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BRFSS

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**Behavioral Risk Factor
Surveillance System 2012
Questionnaire**

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INTRO

INTROQST		Select
Ask If		
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	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.		
		INTROQST

PRIVRES		Select
Ask 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	ISCELL
2	NO, NON-RESIDENTIAL	COLLEGE

COLLEGE		Select
Ask 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	ISCELL
2	NO	NONRES

NONRES	Key
Ask 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	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 or college housing.	
DISPOS 4450	

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	

MEN	Numeric
Ask If	ADULTS > 1
How many of these adults are men?	
NUMBER OF MEN	

WOMEN	Numeric
Ask If	ADULTS > 1
How many of these adults are women?	
NUMBER OF WOMEN	

WRONGTOT		Select
Ask 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	MEN
2	CORRECT THE NUMBER OF WOMEN	WOMEN
3	CORRECT THE NUMBER OF ADULTS	ADULTS

SELECTED		Select
Ask 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	YOURTHE1
2	NO	GETNEWAD

ONEADULT		Select
Ask If	ADULTS = 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	ADULTS = 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, ...him?, ...her?}	
1	YES, ADULT IS COMING TO THE PHONE NEWADULT
2	NO, GO TO NEXT SCREEN, PRESS F3 TO SCHEDULE A CALL-BACK NEWADULT

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 {SRESP}?	
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	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 INTROSCR
2	GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED ADULTS

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 {CPHONE}.	
1 PERSON INTERESTED, CONTINUE	C01INTRO
2 GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED	ADULTS

Section 01: Health Status

C01INTRO	Pause
Ask If	

C01Q01	Select	73
Ask If		
Would you say that in general your health is...		
PLEASE READ:		
1	Excellent	
2	Very good	
3	Good	
4	Fair or	
5	Poor	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C01END	Pause
Ask If	

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

C02INTRO	Pause	
Ask If		

C02Q01	Numeric	74-75
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	
1	MIN	CONTROL
30	MAX	CONTROL

C02Q02	Numeric	76-77
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	
1	MIN	CONTROL
30	MAX	CONTROL

If C02Q01 and C02C02 = 88(none), go to next section

C02Q03	Numeric	
Ask If	NOT(C02Q01=88 AND C02Q02=88)	78-79
During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?		
NUMBER OF DAYS		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
1	MIN	CONTROL
30	MAX	CONTROL

C02END	Pause
Ask If	

Section 03: Health Care Access

C03INTRO	Pause
Ask If	

C03Q01	Select	80
Ask If		
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	Select	81
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	82
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	83
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 the past year (anytime less than 12 months ago)	
2	Within the past 2 years (1 year but less than 2 years ago)	
3	Within the past 5 years (2 years but less than 5 years ago)	
4	5 or more years ago	
7	DON'T KNOW/NOT SURE	
8	NEVER	
9	REFUSED	

C03END	Pause
Ask If	

Section 04: Exercise

C04INTRO	Pause
Ask If	

C04Q01	Select	84
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	

C04END	Pause
Ask If	

Section 05: Chronic Health Conditions

C05INTRO	Pause	
Ask If		

C05Q01	Select	85
Ask If		
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	Select	86
Ask If		
(Ever told) you had angina or coronary heart disease?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C05Q03	Select	87
Ask If		
(Ever told) you had a stroke?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C05Q04	Select	88
Ask If		
(Ever told) you had asthma?		
1	YES	
2	NO	C05Q06
7	DON'T KNOW/NOT SURE	C05Q06
9	REFUSED	C05Q06

C05Q05	Select	89
Ask If C05Q04 = 1		
Do you still have asthma?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C05Q06	Select	90
Ask If		
(Ever told) you had skin cancer?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C05Q07	Select	91
Ask If		
(Ever told) you had any other types of cancer?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C05Q08	Select	92
Ask If		
(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	Select	93
Ask If		
(Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?		
INTERVIEWER NOTE: ARTHRITIS DIAGNOSES INCLUDE:		
<ul style="list-style-type: none"> - 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	Select	94
Ask If		
(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	Select	95
Ask If		
(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	Select	96
Ask If		
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	Select	97
Ask If		
(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	Select
Ask 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
	C05Q13

C05END	Pause
Ask If	

Module 01:Pre-Diabetes

CATI NOTE: Module to be asked after Section 05: Chronic Health

M01INTRO	Pause
Ask If	C05Q13>1

M01Q01	Select	210
Ask 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	

CATI NOTE: If Core C05Q13 = 4 (No, pre-diabetes or borderline diabetes); answer M01Q02 = Yes

M01Q02	Select	211
Ask 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	Select
Ask If	RESPGEND=1 AND M01Q02=2
<p>INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS TOLD BY A DOCTOR DURING PREGNANCY THAT SHE HAD PRE-DIABETES OR BORDERLINE DIABETES. ARE YOU SURE?</p> <p>THE RESPONDENT SELECTED WAS THE</p> <p>{SRESP}</p> <p>IS THE PREVIOUS ANSWER CORRECT?</p>	
1	YES
2	NO
	M01Q02

M01END	Pause
Ask If	

Module 02: Diabetes

CATI NOTE: Module to be asked after Section 05: Chronic Health. Only asked of those responding "Yes" (code = 1) to Core C05Q13 (Diabetes awareness question).

M02INTRO	Pause
Ask If	C05Q13=1

M02Q01	Numeric	212-213
Ask 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	CONTROL
97	MAX	CONTROL

M02Q02	Select	214
Ask If	C05Q13=1	
Are you now taking insulin?		
1	YES	
2	NO	
9	REFUSED	

M02Q03	Numeric	215-217
Ask 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	CONTROL
499	MAX	CONTROL

M02Q03V	Select	
Ask 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	M02Q03

M02Q04	Numeric	218-220
Ask 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	CONTROL
499	MAX	CONTROL

M02Q04V	Select	
Ask If	(M02Q04>105 AND M02Q04<200) OR (M02Q04>235 AND M02Q04<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	M02Q04

M02Q05	Numeric	221-222
Ask 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	CONTROL
76	MAX	CONTROL

M02Q05V	Select	
Ask If	M02Q05>52 AND M02Q05<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	M02Q05

M02Q06	Numeric	223-224
Ask 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	CONTROL
76	MAX	CONTROL

M02Q06V	Select	
Ask If	M02Q06>52 AND M02Q06<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	M02Q06

CATI NOTE: If M02Q04=555 "No feet", go to M02Q08.

M02Q07	Numeric	225-226
Ask If	C05Q13=1 AND M02Q04<>555	
About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?		
NUMBER OF TIMES [76= 76 or more]		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

M02Q07V	Select	
Ask If	M02Q07>52 AND M02Q07<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	M02Q07

M02Q08	Select	227
Ask 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	Select	228
Ask 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	Select	229
Ask 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	

M02END	Pause	
Ask If		

Section 06: Oral Health

C06INTRO	Pause
Ask If	

C06Q01	Select	98
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 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	Select	99
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.		
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	

C06END	Pause
Ask If	

Section 07: Demographics

C07INTRO	Pause
Ask If	

C07Q01	Numeric	100-101
Ask If		
What is your age?		
CODE AGE IN YEARS [99=99 years or older]		
07	DON'T KNOW/NOT SURE	
09	REFUSED	
18	MIN	CONTROL
99	MAX	CONTROL

C07Q01V	Select	
Ask 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	C07Q01

C07Q02	Select	102
Ask If		
Are you Hispanic or Latino?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C07Q03	Multiple Select	103-108
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
7	DON'T KNOW/NOT SURE	EXCLUSIVE
9	REFUSED	EXCLUSIVE
8	NO ADDITIONAL CHOICES	

CATI NOTE: If more than one response to C07Q03; continue. Otherwise, go to C07Q05

C07Q04	Select	109
Ask 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]	OTHER
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C07Q05	Select	110
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, for the Persian Gulf War.		
1	Yes	
2	No	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C07Q06	Select	111
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	

C07Q07	Numeric	112-113
Ask If		
How many children less than 18 years of age live in your household?		
NUMBER OF CHILDREN		
88	NONE	
99	REFUSED	
01	MIN	CONTROL
87	MAX	CONTROL

C07Q08	Select	114
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	

C07Q09	Select	115
Ask If		
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	

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

C07Q10d	Select	
Ask If		
Is your annual household income from all sources: Less than \$25,000?		
1	YES	
2	NO	C07Q10e
7	DON'T KNOW/NOT SURE	C07Q10i
9	REFUSED	C07Q10i

C07Q10c	Select
Ask If	C07Q10d = 1
(Is your annual household income from all sources:)	
Less than \$20,000?	
1	YES
2	NO
	C07Q10i
7	DON'T KNOW/NOT SURE
	C07Q10i
9	REFUSED
	C07Q10i

C07Q10b	Select
Ask If	C07Q10c = 1
(Is your annual household income from all sources:)	
Less than \$15,000?	
1	YES
2	NO
	C07Q10i
7	DON'T KNOW/NOT SURE
	C07Q10i
9	REFUSED
	C07Q10i

C07Q10a	Select
Ask If	C07Q10b = 1
(Is your annual household income from all sources:)	
Less than \$10,000?	
1	YES
	C07Q10i
2	NO
	C07Q10i
7	DON'T KNOW/NOT SURE
	C07Q10i
9	REFUSED
	C07Q10i

C07Q10e	Select
Ask If	C07Q10d = 2
(Is your annual household income from all sources:)	
Less than \$35,000?	
1	YES
	C07Q10i
2	NO
7	DON'T KNOW/NOT SURE
	C07Q10i
9	REFUSED
	C07Q10i

C07Q10f	Select	
Ask If	C07Q10e = 2	
(Is your annual household income from all sources:)		
Less than \$50,000?		
1	YES	C07Q10i
2	NO	
7	DON'T KNOW/NOT SURE	C07Q10i
9	REFUSED	C07Q10i

C07Q10g	Select	
Ask If	C07Q10f = 2	
(Is your annual household income from all sources:)		
Less than \$75,000?		
1	YES	C07Q10i
2	NO	C07Q10i
7	DON'T KNOW/NOT SURE	C07Q10i
9	REFUSED	C07Q10i

C07Q10i	Select	116-117
Ask If		
ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES IS:		
{If C07Q10g = 2, More than \$75,000?}		
{If C07Q10g = 1, \$50,000 to less than \$75,000}		
{If C07Q10f = 1, \$35,000 to less than \$50,000}		
{If C07Q10e = 1, \$25,000 to less than \$35,000}		
{If C07Q10c = 2, \$20,000 to less than \$25,000}		
{If C07Q10b = 2, \$15,000 to less than \$20,000}		
{If C07Q10a = 2, \$10,000 to less than \$15,000}		
{If C07Q10a = 1, Less than \$10,000}		
{Default, REFUSED/DON'T KNOW/NOTSURE}		
IS THIS CORRECT?		
1	YES	
2	NO	C07Q10d
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C07Q11	Numeric	118-121
Ask If		
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	Select	
Ask 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	C07Q11

C07Q12	Numeric	122-125
Ask If		
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	Select	
Ask 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	C07Q12

ASKCNTY	Numeric	126-128
Ask If		
What county do you live in?		
ENTER FIRST LETTER OF COUNTY NAME		
_____	ANSI COUNTY CODE (FORMERLY FIPS COUNTY CODE)	
888	OTHER	OTHER
777	DON'T KNOW/NOT SURE	
999	REFUSED	
001	MIN	CONTROL
775	MAX	CONTROL

CATI NOTE: SET MIN AND MAX BASED ON STATE ZIP RANGE

C07Q14	Numeric	129-133
Ask If		
What is the ZIP Code where you live?		
_____	ZIP Code	
77777	DON'T KNOW/NOT SURE	
99999	REFUSED	

C07Q15	Select	134
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	C07Q17
7	DON'T KNOW/NOT SURE	C07Q17
9	REFUSED	C07Q17

C07Q16	Select	135
Ask 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	Select	136
Ask If		
Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.		
1	YES	
2	NO	C07Q19
7	DON'T KNOW/NOT SURE	C07Q19
9	REFUSED	C07Q19

C07Q18	Numeric	137-139
Ask 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	CONTROL
100	MAX	CONTROL

C07Q19	Select	140
Ask If		
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	Select	141
Ask If		
INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY		
1	MALE	
2	FEMALE	

C07Q20V	Select	
Ask 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	C07Q20

C07Q21	Select	142
Ask 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	

C07END	Pause
Ask If	

Section 08: Disability

C08INTRO	Pause
Ask If	

C08Q01	Select	143
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	

C08Q02	Select	144
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?		
INTERVIEWER NOTE: INCLUDE OCCASIONAL USE OR USE IN CERTAIN CIRCUMSTANCES.		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C08END	Pause
Ask If	

Section 09: Tobacco Use

C09INTRO	Pause	
Ask If		

C09Q01	Select	145
Ask If		
Have you smoked at least 100 cigarettes in your entire life?		
INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES		
1	YES	
2	NO	C09Q05
7	DON'T KNOW/NOT SURE	C09Q05
9	REFUSED	C09Q05

C09Q02	Select	146
Ask 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	C09Q04
7	DON'T KNOW/NOT SURE	C09Q05
9	REFUSED	C09Q05

C09Q03	Select	147
Ask 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	C09Q05
2	NO	C09Q05
7	DON'T KNOW/NOT SURE	C09Q05
9	REFUSED	C09Q05

C09Q04	Select	148-149
Ask 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	Select	150
Ask If		
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	

C09END	Pause
Ask If	

Section 10: Alcohol Consumption

C10INTRO	Pause
Ask If	

C10Q01	Numeric	151-153
Ask If		
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	C10END
777	DON'T KNOW/NOT SURE	C10END
999	REFUSED	C10END
101	MIN	CONTROL
230	MAX	CONTROL

C10Q02	Numeric	154-155
Ask 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	CONTROL
76	MAX	CONTROL

C10Q02V	Select
Ask 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 C10Q02

C10Q03	Numeric	156-157
Ask If	C10Q01<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	CONTROL
76	MAX	CONTROL

C10Q03V	Select	
Ask If	C10Q03>15 AND C10Q03<77	
INTERVIEWER YOU INDICATED {C10Q03} OCCASIONS WHEN THE RESPONDENT HAD 4/5 OR MORE DRINKS.		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C10Q03

C10Q04	Numeric	158-159
Ask If	C10Q01<777	
During the past 30 days, what is the largest number of drinks you had on any occasion?		
NUMBER OF DRINKS		
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

C10Q04V		Select
Ask 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	C10Q04

C10END		Pause
Ask If		

Section 11: Immunization

C11INTRO	Pause
Ask If	

C11Q01	Select	160
Ask If		
<p>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?</p> <p>INTERVIEWER NOTE: READ IF NECESSARY:</p> <p>"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."</p>		
1	YES	
2	NO	C11Q04
7	DON'T KNOW/NOT SURE	C11Q04
9	REFUSED	C11Q04

C11Q02	Numeric	161-166
Ask If	C11Q01=1	
<p>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?</p> <p>/ MONTH / YEAR</p>		
77/7777	DON'T KNOW/NOT SURE	
99/9999	REFUSED	
01/1900	MIN	CONTROL
99/2012	MAX	CONTROL

C11Q03	Select	167-168
Ask 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	Select	169
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	

C11END	Pause
Ask If	

Section 12: Falls

C12INTRO	Pause
Ask If	C07Q01 >= 45

C12Q01	Numeric	170-171
Ask 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	C12END
77	DON'T KNOW/NOT SURE	C12END
99	REFUSED	C12END

C12Q02	Numeric	172-173
Ask 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	

C12END	Pause
Ask If	

Section 13: Seatbelt Use

C13INTRO	Pause
Ask If	

C13Q01	Select	174
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	
9	REFUSED	

CATI NOTE: If C13Q01 = 8 (NEVER DRIVE OR RIDE IN A CAR), go to Section 15; otherwise continue.

C13END	Pause
Ask If	

Section 14: Drinking and Driving

C14INTRO	Pause
Ask If	C10Q01 <> 888 AND C13Q01 <> 8

C14Q01	Numeric	175-176
Ask 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	

C14END	Pause
Ask If	

Section 15: Breast and Cervical Cancer Screening

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

C15INTRO	Pause
Ask If	C07Q20=2

C15Q01	Select	177
Ask 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	C15Q03
7	DON'T KNOW/NOT SURE	C15Q03
9	REFUSED	C15Q03

C15Q02	Select	178
Ask 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	Select	179
Ask 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	C15Q05
7	DON'T KNOW/NOT SURE	C15Q05
9	REFUSED	C15Q05

C15Q04	Select	180
Ask 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	Select	181
Ask 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	C15Q07
7	DON'T KNOW/NOT SURE	C15Q07
9	REFUSED	C15Q07

C15Q06	Select	182
Ask If	C15Q05=1	
How long has it been since you had your last Pap test?		
READ ONLY IF NECESSARY		
1	Within the past year (anytime less than 12 months ago)	
2	Within the past 2 years (1 year but less than 2 years ago)	
3	Within the past 3 years (2 years but less than 3 years ago)	
4	Within the past 5 years (3 years but less than 5 years ago)	
5	5 or more years ago	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

CATI note: If response to Core C07Q21 = 1 (is pregnant); then go to next section.

C15Q07	Select	183
Ask 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	

C15END	Pause	
Ask If		

Section 16: Prostate Cancer Screening

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

C16INTRO	Pause
Ask If	C07Q20=1 AND C07Q01>39

C16Q01	Select	184
Ask 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	Select	185
Ask 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	Select	186
Ask 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	C16END
7	DON'T KNOW/NOT SURE	C16END
9	REFUSED	C16END

C16Q04	Select	187
Ask If	C16Q03=1	
Have you EVER HAD a PSA test?		
1	YES	
2	NO	C16END
7	DON'T KNOW/NOT SURE	C16END
9	REFUSED	C16END

C16Q05	Select	188
Ask If	C16Q04=1	
How long has it been since you had your last PSA test?		
READ ONLY IF NECESSARY		
1	Within the past year (anytime less than 12 months ago)	
2	Within the past 2 years (1 year but less than 2 years ago)	
3	Within the past 3 years (2 years but less than 3 years ago)	
4	Within the past 5 years (3 years but less than 5 years ago)	
5	5 or more years ago	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C16Q06	Select	189
Ask If	C16Q04 = 1	
What was the MAIN reason you had this PSA test - was it...?		
PLEASE READ		
1	Part of a routine exam	
2	Because of a prostate problem	
3	Because of a family history of prostate cancer	
4	Because you were told you had prostate cancer	
5	Some other reason	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C16END	Pause	
Ask If		

Section 17: Colorectal Cancer Screening

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

C17INTRO	Pause
Ask If	C07Q01>49

C17Q01	Select	190
Ask 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	C17Q03
7	DON'T KNOW/NOT SURE	C17Q03
9	REFUSED	C17Q03

C17Q02	Select	191
Ask 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	Select	192
Ask 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	C17END
7	DON'T KNOW/NOT SURE	C17END
9	REFUSED	C17END

C17Q04	Select	193
Ask 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	Select	194
Ask If	C17Q03 = 1	
How long has it been since you had your last sigmoidoscopy or colonoscopy?		
READ ONLY IF NECESSARY		
1	Within the past year (anytime less than 12 months ago)	
2	Within the past 2 years (1 year but less than 2 years ago)	
3	Within the past 3 years (2 years but less than 3 years ago)	
4	Within the past 5 years (3 years but less than 5 years ago)	
5	Within the past 10 years (5 years but less than 10 years ago)	
6	10 or more years ago	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C17END	Pause
Ask If	

State Added 05: Added Colorectal Cancer Questions

CATI NOTE: Insert after C17END

PA05INTRO	Pause
Ask If	

PA05Q01	Select
Ask If	C17Q01 = 1
<p>You earlier said that you have used a special kit at home to determine whether the stool contains blood.</p> <p>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?</p>	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

PA05Q02	Select
Ask If	C17Q03 = 1
<p>Earlier, you said that you had a colonoscopy or sigmoidoscopy. Preparation is needed prior to these procedures. Did the doctor or health professional who talked to you about the colonoscopy or sigmoidoscopy have you repeat the instructions back to them?</p>	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

PA05Q03	Select
Ask If	PA05Q02 = 1
<p>Did you follow the preparation instructions prior to receiving your colonoscopy or sigmoidoscopy?</p>	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

PA05END	Pause
Ask If	

Section 18: HIV / AIDS

C18INTRO	Pause
Ask If	

C18Q01	Select	195
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 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.</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	C18Q03
7	DON'T KNOW/NOT SURE	C18Q03
9	REFUSED	C18Q03

C18Q02	Numeric	196-201
Ask If	C18Q01=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>		
/	CODE MONTH AND YEAR	
77/7777	DON'T KNOW/NOT SURE	
99/9999	REFUSED	

C18Q03	Select	202
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		

C18END	Pause
Ask If	

Transition to Modules and/or State-Added Questions

TRANS	Key
Ask If	
Next, I have just a few questions left about some other health topics.	

Module 09: Adult Asthma History

CATI note: If "Yes" to C05Q04; continue. Otherwise, go to next module.

M09INTRO	Pause
Ask If	C05Q04=1

M09Q01	Numeric	283-284
Ask If	C05Q04=1	
Previously you said you were told by a doctor, nurse or other health professional that you had asthma.		
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 YOUNGER	
98	DON'T KNOW/NOT SURE	
99	REFUSED	
11	MIN	CONTROL
96	MAX	CONTROL

M09Q01V	Select
Ask If	C07Q01<M09Q01
INTERVIEWER : THE RESPONDENT INDICATED THEIR AGE TO BE {C07Q01} YEARS OLD! YOU JUST INDICATED THEY WERE TOLD THEY HAVE ASTHMA AT AGE {M09Q01} YEARS! PLEASE VERIFY THAT THIS IS THE CORRECT ANSWER AND MAKE NOTE TO CHANGE THE AGE OF THE RESPONDENT OR PRESS 2 TO RE-ENTER THE CORRECT AGE AT THE TIME THEY WERE TOLD THEY HAD ASTHMA	
IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION
	M09Q01

CATI note: If "Yes" to C05Q05, continue. Otherwise, go to next module.

M09Q02	Select	285
Ask If	C05Q05=1	
During the past 12 months, have you had an episode of asthma or an asthma attack?		
1	YES	
2	NO	M09Q05
7	DON'T KNOW/NOT SURE	M09Q05
9	REFUSED	M09Q05

M09Q03	Numeric	286-287
Ask If	C05Q05=1 AND M09Q02=1	
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	
01	MIN	CONTROL
87	MAX	CONTROL

M09Q03V	Select	
Ask If	(M09Q03>49 AND M09Q03<98)	
INTERVIEWER: YOU INDICATED		
{IF M09Q03=88, NO VISITS BECAUSE OF ASTHMA, {M09Q03} TIMES THE RESPONDENT VISITED AN EMERGENCY ROOM OR URGENT CARE CENTER BECAUSE OF THEIR ASTHMA}		
IS THIS CORRECT ?		
1	YES, CORRECT AS IS	
2	NO, RE-ASK QUESTION	M09Q03

M09Q04	Numeric	288-289
Ask If	C05Q05=1 AND M09Q02=1	
{If M09Q03<88, 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	
01	MIN	CONTROL
87	MAX	CONTROL

M09Q04V	Select	
Ask If	(M09Q04>49 AND M09Q04<98)	
INTERVIEWER: YOU INDICATED		
{IF M09Q04=88, NO VISITS FOR URGENT TREATMENT OF WORSENING ASTHMA SYMPTOMS, {M09Q04} TIMES THE RESPONDENT SAW A DOCTOR, NURSE OR OTHER HEALTH PROFESSIONAL FOR URGENT TREATMENT OF WORSENING ASTHMA SYMPTOMS}		
IS THIS CORRECT ?		
1	YES, CORRECT AS IS	
2	NO, RE-ASK QUESTION	M09Q04

M09Q05	Numeric	290-291
Ask If	C05Q05=1	
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	
01	MIN	CONTROL
87	MAX	CONTROL

M09Q05V	Select
Ask If	(M09Q05>49 AND M09Q05<98)
INTERVIEWER: YOU INDICATED {IF M09Q05=88, NO VISITS FOR A ROUTINE CHECKUP FOR THEIR ASTHMA, {M09Q05} TIMES THE RESPONDENT SAW A DOCTOR, NURSE OR OTHER HEALTH PROFESSIONAL FOR A ROUTINE CHECKUP FOR THEIR ASTHMA} IS THIS CORRECT ?	
1	YES, CORRECT AS IS
2	NO, RE-ASK QUESTION M09Q05

M09Q06	Numeric	292-294
Ask If	C05Q05=1	
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	
001	MIN	CONTROL
365	MAX	CONTROL

M09Q06V	Select
Ask If	(M09Q06>75 AND M09Q06<366) OR M09Q06=88
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS UNABLE TO WORK OR CARRY OUT USUAL ACTIVITIES BECAUSE OF ASTHMA {M09Q06} DAYS IN THE PAST 12 MONTHS. IS THIS CORRECT ?	
1	YES, CORRECT AS IS
2	NO, RE-ASK QUESTION M09Q06

M09Q07	Select	295
Ask If	C05Q05=1	
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 -		
INTERVIEWER NOTE: PHLEGM ('FLEM')		
PLEASE READ:		
8	Not at any time	M09Q09
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	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M09Q08	Select	296
Ask If	C05Q05=1 AND M09Q07<>8	
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	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M09Q09	Select	209
Ask If	C05Q05=1	
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	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M09Q10	Select	298
Ask If	C05Q05=1	
<p>During the past 30 days, how often did you use a prescription asthma inhaler DURING AN ASTHMA ATTACK to stop it?</p> <p>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.</p> <p>READ ONLY IF NECESSARY:</p>		
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)	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M09END	Pause
Ask If	

Module 23: Random Child Selection

CATI note: If Core C07Q07 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

M23INTRO	Key
Ask If	C07Q07<88
<p>{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.}</p> <p>{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.</p> <p>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}</p>	

M23Q01	Numeric	392-397
Ask If		
What is the birth month and year of {SHOWKID}?		
/	CODE MONTH AND YEAR	
77/7777	DON'T KNOW/NOT SURE	
99/9999	REFUSED	

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	398
Ask If		
Is the child a boy or a girl?		
1	Boy	
2	Girl	
9	REFUSED	

M23Q03	Select	399
Ask If		
Is the child Hispanic or Latino?		
1	Yes	
2	No	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M23Q04	Multiple Select	400-405
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]	Other
7	DON'T KNOW/NOT SURE	
9	REFUSED	
8	NO ADDITIONAL CHOICES	

CATI note: If more than one response to M23Q05, continue. Otherwise, go to Q6.

M23Q05	Select	406
Ask If	M23Q04<7 AND M23Q04.2>0 AND M23Q04.2<>8	0
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	Select	407
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	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M23END	Pause
Ask If	

Module 24: Childhood Asthma Prevalence

CATI note: If response to C07Q07 = 88 (None) or 99 (Refused), go to next module.

M24INTRO	Pause
Ask If	C07Q07>0 AND C07Q07<88

M24Q01	Select	408
Ask 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	M24END
7	DON'T KNOW/NOT SURE	M24END
9	REFUSED	M24END

M24Q02	Select	505
Ask If	M24Q01=1	
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 C07Q07 = 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	C07Q07>0 AND C07Q07<88 AND CHILDAGE1>5

M25Q01	Select	410
Ask 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 =, he, she} had a seasonal flu vaccination?	
1	Yes	
2	No	M25END
7	DON'T KNOW/NOT SURE	M25END
9	REFUSED	M25END

M25Q02	Numeric	411-416
Ask 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 =, he, she} receive {IF M23Q02 =, his, her} most recent seasonal flu vaccination?	
/	MONTH / YEAR	
77/7777	DON'T KNOW/NOT SURE	
99/9999	REFUSED	

M25END	Pause
Ask If	

State Added 01: Child Oral Health

PA01INTRO	Pause
Ask If	(CHILDAGE2 >= 6 AND CHILDAGE2 <= 17) AND (M23Q06 = 1 OR M23Q06 = 2 OR M23Q06 = 3)
PA01Q01	Select
Ask If	(CHILDAGE2 >= 6 AND CHILDAGE2 <= 17) AND (M23Q06 = 1 OR M23Q06 = 2 OR M23Q06 = 3)
Have dental sealants been applied to this child's teeth?	
1	YES
2	NO
7	DON'T KNOW / NOT SURE
9	REFUSED

PA01Q02	Select
Ask If	PA01Q01 = 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

PA01Q03	Select
Ask If	PA01Q02 = 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

PA01END	Pause
Ask If	

State Added 02: Gambling

PA02INTRO	Pause
Ask If	

PA02Q01	
Ask If	
<p>Now I would like to ask you some questions about gambling. The term gambling includes any game of chance or skill where you wager cash to win a prize. These games of skill or chance include, but are not limited to, purchasing lottery tickets, casino games, card games, playing bingo for money, betting on racing or sporting event outcomes, and internet gambling.</p> <p>Have you gambled in the past 12 months?</p>	
1	YES
2	NO PA02END
7	DON'T KNOW/NOT SURE PA02END
9	REFUSED PA02END

PA02Q02	
Ask If	PA02Q01 = 1
<p>In the past 12 months have you gambled in a casino or racino? A racino is a racetrack that also has slot machines and/or table games.</p>	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

PA02Q03	
Ask If	PA02Q01 = 1
<p>In the past 12 months have you played a slot machine?</p>	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

PA02Q04	
Ask If	PA02Q01 = 1
In the past 12 months have you bet on table games like poker, blackjack, other card games, roulette, craps, other dice games, baccarat, backgammon, or dominos?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

PA02Q05	
Ask If	PA02Q01 = 1
In the past 12 months have you bought lottery tickets?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

PA02Q06	
Ask If	PA02Q01 = 1
Has the money you spent gambling led to financial problems?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

PA02Q07	
Ask If	PA02Q01 = 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

PA02END	Pause
Ask If	

State Added 03: Salt

PA03INTRO	Pause
Ask If	

PA03Q01
Ask If
Has a doctor or other health professional ever told you to reduce your salt intake?
1 YES
2 NO
3 DO NOT USE SALT
7 DON'T KNOW/NOT SURE
9 REFUSED

PA03Q02
Ask If
Are you cutting down on salt intake now?
1 YES
2 NO
3 DO NOT USE SALT
7 DON'T KNOW/NOT SURE
9 REFUSED

PA03END	Pause
Ask If	

State Added 04: Preconception Health/Family Planning

If respondent is female and 45 years of age or older, or male, go to next module.

PA04INTRO	Pause
Ask If	C07Q20=2 AND C07Q01<45

PA04Q01	Select
Ask If	C07Q20=2 AND C07Q01<45
The next question is about discussions that occurred as part of a routine health care visit. DO NOT include visits while pregnant, also called prenatal care visits.	
Has a doctor, nurse, or other health care worker ever talked with you about ways to prepare for a healthy pregnancy and baby?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

CATI NOTE: IF C07Q21 = 1 code PA04Q02X = 1 and skip PA04Q02

PA04Q02	Select
Ask If	C07Q20=2 AND C07Q01<45 AND C07Q21 > 1
The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.	
Have you ever been pregnant?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

PA04Q03	Select
Ask If	C07Q20=2 AND C07Q01<45
<p>{If C07Q23 = 1, The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.}</p> <p>Did you or your husband/partner do anything the LAST TIME YOU HAD SEX to keep you from getting pregnant?</p> <p>PLEASE READ:</p>	
1	Yes
2	No PA04Q05
3	No partner/not sexually active PA04Q06
4	Same sex partner PA04Q06
7	DON'T KNOW/NOT SURE PA04Q06
9	REFUSED PA04Q06

PA04Q04		Select
Ask If	PA04Q03 = 1	
<p>What did you or your husband/partner do the LAST TIME YOU HAD SEX to keep you from getting pregnant?</p> <p>INTERVIEWER NOTE: IF RESPONDENT REPORTS USING MORE THAN ONE METHOD, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST.</p> <p>INTERVIEWER NOTE: IF RESPONDENT REPORTS USING "CONDOMS," PROBE TO DETERMINE IF "FEMALE CONDOMS" OR "MALE CONDOMS."</p> <p>INTERVIEWER NOTE: IF RESPONDENT REPORTS USING AN "IUD" PROBE TO DETERMINE IF "LEVONORGESTREL IUD" OR "COPPER-BEARING IUD."</p> <p>INTERVIEWER NOTE: IF RESPONDENT REPORTS "OTHER METHOD," ASK RESPONDENT TO "PLEASE SPECIFY" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.</p> <p>READ ONLY IF NECESSARY:</p>		
01	Female sterilization (ex. Tubal ligation, Essure, Adiana)	PA04END
02	Male sterilization (vasectomy)	PA04END
03	Contraceptive implant(ex. Implanon)	PA04Q06
04	Levonorgestrel(LNG) or hormonal IUD(ex. Mirena)	PA04Q06
05	Copper-bearing IUD (ex. ParaGard)	PA04Q06
06	IUD, type unknown	PA04Q06
07	Shots (ex. Depo-Provera)	PA04Q06
08	Birth control pills, any kind	PA04Q06
09	Contraceptive patch (ex. Ortho Evra)	PA04Q06
10	Contraceptive ring (ex. NuvaRing)	PA04Q06
11	Male condoms	PA04Q06
12	Diaphragm, cervical cap, sponge	PA04Q06
13	Female condoms	PA04Q06
14	Not having sex at certain times (rhythm or natural family planning)	PA04Q06
15	Withdrawal (or pulling out)	PA04Q06
16	Foam, jelly, film, or cream	PA04Q06
17	Emergency contraception (morning after pill)	PA04Q06
18	Other method	PA04Q06
77	DON'T KNOW/NOT SURE	PA04Q06
99	REFUSED	PA04Q06

PA04Q05P	Key
Ask If	PA04Q03=2
<p>Some reasons for not doing anything to keep from getting pregnant the LAST TIME YOU HAD SEX might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.</p> <p>What was your main reason for not doing anything the LAST TIME YOU HAD SEX to keep you from getting pregnant?</p> <p>INTERVIEWER NOTE: IF RESPONDENT REPORTS "OTHER REASON," ASK RESPONDENT TO "PLEASE SPECIFY" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.</p> <p>PRESS ANY KEY FOR RESPONSES ON NEXT SCREEN</p>	

PA04Q05	Select	
Ask If	PA04Q03=2	
QUESTION ON PREVIOUS SCREEN, READ ONLY IF NECESSARY:		
01	You didn't think you were going to have sex/no regular partner	
02	You just didn't think about it/don't care if you get pregnant	
03	You want a pregnancy	
04	You or your partner don't want to use birth control	
05	You or your partner don't like birth control/side effects	
06	You couldn't pay for birth control	
07	You had a problem getting birth control when you needed it	
08	Religious reasons	
09	Lapse in use of a method	
10	Don't think you or your partner can get pregnant (infertile or too old)	
11	You had tubes tied (sterilization)	PA04END
12	You had a hysterectomy	PA04END
13	Your partner had a vasectomy (sterilization)	PA04END
14	You are currently breast-feeding	
15	You just had a baby/postpartum	
16	You are pregnant now	PA04Q07
17	Same sex partner	
18	Other reason	
77	DON'T KNOW/NOT SURE	
99	REFUSED	

PA04Q06	Select
Ask If	PA04Q03>2 OR PA04Q04>2 OR (PA04Q05>0 AND PA04Q05<11) OR (PA04Q05>13 AND PA04Q05<16) OR PA04Q05>16
How do you feel about having a child now or sometime in the future? Would you say:	
PLEASE READ:	
1 You don't want to have one.	
2 You do want to have one, less than 12 months from now	
3 You do want to have one, between 12 months to less than 2 years from now	
4 You do want to have one, between 2 years to less than 5 years from now	
5 You do want to have one, 5 or more years from now	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

PA04Q07	Select
Ask If	C07Q20=2 AND C07Q01<45
How many times a week do you currently take a multivitamin, a prenatal vitamin, or a folic acid vitamin?	
1 0 times a week	
2 1 to 3 times a week	
3 4 to 6 times a week	
4 Every day of the week	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

PA04END	Pause
Ask If	

Asthma Call-Back Permission Script

AFUINTRO	Pause
Ask If	

ADLTPERM	Select	422
Ask If	C05Q04 = 1 OR M24Q01 = 1	
<p>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?</p>		
1	Yes	
2	No	AFUEND

FNAME	Select	
Ask If	ADLTPERM=1	
<p>Can I please have either your first name or initials, so we will know who to ask for when we call back?</p>		
1	ENTER FIRST NAME OR INITIALS	OTHER
7	DON'T KNOW/NOT SURE	
9	REFUSED	

CNAME	Select	
Ask If	ADLTCHILD=2 AND ADLTPERM=1	
<p>Can I please have your child's first name or initials, so we can ask about that child's asthma history?</p>		
1	ENTER FIRST NAME OR INITIALS	OTHER
7	DON'T KNOW/NOT SURE	
9	REFUSED	

MOSTKNOW	Select
Ask 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	Select
Ask 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	Select
Ask 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

AFUEND	Pause
Ask If	

Closing Statement

CLOSING	Key
Ask If	
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.	