



2012

Behavioral Risk Factor Surveillance System

Texas Survey

English

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U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Adult and Community Health

# Contents

INTRO .....	3
Core Sections .....	7
Section 01: Health Status .....	8
Section 02: Healthy Days - Health-Related Quality of Life .....	9
Section 03: Health Care Access .....	10
Section 04: Exercise .....	12
Section 05: Chronic Health Conditions .....	13
Module 01:Pre-Diabetes (Path A) .....	17
Module 02: Diabetes (Path A) .....	18
Section 06: Oral Health .....	22
Section 07: Demographics .....	23
Section 08: Disability .....	31
Section 09: Tobacco Use .....	32
Section 10: Alcohol Consumption .....	34
Section 11: Immunization .....	36
Section 12: Falls .....	38
Section 13: Seatbelt Use .....	39
Section 14: Drinking and Driving .....	40
Section 15: Breast and Cervical Cancer Screening .....	41
Section 16: Prostate Cancer Screening .....	44
Section 17: Colorectal Cancer Screening .....	46
Section 18: HIV / AIDS .....	48
Transition to Modules and/or State-Added Questions .....	50
Module 11: Shingles (Zostavax or ZOS) (Path B) .....	51
Module 12: Tetanus Diphtheria (Adults) (Path B) .....	52
Module 13: Adult Human Papilloma Virus (HPV) (Path B) .....	53
Module 23: Random Child Selection (Path A and B) .....	54
Module 24: Childhood Asthma Prevalence (Path A and B) .....	56
Module 25: Childhood Immunization (Path A and B) .....	57
State-Added 1: Child Human Papilloma Virus (HPV) (Path A and B)	58
State-Added 2: Tetanus Diphtheria (Adolescents) (Path A and B)	59
State-Added 3: Childhood Diabetes (Path A and B) .....	60
State-Added 4: Childhood Breastfeeding (Path A and B) .....	61
State-Added 5: Meningitis Vaccine (Path B) .....	62
State-Added 6: Hepatitis B Vaccine (Path B) .....	63

State-Added 7: TV Viewing (Survey B) .....64  
State-Added 8: Sugar-Sweetened Beverages (Survey B) .....65  
State-Added 9: Menu Labeling (Survey B) .....66  
State-Added 10: Extra Physical Activity (Path B) .....67  
State Added 11: Breastfeeding Awareness (Path B) .....68  
Transition - Adults (Path A) .....71  
State Added 12: Hypertension Awareness (Path A) .....72  
State Added 13: Actions to Control High Blood Pressure (Path A) 73  
State-Added 14: Salt Intake (Path A) .....76  
State-Added 15: Chronic Disease Management (Path A) .....77  
State-Added 16: Tobacco (Path A and B) .....80  
State-Added 17: Cross Border Utilization of Health Services (Path  
A and B) .....83  
Asthma Call-Back Permission Script (Path A and B) .....85  
Closing Statement .....87

## INTRO

### INTROQST

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

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

Is this {PHONE7}?

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

### WRONGNUM IF - INTROQST = 2

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

SKP → INTROQST

### PRIVRES IF - INTROQST = 1

Is this a private residence in {STTEXT}?

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

- |   |                     |     |   |         |
|---|---------------------|-----|---|---------|
| 1 | YES, CONTINUE       | SKP | → | ISCELL  |
| 2 | NO, NON-RESIDENTIAL | SKP | → | COLLEGE |

### COLLEGE IF - PRIVRES = 2

Do you live in college housing?

READ ONLY IF NECESSARY:

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

- |   |               |     |   |        |
|---|---------------|-----|---|--------|
| 1 | YES, CONTINUE | SKP | → | ISCELL |
| 2 | NO            | SKP | → | NONRES |

**NONRES**

IF - COLLEGE = 2

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

DISPOS 4500

**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 or college housing.

DISPOS 4450

**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

**MEN**

IF - ADULTS &gt; 1

How many of these adults are men?

\_\_\_ NUMBER OF MEN

**WOMEN**

IF - ADULTS &gt; 1

How many of these adults are women?

\_\_\_ NUMBER OF WOMEN

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

I'm sorry, something is not right.

Number of Men - {MEN}

Number of Women - + {WOMEN}

-----

Number of Adults - {ADULTS}

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

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

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

Are you the {SRESP}?

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

**ONEADULT** IF - ADULTS = 1

Are you the adult?

INTERVIEWER NOTE: ASK GENDER IF NECESSARY.

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

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

Is the Adult a man or a woman?

- 1 MALE
- 2 FEMALE

**GETADULT** IF - ONEADULT = 3

May I speak with...

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

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

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

Then you are the person I need to speak with.

- |   |  |            |   |                 |
|---|--|------------|---|-----------------|
| 1 | PERSON INTERESTED, CONTINUE  | <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 **{CDEPT}**. My name is **[Interviewer  
Name]**.

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

- |   |  |            |   |                 |
|---|--|------------|---|-----------------|
| 1 | PERSON INTERESTED, CONTINUE  | <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 Michelle Cook at {CPHONE}. The interview may be monitored for quality assurance purposes.

- |   |  |            |   |                 |
|---|--|------------|---|-----------------|
| 1 | PERSON INTERESTED, CONTINUE  | <b>SKP</b> | → | <b>C01INTRO</b> |
| 2 | GO BACK TO ADULTS QUESTION. WARNING: A<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  
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 - 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  
01 MIN  
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 Services?

- 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: Chronic Health Conditions

### C05Q01

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

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

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

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

### C05Q02

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

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

### C05Q03

(Ever told) you had a stroke?

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

### C05Q04

(Ever told) you had asthma?

- 1 YES
- 2 NO **SKP** → **C05Q06**
  
- 7 DON'T KNOW/NOT SURE **SKP** → **C05Q06**
- 9 REFUSED **SKP** → **C05Q06**

**C05Q05**

IF - C05Q04 = 1

Do you still have asthma?

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

**C05Q06**

(Ever told) you had skin cancer?

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

**C05Q07**

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

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

**C05Q08**

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

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

**C05Q09**

(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

**C05Q10**

(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

**C05Q11**

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

**INTERVIEWER NOTE:** INCONTINENCE IS NOT BEING ABLE TO CONTROL URINE FLOW.

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED



**C05Q12**

Do you have any trouble seeing, even when wearing glasses or contact lenses?

- 1 YES
- 2 NO
- 3 NOT APPLICABLE (BLIND)
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**C05Q13**

(Ever told) you have diabetes?

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

"Was this only when you were pregnant?"

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

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

**C05Q13V**

IF - RESPGEND=1 AND C05Q13=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** → **C05Q13**

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

**M01Q01** IF - C05Q13>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

**M01Q02** IF - (C05Q13>1 AND C05Q13<4) OR C05Q13>4

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

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

"Was this only when you were pregnant?"

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

**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 02: Diabetes (Path A)

**M02Q01** IF - C05Q13=1

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

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

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

**M02Q02** IF - C05Q13=1

Are you now taking insulin?

- 1 YES
- 2 NO
  
- 9 REFUSED

**M02Q03** IF - C05Q13=1

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

101-199 = PER DAY                      301-399 = PER MONTH  
201-299 = PER WEEK                    401-499 = PER YEAR  
\_\_\_ TIMES

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

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

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

IS THIS CORRECT?

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

**M02Q04**

IF - C05Q13=1

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

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

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

\_\_\_            TIMES

555        NO FEET

888        NEVER

777        DON'T KNOW/NOT SURE

999        REFUSED

101        MIN

499        MAX

**M02Q04V**

IF - (M02Q04&gt;105 AND M02Q04&lt;200) OR (M02Q04&gt;235 AND M02Q04&lt;300)

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

IS THIS CORRECT?

1            YES, CORRECT AS IS, CONTINUE

2            NO, REASK QUESTION

**SKP**

→

**M02Q04****M02Q05**

IF - C05Q13=1

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

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

88        NONE

77        DON'T KNOW/NOT SURE

99        REFUSED

01        MIN

76        MAX

**M02Q05V**

IF - M02Q05&gt;52 AND M02Q05&lt;77

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

IS THIS CORRECT?

1            YES, CORRECT AS IS, CONTINUE

2            NO, REASK QUESTION

**SKP**

→

**M02Q05**

**M02Q06**

IF - C05Q13=1

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

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

- 88 NONE
- 98 NEVER HEARD OF "A ONE C" TEST
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED
- 01 MIN
- 76 MAX

**M02Q06V**

IF - M02Q06&gt;52 AND M02Q06&lt;77

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

IS THIS CORRECT?

- 1 YES, CORRECT AS IS, CONTINUE
- 2 NO, REASK QUESTION **SKP** → **M02Q06**

**M02Q07**

IF - C05Q13=1 AND M02Q04&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

**M02Q07V**

IF - M02Q07&gt;52 AND M02Q07&lt;77

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

IS THIS CORRECT?

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

**M02Q08**

IF - C05Q13=1

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

READ ONLY IF NECESSARY:

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

**M02Q09**

IF - C05Q13=1

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

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

**M02Q10**

IF - C05Q13 = 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 06: Oral Health

### C06Q01

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 IF NECESSARY

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

### C06Q02

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.

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

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

## Section 07: Demographics

### C07Q01

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

### C07Q01V

IF - M02Q01 > C07Q01 AND M02Q01<98

INTERVIEWER: THE RESPONDENT INDICATED THEIR AGE TO BE {C07Q01} YEARS OLD! YOU INDICATED EARLIER THEY WERE TOLD THEY HAD DIABETES AT AGE {M02Q01}! PLEASE VERIFY THAT THIS IS THE CORRECT ANSWER AND CHANGE THE AGE OF THE RESPONDENT OR MAKE A NOTE TO CORRECT THE AGE THE RESPONDENT WAS DIAGNOSED AS A DIABETIC.

- 1 YES, CORRECT AS IS, CONTINUE
- 2 NO, REASK QUESTION SKP → C07Q01

### C07Q02

Are you Hispanic or Latino?

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

### C07Q03

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]
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED
- 8 NO ADDITIONAL CHOICES



**C07Q04**

IF - C07Q03 < 7 AND C07Q03.2 > 0 AND C07Q03.2 <>  
8

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

**C07Q05**

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

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

**C07Q06**

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

**C07Q07**

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

— NUMBER OF CHILDREN

88 NONE  
99 REFUSED  
01 MIN  
87 MAX

**C07Q08**

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

**C07Q09**

Are you currently...?

PLEASE READ:

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

**C07Q10**

Is your annual household income from all sources:

INTERVIEWER NOTE: IF RESPONDENT REFUSES ANY LEVEL OF INCOME, CODE "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

**C07Q11**

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

**C07Q11V** IF - (C07Q11<9000 AND (C07Q11<80 OR C07Q11>350))  
OR (C07Q11>9000 AND (C07Q11<9035 OR  
C07Q11>9159))

INTERVIEWER YOU INDICATED THE RESPONDENT WEIGHS {C08Q11}

IS THIS CORRECT?

- 1 YES, CORRECT AS IS, CONTINUE  
2 NO, REASK QUESTION SKP → C07Q11

**C07Q12**

About how tall are you without shoes?

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

ROUND FRACTIONS DOWN

\_\_\_/\_\_\_ HEIGHT (Ft/inches/meters/centimeters)

77/77 DON'T KNOW/NOT SURE

99/99 REFUSED

**C07Q12V** IF - (C07Q12<9000 AND (C07Q12>608 OR  
C07Q12<407)) OR (C07Q12>9000 AND (C07Q12>9206 OR  
C07Q12<9139))

INTERVIEWER YOU INDICATED THE RESPONDENT IS {C07Q12}

IS THIS CORRECT?

- 1 YES, CORRECT AS IS, CONTINUE  
2 NO, REASK QUESTION SKP → C07Q12

**ASKCNTY**

What county do you live in?

ENTER FIRST LETTER OF COUNTY NAME

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

- 888 OTHER  
777 DON'T KNOW/NOT SURE  
999 REFUSED  
001 MIN  
775 MAX

**C07Q14**

What is the ZIP Code where you live?

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

77777 DON'T KNOW/NOT SURE

99999 REFUSED

**C07Q15**

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** → **C07Q17**

7 DON'T KNOW/NOT SURE

**SKP** → **C07Q17**

9 REFUSED

**SKP** → **C07Q17**

**C07Q16**

IF - C07Q15 = 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

**C07Q17**

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

1 YES

2 NO

**SKP** → **C07Q19**

7 DON'T KNOW/NOT SURE

**SKP** → **C07Q19**

9 REFUSED

**SKP** → **C07Q19**

**C07Q18**

IF - C07Q17=1

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

\_\_\_\_\_ ENTER PERCENT (1 to 100)

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

**C07Q19**

Do you own or rent your home?

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

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

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

**C07Q20**

INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY

- 1 MALE
- 2 FEMALE

**C07Q20V**

IF - RESPGEND<>C07Q20

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS {C07Q20}. ARE YOU SURE?

THE RESPONDENT SELECTED WAS THE

{SRESP}

IS THE PREVIOUS ANSWER CORRECT?

- 1 YES
- 2 NO

SKP → C07Q20

**C07Q21**

IF - C07Q01<45 AND C07Q20=2

To your knowledge, are you now pregnant?

- 1 YES
- 2 NO

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

## Section 08: Disability

### C08Q01

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

### C08Q02

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

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

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



## Section 09: Tobacco Use

### C09Q01

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

INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES

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

### C09Q02

IF - C09Q01=1

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

- |   |                     |     |   |        |
|---|---------------------|-----|---|--------|
| 1 | 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 - 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
  
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

**C09Q05**

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

INTERVIEWER NOTE: SNUS (RHYMES WITH 'GOOSE')

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

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

## Section 10: Alcohol Consumption

### C10Q01

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

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

\_\_\_        DAYS

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

### C10Q02

IF - C10Q01<777

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

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

\_\_\_        NUMBER OF DRINKS

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

### C10Q02V

IF - C10Q02>15 AND C10Q02<77

INTERVIEWER YOU INDICATED {C10Q02} DRINKS PER DAY

IS THIS CORRECT?

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

**C10Q03**

IF - C10Q01&lt;777

Considering all types of alcoholic beverages, how many times during the past 30 days did you have {IF C07Q20=1, 5, 4} or more drinks on an occasion?

\_\_\_ NUMBER OF TIMES

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

**C10Q03V**

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

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

IS THIS CORRECT?

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

**C10Q04**

IF - C10Q01&lt;777

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

\_\_\_ NUMBER OF DRINKS

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

**C10Q04V**

IF - (C10Q04 <> 99 AND C10Q04 <> 77) AND  
 C10Q04<77 AND ((C07Q20=1 AND C10Q04>=5 AND  
 (C10Q03=88 OR C10Q03<5)) OR (C07Q20=2 AND  
 C10Q04>=4 AND (C10Q03=88 OR C10Q03<4)))

INTERVIEWER YOU INDICATED {C10Q04} DRINKS IS THE LARGEST NUMBER OF DRINKS THE RESPONDENT HAD ON ANY OCCASION BUT THE NUMBER OF TIMES THE RESPONDENT HAD {IF C07Q20=1, 5, 4} IS {C10Q03}.

IS THIS CORRECT?

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

## Section 11: Immunization

### C11Q01

Now I will ask you questions about the seasonal flu vaccine. There are two ways to get the seasonal 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 seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?

INTERVIEWER NOTE: 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 | → | C11Q04 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C11Q04 |
| 9 | REFUSED             | SKP | → | C11Q04 |

### C11Q02

IF - C11Q01=1

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

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

- |         |                     |
|---------|---------------------|
| 77/7777 | DON'T KNOW/NOT SURE |
| 99/9999 | REFUSED             |
| 01/1900 | MIN                 |
| 99/2012 | MAX                 |

**C11Q03**

IF - C11Q01 = 1

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

INTERVIEWER NOTE: IF RESPONDENT REPLIES DON'T KNOW/NOT SURE  
PROBE:

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

- 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 USE ABOVE PROBE
- 99 REFUSED

**C11Q04**

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

## Section 12: Falls

**C12Q01** IF - C07Q01 >= 45

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

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

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

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

**C12Q02** IF - C07Q01 >= 45 AND C12Q01 < 77

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

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

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

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

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

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

## Section 13: Seatbelt Use

**C13Q01**

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

PLEASE READ:

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



## Section 14: Drinking and Driving

**C14Q01**

IF - C10Q01 <> 888 AND C13Q01 <> 8

The next question is about drinking and driving.

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

— NUMBER OF TIMES

88 NONE

77 DON'T KNOW/NOT SURE

99 REFUSED

## Section 15: Breast and Cervical Cancer Screening

**C15Q01** IF - C07Q20 = 2

The next questions are about breast and cervical cancer.

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

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

**C15Q02** IF - C15Q01 = 1

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

READ ONLY IF NECESSARY

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

**C15Q03** IF - C07Q20 = 2

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

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

**C15Q04**

IF - C15Q03 = 1

How long has it been since your last breast exam?

READ ONLY IF NECESSARY

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

**C15Q05**

IF - C07Q20 = 2

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

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

**C15Q06**

IF - C15Q05 = 1

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

READ ONLY IF NECESSARY

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

**C15Q07**

IF - C07Q20 = 2 AND C07Q21 <> 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 16: Prostate Cancer Screening

**C16Q01**

IF - C07Q20 = 1 AND C07Q01 > 39

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

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

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

**C16Q02**

IF - C07Q20 = 1 AND C07Q01 > 39

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

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

**C16Q03**

IF - C07Q20 = 1 AND C07Q01 > 39

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

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

**C16Q04**

IF - C07Q20=1 AND C07Q01>39

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

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

**C16Q05**

IF - C07Q20=1 AND C07Q01>39

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

READ ONLY IF NECESSARY

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

**C16Q06**

IF - C16Q04 = 1

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

PLEASE READ

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

## Section 17: Colorectal Cancer Screening

**C17Q01** IF - C07Q01>49

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>C17Q03</b> |
| 7 | DON'T KNOW/NOT SURE | <b>SKP</b> | → | <b>C17Q03</b> |
| 9 | REFUSED             | <b>SKP</b> | → | <b>C17Q03</b> |

**C17Q02** IF - C17Q01 = 1

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

READ ONLY IF NECESSARY:

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

**C17Q03** IF - C07Q01 > 49

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>NEXT SECTION</b> |
| 7 | DON'T KNOW/NOT SURE | <b>SKP</b> | → | <b>NEXT SECTION</b> |
| 9 | REFUSED             | <b>SKP</b> | → | <b>NEXT SECTION</b> |

**C17Q04**

IF - C17Q03 = 1

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

- 1 SIGMOIDOSCOPY
- 2 COLONOSCOPY
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**C17Q05**

IF - C17Q03 = 1

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

READ ONLY IF NECESSARY

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



## Section 18: HIV / AIDS

### C18Q01

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you do not 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 | → | C18Q03 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C18Q03 |
| 9 | REFUSED             | SKP | → | C18Q03 |

### C18Q02

IF - C18Q01 = 1

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

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

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

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

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

**C18Q03**

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

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

**TRANS**

I have a few questions about some other health topics.

## Module 11: Shingles (Zostavax or ZOS) (Path B)

**M11Q01**

IF - C07Q01 > 49

The next question is about the Shingles vaccine.

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

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

## Module 12: Tetanus Diphtheria (Adults) (Path B)

### M12Q01

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

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

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

### M12Q02

IF - M12Q01 = 1

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

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

### M12Q03

IF - M12Q02 = 1 OR M12Q02 = 7 OR M12Q02 = 9

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

## Module 13: Adult Human Papilloma Virus (HPV) (Path B)

**M13Q01**

IF - C07Q01 < 50

A vaccine to prevent the human papilloma virus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, {C07Q20=2, GARDASIL or CERVARIX, or GARDASIL}. Have you **EVER** had an HPV vaccination?

NOTE: HUMAN PAPILOMA VIRUS (HUMAN PAP·UH·LOH·MUH VIRUS); GARDASIL (GAR·DUH·SEEL); CERVARIX (SERV A RIX)

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

**M13Q02**

IF - M13Q01 = 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 23: Random Child Selection (Path A and B)

### M23INTRO

IF - C07Q07 < 88

{If C07Q07=1, Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.}

{If C07Q07>1 AND C07Q07 < 88, Previously, you indicated there were {C07Q07} children age 17 or younger in your household. Think about those {C07Q07} children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.

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

### M23Q01

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

\_\_\_/\_\_\_ 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

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]
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED
- 8 NO ADDITIONAL CHOICES

**M23Q05**

IF - M23Q04 < 7 AND M23Q04.2 > 0 AND M23Q04.2 <> 8

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

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



## Module 24: Childhood Asthma Prevalence (Path A and B)

**M24Q01** IF - C07Q07 > 0 AND C07Q07 < 88

The next two questions are about the {SHOWKID}.

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

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

**M24Q02** IF - M24Q01 = 1

Does the child still have asthma?

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

## Module 25: Childhood Immunization (Path A and B)

<b>M25Q01</b>	IF - C07Q07 > 0 AND C07Q07 < 88 AND CHILDAGE1 > 5
---------------	---

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                  | <b>SKP</b> | → <b>NEXT SECTION</b> |
| 7 | DON'T KNOW/NOT SURE | <b>SKP</b> | → <b>NEXT SECTION</b> |
| 9 | REFUSED             | <b>SKP</b> | → <b>NEXT SECTION</b> |

<b>M25Q02</b>	IF - M25Q01 = 1
---------------	-----------------

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, he, she}** receive **{IF M23Q02 = 1, his, her}** most recent seasonal flu vaccination?

\_\_\_/\_\_\_      MONTH / YEAR

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

## State-Added 1: Child Human Papilloma Virus (HPV) (Path A and B)

**TX01Q01** IF - (C07Q07 > 0 AND C07Q07 < 88) AND (CHILDAGE2 > 9 AND CHILDAGE < 17)

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

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 = 1, or GARDASIL, GARDASIL or Cervarix}. Has this child **EVER** had an HPV vaccination?

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

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

**TX01Q02** IF - TX01Q01 = 1

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             |
| 01 | MIN                 |
| 03 | MAX                 |

## State-Added 2: Tetanus Diphtheria (Adolescents) (Path A and B)

**TX02Q01** IF - (C07Q07 > 0 AND C07Q07 < 88) AND (CHILDAGE2 >= 10 AND CHILDAGE2 <= 17)

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

Has **{IF M23Q02 = 1, he, she}** received a tetanus shot in the past 10 years?

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

**TX02Q02** IF - TX02Q01 = 1

Was **{IF M23Q02 = 1, his, her}** most recent tetanus shot given in 2005 or later?

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

**TX02Q03** IF - TX02Q01 = 1

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 **{IF M23Q02 = 1, 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

### State-Added 3: Childhood Diabetes (Path A and B)

**TX03Q01** IF - C07Q07 > 0 AND C07Q07 < 88

I have a couple more questions concerning {SHOWKID} child.

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

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

**TX03Q02** IF - TX03Q01 = 1

Does this child have type 1 or type 2 diabetes?

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

## State-Added 4: Childhood Breastfeeding (Path A and B)

**TX04Q01**

IF - C07Q07 > 0 AND C07Q07 < 88

Was this child breastfed, bottle fed formula, or both?

- 1 Breastfed
- 2 Bottle fed formula
- 3 Both
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

## State-Added 5: Meningitis Vaccine (Path B)

**TX05Q01**

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

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

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

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

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

## State-Added 6: Hepatitis B Vaccine (Path B)

### TX06Q01

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

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

### TX06Q02

IF - TX06Q01 = 1

How many Hepatitis B shots did you receive?

\_\_\_\_ Number of shots

03 All shots

77 DON'T KNOW/NOT SURE

99 REFUSED

01 MIN

03 MAX



## State-Added 7: TV Viewing (Survey B)

**TX07Q01**

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

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

Would you say..

INTERVIEWER NOTE:

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

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

## State-Added 8: Sugar-Sweetened Beverages (Survey B)

**TX08Q01**

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

READ IF NECESSARY:

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

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

INTERVIEWER NOTE: ROUND RESPONSES UP.

- 1 1 time per day or less
- 2 2 times per day
- 3 3 times per day
- 4 4 times per day
- 5 5 or more times per day
  
- 8 NONE
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

## State-Added 9: Menu Labeling (Survey B)

### TX09Q01

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

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

### TX09Q02

IF - TX09Q01 = 1

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

Would you say... ?

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

## State-Added 10: Extra Physical Activity (Path B)

**TX10Q01**

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

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

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

## State Added 11: Breastfeeding Awareness (Path B)

### TX11Q01

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 that apply.

\*07 BREASTFEED OTHER THAN A RESTROOM

INTERVIEWER NOTE: ACCEPT ALL ANSWERS

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\*
- 08 I wish a manager or security guard would make the woman leave the location
  
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

### TX11Q02

The next 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?

READ 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:

PLEASE READ:

- 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

## Transition - Adults (Path A)

<b>TRANSA</b>	IF - QSTPATH = 11 AND (C07Q07 > 0 AND C07Q07 < 88)
---------------	--

The next set of questions is about **YOUR** health.



## State Added 12: Hypertension Awareness (Path A)

### TX12Q01

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

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

"Was this only when you were pregnant?"

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

### TX12Q01V IF - TX12Q01 = 2 AND C07Q20 = 1

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS {TX12Q01}. ARE YOU SURE?

THE RESPONDENT SELECTED WAS THE

{SRESP}

IS THE PREVIOUS ANSWER CORRECT?

- |   |     |       |         |
|---|-----|-------|---------|
| 1 | YES |       |         |
| 2 | NO  | SKP → | TX12Q01 |

### TX12Q02 IF - TX12Q01 = 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 13: Actions to Control High Blood Pressure (Path A)

**TX13Q01** IF - TX12Q01 = 1

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

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

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

**TX13Q02** IF - TX12Q01 = 1

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

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

**TX13Q03** IF - TX12Q01 = 1

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

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

**TX13Q04** IF - TX12Q01 = 1

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

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

**TX13Q05**

IF - TX12Q01 = 1

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

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

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

**TX13Q06**

IF - TX12Q01 = 1

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

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

**TX13Q07**

IF - TX12Q01 = 1

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

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

**TX13Q08**

IF - TX12Q01 = 1

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

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

**TX13Q09**

IF - TX12Q01 = 1

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

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

**TX13Q10**

IF - TX12Q01 = 1

Were you told on **TWO OR MORE DIFFERENT VISITS** by a doctor or other health professional that you had high blood pressure?

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

"Was this only when you were pregnant?"

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

**TX13Q10V**

IF - TX13Q10 = 2 AND C07Q20 = 1

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS {TX13Q01}. ARE YOU SURE?

THE RESPONDENT SELECTED WAS THE

**{SRESP}**

IS THE PREVIOUS ANSWER CORRECT?

- 1 YES
- 2 NO

**SKP** → **TX13Q01**

## State-Added 14: Salt Intake (Path A)

### TX14Q01

Now I would like to ask you some questions about salt intake.

Are you currently watching or reducing your salt intake?

- |   |                     |     |   |                 |
|---|---------------------|-----|---|-----------------|
| 1 | YES                 | SKP | → | TX14Q02         |
| 2 | NO                  | SKP | → | TX14Q03         |
| 3 | DO NOT USE SALT     | SKP | → | NEXT<br>SECTION |
| 7 | DON'T KNOW/NOT SURE | SKP | → | TX14Q03         |
| 9 | REFUSED             | SKP | → | TX14Q03         |

### TX14Q02

IF - TX14Q01 = 1 OR TX13Q02 = 1 OR TX13Q02 = 3

{IF TX13Q02 = 1 OR TX13Q02 = 3, Previously you stated that you were cutting down on salt.}

How many days, weeks, months, or years have you been watching or reducing your salt intake?

101-199 = DAYS            301-399 = MONTHS  
201-299 = WEEKS        401-499 = YEARS

— ENTER NUMBER OF DAYS, WEEKS, MONTHS  
OR YEARS

- 555 All my life  
777 DON'T KNOW/NOT SURE  
999 REFUSED

### TX14Q03

Has a doctor or other health professional ever advised you to reduce salt intake?

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

## State-Added 15: Chronic Disease Management (Path A)

### TX15INTRO

CATI NOTE FOR {ROSTER}: FILL IN FIRST ILLNESS - ARTHRITIS (C05Q09 = 1), HEART DISEASE (C05Q01 = 1 OR C05Q01 = 1), HIGH BLOOD PRESSURE (TX12Q01 = 1), AND/OR DIABETES (C05Q13 = 1).

CATI NOTE: IF RESPONDENT REPORTED MORE THAN ONE CONDITION (OUT OF ARTHRITIS, HEART DISEASE, HIGH BLOOD PRESSURE, AND/OR DIABETES), REPEAT QUESTIONS TX15Q02 - TX15Q08.

### TX15Q01

IF - C05Q01 = 1 OR C05Q02 = 1 OR C05Q03 = 1 OR C05Q04 = 1 OR C05Q05 = 1 OR C05Q06 = 1 OR C05Q07 = 1 OR C05Q08 = 1 OR C05Q09 = 1 OR C05Q010 = 1 OR C05Q11 = 1 OR C05Q012 = 1 OR C05Q13 = 1

Previously you said that a doctor, nurse, or other professional has told you that you have or have had a chronic condition. Having an illness often means doing different tasks and activities to manage your condition. How confident are you that you can do all the things necessary to manage your chronic **{IF ConditionCount > 1, conditions, condition}** on a regular basis?

INTERVIEWER NOTE: CONDITIONS CAN INCLUDE HEART ATTACK, ANGINA OR CORONARY HEART DISEASE, STROKE, ASTHMA, SKIN CANCER, OTHER TYPE OF CANCER, COPD, EMPHYSEMA OR CHRONIC BRONCHITIS, SOME FORM OF ARTHRITIS, RHEUMATOID ARTHRITIS, GOUT, LUPUS, OR FIBROMYALGIA, DEPRESSIVE DISORDER (INCLUDING DEPRESSION, MAJOR DEPRESSION, DYSTHYMIA, OR MINOR DEPRESSION), KIDNEY DISEASE, VISION OR EYE PROBLEMS, AND/OR DIABETES.

INTERVIEWER NOTE: IF RESPONDENT SAYS THEY ARE NOT AT ALL CONFIDENT FOR ONE CONDITION, BUT CONFIDENT IN ANOTHER, PLEASE TAKE THE LOWEST ANSWER.

PLEASE READ:

- 1 Not at all confident
- 2 A little confident
- 3 Moderately confident
- 4 Very confident
  
- 8 DO NOT HAVE CONDITION ANYMORE
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**TX15Q02**

Earlier, you stated that a health professional had told you that you have or have had {ROSTER}. During the past 12 months, have you gotten information about how to take care of your {ROSTER}?

- |   |                               |     |                             |
|---|-------------------------------|-----|-----------------------------|
| 1 | YES                           |     |                             |
| 2 | NO                            | SKP | → Next<br>Condition/Section |
| 8 | DO NOT HAVE CONDITION ANYMORE | SKP | → Next<br>Condition/Section |
| 7 | DON'T KNOW/NOT SURE           | SKP | → Next<br>Condition/Section |
| 9 | REFUSED                       | SKP | → Next<br>Condition/Section |

**TX15Q03**

During the past 12 months, did you get information about taking care of your {ROSTER} from a doctor, nurse or other health professional?

INTERVIEWER NOTE:

"Other health professional includes pharmacists, physical therapists, respiratory therapists, nutritionists, podiatrists, ophthalmologists, optometrists, and dentists."

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

**TX15Q04**

(During the past 12 months, did you get information about taking care of your {ROSTER}) from family or friends?

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

**TX15Q05**

(During the past 12 months, did you get information about taking care of your {ROSTER}) from a DVD, television show or radio program?

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

**TX15Q06**

(During the past 12 months, did you get information about taking care of your {ROSTER}) from a website or the internet?

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

**TX15Q07**

(During the past 12 months, did you get information about taking care of your {ROSTER}) from a printed book, magazine, or other publication other than from a doctor or health provider?

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

**TX15Q08**

(During the past 12 months, did you get information about taking care of your {ROSTER}) from a group class?

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



## State-Added 16: Tobacco (Path A and B)

### TX16Q01

The next couple of questions are about secondhand smoke and tobacco-related products.

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

INTERVIEWER NOTE: IF THE RESPONDENT INDICATES THAT THEY ALREADY HAVE A TOTAL BAN ON SMOKING IN RESTAURANTS, ASK:

"After implementation, did you eat out more, less or it made no difference?"

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

### TX16Q02

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

INTERVIEWER NOTE: IF THE RESPONDENT INDICATES THAT THEY ALREADY HAVE A TOTAL BAN ON SMOKING IN BARS AND MUSIC CLUBS, ASK:

"After implementation, did you go to bars and music clubs more, less or it made no difference?"

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

**TX16Q03**

Do you currently use electronic cigarettes or E-cigarettes, such as Ruyan, "Smoking Everywhere" or NJOY, every day, some days, or not at all?

INTERVIEWER NOTE:

"An electronic cigarette is a pen-sized, battery-operated tube that looks similar to a cigarette. It heats up air that is inhaled and can contain nicotine and other chemicals."

PRONUNCIATIONS: RUYAN "RYE-UN" LIKE THE BOY'S NAME RYAN

NJOY: LIKE ENJOY

- 1 Every day
- 2 Some days
- 3 Not at all

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

**TX16Q04**

Do you currently use cigars, pipes, bidis, kreteks or other tobacco products, every day, some days, or not at all? Do not include cigarettes, snus, snuff, or chewing tobacco.

SNUS (RHYMES WITH 'GOOSE')

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

INTERVIEWER NOTE: "BIDIS ARE SMALL BROWN, HAND-ROLLED CIGARETTES FROM INDIA AND OTHER SOUTHEAST ASIAN COUNTRIES. KRETEKS ARE CLOVE CIGARETTES MADE IN INDONESIA THAT CONTAIN CLOVE EXTRACT AND TOBACCO."

- 1 Every day
- 2 Some days
- 3 Not at all

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

**TX16Q05**

IF - C09Q02 = 1 OR C09Q02 = 2

Previously you mentioned that you currently smoke cigarettes. {IF C09Q02=2, On the days that you smoke...}

How many cigarettes on average do you smoke per day?

INTERVIEWER NOTE: "MOST BRANDS HAVE 20 CIGARETTES IN A PACK."

\_\_\_ PER DAY **[Range 1-200]**

777 DON'T KNOW/NOT SURE

999 REFUSED

001 MIN

200 MAX

**State-Added 17: Cross Border Utilization of Health Services (Path A and B)**

<b>TX17INTRO</b>	IF - C07Q13 = 043 OR C07Q13 = 047 OR C07Q13 = 061 OR C07Q13 = 105 OR C07Q13 = 109 OR C07Q13 = 127 OR C07Q13 = 131 OR C07Q13 = 137 OR C07Q13 = 141 OR C07Q13 = 163 OR C07Q13 = 215 OR C07Q13 = 229 OR C07Q13 = 243 OR C07Q13 = 247 OR C07Q13 = 261 OR C07Q13 = 271 OR C07Q13 = 283 OR C07Q13 = 323 OR C07Q13 = 311 OR C07Q13 = 371 OR C07Q13 = 377 OR C07Q13 = 385 OR C07Q13 = 389 OR C07Q13 = 427 OR C07Q13 = 435 OR C07Q13 = 443 OR C07Q13 = 463 OR C07Q13 = 465 OR C07Q13 = 479 OR C07Q13 = 489 OR C07Q13 = 505 OR C07Q13 = 507 OR C07Q13 = 777 OR C07Q13 = 999
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<b>TX17Q01</b>	IF - C07Q13 = 043 OR C07Q13 = 047 OR C07Q13 = 061 OR C07Q13 = 105 OR C07Q13 = 109 OR C07Q13 = 127 OR C07Q13 = 131 OR C07Q13 = 137 OR C07Q13 = 141 OR C07Q13 = 163 OR C07Q13 = 215 OR C07Q13 = 229 OR C07Q13 = 243 OR C07Q13 = 247 OR C07Q13 = 261 OR C07Q13 = 271 OR C07Q13 = 283 OR C07Q13 = 323 OR C07Q13 = 311 OR C07Q13 = 371 OR C07Q13 = 377 OR C07Q13 = 385 OR C07Q13 = 389 OR C07Q13 = 427 OR C07Q13 = 435 OR C07Q13 = 443 OR C07Q13 = 463 OR C07Q13 = 465 OR C07Q13 = 479 OR C07Q13 = 489 OR C07Q13 = 505 OR C07Q13 = 507 OR C07Q13 = 777 OR C07Q13 = 999
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Lastly, I have a couple of questions about medications or services you or your household may have received in Mexico.

During the past 12 months, how many times did **ANYBODY IN YOUR HOUSEHOLD** buy any medications in Mexico?

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

- |    |                     |            |   |                |
|----|---------------------|------------|---|----------------|
| 88 | NONE                | <b>SKP</b> | → | <b>TX17Q03</b> |
| 77 | DON'T KNOW/NOT SURE |            |   |                |
| 99 | REFUSED             |            |   |                |
| 01 | MIN                 |            |   |                |
| 76 | MAX                 |            |   |                |

**TX17Q02**

IF - TX17Q01 &lt;&gt; 88

During the past 12 months, how many times did **YOU** buy any medications in Mexico?

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

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

**TX17Q03**

During the past 12 months, how many times did you seek dental care in Mexico?

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

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

**TX17Q04**

During the past 12 months, how many times did you seek medical care other than dental care in Mexico?

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

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

## Asthma Call-Back Permission Script (Path A and B)

**ADLTPERM** IF - C05Q04 = 1 OR M24Q01 = 1

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 → CLOSING

**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

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

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

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

- 1 ENTER FIRST NAME OR INITIALS

OTHER

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

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

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

- 1 YES
- 2 NO

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

**OTHNAME**

IF - MOSTKNOW = 2

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

- 1 ENTER FIRST NAME, INITIALS, OR NICKNAME **OTHER**
- 7 DON'T KNOW/NOT SURE
- 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**
- 7 DON'T KNOW/NOT SURE
- 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.



