

Pennsylvania

2010



Full Questionnaire

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Interviewer Script

INTROQST		Select
Ask If		
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	PRIVRES
2	NUMBER IS NOT THE SAME	WRONGNUM

WRONGNUM		Key
Ask 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		Select
Ask If		INTROQST = 1
Is this a private residence in (State)?		
1	Yes, CONTINUE	ISCELL
2	No, NON-RESIDENTIAL	NONRES

NONRES		Key
Ask If		PRIVRES = 2
Thank you very much, but we are only interviewing private residences in [State] .		

ISCELL		Select
Ask 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	ADULTS
2	YES, A CELLULAR TELEPHONE	CELLYES

CELLYES	Key
Ask If	ISCELL = 2
Thank you very much, but we are only interviewing land line telephones and private residences.	

ADULTS	Numeric
Ask If	
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	Numeric
Ask If	
How many of these adults are men?	
Number of Adults	

WOMEN	Numeric
Ask If	
How many of these adults are women?	
Number of Adults	

WRONGTOT	Numeric	
Ask If	MEN + WOMEN <> ADULTS	
I'm sorry, something is not right.		
<pre> Number of Men - {MEN} + Number of Women - {WOMEN} ----- Number of Adults - {ADULTS} </pre>		
1	CORRECT THE NUMBER OF MEN	MEN
2	CORRECT THE NUMBER OF WOMEN	WOMEN
3	CORRECT THE NUMBER OF ADULTS	ADULTS

SELECTED	Select
Ask 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 YOURTHE1
2	NO GETNEWAD

ONEADULT	Select
Ask If	NUMADLT = 1
Are you the adult?	
INTERVIEWER NOTE: ASK GENDER IF NECESSARY.	
1	YES AND THE RESPONDENT IS A MALE. YOURTHE1
2	YES AND THE RESPONDENT IS A FEMALE. YOURTHE1
3	NO

ASKGENDR	Select
Ask If	ADULT =1 AND ONEADULT = 3
Is the Adult a man or a woman?	
1	MALE
2	FEMALE

GETADULT	Select
Ask 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	Select
Ask If	SELECTED = 1 OR ONEADULT < 3
Then you are the person I need to speak with.	
1	PERSON INTERESTED, CONTINUE INTROSCR
2	GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED ADULTS

GETNEWAD	Select
Ask If	SELECTED = 2
May I speak with the [RANDOMLY SELECTED RESPONDENT] ?	
1	YES, SELECTED RESPONDENT COMING TO THE PHONE NEWADULT
2	NO, GO TO NEXT SCREEN, PRESS F3 TO SCHEDULE A CALL-BACK NEWADULT
3	GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED ADULTS

NEWADULT	Select
Ask 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 PRIVRES
2	GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED WRONGNUM

Core Sections

INTROSCR	Select
Ask If	
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 <u>(give appropriate state telephone number)</u> .	
1 PERSON INTERESTED, CONTINUE	C01Q01
2 GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED	ADULTS

Section 01: Health Status

C01INTRO	Pause
Ask If	

C01Q01	Select
Ask If	
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	Pause
Ask If	

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

C02INTRO	Pause
Ask If	

C02Q01	Numeric	
Ask If		
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	CONTRO L
30	MAX	CONTRO L

C02Q02	Numeric	
Ask If		
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	CONTROL
30	MAX	CONTROL

CATI NOTE: IF C02Q01 = 88 AND C02Q02 = 88 SKP TO C02END

C02Q03	Numeric	
Ask 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	CONTROL
30	MAX	CONTROL

C02END	Pause	
Ask If		

Section 03: Health Care Access

C03INTRO	Pause
Ask If	

C03Q01	Select
Ask If	
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	Select
Ask If	
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	Select
Ask If	
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	Select
Ask If	
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	Pause
Ask If	

Section 04: Sleep

C04INTRO	Pause
Ask If	

C04Q01	Numeric	
Ask If		
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	CONTROL
30	MAX	CONTROL

C04END	Pause
Ask If	

Section 05: Exercise

C05INTRO	Pause
Ask If	

C05Q01	Select
Ask If	
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	Pause
Ask If	

Section 06: Diabetes

C06INTRO	Pause
Ask If	

C06Q01	Select
Ask If	
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	Pause
Ask If	

Module 01: Pre-Diabetes

NOTE: Only asked of those not responding "Yes" (code = 1) to Core Q6.1 (Diabetes awareness question).

M01INTRO	Pause
Ask If	

M01Q01	Select
Ask If	
Have you had a test for high blood sugar or diabetes within the past three years?	
1 YES	
2 NO	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

CATI note: If Core Q6.1 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 "Yes" (code = 1).

M01Q02	Select
Ask If	
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	

M01END	Pause
Ask If	

Module 02 : Diabetes

To be asked following Core Q6.1; if response is "Yes" (code = 1)

M02INTRO	Pause
Ask If	

M02Q01	Numeric
Ask If	
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 CONTROL
30	MAX CONTROL

M02Q02	Select
Ask If	
Are you now taking insulin?	
1	YES
2	NO
9	REFUSED

M02Q03	Numeric
Ask 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	Numeric
Ask 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	Numeric
Ask If	
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	Numeric
Ask If	
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

CATI note: If Q4 = 555 (No feet), go to Q8.

M02Q07	Numeric
Ask If	
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	Select
Ask If	
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	Select
Ask If	
Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?	
1	YES
2	NO
Do not read:	
7	DON'T KNOW/NOT SURE
9	REFUSED

M02Q10	Select
Ask If	
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	Pause
Ask If	

Section 07: Oral Health

C07INTRO	Pause
Ask If	

C07Q01	Select
Ask If	
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	Select
Ask If	
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

CATI note: If Q7.1 = 8 (Never) or Q 7.2 = 3 (All), go to next section

C07Q03	Select
Ask 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	Pause
Ask If	

Section 08: Cardiovascular Disease Prevalence

C08INTRO	Pause
Ask If	

C08Q01	Select
Ask If	
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	Select
Ask If	
Ever told you had angina or coronary heart disease?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

C08Q01	Select
Ask If	
Ever told you had a stroke?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

C08END	Pause
Ask If	

Section 09: Asthma

C09INTRO	Pause
Ask If	

C09Q01	Select
Ask If	
Have you ever been told by a doctor, nurse, or other health professional that you had asthma?	
1 YES	
2 NO	C09END
7 DON'T KNOW/NOT SURE	C09END
9 REFUSED	C09END

C09Q02	Select
Ask If	C09Q01 = 1
Do you still have asthma?	
1 YES	
2 NO	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

C09END	Pause
Ask If	

Section 10: Disability

C10INTRO	Pause
Ask If	

C10Q01	Select
Ask If	
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	Select
Ask If	
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	Pause
Ask If	

Section 11: Tobacco Use

C11INTRO	Pause
Ask If	

C11Q01	Select
Ask If	
Have you smoked at least 100 cigarettes in your entire life?	
INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES	
1 YES	
2 NO	C11Q05
7 DON'T KNOW/NOT SURE	C11Q05
9 REFUSED	C11Q05

C11Q02	Select
Ask If	C11Q01 = 1
Do you now smoke cigarettes every day, some days, or not at all?	
1 Everyday	
2 Somedays	
3 Not at all	C11Q04
7 DON'T KNOW/NOT SURE	C11Q05
9 REFUSED	C11Q05

C11Q03	Select
Ask 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	C11Q05
2 NO	C11Q05
7 DON'T KNOW/NOT SURE	C11Q05
9 REFUSED	C11Q05

CATI note: If Q11.2 = 3 (Not at all); continue. Otherwise, go to Q11.5

C11Q04		Select
Ask 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		Select
Ask If		
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	Somedays	
3	Not at all	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C11END		Pause
Ask If		

Section 12: Demographics

C12INTRO	Pause
Ask If	

C12Q01	Numeric
Ask If	
What is your age?	
_____	YEARS
07	DON'T KNOW/NOT SURE
09	REFUSED

C12Q02	Select
Ask If	
Are you Hispanic or Latino?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

C12Q03	Multiple Select
Ask If	
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] OTHER
8	NO ADDITIONAL CHOICES
7	DON'T KNOW/NOT SURE
9	REFUSED

CATI note: If more than one response to Q12.3; continue.
 Otherwise, go to Q12.5

C12Q04	Select
Ask If	
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] OTHER
7	DON'T KNOW/NOT SURE
9	REFUSED

C12Q05	Select
Ask If	
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	Select
Ask If	
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	Numeric
Ask If	
How many children less than 18 years of age live in your household?	
	NUMBER OF CHILDREN
88	NONE
99	REFUSED

C12Q08	Select
Ask If	
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	Select
Ask If	
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

C12Q10d	Select	
Ask If		
Is your annual household income from all sources: Less than \$25,000?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	C12Q10i
9	REFUSED	C12Q10i

C12Q10c	Select	
Ask If C12Q10d = 1		
Is your annual household income from all sources: Less than \$20,000?		
1	YES	
2	NO	C12Q10i
7	DON'T KNOW/NOT SURE	C12Q10i
9	REFUSED	C12Q10i

C12Q10b		Select
Ask If	C12Q10c = 1	
Is your annual household income from all sources: Less than \$15,000?		
1	YES	
2	NO	C12Q10i
7	DON'T KNOW/NOT SURE	C12Q10i
9	REFUSED	C12Q10i

C12Q10a		Select
Ask If	C12Q10b = 1	
Is your annual household income from all sources: Less than \$10,000?		
1	YES	C12Q10i
2	NO	C12Q10i
7	DON'T KNOW/NOT SURE	C12Q10i
9	REFUSED	C12Q10i

C12Q10e		Select
Ask If	C12Q10d = 2	
Is your annual household income from all sources: Less than \$35,000?		
1	YES	C12Q10i
2	NO	
7	DON'T KNOW/NOT SURE	C12Q10i
9	REFUSED	C12Q10i

C12Q10f		Select
Ask If	C12Q10e = 2	
Is your annual household income from all sources: Less than \$50,000?		
1	YES	C12Q10i
2	NO	
7	DON'T KNOW/NOT SURE	C12Q10i
9	REFUSED	C12Q10i

C12Q10g	Select
Ask If	C12Q10f = 2
Is your annual household income from all sources: Less than \$75,000?	
1	YES C12Q10i
2	NO C12Q10i
7	DON'T KNOW/NOT SURE C12Q10i
9	REFUSED C12Q10i

C12Q10i	Select
Ask If	
ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES IS: {If C12Q10g = 2, More than \$75,000?} {If C12Q10g = 1, \$50,000 to less than \$75,000} {If C12Q10f = 1, \$35,000 to less than \$50,000} {If C12Q10e = 1, \$25,000 to less than \$35,000} {If C12Q10c = 2, \$20,000 to less than \$25,000} {If C12Q10b = 2, \$15,000 to less than \$20,000} {If C12Q10a = 2, \$10,000 to less than \$15,000} {If C12Q10a = 1, Less than \$10,000} {Default, REFUSED/DON'T KNOW/NOTSURE}	
IS THIS CORRECT?	
1	YES
2	NO C12Q10d
7	DON'T KNOW/NOT SURE
9	REFUSED

C12Q11	Numeric
Ask If	
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	Numeric
Ask If	
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	Numeric
Ask If	
What county do you live in?	
	FIPS COUNTY CODE
777	DON'T KNOW/NOT SURE
999	REFUSED

C12Q14	Numeric
Ask If	
What is your ZIP Code where you live?	
	ZIP Code
77777	DON'T KNOW/NOT SURE
99999	REFUSED

C12Q15	Select
Ask If	
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
	C12Q17
7	DON'T KNOW/NOT SURE
	C12Q17
9	REFUSED
	C12Q17

C12Q16	Numeric
Ask 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	Select
Ask If	
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	Select	
Ask If		
Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.		
1	YES	C12Q18C
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C12Q18B	Select	
Ask If	C12Q18A <> 1	
Do you share a cell phone for personal use (at least one-third of the time) with other adults?		
1	YES	C12Q18D
2	NO	C12Q19
7	DON'T KNOW/NOT SURE	C12Q19
9	REFUSED	C12Q19

C12Q18C	Select
Ask If	C12Q18A = 1
Do you usually share this cell phone (at least one-third of the time) with any other adults?	
1	YES C12Q18D
2	NO C12Q19
7	DON'T KNOW/NOT SURE C12Q19
9	REFUSED C12Q19

C12Q18D	Numeric
Ask 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	Select
Ask If	
Indicate sex of respondent. Ask only if necessary.	
1	MALE C12END
2	FEMALE

C12Q20	Select
Ask 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	Pause
Ask If	

Section 13: Alcohol Consumption

C13INTRO	Pause
Ask If	

C13Q01	Select
Ask If	
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
	C13END
7	DON'T KNOW/NOT SURE
	C13END
9	REFUSED
	C13END

C13Q02	Numeric
Ask 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
	C13END
	D
777	DON'T KNOW/NOT SURE
999	REFUSED

C13Q03	Numeric
Ask 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	Numeric
Ask 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	Numeric
Ask 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	Pause
Ask If	

Section 14: Immunization

C14INTRO	Pause
Ask If	

C14Q01	Select
Ask If	
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	C14Q03
7 DON'T KNOW/NOT SURE	C14Q03
9 REFUSED	C14Q03

C14Q02	Numeric
Ask If	
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	Select
Ask If	
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	C14Q05
7 DON'T KNOW/NOT SURE	C14Q05
9 REFUSED	C14Q05

C14Q04	Numeric
Ask If	
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	Select
Ask If	
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

C14END	Pause
Ask If	

Section 15: Falls

If respondent is 45 years or older continue, otherwise go to next section

C15INTRO	Pause
Ask If	C12Q01 >= 45

C15Q01	Numeric	
Ask If		
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	C15END
77	DON'T KNOW/NOT SURE	C15END
99	REFUSED	C15END

C15Q02	Numeric	
Ask If	C15q01 < 77	
[FILL IN "DID THIS FALL (FROM Q15.1) CAUSE AN INJURY?"]. IF ONLY ONE FALL FROM Q15.1 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	Pause
Ask If	

Section 16: Seatbelt Use

C16INTRO	Pause
Ask If	

C16Q01	Select
Ask If	
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	C16END
9 REFUSED	

CATI note: If Q16.1 = 8 (Never drive or ride in a car), go to Section 18; otherwise continue.

C16END	Pause
Ask If	

Section 17: Drinking and Driving

CATI note: If Q13.1 = 2 (No); go to next section

C17INTRO	Pause
Ask If	C16Q01 <> 8 AND C13Q01 <> 2

C17Q01	Numeric
Ask If	
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	Pause
Ask If	

Section 18: Women's Health

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

C18INTRO	Pause
Ask If	C12Q19 = 2

C18Q01	Select
Ask If	
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
	C18Q03
7	DON'T KNOW/NOT SURE
	C18Q03
9	REFUSED
	C18Q03

C18Q02	Select
Ask 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	Select
Ask If	
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	C18Q05
7 DON'T KNOW/NOT SURE	C18Q05
9 REFUSED	C18Q05

C18Q04	Select
Ask 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	Select
Ask If	
A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?	
1 YES	
2 NO	C18Q07
7 DON'T KNOW/NOT SURE	C18Q07
9 REFUSED	C18Q07

C18Q06	Select
Ask 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

CATI note: If response to Core Q12.20 = 1 (is pregnant); then go to next section

C18Q07	Select
Ask 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	Pause
Ask If	

Section 19: Prostate Cancer Screening

CATI note: If respondent is <39 years of age, or is female, go to next section

C19INTRO	Pause
Ask If	C12Q01 > 39 AND C12Q19 = 1

C19Q01	Select
Ask If	
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
	C19Q03
7	DON'T KNOW/NOT SURE
	C19Q03
9	REFUSED
	C19Q03

C19Q02	Select
Ask 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	Select
Ask If	
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	C19Q05
7 DON'T KNOW/NOT SURE	C19Q05
9 REFUSED	C19Q05

C19Q04	Select
Ask 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	Select
Ask If	
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	Pause
Ask If	

Section 20: Colorectal Cancer Screening

CATI note: If respondent is ≤ 49 years of age, go to next section

C20INTRO	Pause
Ask If	C12Q01 > 49

C20Q01	Select
Ask If	
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
	C20Q03
7	DON'T KNOW/NOT SURE
	C20Q03
9	REFUSED
	C20Q03

C20Q02	Select
Ask 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	Select
Ask If	
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
	C21Q01
7	DON'T KNOW/NOT SURE
	C21Q01
9	REFUSED
	C21Q01

C20Q04	Select
Ask 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	Select
Ask If	
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	5 or more years ago
06	Within the past 10 years (5 years but less than 10 years ago)
07	10 or more years ago
77	DON'T KNOW/NOT SURE
99	REFUSED

C20END	Pause
Ask If	

State Added 01: Colorectal Screening

PA01INTRO	Pause
Ask If	
Insert after C20Q05	

PA01Q01	Select
Ask If	C20Q01 = 1
You earlier said that you have used a special kit at home to determine whether the stool contains blood.	
For some home blood stool tests, you must avoid red meat, orange juice, and aspirin for several days before using the home kit. Did you have to avoid red meat, orange juice, and aspirin for several days before your MOST RECENT home blood stool test exam?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

PA01END	Pause
Ask If	

Section 21: HIV/AIDS

CATI note: If respondent is 65 years old or older, go to next section

C21INTRO	Pause
Ask If	C12Q20 < 65

C21Q01	Select	
Ask If		
<p>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.</p> <p>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.</p>		
1	YES	
2	NO	C21Q05
7	DON'T KNOW/NOT SURE	C21Q05
9	REFUSED	C21Q05

C21Q02	Numeric
Ask If	C21Q01 = 1
<p>Not including blood donations, in what month and year was your last HIV test?</p> <p>NOTE: IF RESPONSE IS BEFORE JANUARY 1985, CODE "DON'T KNOW."</p> <p>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.</p>	
/	Month / Year
77/7777	DON'T KNOW/NOT SURE
99/9999	REFUSED

C21Q03	Select
Ask 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

CATI note: Ask Q21.4; if Q21.2 = within last 12 months.
Otherwise, go to Q21.5.

C21Q04	Select
Ask 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	Select
Ask If	
<p>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.</p> <ul style="list-style-type: none"> ▪ 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. <p>Do any of these situations apply to you?</p>	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

C21END	Pause
Ask If	

Section 22: Emotional Support and Life Satisfaction

C22INTRO	Pause
Ask If	

C22Q01	Select
Ask If	
<p>The next two questions are about emotional support and your satisfaction with life.</p> <p>How often do you get the social and emotional support you need?</p> <p>INTERVIEWER NOTE: IF ASKED, SAY</p> <p>"please include support from <u>any</u> source."</p> <p>PLEASE READ:</p>	
1	Always
2	Usually
3	Sometimes
4	Rarely
5	Never
7	DON'T KNOW/NOT SURE
9	REFUSED

C22Q02	Select
Ask If	
<p>In general, how satisfied are you with your life?</p> <p>PLEASE READ:</p>	
1	Very satisfied
2	Satisfied
3	Dissatisfied
4	Very dissatisfied
7	DON'T KNOW/NOT SURE
9	REFUSED

C22END	Pause
Ask If	

Module 8: Adult Asthma History

CATI note: If "Yes" to Core Q9.1; continue. Otherwise, go to next module.

M08INTRO	Pause
Ask If	
Previously you said you were told by a doctor, nurse or other health professional that you had asthma.	

M08Q01	Numeric
Ask If	
How old were you when you were first told by a doctor, nurse, or other health professional that you had asthma?	
—	Age in years 11 or older [96 = 96 and older]
97	Age 10 or older
98	DON'T KNOW/NOT SURE
99	REFUSED

CATI note: If "Yes" to Core Q9.2, continue. Otherwise, go to next module.

M08Q02	Select	
Ask If		
During the past 12 months, have you had an episode of asthma or an asthma attack?		
1	YES	
2	NO	M08Q05
7	DON'T KNOW/NOT SURE	M08Q05
9	REFUSED	M08Q05

M08Q03	Numeric
Ask If	
During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma?	
—	Number of visits [87 = 87 or more]
88	NONE
98	DON'T KNOW/NOT SURE
99	REFUSED

M08Q04	Numeric
Ask If	
[If one or more visits to Q3, fill in "Besides those emergency room or urgent care center visits,"] During the past 12 months, how many times did you see a doctor, nurse or other health professional for urgent treatment of worsening asthma symptoms?	
Number of visits [87 = 87 or more]	
88	NONE
98	DON'T KNOW/NOT SURE
99	REFUSED

M08Q05	Numeric
Ask If	
During the past 12 months, how many times did you see a doctor, nurse, or other health professional for a routine checkup for your asthma?	
Number of visits [87 = 87 or more]	
88	NONE
98	DON'T KNOW/NOT SURE
99	REFUSED

M08Q06	Numeric
Ask If	
During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma?	
Number of days	
888	NONE
777	DON'T KNOW/NOT SURE
999	REFUSED

M08Q07	Select
Ask If	
Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don't have a cold or respiratory infection. During the past 30 days, how often did you have any symptoms of asthma? Would you say –	
Phlegm (pronounced 'flem')	
PLEASE READ:	
8 Not at any time	M08Q09
1 Less than once a week	
2 Once or twice a week	
3 More than 2 times a week, but not every day	
4 Every day, but not all the time	
Or	
5 Every day, all the time	
Do not read:	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

M08Q08	Select
Ask If	
During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep? Would you say –	
PLEASE READ:	
8 None	
1 One or two	
2 Three to four	
3 Five	
4 Six to ten	
Or	
5 More than ten	
Do not read:	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

M08Q09	Select
Ask If	
During the past 30 days, how many days did you take a prescription asthma medication to PREVENT an asthma attack from occurring? PLEASE READ:	
8	Never
1	1 to 14 days
2	15 to 24 days
3	25 to 30 days
Do not read:	
7	DON'T KNOW/NOT SURE
9	REFUSED

M08Q10	Select
Ask If	
During the past 30 days, how often did you use a prescription asthma inhaler DURING AN ASTHMA ATTACK to stop it? INTERVIEWER INSTRUCTION: HOW OFTEN (NUMBER OF TIMES) DOES NOT EQUAL NUMBER OF PUFFS. TWO TO THREE PUFFS ARE USUALLY TAKEN EACH TIME THE INHALER IS USED. READ ONLY IF NECESSARY:	
8	Never (include no attack in past 30 days)
1	1 to 4 times (in the past 30 days)
2	5 to 14 times (in the past 30 days)
3	15 to 29 times (in the past 30 days)
4	30 to 59 times (in the past 30 days)
5	60 to 99 times (in the past 30 days)
6	100 or more times (in the past 30 days)
Do not read:	
7	DON'T KNOW/NOT SURE
9	REFUSED

M08END	Pause
Ask If	

Module 20: General Preparedness (PATH B)

M20INTRO	Pause
Ask If	
The next series of questions asks about how prepared you are for a large-scale disaster or emergency. By large-scale disaster or emergency we mean any event that leaves you isolated in your home or displaces you from your home for at least 3 days. This might include natural disasters such as hurricanes, tornados, floods, and ice storms, or man-made disasters such as explosions, terrorist events, or blackouts.	

M20Q01	Select
Ask If	
How well prepared do you feel your household is to handle a large-scale disaster or emergency? Would you say... PLEASE READ:	
1	Well prepared
2	Somewhat prepared
3	Not prepared at all
Do not read:	
7	DON'T KNOW/NOT SURE
9	REFUSED

M20Q02	Select
Ask If	
Does your household have a 3-day supply of water for everyone who lives there? A 3-day supply of water is 1 gallon of water per person per day.	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

M20Q03	Select
Ask If	
Does your household have a 3-day supply of nonperishable food for everyone who lives there? By nonperishable we mean food that does not require refrigeration or cooking.	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

M20Q04	Select
Ask If	
Does your household have a 3-day supply of prescription medication for each person who takes prescribed medicines?	
1	Yes
2	No
3	No one in household requires prescribed medicine
7	DON'T KNOW/NOT SURE
9	REFUSED

M20Q05	Select
Ask If	
Does your household have a working battery operated radio and working batteries for your use if the electricity is out?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

M20Q06	Select
Ask If	
Does your household have a working flashlight and working batteries for your use if the electricity is out?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

M20Q07	Select
Ask If	
In a large-scale disaster or emergency, what would be your main method or way of communicating with relatives and friends?	
READ ONLY IF NECESSARY:	
1	Regular home telephones
2	Cell phones
3	Email
4	Pager
5	2-way radios
6	Other
Do not read:	
7	DON'T KNOW/NOT SURE
9	REFUSED

M20Q08	Select
Ask If	
What would be your main method or way of getting information from authorities in a large-scale disaster or emergency?	
READ ONLY IF NECESSARY:	
1	Television
2	Radio
3	Internet
4	Print media
5	Neighbors
6	Other
Do not read:	
7	DON'T KNOW/NOT SURE
9	REFUSED

M20Q09	Select
Ask If	
Does your household have a written disaster evacuation plan for how you will leave your home, in case of a large-scale disaster or emergency that requires evacuation?	
1	Yes
2	No
Do not read:	
7	DON'T KNOW/NOT SURE
9	REFUSED

M20Q10	Select
Ask If	
If public authorities announced a mandatory evacuation from your community due to a large-scale disaster or emergency, would you evacuate?	
1 Yes	M20END
2 No	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

M20Q11	Select
Ask If	
What would be the main reason you might not evacuate if asked to do so?	
READ ONLY IF NECESSARY:	
01 Lack of transportation	
02 Lack of trust in public officials	
03 Concern about leaving property behind	
04 Concern about personal safety	
05 Concern about family safety	
06 Concern about leaving pets	
07 Concern about traffic jams and inability to get out	
08 Health problems (could not be moved)	
09 Other	
Do not read:	
77 DON'T KNOW/NOT SURE	
99 REFUSED	

M20END	Pause
Ask If	

Module 22: Adverse Childhood Experience (PATH A)

M22INTRO	Pause
Ask If	
<p>I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer.</p> <p>All questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age--</p>	

M22Q01	Select
Ask If	
Did you live with anyone who was depressed, mentally ill, or suicidal?	
1 Yes	
2 No	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

M22Q02	Select
Ask If	
Did you live with anyone who was a problem drinker or alcoholic?	
1 Yes	
2 No	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

M22Q03	Select
Ask If	
Did you live with anyone who used illegal street drugs or who abused prescription medications?	
1 Yes	
2 No	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

M22Q04	Select
Ask If	
Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

M22Q05	Select
Ask If	
Were your parents separated or divorced?	
1	Yes
2	No
8	Parents not married
7	DON'T KNOW/NOT SURE
9	REFUSED

M22Q06	Select
Ask If	
How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?	
1	Never
2	Once
3	More than once
Do not read:	
7	DON'T KNOW/NOT SURE
9	REFUSED

M22Q07	Select
Ask If	
Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say---	
1	Never
2	Once
3	More than once
Do not read:	
7	DON'T KNOW/NOT SURE
9	REFUSED

M22Q08	Select
Ask If	
How often did a parent or adult in your home ever swear at you, insult you, or put you down?	
1	Never
2	Once
3	More than once
Do not read:	
7	DON'T KNOW/NOT SURE
9	REFUSED

M22Q09	Select
Ask If	
How often did anyone at least 5 years older than you or an adult, ever touch you sexually?	
1	Never
2	Once
3	More than once
Do not read:	
7	DON'T KNOW/NOT SURE
9	REFUSED

M22Q10	Select
Ask If	
How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?	
1	Never
2	Once
3	More than once
Do not read:	
7	DON'T KNOW/NOT SURE
9	REFUSED

M22Q11	Select
Ask If	
How often did anyone at least 5 years older than you or an adult, force you to have sex?	
1	Never
2	Once
3	More than once
Do not read:	
7	DON'T KNOW/NOT SURE
9	REFUSED

M22END	Pause
Ask If	
As I mentioned when we started this section, I would give you a phone number for an organization that can provide information and referral for these issues. You can dial (place state or local hotline here) to reach a referral service to locate an agency in your area. [Note: if no local or state hotline is available, give respondent the National Hotline for child abuse 1-800-422-4-A-CHILD (1-800-422-4453)].	

Module 23: Random Child Selection

CATI note: If Core Q12.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

M23INTRO	Pause
Ask If	
<p>If Core Q12.7 = 1, Interviewer please read: "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 Q1]</p> <p>If Core Q12.7 is >1 and Core Q12.7 does not equal 88 or 99, Interviewer please read: "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. CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the "Xth" child. Please substitute "Xth" child's number in all questions below.</p> <p>INTERVIEWER PLEASE READ:</p> <p>"I have some additional questions about one specific child. The child I will be referring to is the "Xth" [CATI: please fill in correct number] child in your household. All following questions about children will be about the "Xth" [CATI: please fill in] child."</p>	

M23Q01	Numeric
Ask If	
What is the birth month and year of the "Xth" child?	
__ / __ Code month and year	
77/777 DON'T KNOW/NOT SURE	
7	
99/999 REFUSED	
9	

CATI INSTRUCTION: Calculate the child's age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is ≥ 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

M23Q02	Select
Ask If	
Is the child a boy or a girl?	
1	Boy
2	Girl
9	REFUSED

M23Q03	Select
Ask If	
Is the child Hispanic or Latino?	
1	Yes
2	No
Do not read:	
7	DON'T KNOW/NOT SURE
9	REFUSED

M23Q04	Select
Ask If	
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

CATI note: If more than one response to Q4, continue. Otherwise, go to Q6.

M23Q05	Select
Ask If	
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	Select
Ask If	
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	Pause
Ask If	

Module 24: Childhood Asthma Prevalence

CATI note: If response to Core Q12.7 = 88 (None) or 99 (Refused), go to next module.

M24INTRO	Pause
Ask If	
The next two questions are about the "Xth" [CATI: please fill in correct number] child.	

M24Q01	Select
Ask If	
Has a doctor, nurse or other health professional EVER said that the child has asthma?	
1 Yes	
2 No	M24END
7 DON'T KNOW/NOT SURE	M24END
9 REFUSED	M24END

M24Q02	Select
Ask If	
Does the child still have asthma?	
1 Yes	
2 No	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

M24END	Pause
Ask If	

Module 25: Childhood Immunization

CATI note: If Core Q12.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

CATI note: If selected child's age is ≥ 6 months, continue. Otherwise, go to next module.

M25INTRO	Pause
Ask If	

M25Q01	Select
Ask If	
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 [Fill: he/she] had a seasonal flu vaccination?	
1 Yes	
2 No	M25END
7 DON'T KNOW/NOT SURE	M25END
9 REFUSED	M25END

M25Q02	Numeric
Ask If	
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 [Fill: he/she] receive [Fill: his/her] most recent seasonal flu vaccination?	
___/___	Month / Year
77/777	DON'T KNOW/NOT SURE
7	
99/999	REFUSED
9	

M25END	Pause
Ask If	

Module 26: Child Human Papilloma Virus (HPV) *If selected child is between ages 9 and 17 years; continue. Otherwise, go to next module.*

M26INTRO	Pause
Ask If	
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	Select	
Ask If		
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"]. Has this child EVER had an HPV vaccination?		
1	Yes	
2	No	M26END
3	Doctor refused when asked	M26END
7	DON'T KNOW/NOT SURE	M26END
9	REFUSED	M26END

M26Q02	Numeric
Ask If	
How many HPV shots did [Fill: she/he] receive?	
Number of shots	
03	All shots
77	DON'T KNOW/NOT SURE
99	REFUSED

M26END	Pause
Ask If	

State Added 02: Dental Sealants

PA02INTRO	Pause
Ask If	(CHILDAGE2 >= 6 AND CHILDAGE2 <= 17) AND (M23Q06 = 1 OR M23Q06 = 2 OR M23Q06 = 3)

PA02Q01	Select
Ask If	
	Have dental sealants been applied to this child's teeth?
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

PA02Q02	Select
Ask If	PA02Q01 = 2
	Is there a specific reason why dental sealants were not applied to this child's teeth?
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

PA02Q03	Select
Ask If	PA02Q02 = 2
	What was the main reason dental sealants were not applied to this child's teeth?
1	COULD NOT AFFORD TO
2	NOT COVERED BY INSURANCE
3	OTHER
7	DON'T KNOW/NOT SURE
9	REFUSED

PA02END	Pause
Ask If	

State Added 03: Worksite Wellness PATH A

PA04INTRO	Pause
Ask If	

PA03Q01	Select
Ask If	C12Q09 = 01
Earlier in the interview you said you were currently employed for wages. Now I am going to ask you some questions about your worksite. Does your worksite have...	
A written policy prohibiting smoking at the worksite?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

PA03Q02	Select
Ask If	C12Q09 = 01
(Earlier in the interview you said you were currently employed for wages. Now I am going to ask you some questions about your worksite. Does your worksite have...)	
Written policies on healthy nutrition for events or meetings?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

PA03Q03	Select
Ask If	C12Q09 = 01
(Earlier in the interview you said you were currently employed for wages. Now I am going to ask you some questions about your worksite.	
Does your worksite have...)	
On-site food choices for healthy eating?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

PA03Q04	Select
Ask If	C12Q09 = 01
(Earlier in the interview you said you were currently employed for wages. Now I am going to ask you some questions about your worksite. Does your worksite have...)	
Healthy food options in vending machines?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

PA03Q05	Select
Ask If	C12Q09 = 01
(Earlier in the interview you said you were currently employed for wages. Now I am going to ask you some questions about your worksite. Does your worksite have...)	
Close access to physical activity during the workday?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

PA03Q06	Select
Ask If	C12Q09 = 01
(Earlier in the interview you said you were currently employed for wages. Now I am going to ask you some questions about your worksite. Does your worksite have...)	
Safe places to engage in physical activity outside during the workday?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

PA03Q07	Select
Ask If	C12Q09 = 01
(Earlier in the interview you said you were currently employed for wages. Now I am going to ask you some questions about your worksite. Does your worksite have...)	
Policies or staff focused on personal and environmental safety in the workplace?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

PA03Q08	Select
Ask If	C12Q09 = 01
(Earlier in the interview you said you were currently employed for wages. Now I am going to ask you some questions about your worksite. Does your worksite have...)	
Incentives for participation in worksite wellness programming?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

PA03Q09	Select
Ask If	C12Q09 = 01
Now I am going to ask you about your participation in employer sponsored worksite wellness programs. In the past year, have you participated in ...	
A Health Risk Assessment thru web based or paper survey?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

PA03Q10	Select
Ask If	C12Q09 = 01
(Now I am going to ask you about your participation in employer sponsored worksite wellness programs. In the past year, have you participated in ...)	
Health screenings at work, including one of the following: cholesterol, blood pressure or glucose?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

PA03Q12	Select
Ask If	C12Q09 = 01
(Now I am going to ask you about your participation in employer sponsored worksite wellness programs. In the past year, have you participated in ...)	
On-site physical activity equipment such as treadmills, elliptical, free weights?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

PA03Q13	Select
Ask If	C12Q09 = 01
(Now I am going to ask you about your participation in employer sponsored worksite wellness programs. In the past year, have you participated in ...)	
On-site physical activity programs such as yoga, tai chi, zumba, aerobic?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

PA03Q11	Select
Ask If	C12Q09 = 01
(Now I am going to ask you about your participation in employer sponsored worksite wellness programs. In the past year, have you participated in ...)	
On-site nutrition education or weight management?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

PA03Q14	Select
Ask If	C12Q09 = 01
(Now I am going to ask you about your participation in employer sponsored worksite wellness programs. In the past year, have you participated in ...)	
Smoking cessation programs?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

PA03END	Pause
Ask If	

State Added 04: Dr Advice on Smoking PATH B

PA04INTRO	Pause
Ask If	

PA04Q01	Numeric
Ask If	
In the past 12 months, how many times have you seen a doctor, nurse, or other health professional to get any kind of care for yourself?	
NUMBER OF TIMES [1-76]	
88	NONE
77	DON'T KNOW/NOT SURE
99	REFUSED

PA04Q02	Numeric
Ask If	(C11Q02 = 1 OR C11Q02 = 2) AND (PA04Q01 > 0 PA04Q01 < 77)
In the past 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider?	
NUMBER OF TIMES [1-76]	
88	NONE
77	DON'T KNOW/NOT SURE
99	REFUSED

PA04END	Pause
Ask If	

State Added 05: Gambling PATH B

PA05INTRO	Pause
Ask If	

PA05Q01	Select
Ask If	
In the past 12 months have you bought lottery tickets?	
1 YES	
2 NO	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

PA05Q02	Select
Ask If	
Have you gambled in the past 12 months?	
1 YES	
2 NO	PA05END
7 DON'T KNOW/NOT SURE	PA05END
9 REFUSED	PA05END

PA05Q03	Select
Ask If	PA05Q02 = 1
In the past month have you played a slot machine?	
1 YES	
2 NO	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

PA05Q04	Select
Ask If	PA05Q02 = 1
In the past 12 months have you bet on table games like poker, other card games, dice, backgammon or dominos?	
1 YES	
2 NO	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

PA05Q05	Select
Ask If	PA05Q02 = 1
Has the money you spent on gambling led to financial problems?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

PA05Q06	Select
Ask If	PA05Q02 = 1
Has the time you spent gambling led to problems in your family, work, or personal life?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

PA05END	Pause
Ask If	

Influenza Like Illness – Inserted through March

Insert the following adult questions after core Section 22: Emotional Support and Life Satisfaction in the Landline questionnaire.

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

1. During the past month, were you ill with a fever? (919)

1 = Yes

2 = No – **[Go to Q8]**

7 = Don't know – **[Go to Q8]**

9 = Refused – **[Go to Q8]**

2. Did you also have a cough and/or sore throat? (920)

1 = Yes

2 = No – **[Go to Q8]**

7 = Don't know – **[Go to Q8]**

9 = Refused – **[Go to Q8]**

3. When did you first become ill with fever, cough or sore throat? [Interviewer: read off choices; choose the most specific]

(921)

1 = Within the past week [Interviewer, if asked: past 1-7 days]

2 = 2 weeks ago [Interviewer, if asked: past 8-14 days]

3 = 3-4 weeks ago [Interviewer, if asked: 15-30 days before today]

7 = Don't know

9 = Refused

4. Did you visit a doctor, nurse, or other health professional for this illness? (922)

1 = Yes

2 = No – **[Go to Q8]**

7 = Don't know – **[Go to Q8]**

9 = Refused – **[Go to Q8]**

5. What did the doctor, nurse, or other health professional tell you? Did they say...[Interviewer: read off choices]

(923)

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–
- 7 = Don't know/not sure
- 9 = Refused

6. 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...[Interviewer: read off choices]
(924)

- 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
- 9 = Refused

7. 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?
(925)

- 1 = Yes
- 2 = No
- 7 = Don't know
- 9 = Refused

CATI Note: Apply prior to Q8; [(For a one adult household with no children, If the respondent has NOT been ill (Q1 = 2,7,9 or Q2=2,7,9) skip to next section); (For a one adult household with no children, If respondent has been ill (Q1=1 and Q2=1) go to Q10)]

8. Did any other members of your household have a fever with cough or sore throat during the past month?
(926)

- 1 = Yes
- 2 = No – **[If (Q1 = 1(Yes) and Q2 = 1 (Yes)) Go to Q10, Else go to next section]**
- 7 = Don't know
- 9 = Refused

9. How many household members, **[CATI note: Fill in “including you,” If Q1=1(Yes) and Q2=1 (Yes)]**

were ill during the past month? (927-928)

__ __ # persons

8 8 None

7 7 Don't know/Not Sure

9 9 Refused

CATI note: Apply prior to Q10; If (Q1 = 1(Yes) and Q2 = 1 (Yes)) or Q8 = 1 (Yes) continue to Q10; otherwise, skip to next section.

10. 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.]

(929-930)

__ __ # persons

8 8 None

7 7 Don't know/Not Sure

9 9 Refused

For states using Module 23: Random Child Selection, add these questions following Module 23. This will be referenced as Module 27 in Edfix10 and the data submission layout.

The next questions are about the “Xth” child.

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

(931)

1 = Yes

2 = No – **[Go to next module]**

7 = Don't know – **[Go to next module]**

9 = Refused – **[Go to next module]**

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

(932)

1 = Yes

2 = No – **[Go to next module]**

7 = Don't know – **[Go to next module]**

9 = Refused – **[Go to next module]**

H1N1 – Inserted through June

Notes:

1. *Two modules will be added to BRFSS beginning January 1, 2010 and continuing through June 30, 2010:*
 - a. *Novel H1N1 influenza vaccination questions for adults to be asked immediately before question 1 of Section 14: Immunization.*
 - b. *Novel H1N1 influenza vaccination questions for Child Module (requires use of Module 23: Random Child Selection)*
2. *A third module, Module 10: High Risk / Health Care Worker, should be asked through June 30, 2010. These questions follow the Adult H1N1 ILI questions which have been inserted after Section 22: Emotional Support and Life Satisfaction.*

Module 28: Novel H1N1 Adult Immunization

M28.1. 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?

(933)

1 Yes

2 No **[Go to Q14.1]**

7 Don't Know / Not Sure **[Go to Q14.1]**

9 Refused **[Go to Q14.1]**

M28.2 During what month did you receive your H1N1 flu vaccine?

(934-935)

-- Month

77 Don't Know / Not Sure

99 Refused

CATI note: [If M28.2_Month in (7, 8, 9, 10, 11, 12) then M28.2_Year=2009; else if M28.2_Month in (1, 2, 3, 4, 5, 6) then M28.2_Year=2010]

Interviewer verify response - That was [FILL IN MONTH] of [FILL IN YEAR], correct?

M28.3 Was this a shot or was it a vaccine sprayed in the nose?

(936)

1. Flu shot
2. Flu Nasal Spray (spray, mist or drop in the nose)
7. Don't Know / Not Sure
9. Refused

Module 30: Novel H1N1 Childhood Immunization - to be asked immediately before Module 25: Childhood Immunization.

CATI note: If selected child's age is ≥ 6 months, continue. Otherwise, go to next module.

The next questions are about this child's immunizations.

M30.1. 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 [Fill: he/she] been vaccinated either way for the H1N1 flu?

(937)

- 1 Yes
- 2 No **[Go to M25.1]**
- 7 Don't Know / Not Sure **[Go to M25.1]**
- 9 Refused **[Go to M25.1]**

CATI note: If Child age is 10 years or older, Go to M30.3.

M30.2. Since September 2009, how many of these H1N1 vaccinations has [Fill: he/she] received? (938)

- 1 One vaccination or dose
- 2 Two or more vaccination doses
- 7 Don't Know / Not Sure **[Go to M25.1]**
- 9 Refused **[Go to M25.1]**

M30.3. During what month did [Fill: he/she] receive [Fill: his/her] (939-940)
(CATI note: if child age < 10, "first H1N1 flu vaccine?"; otherwise, "H1N1 flu vaccine?")

- __ Month
- 77 Don't Know / Not Sure
- 99 Refused

CATI note: [If M30.3_Month in (7, 8, 9, 10, 11, 12) then M30.3_Year=2009; else if M30.3_Month in (1, 2, 3, 4, 5, 6) then M30.3_Year=2010]

Interviewer verify response - That was [FILL IN MONTH] of [FILL IN YEAR], correct?

M30.4 Was this a shot or was it a vaccine sprayed in the nose? (941)

- 1. Flu shot
- 2. Flu Nasal Spray (spray, mist or drop in the nose)
- 7. Don't Know / Not Sure
- 9. Refused

CATI note: If Child age ≥ 10 Go to next module. If M30.2 = 2, THEN ASK M30.5, otherwise Go to next module.

M30.5. During what month did [Fill: he/she] receive [Fill: his/her] second H1N1 flu vaccine? (942-943)

__ Month

77 Don't Know / Not Sure

99 Refused

CATI note: [If M30.5_Month in (7, 8, 9, 10, 11, 12) then M30.5_Year=2009; else if M30.5_Month in (1, 2, 3, 4, 5, 6) then M30.5_Year=2010]

[If Date (M30.5_Month, M30.5_Year) < Date(M30.3_Month, M30.3_year), interviewer verify responses]

Interviewer verify response That was [FILL IN MONTH] of [FILL IN YEAR], correct?

M30.6 Was this a shot or was it a vaccine sprayed in the nose?

(944)

1. Flu shot
2. Flu Nasal Spray (spray, mist or drop in the nose)
7. Don't Know / Not Sure
9. Refused

This module should be inserted following the Adult Population-Based Flu Morbidity Survey

Questions which were inserted following section 22, before other optional modules.

Module 10: High Risk /Health Care Worker

M10.1.

The next few questions ask about health care work and chronic illness. 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. (313)

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

M10.2.

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. (314)

- 1 Yes
- 2 No
- 7 Don't know / Not sure (**Probe by repeating question**)
- 9 Refused

M10.3. 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] (315)

1 Yes

2 No **[Go to next module]**

7 Don't know / Not sure **[Go to next module]**

9 Refused **[Go to next module]**

M10.4. Do you still have (this/any of these) problem(s)?

(316)

1 Yes

2 No

7 Don't know / Not sure

9 Refused

List of Health Problems to Accompany Module 10, Question 3

[DO NOT READ]

Lung Problems

Acute Respiratory Distress Syndrome (ARDS)
Bronchiectasis
Bronchopulmonary Dysplasia
Chronic Obstructive Pulmonary Disease (COPD)
Cystic Fibrosis
Emphysema
Lymphangiomyomatosis (LAM)
Pulmonary Arterial Hypertension
Sarcoidosis

Kidney Problems

Chronic Kidney Disease
Cystitis
Cystocele (Fallen Bladder)
Cysts
Ectopic Kidney
End-Stage Renal Disease (ESRD)
Glomerular Diseases
Interstitial Cystitis
Kidney Failure
Kidney Stones
Nephrotic Syndrome
Polycystic Kidney Disease
Pyelonephritis (Kidney Infection)
Renal Artery Stenosis
Renal Osteodystrophy
Renal Tubular Acidosis

Anemia

Anemia

Aplastic Anemia

Fanconi Anemia

Iron Deficiency Anemia

Pernicious Anemia

Sickle Cell Anemia

Thalassemia