 = 1

Previously, you had mentioned that you have been tested for HIV. I am going to read you a list of reasons why some people have been tested for HIV. Not including blood donations, which of these would you say was the MAIN reason for your last HIV test?

PLEASE READ:

- 01 It was required
- 02 Someone suggested you should be tested
- 03 You thought you may have gotten HIV through sex or drug use
- 04 You just wanted to find out whether you had HIV
- 05 You were worried that you could give HIV to someone
- 06 {IF C12Q19 = 2, You were pregnant}
- 07 It was done as part of a routine medical check-up
- 08 Or you were tested for some other reason

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

TX06Q02

IF - C21Q01 = 1

Now thinking about your last HIV test,

... did you sign a separate informed consent for the HIV test?

- 1 YES
- 2 NO

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

TX06Q03

IF - C21Q01 = 1

(Now thinking about your last HIV test,)

... were you told by a health care professional that you were going to get an HIV test unless you objected?

- 1 YES
- 2 NO

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

TX06Q04

IF - C21Q01 = 1

(Now thinking about your last HIV test,)

...did you receive counseling or talk with a health care professional before being tested for HIV?

- 1 YES
- 2 NO

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

TX06Q05

IF - C21Q01 = 1

(Now thinking about your last HIV test,)

...did you receive counseling or talk with a health care professional about the results of your test?

- 1 YES
- 2 NO

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

TX06Q06

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

You had sex with a bi-sexual man, that is, a man who has sex with men and women; You had sex with an injecting drug user; You had sex with an HIV positive person.

INTERVIEWER NOTE: READ IF A RESPONDENT ASKS

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

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

- 1 YES
- 2 NO

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

TX06Q07

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

- 1 YES
- 2 NO

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

TX06Q08

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

PLEASE READ:

- 1 Men only
- 2 Women only
- 3 Both men and women
- 4 No sexual partners

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

TX06END

State Added 07: Caregiver (Version B)

TX07INTRO

TX07Q01

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

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

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

TX07Q02 IF - TX07Q01 = 1

What age is the person to whom you are giving care?

INTERVIEWER NOTE: IF MORE THAN ONE PERSON, ASK:

'What is the age of the person to whom you are giving the most care?'

___ Code age in years [0-115]

- 777 DON'T KNOW/NOT SURE
999 REFUSED

TX07Q03 IF - TX07Q01 = 1

The remainder of these questions will be about the person to whom you are giving the most care.

Is this person male or female?

- 1 Male
2 Female

9 REFUSED

TX07Q04

IF - TX07Q01 = 1

What is his/her relationship to you?

READ ONLY IF NECESSARY:

'For example is he/she your (mother/daughter or father/son)?'

DO NOT READ:

01 PARENT
02 PARENT-IN-LAW
03 CHILD
04 SPOUSE
05 SIBLING
06 GRANDPARENT
07 GRANDCHILD
08 OTHER RELATIVE
09 NON-RELATIVE

77 DON'T KNOW/NOT SURE

99 REFUSED

TX07Q05

IF - TX07Q01 = 1

For how long have you provided care for your {TX07Q04}?
{IF TX07Q04 = 77 OR TX07Q04 = 99, that person?}

NOTE:

101-199 = DAYS 301-399 = MONTHS

201-299 = WEEKS 401-499 = YEARS

—

777 DON'T KNOW/NOT SURE

999 REFUSED

TX07Q06

IF - TX07Q01 = 1

What has a doctor said are the major health problems, long-term illnesses, or disabilities that the person you care for has?

PRESS THE FIRST LETTER OF THE CONDITION 0 TO REASK

- 01 Arthritis/Rheumatism
- 02 Asthma
- 03 Cancer
- 04 Diabetes
- 05 Heart Disease
- 06 Hypertension/High Blood Pressure
- 07 Lung Disease/Emphysema
- 08 Multiple Sclerosis (MS)
- 09 Osteoporosis
- 10 Parkinson's Disease
- 11 Stroke
- 12 Other physical condition/disease
- 13 Eye/Vision Problem (blindness)
- 14 Hearing Problems (deafness)
- 15 Mobility Problems
- 16 Spinal Cord Injury
- 17 Traumatic Brain Injury (TBI)
- 18 Seizure Disorder/Neurological Problem
- 19 Amputation(s)
- 20 Communication
Disorder/Aphasia/Expressive language
disorder
- 21 Alzheimer's Disease
- 22 Transient Ischemic Attacks (Mini
Strokes)
- 23 Other Dementia
- 24 Attention-Deficit Hyperactivity
Disorder (ADHD)
- 25 Learning Disabilities (LD)
- 26 Mental Retardation or Intellectual
Disability
- 27 Cerebral Palsy (CP)
- 28 Down's Syndrome
- 29 Other developmental disability (e.g.,
spinal bifida, muscular dystrophy,
fragile X, Prader-Willi Syndrome)
- 30 Autism Spectrum Disorder (Autistic
Disorder, Asperger's Disorder,
Pervasive Developmental Disorder Not
Otherwise Specified [PPD-NOS],
Rett's Disorder, or Childhood
Disintegrative Disorder)
- 31 Anxiety
- 32 Depression
- 33 Other
- 88 NO OTHER CONDITIONS

77 DON'T KNOW/ NOT SURE
99 REFUSED

TX07Q06o IF - TX07Q06 = 33

ENTER IN THE OTHER DISABILITIES THE RESPONDENT MENTIONED

1 Enter Disabilities Other

TX07Q07 IF - TX07Q01 = 1

{IF COUNT (TX06Q06) = 1, Approximately what age was {TX07Q03=1, he, she} when this major health problem or disability was diagnosed?, Approximately what age was {TX07Q03=1,he,she} when the FIRST diagnosis of a major health problem or disability was made?}

READ IF NECESSARY

- 1 Birth, infancy or early childhood (Age 5 or under)
- 2 Childhood (Ages 6-12)
- 3 Adolescence (Ages 13-21)
- 4 Early Adulthood (Ages 22-39)
- 5 Mid-life (Ages 40-64)
- 6 Elderly (Ages 65+)
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TX07Q08

IF - TX07Q01 = 1

In which one of the following areas does the person you care for **MOST** need your help?

PLEASE READ:

- 01 Taking care of himself/herself, such as eating, dressing, or bathing
- 02 Taking care of his/her residence or personal living spaces, such as cleaning, managing money, or preparing meals
- 03 Communicating with others
- 04 Learning or remembering
- 05 Seeing or hearing
- 06 Moving around within the home
- 07 Transportation outside of the home
- 08 Getting along with people
- 09 Relieving/decreasing anxiety or depression
- 10 Something else

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

TX07Q09

IF - TX07Q01 = 1

In an average week, how many hours do you provide care for your {TX07Q04} because of his/her health problem, long-term illness, or disability?

NOTE: ROUND UP TO THE NEXT WHOLE NUMBER OF HOURS.

___ Hours per week

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

TX07Q10

IF - TX07Q01 = 1

I am going to read a list of difficulties you may have faced as a caregiver. Please indicate which one of the following is the greatest difficulty you have faced as a caregiver.

PLEASE READ:

- 01 Creates a financial burden
- 02 Doesn't leave enough time for yourself
- 03 Doesn't leave enough time for your family
- 04 Interferes with your work
- 05 Creates stress
- 06 Creates or aggravates health problems
- 07 Affects family relationships
- 08 Other difficulty
- 88 No difficulty

Do not read:

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

TX07Q11

IF - TX07Q01 = 1

During the past year, has the person you care for experienced changes in thinking or remembering?

READ ONLY IF NECESSARY:

'Had more difficulty remembering people, places, or things, or understanding or making decisions as easily as they once did.'

- 1 YES
- 2 NO

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

TX07END

State Added 08: Family Planning (Version B)

TX08INTRO

TX08Q01 IF - (C12Q19 = 2 AND C12Q20<>1 AND C12Q01 <46)
OR (C12Q19 = 1 AND C12Q01 < 71)

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

Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, implants, shots, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy. Are you or your {IF C12Q19=2, husband/partner, wife/partner} doing anything now to keep {C12Q19=2, you, her} from getting pregnant?

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

1	YES			
2	NO	SKP	→	TX08Q03
3	No partner / Not sexually active	SKP	→	TX08END
4	Same sex partner	SKP	→	TX08END
7	DON'T KNOW/NOT SURE	SKP	→	TX08END
9	REFUSED	SKP	→	TX08END

TX08Q02

IF - TX08Q01 = 1

What are you or your {IF C12Q19 = 2, husband/partner, wife/partner} doing now to keep {C12Q19 = 2, you, her} from getting pregnant?

READ ONLY IF NECESSARY

01	Tubes tied	SKP	→	TX08Q06
02	Hysterectomy (female sterilization)	SKP	→	TX08Q06
03	Vasectomy (male sterilization)	SKP	→	TX08Q06
04	Pill, all kinds (Seasonale, etc.)	SKP	→	TX08Q04
05	Male condoms	SKP	→	TX08Q04
06	Female condoms	SKP	→	TX08Q04
07	Contraceptive implants (Implanon)	SKP	→	TX08Q04
08	Shots (Depo-Provera)	SKP	→	TX08Q04
09	Contraceptive Patch	SKP	→	TX08Q04
10	Diaphragm, cervical ring, or cap (Nuvaring or others)	SKP	→	TX08Q04
11	IUD or IUC (including Mirena and ParaGard)	SKP	→	TX08Q04
12	Emergency contraception (EC or Plan B)	SKP	→	TX08Q04
13	Withdrawal	SKP	→	TX08Q04
14	Not having sex at certain times (natural or rhythm)	SKP	→	TX08Q04
15	Other method (foam, jelly, cream, etc.)	SKP	→	TX08Q04
16	Abstinence	SKP	→	TX08Q04
88	No difficulty	SKP	→	TX08Q04
77	DON'T KNOW/NOT SURE	SKP	→	TX08Q04
99	REFUSED	SKP	→	TX08Q04

TX08Q03

IF - TX08Q01 = 2

What is the main reason for not doing anything to keep {IF C12Q19 = 2, you, wife/partner} from getting pregnant?

READ ONLY IF NECESSARY

- | | | | | |
|----|--|------------|---|----------------|
| 01 | Didn't think was going to have sex/no regular partner | | | |
| 02 | You want a pregnancy | | | |
| 03 | You don't want to use birth control | | | |
| 04 | Your partner doesn't want to use birth control | | | |
| 05 | You or your partner don't like birth control/fear side effects | | | |
| 06 | You can't pay for birth control | | | |
| 07 | Lapse in use of a method | | | |
| 08 | Don't think you or your partner can get pregnant | | | |
| 09 | You or your partner had tubes tied (sterilization) | SKP | → | TX08Q06 |
| 10 | You or your partner had a vasectomy (sterilization) | SKP | → | TX08Q06 |
| 11 | You or your partner had a hysterectomy | SKP | → | TX08Q06 |
| 12 | You or your partner are too old | | | |
| 13 | You or your partner are currently breast-feeding | | | |
| 14 | You or your partner just had a baby/postpartum | | | |
| 15 | Other reason | | | |
| 16 | Don't care if get pregnant | | | |
| 17 | You or Your Partner are pregnant now | SKP | → | TX08Q06 |
| 77 | DON'T KNOW/NOT SURE | | | |
| 99 | REFUSED | | | |

TX08Q04

IF - (TX08Q03 > 0 AND TX08Q03 <> 9 AND TX08Q03 <> 10 AND TX08Q03 <> 11 AND TX08Q03 <> 17) OR (TX08Q02 >= 4)

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

Would you say...

- | | | | | |
|---|------------------------------------|------------|---|----------------|
| 1 | You don't want to have one | SKP | → | TX08Q06 |
| 2 | You do want to have one | SKP | → | TX08Q05 |
| 3 | You're not sure if you do or don't | SKP | → | TX08Q06 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | TX08Q06 |
| 9 | REFUSED | SKP | → | TX08Q06 |

TX08Q05

IF - TX08Q04 = 2

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

PLEASE READ

- 1 Less than 12 months from now
- 2 Between 12 months to less than two
years from now
- 3 Between two years to less than 5 years
from now, or
- 4 5 or more years from now

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

TX08Q06

IF - C12Q19 = 2

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

PLEASE READ

- 1 Family planning clinic
- 2 Health department
- 3 Private gynecologist
- 4 Family doctor
- 5 I don't get these services
- 6 Other

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

TX08Q07

IF - TX08Q02 = 4 AND C12Q19 = 2

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

INTERVIEWER NOTE: IF RESPONDENT SAYS SHE DID NOT TAKE HER INERT/INACTIVE PILLS,

'We are interested in how many active pills you missed, that is, the pills containing the medication.'

PLEASE READ

- 8 Never missed a pill,
- 1 Missed only one pill, or
- 2 Missed two or more pills

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

TX08Q08

IF - (TX08Q02 >= 4 OR TX08Q02 <= 15) AND C12Q19 = 2

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

DO NOT READ: ALLOW 3

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

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

TX08Q09 IF - (TX08Q02 >= 4 OR TX08Q02 <= 6 OR TX08Q02 >= 12
OR TX08Q02 <= 16) AND C12Q19 = 2

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

DO NOT READ: ALLOW 3

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

- 66 OTHER

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

TX08END

State Added 09: Acculturation (Version A & B)

TX09INTRO

TX09Q01

What language would you say you speak most of the time?

READ IF NECESSARY

- 1 English
- 2 Spanish
- 3 Both, Spanish and English equally (or
TexMex)
- 4 Other [Specify]

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

TX09Q02

What country were you born in?

PRESS THE FIRST LETTER OF THE COUNTRY THE RESPONDENT SPECIFIED 0
TO REASK

01	United States	SKP	→	TX09END
02	Mexico	SKP	→	TX09END
03	Canada			
04	Guam			
05	Puerto Rico			
06	Virgin Islands			
07	Belize			
08	Costa Rica			
09	El Salvador			
10	Guatemala			
11	Honduras			
12	Nicaragua			
13	Panama			
14	Argentina			
15	Bolivia			
16	Brazil			
17	Chile			
18	Columbia			
19	Ecuador			
20	Falkland Islands (Islas Malvinas)			
21	French Guiana			
22	Guyana			
23	Paraguay			
24	Peru			
25	South Georgia and the South Sandwich Islands			
26	Suriname			
27	Uruguay			
28	Venezuela			
29	China			
30	Japan			
31	North Korea			
32	South Korea			
33	Vietnam			
66	OTHER			
77	DON' T KNOW/NOT SURE	SKP	→	TX09END
99	REFUSED	SKP	→	TX09END

TX09Q02o

IF - TX09Q02 = 66

ENTER IN THE SPECIFIED OTHER COUNTRY

1 Enter Country

Other

TX09Q03

How long have you lived in the United States?

NOTE:

101-199 = DAYS 301-399 = MONTHS

201-299 = WEEKS 401-499 = YEARS

—

777 DON'T KNOW/NOT SURE

999 REFUSED

TX09END

State Added 10: Sugar Sweetened Beverages (Version A & B)

TX10INTRO

TX10Q01

The next question is about sugar sweetened beverages.
How many times per day do you drink a can, bottle, or glass of sugar-sweetened beverages? 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.

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

TX10END

State Added 11: Breastfeeding

TX11INTRO

TX11Q01

The next few questions are on breastfeeding.
What is your personal reaction when you see a woman breastfeeding in public?

Would you say...

READ LIST. ACCEPT ALL ANSWERS THAT APPLY.

- 1 It doesn't bother me
- 2 It doesn't bother me if she covers herself up or is discreet
- 3 I do not think it is appropriate
- 4 I think she should go to the nearest restroom
- 5 I wish there was a more appropriate and private place for women to breastfeed other than a restroom
- 6 I wish a manager or security guard would make the woman leave the location
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TX11Q02

The next questions ask 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?

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

TX11Q03

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?

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

TX11Q04

Some formulas are just as healthy for babies as breast milk. Do you-agree slightly or strongly, or disagree slightly or strongly?

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

TX11Q05

Hospitals should not advertise baby formula for formula manufacturers. Do you-agree slightly or strongly, or disagree slightly or strongly?

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

TX11Q06

Breastfeeding saves money in health care costs. Do you-agree slightly or strongly, or disagree slightly or strongly?

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

TX11Q07

When it comes to infant feeding, healthcare providers should promote:

- 1 Only breastfeeding
- 2 Only formula feeding
- 3 Both breast and formula feeding
- 4 Healthcare providers do not have a role in infant feeding decisions

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

TX11Q08

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?

- 1 YES
- 2 NO

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

TX11Q09

Businesses who do not follow this law by asking a woman to stop breastfeeding or leave should be penalized or fined. Do you agree slightly or strongly, or disagree slightly or strongly?

INTERVIEWER NOTE: IF RESPONDENT DOESN'T REMEMBER WHAT LAW, PLEASE RE-STATE THE FOLLOWING:

'TEXAS LAW STATES THAT A MOTHER IS ENTITLED TO BREASTFEED HER BABY IN ANY LOCATION IN WHICH THE MOTHER IS AUTHORIZED TO BE.'

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

- 7 DON'T KNOW
- 9 REFUSED

TX11END