

PA
BRFSS

2014



Full Questionnaire
English
01/07/2014

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Intro

INTROQST	Select
Ask If	
HELLO, I am calling for the Pennsylvania Department of Health . My name is [Interviewer Name].	
We are gathering information about the health of Pennsylvania 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?	
READ ONLY IF NECESSARY:	
"By private residence, we mean someplace like a house or apartment."	
1 YES, CONTINUE	STATRES
2 NO, NON-RESIDENTIAL	COLLEGE
3 NO, BUSINESS PHONE ONLY	BUSINES

BUSINES	Key
Ask If	PRIVRES = 3
Thank you very much but we are only interviewing persons on residential phones lines at this time.	
	DISPOS 4500

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 STATRES
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	

STATRES	Key
Ask If	PRIVRES = 1 OR COLLEGE = 1
Do you reside in Pennsylvania ?	
1	YES ISCELL
2	NO NONSTAT

NONSTAT	Key
Ask If	STATRES = 2
Thank you very much, but we are only interviewing persons who live in the state of Pennsylvania at this time.	
DISPOS 4100	

ISCELL	Select
Ask If	STATRES = 1
Is this a cellular telephone?	
INTERVIEWER NOTE: TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE (INCLUDES VONAGE, MAGIC JACK AND OTHER HOME-BASED PHONE SERVICES).	
READ ONLY IF NECESSARY:	
"By cellular (or cell) telephone we mean a telephone that is mobile and usable outside of your neighborhood."	
1	NO, NOT A CELLULAR TELEPHONE, CONTINUE
2	YES, A CELLULAR TELEPHONE CELLYES

CELLYES	Key
Ask If	ISCELL = 2
Thank you very much, but we are only interviewing by land line telephones and for private residences or college housing.	
DISPOS 4450	

LLADULT	Select	
Ask If	COLLEGE = 1	
Are you 18 years of age or older?		
NOTE: ASK GENDER IF NECESSARY		
1	Yes and the respondent is male	YOURTHE1
2	Yes and the respondent is female	YOURTHE1
3	No	LLNOADLT

LLNOADLT	Key
Ask If	LLADULT = 3
Thank you very much, but we are only interviewing persons aged 18 or older at this time.	
DISPOS 4700	

ADULTS	Numeric
Ask If	PRIVRES = 1
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 Pennsylvania Department of Health . My name is [Interviewer Name] .	
We are gathering information about the health of Pennsylvania 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 717-783-2548 .	
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	80
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	81-82
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	83-84
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 C02Q02 = 88(none), go to next section

C02Q03	Numeric	85-86
Ask If	NOT(C02Q01 = 88 AND C02Q02 = 88)	
During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?		
—	NUMBER OF DAYS	
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
1	MIN	CONTROL
30	MAX	CONTROL

C02END	Pause
Ask If	

Section 03: Health Care Access

C03INTRO	Pause
Ask If	

C03Q01	Select	87
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 Service?		
1	YES	M04Q01
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

Module 04: Health Care Access

M04INTRO	Pause
Ask If	

M04Q01	Select	281
Ask If	C03Q01 = 1	
Do you have Medicare?		
NOTE: MEDICARE IS A COVERAGE PLAN FOR PEOPLE AGE 65 OR OVER AND FOR CERTAIN DISABLED PEOPLE.		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M04Q02	Select	282-283
Ask If	C03Q01 = 1	
What is the PRIMARY source of your health care coverage? Is it...		
INTERVIEWER NOTE: IF THE RESPONDENT INDICATES THAT THEY PURCHASED HEALTH INSURANCE THROUGH THE HEALTH INSURANCE MARKETPLACE (NAME OF STATE MARKETPLACE), ASK IF IT WAS A PRIVATE HEALTH INSURANCE PLAN PURCHASED ON THEIR OWN OR BY A FAMILY MEMBER (PRIVATE) OR IF THEY RECEIVED MEDICAID (STATE PLAN)? IF PURCHASED ON THEIR OWN (OR BY A FAMILY MEMBER), SELECT 02, IF MEDICAID SELECT 04.		
PLEASE READ:		
01	A plan purchased through an employer or union (includes plans purchased through another person's employer)	
02	A plan that you or another family member buys on your own	
03	Medicare	
04	Medicaid or other state program	
05	TRICARE (formerly CHAMPUS), VA, or Military	
06	Alaska Native, Indian Health Service, Tribal Health Services Or	
07	Some other source	
88	None (no coverage)	
77	DON'T KNOW/NOT SURE	
99	REFUSED	

CATI Note: If PPHF State go to core 3.2

C03Q02	Select	88
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	89
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	

CATI Note: If PPHF State go to Module 4, Question 3, else continue

M04Q03	Select	284
Ask If		
Other than cost, there are many other reasons people delay getting needed medical care.		
Have you delayed getting needed medical care for any of the following reasons in the past 12 months? Select the most important reason.		
PLEASE READ:		
1	You couldn't get through on the telephone	
2	You couldn't get an appointment soon enough	
3	Once you got there, you had to wait too long to see the doctor	
4	The (clinic/doctor's) office wasn't open when you got there	
5	You didn't have transportation	
6	OTHER, SPECIFY	OTHER
8	NO, I DID NOT DELAY GETTING MEDICAL CARE/DID NOT NEED MEDICAL CARE	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

CATI Note: If PPHF State, go to core 3.4

C03Q04	Select	90
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	

CATI Note: If Q3.1 = 1 (Yes) continue, else go to Q4b

M04Q04A	Select	310
Ask If	C03Q01 = 1	
In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage?		
1	YES	M04Q05
2	NO	M04Q05
7	DON'T KNOW/NOT SURE	M04Q05
9	REFUSED	M04Q05

CATI Note: If Q3.1 = 2, 7, or 9 continue, else go to next question (Q5)

M04Q04B	Select	311
Ask If	C03Q01 > 1	
About how long has it been since you last had health care coverage?		
1	6 months or less	
2	More than 6 months, but not more than 1 year ago	
3	More than 1 year, but not more than 3 years ago	
4	More than 3 years	
5	Never	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M04Q05	Numeric	312-313
Ask If		
How many times have you been to a doctor, nurse, or other health professional in the past 12 months?		
— NUMBER OF TIMES		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

M04Q06	Select	314
Ask If		
Was there a time in the past 12 months when you did not take your medication as prescribed because of cost? Do not include over-the-counter (OTC) medication.		
1	Yes	
2	No	
3	NO MEDICATION WAS PRESCRIBED	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M04Q07	Select	315
Ask If		
In general, how satisfied are you with the health care you received? Would you say...		
1	Very satisfied	
2	Somewhat satisfied	
3	Not at all satisfied	
8	NOT APPLICABLE	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M04Q08	Select	316
Ask If		
Do you currently have any health care bills that are being paid off over time?		
INTERVIEWER NOTE: THIS COULD INCLUDE MEDICAL BILLS BEING PAID OFF WITH A CREDIT CARD, THROUGH PERSONAL LOANS, OR BILL PAYING ARRANGEMENTS WITH HOSPITALS OR OTHER PROVIDERS. THE BILLS CAN BE FROM EARLIER YEARS AS WELL AS THIS YEAR.		
INTERVIEWER NOTE: HEALTH CARE BILLS CAN INCLUDE MEDICAL, DENTAL, PHYSICAL THERAPY AND/OR CHIROPRACTIC COST.		
1	Yes	
2	No	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M04END	Pause	
Ask If		

C03END	Pause
Ask If	

State Added 01: Health Care Access

CATI NOTE: Insert after M04Q08

PA01INTRO	Pause
Ask If	

PA01Q01	Select
Ask If	
Where do you usually get your medical care?	
1 Emergency room	
2 Urgent care center	
3 Doctor's office or community clinic	
4 Other	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

PA01END	Pause
Ask If	

Section 04: Exercise

C04INTRO	Pause
Ask If	

C04Q01	Select	91
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: Inadequate Sleep

C05INTRO	Pause
Ask If	

C05Q01	Numeric	92-93
Ask If		
<p>I would like to ask you about your sleep pattern.</p> <p>On average, how many hours of sleep do you get in a 24-hour period?</p> <p>INTERVIEWER NOTE: ENTER HOURS OF SLEEP IN WHOLE NUMBERS, ROUNDING 30 MINUTES (1/2 HOUR) OR MORE UP TO THE NEXT WHOLE HOUR AND DROPPING 29 OR FEWER MINUTES.</p>		
___	NUMBER OF HOURS[01-24]	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
1	MIN	CONTROL
24	MAX	CONTROL

C05END	Pause
Ask If	

Section 06: Chronic Health Conditions

C06INTRO	Pause
Ask If	

C06Q01	Select	94
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	

C06Q02	Select	95
Ask If		
(Ever told) you had angina or coronary heart disease?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06Q03	Select	96
Ask If		
(Ever told) you had a stroke?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06Q04	Select	97
Ask If		
(Ever told) you had asthma?		
1	YES	
2	NO	C06Q06
7	DON'T KNOW/NOT SURE	C06Q06
9	REFUSED	C06Q06

C06Q05	Select	98
Ask If C06Q04 = 1		
Do you still have asthma?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06Q06	Select	99
Ask If		
(Ever told) you had skin cancer?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06Q07	Select	100
Ask If		
(Ever told) you had any other types of cancer?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06Q08	Select	101
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	

C06Q09	Select	102
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	

C06Q10	Select	103
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	

C06Q11	Select	104
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	

C06Q12	Select	105
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	C06Q13
2	YES, BUT FEMALE TOLD ONLY DURING PREGNANCY	
3	NO	
4	NO, PRE-DIABETES OR BORDERLINE DIABETES	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06Q12V	Select	
Ask If RESPGEND = 1 AND C06Q12 = 2		
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS TOLD BY A DOCTOR DURING PREGNANCY THAT SHE HAD DIABETES. ARE YOU SURE?		
THE RESPONDENT SELECTED WAS THE		
{SRESP}		
IS THE PREVIOUS ANSWER CORRECT?		
1	YES	
2	NO	C06Q12

CATI NOTE: if C06Q12 = 1 (Yes) go to next question. If any other response to C06Q12, go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.

C06Q13	Numeric	106-107
Ask If	C06Q12 = 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

C06END	Pause
Ask If	

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

Module 01: Pre-Diabetes

CATI NOTE: Insert after SECTION C06

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

M01INTRO	Pause
Ask If	C06Q12 > 1

M01Q01	Select	255
Ask If	C06Q12 >1	
Have you had a test for high blood sugar or diabetes within the past three years?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

CATI NOTE: If Core C06Q12 = 4 (No, pre-diabetes or borderline diabetes); answer M01Q02 = Yes

M01Q02	Select	256
Ask If	(C06Q12 > 1 AND C06Q12 < 4) OR C06Q12 > 4	
Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?		
IF "YES" AND RESPONDENT IS FEMALE, ASK:		
"Was this only when you were pregnant?"		
1	Yes	
2	Yes, during pregnancy	
3	No	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M01Q02V	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	

Section 07: Oral Health

C07INTRO	Pause
Ask If	

C07Q01	Select	108
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	109
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	
8	None	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C07END	Pause
Ask If	

Section 08: Demographics

C08INTRO	Pause
Ask If	

C08Q01	Numeric	110-111
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

C08Q01V	Select	
Ask If	C06Q13 > C08Q01 AND C06Q13 < 98 AND C08Q01 > 18	
	INTERVIEWER: THE RESPONDENT INDICATED THEIR AGE TO BE {C08Q01} YEARS OLD! YOU INDICATED EARLIER THEY WERE TOLD THEY HAD DIABETES AT AGE {C06Q13}! PLEASE VERIFY THAT THIS IS THE CORRECT ANSWER AND CHANGE THE AGE OF THE RESPONDENT OR MAKE A NOTE TO CORRECT THE AGE THE RESPONDENT WAS DIAGNOSED AS A DIABETIC.	
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C08Q01

C08Q02A	Select	112-115
Ask If		
Are you Hispanic, Latino/a, or Spanish origin?		
1	YES	
2	NO	C08Q03
7	DON'T KNOW/NOT SURE	C08Q03
9	REFUSED	C08Q03

CATI NOTE: IF C08Q02A = 2, code C08Q02B = 5

C08Q02B	Multiple Select	112-115
Ask If	C08Q02A = 1	
(Are you Hispanic, Latino/a, or Spanish origin?)		
Are you...		
Mexican, Mexican American, Chicano/a		
Puerto Rican		
Cuban or		
Another Hispanic, Latino/a, or Spanish Origin		
CHECK ALL THAT APPLY		
1	Mexican, Mexican American, Chicano/a	
2	Puerto Rican	
3	Cuban	
4	Another Hispanic, Latino/a, or Spanish Origin	
5	NO	EXCLUSIVE
7	DON'T KNOW/NOT SURE	EXCLUSIVE
9	REFUSED	EXCLUSIVE

C08Q03	Multiple Select	116-143
Ask If		
Which one or more of the following would you say is your race?		
INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING.		
CHECK ALL THAT APPLY		
PLEASE READ:		
10	White	
20	Black or African American	
30	American Indian or Alaska Native	
40	Asian	
41	Asian Indian	
42	Chinese	
43	Filipino	
44	Japanese	
45	Korean	
46	Vietnamese	
47	Other Asian	
50	Pacific Islander	
51	Native Hawaiian	
52	Guamanian or Chamorro	
53	Samoan	
54	Other Pacific Islander	
60	Other [Specify]	OTHER
77	DON'T KNOW/NOT SURE	EXCLUSIVE
99	REFUSED	EXCLUSIVE
88	NO ADDITIONAL CHOICES	

CATI NOTE: If more than one response to C08Q03; continue.
 Otherwise, go to C08Q05

C08Q04	Select	144-145
Ask If	C08Q03 < 77 AND C08Q03.2 > 0 AND C08Q03.2 <> 88	
Which one of these groups would you say best represents your race?		
10	White	
20	Black or African American	
30	American Indian or Alaska Native	
40	Asian	
41	Asian Indian	
42	Chinese	
43	Filipino	
44	Japanese	
45	Korean	
46	Vietnamese	
47	Other Asian	
50	Pacific Islander	
51	Native Hawaiian	
52	Guamanian or Chamorro	
53	Samoan	
54	Other Pacific Islander	
60	Other [Specify]	OTHER
77	DON'T KNOW/NOT SURE	
99	REFUSED	

C08Q05	Select	146
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?	
INTERVIEWER NOTE: 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	

C08Q06	Select	147
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	

C08Q07	Numeric	148-149
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

C08Q08	Select	150
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	

C08Q09	Select	151
Ask If		
Are you currently...?		
PLEASE READ:		
1	Employed for wages	
2	Self-employed	
3	Out of work for 1 year or more	
4	Out of work for less than 1 year	
5	A Homemaker	
6	A Student	
7	Retired Or	
8	Unable to work	
9	REFUSED	

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

C08Q10d	Select	
Ask If		
Is your annual household income from all sources:		
Less than \$25,000?		
1	YES	
2	NO	C08Q10e
7	DON'T KNOW/NOT SURE	C08Q10i
9	REFUSED	C08Q10i

C08Q10c	Select	
Ask If C08Q10d = 1		
(Is your annual household income from all sources:)		
Less than \$20,000?		
1	YES	
2	NO	C08Q10i
7	DON'T KNOW/NOT SURE	C08Q10i
9	REFUSED	C08Q10i

C08Q10b		Select
Ask If	C08Q10c = 1	
(Is your annual household income from all sources:)		
Less than \$15,000?		
1	YES	
2	NO	C08Q10i
7	DON'T KNOW/NOT SURE	C08Q10i
9	REFUSED	C08Q10i

C08Q10a		Select
Ask If	C08Q10b = 1	
(Is your annual household income from all sources:)		
Less than \$10,000?		
1	YES	C08Q10i
2	NO	C08Q10i
7	DON'T KNOW/NOT SURE	C08Q10i
9	REFUSED	C08Q10i

C08Q10e		Select
Ask If	C08Q10d = 2	
(Is your annual household income from all sources:)		
Less than \$35,000?		
1	YES	C08Q10i
2	NO	
7	DON'T KNOW/NOT SURE	C08Q10i
9	REFUSED	C08Q10i

C08Q10f		Select
Ask If	C08Q10e = 2	
(Is your annual household income from all sources:)		
Less than \$50,000?		
1	YES	C08Q10i
2	NO	
7	DON'T KNOW/NOT SURE	C08Q10i
9	REFUSED	C08Q10i

C08Q10g	Select
Ask If	C08Q10f = 2
(Is your annual household income from all sources:)	
Less than \$75,000?	
1	YES C08Q10i
2	NO C08Q10i
7	DON'T KNOW/NOT SURE C08Q10i
9	REFUSED C08Q10i

C08Q10i	Select
Ask If	
ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES IS:	
{If C08Q10g = 2, More than \$75,000?}	
{If C08Q10g = 1, \$50,000 to less than \$75,000}	
{If C08Q10f = 1, \$35,000 to less than \$50,000}	
{If C08Q10e = 1, \$25,000 to less than \$35,000}	
{If C08Q10c = 2, \$20,000 to less than \$25,000}	
{If C08Q10b = 2, \$15,000 to less than \$20,000}	
{If C08Q10a = 2, \$10,000 to less than \$15,000}	
{If C08Q10a = 1, Less than \$10,000}	
{Default, REFUSED/DON'T KNOW/NOT SURE}	
IS THIS CORRECT?	
1	YES
2	NO C08Q10d
7	DON'T KNOW/NOT SURE
9	REFUSED

C08Q11	Numeric	154-157
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	

C08Q11V		Select
Ask If	C08Q11 <> 7777 AND C08Q11 <> 9999 AND ((C08Q11<9000 AND (C08Q11<80 OR C08Q11>350)) OR (C08Q11>9000 AND (C08Q11<9035 OR C08Q11>9159)))	
INTERVIEWER YOU INDICATED THE RESPONDENT WEIGHS {C08Q11} IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C08Q11

C08Q12		Numeric	158-161
Ask If	About how tall are you without shoes?		
NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FRONT (EX. 165 CENTIMETERS IS "9165").			
NOTE: ENTER HEIGHT IN FEET AND INCHES (EX. 5 FEET 9 INCHES = 509) OR METERS AND CENTIMETERS (EX. 1 METER 75 CENTIMETERS = 9175)			
ROUND FRACTIONS DOWN			
___/___ HEIGHT (FT/INCHES/METERS/CENTIMETERS)			
77/77 DON'T KNOW/NOT SURE			
99/99 REFUSED			

C08Q12V		Select
Ask If	(C08Q12<9000 AND (C08Q12>608 OR C08Q12<407)) OR (C08Q12>9000 AND (C08Q12>9206 OR C08Q12<9139))	
INTERVIEWER YOU INDICATED THE RESPONDENT IS {C08Q12} IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C08Q12

ASKCNTY	Numeric	162-164
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

C08Q14	Numeric	165-169
Ask If		
What is the ZIP Code where you live?		
_____	ZIP Code	
77777	DON'T KNOW/NOT SURE	
99999	REFUSED	

C08Q15	Select	170
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	C08Q17
7	DON'T KNOW/NOT SURE	C08Q17
9	REFUSED	C08Q17

C08Q16	Select	171
Ask If	C08Q15 = 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	

C08Q17	Select	172
Ask If		
Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.		
1	YES	C08Q19
2	NO	C08Q19
7	DON'T KNOW/NOT SURE	C08Q19
9	REFUSED	C08Q19

CATI NOTE: C08Q18 always skipped due to new overlapping frame

C08Q18	Numeric	173-175
Ask If	C08Q17 = 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

C08Q19	Select	176
Ask If		
Have you used the internet in the past 30 days?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C08Q20	Select	177
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.		
INTERVIEWER NOTE:		
We ask this question in order to compare health indicators among people with different housing situations.		
1 OWN		
2 RENT		
3 OTHER ARRANGEMENT		
7 DON'T KNOW/NOT SURE		
9 REFUSED		

C08Q21	Select	178
Ask If		
INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY		
1 MALE		
2 FEMALE		

C08Q21V	Select	
Ask If RESPGEND <> C08Q21		
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS {C08Q21}. ARE YOU SURE?		
THE RESPONDENT SELECTED WAS THE		
{SRESP}		
IS THE PREVIOUS ANSWER CORRECT?		
1 YES		
2 NO		C08Q21

C08Q22	Select	179
Ask If	C08Q01 < 45 AND C08Q21 = 2	
To your knowledge, are you now pregnant?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C08Q23	Select	180
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	

C08Q24	Select	081
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	

C08Q25	Select	182
Ask If		
Are you blind or do you have serious difficulty seeing, even when wearing glasses?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C08Q26	Select	183
Ask If		
Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C08Q27	Select	184
Ask If		
Do you have serious difficulty walking or climbing stairs?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C08Q28	Select	185
Ask If		
Do you have difficulty dressing or bathing?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C08Q29	Select	186
Ask If		
Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C08END	Pause	
Ask If		

Section 09: Tobacco Use

C09INTRO	Pause	
Ask If		

C09Q01	Select	187
Ask If		
Have you smoked at least 100 cigarettes in your entire life?		
INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES		
INTERVIEWER NOTE:		
For cigarettes, do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana.		
1	YES	
2	NO	C09Q05
7	DON'T KNOW/NOT SURE	C09Q05
9	REFUSED	C09Q05

C09Q02	Select	188
Ask If	C09Q01 = 1	
Do you now smoke cigarettes every day, some days, or not at all?		
1	Everyday	
2	Some days	
3	Not at all	C09Q04
7	DON'T KNOW/NOT SURE	C09Q05
9	REFUSED	C09Q05

C09Q03	Select	189
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	190-191
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	192
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	Everyday	
2	Some days	
3	Not at all	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C09END	Pause
Ask If	

State Added 02: Tobacco Use

CATI NOTE: Insert after C09Q05

PA02INTRO	Pause
Ask If	

PA02Q01	Numeric
Ask If	(M04Q05 > 0 AND M04Q05 <77) AND (C09Q02 = 1 OR C09Q02 = 2)
<p>You earlier stated that you have been to a doctor, nurse or other health professional {IF M04Q05 = 1, 1 time, {M04Q05} times} in the past 12 months.</p> <p>In the past 12 months, on how many visits were you advised to quit smoking by a doctor, nurse or other health provider?</p>	
___	NUMBER OF TIMES [1-76]
88	NONE
77	DON'T KNOW/NOT SURE
99	REFUSED
1	MIN CONTROL
76	MAX CONTROL

PA02Q01V	Select
Ask If	PA02Q01 > M04Q05 AND PA02Q01 < 77 AND M04Q05 < 77
<p>INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS ADVISED TO QUIT SMOKING {PA02Q01} TIMES IN THE PAST 12 MONTHS. ARE YOU SURE?</p> <p>THE RESPONDENT PREVIOUSLY SAID THEY HAVE BEEN TO A DOCTOR, NURSE, OR OTHER HEALTH PROFESSIONAL {M04Q05} TIMES IN THE PAST 12 MONTHS IS THE PREVIOUS ANSWER CORRECT?</p>	
1	YES, CORRECT AS IS
2	CORRECT PA02Q01 PA02Q01
3	CORRECT M04Q05 BY SUBMITTING DATA CHANGE FORM

PA02END	Pause
Ask If	

Section 10: Alcohol Consumption

C10INTRO	Pause
Ask If	

C10Q01	Numeric	193-195
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	196-197
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	198-199
Ask If	C10Q01 < 777	
Considering all types of alcoholic beverages, how many times during the past 30 days did you have {IF C08Q21 = 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	200-201
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 ((C08Q21 = 1 AND C10Q04 >= 5 AND (C10Q03 = 88 OR C10Q03 < 5)) OR (C08Q21 = 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 C08Q21=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	202
Ask If		
<p>Now I will ask you questions about the flu vaccine. There are two ways to get the flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist.</p> <p>During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?</p> <p>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	C11Q03
7	DON'T KNOW/NOT SURE	C11Q03
9	REFUSED	C11Q03

C11Q02	Numeric	203-208
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>		
777777	DON'T KNOW/NOT SURE	
999999	REFUSED	
012012	MIN	CONTROL
122014	MAX	CONTROL

CATI NOTE: Do not allow 77 for first two month digits. Please set MIN to no more than 12 months from the current month. Ex: Call made in 06/2014, response can be no older than 06/2013.

C11Q03	Select	209
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		

C11Q04	Select	210
Ask If C08Q01 > 48		
The next question is about the Shingles vaccine. Have you ever had the shingles or zoster vaccine?		
INTERVIEWER NOTE: READ IF NECESSARY:		
Shingles is caused by the chicken pox virus. It is an outbreak of rash or blisters on the skin that may be associated with severe pain. A vaccine for shingles has been available since May 2006; it is called Zostavax®, the zoster vaccine, or the shingles vaccine.		
1 YES		
2 NO		
7 DON'T KNOW/NOT SURE		
9 REFUSED		

C11END	Pause	
Ask If		

Section 12: Falls

C12INTRO	Pause
Ask If	C08Q01 >= 45

C12Q01	Numeric	211-212
Ask If	C08Q01 >= 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
01	MIN	CONTROL
76	MAX	CONTROL

C12Q02	Numeric	213-214
Ask If	C12Q01 > 0 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	
01	MIN	CONTROL
76	MAX	CONTROL

C12Q02V	Select
Ask If	C12Q02 > 30 OR C12Q02 > C12Q01
<p>INTERVIEWER: YOU RECORDED THAT THE RESPONDENT HAS BEEN INJURED {C12Q02} TIMES FROM A FALL IN THE PAST 12 MONTHS.</p> <p>{IF C12Q02 > C12Q01, THE NUMBER OF FALLS RESULTING IN AN INJURY IS GREATER THAN THE TOTAL NUMBER OF FALLS INDICATED IN C12Q01.}</p> <p>IS THE PREVIOUS ANSWER CORRECT?</p>	
1	YES, CORRECT AS IS
2	NO, RE-ASK QUESTION C12Q02 C12Q02

C12END	Pause
Ask If	

Section 13: Seatbelt Use

C13INTRO	Pause
Ask If	

C13Q01	Select	215
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	

C13END	Pause
Ask If	

Section 14: Drinking and Driving

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

C14Q01	Numeric	216-217
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	
01	MIN	CONTROL
76	MAX	CONTROL

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	C08Q21 = 2

C15Q01	Select	218
Ask If	C08Q21 = 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	219
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	220
Ask If	C08Q21 = 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	221
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	222
Ask If	C08Q21 = 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	223
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 C08Q22 = 1 (is pregnant); then go to next section.

C15Q07	Select	224
Ask If	C08Q21 = 2 AND C08Q22 <> 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	C08Q21 = 1 AND (C08Q01 > 39 OR C08Q01 = 7 OR C08Q01 = 9)

C16Q01	Select	225
Ask If	C08Q21 = 1 AND (C08Q01 > 39 OR C08Q01 = 7 OR C08Q01 = 9)	
Now, I will ask you some questions about prostate cancer screening.		
A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the PSA test?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C16Q02	Select	226
Ask If	C08Q21 = 1 AND (C08Q01 > 39 OR C08Q01 = 7 OR C08Q01 = 9)	
Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C16Q03	Select	227
Ask If	C08Q21 = 1 AND (C08Q01 > 39 OR C08Q01 = 7 OR C08Q01 = 9)	
Has a doctor, nurse, or other health professional EVER recommended that you have a PSA test?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C16Q04	Select	228
Ask If	C08Q21 = 1 AND (C08Q01 > 39 OR C08Q01 = 7 OR C08Q01 = 9)	
Have you EVER HAD a PSA test?		
1	YES	
2	NO	C16END
7	DON'T KNOW/NOT SURE	C16END
9	REFUSED	C16END

C16Q05	Select	229
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	230
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 \leq 49 years of age, go to next module.

C17INTRO	Pause
Ask If	C08Q01 > 49 OR C08Q01 = 7 OR C08Q01 = 9

C17Q01	Select	231
Ask If	C08Q01 > 49 OR C08Q01 = 7 OR C08Q01 = 9	
The next questions are about colorectal cancer screening.		
A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?		
1	YES	
2	NO	C17Q03
7	DON'T KNOW/NOT SURE	C17Q03
9	REFUSED	C17Q03

C17Q02	Select	232
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	233
Ask If	C08Q01 > 49 OR C08Q01 = 7 OR C08Q01 = 9	
Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?		
1	YES	
2	NO	C17END
7	DON'T KNOW/NOT SURE	C17END
9	REFUSED	C17END

C17Q04	Select	234
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	235
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	

Section 18: HIV/AIDS

C18INTRO	Pause
Ask If	

C18Q01	Select	236
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	C18END
7	DON'T KNOW/NOT SURE	C18END
9	REFUSED	C18END

C18Q02	Numeric	237-242
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	
777777	DON'T KNOW/NOT SURE	
999999	REFUSED	
011985	MIN	CONTROL
772014	MAX	CONTROL

C18Q03	Select	243-244
Ask If	C18Q01 = 1	
Where did you have your last HIV test – at a private doctor or HMO office, at a counseling and testing site, at an emergency room, as an inpatient in a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?		
01	Private doctor or HMO office	
02	Counseling and testing site	
09	Emergency room	
03	Hospital inpatient	
04	Clinic	
05	Jail or prison (or other correctional facility)	
06	Drug treatment center	
07	At home	
08	Somewhere else	
77	DON'T KNOW/NOT SURE	
99	REFUSED	

C18END	Pause
Ask If	

Transition to Modules and/or State-Added Questions

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

Module 10: Adult Human Papilloma Virus (HPV)

CATI note: To be asked of female respondents.

M10INTRO	Pause
Ask If	C08Q21 = 2

M10Q01	Select	346
Ask If	C08Q21 = 2	
Now, I would like to ask you about the Human Papillomavirus (Pap·uh·loh·muh virus) or HPV.		
An HPV test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an HPV test?		
1	YES	
2	NO	M10END
7	DON'T KNOW/NOT SURE	M10END
9	REFUSED	M10END

M10Q02	Select	347
Ask If	M10Q01 = 1	
How long has it been since you had your last HPV test?		
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	

M10END	Pause
Ask If	

Module 16: Sexual Orientation and Gender Identity

M16INTRO	Pause
Ask If	

M16Q01	Select	582
Ask If		
<p>The next two questions are about sexual orientation and gender identity.</p> <p>Do you consider yourself to be:</p> <p>INTERVIEWER NOTE: WE ASK THIS QUESTION IN ORDER TO BETTER UNDERSTAND THE HEALTH AND HEALTH CARE NEEDS OF PEOPLE WITH DIFFERENT SEXUAL ORIENTATIONS.</p> <p>INTERVIEWER NOTE: PLEASE SAY THE NUMBER BEFORE THE TEXT RESPONSE. RESPONDENT CAN ANSWER WITH EITHER THE NUMBER OR THE TEXT/WORD.</p>		
1	Straight	
2	Lesbian or gay	
3	Bisexual	
4	OTHER	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M16Q02	Select	583
Ask If		
Do you consider yourself to be transgender?		
NOTE: IF YES, ASK:		
"Do you consider yourself to be 1. male-to-female, 2. female-to-male, or 3. gender non-conforming?"		
INTERVIEWER NOTE: PLEASE READ THE NUMBER BEFORE THE "YES" TEXT RESPONSE. RESPONDENTS CAN ANSWER WITH EITHER THE NUMBER OR THE TEXT/WORD		
PRESS F1 FOR ADDITIONAL NOTES		
INTERVIEWER NOTE: IF ASKED ABOUT DEFINITION OF TRANSGENDER:		
"Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgendered. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation—straight, gay, lesbian, or bisexual."		
INTERVIEWER NOTE: IF ASKED ABOUT DEFINITION OF GENDER NON-CONFORMING:		
"Some people think of themselves as gender non-conforming when they do not identify <u>only</u> as a man or <u>only</u> as a woman."		
1 Yes, Transgender, male-to-female		
2 Yes, Transgender, female-to-male		
3 Yes, Transgender, gender nonconforming		
4 No		
7 DON'T KNOW/NOT SURE		
9 REFUSED		

M16END	Pause
Ask If	

Module 17: Random Child Selection

CATI note: If Core C08Q07 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

M17INTRO	Key
Ask If	C08Q07 < 88
<p>{If C08Q07 = 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 C08Q07 > 1 AND C08Q07 < 88, Previously, you indicated there were {C08Q07} children age 17 or younger in your household. Think about those {C08Q07} 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>	

M17Q01	Numeric	584-589
Ask If	C08Q07 < 88	
What is the birth month and year of {SHOWKID}?		
_____	CODE MONTH AND YEAR	
777777	DON'T KNOW/NOT SURE	
999999	REFUSED	
XX1995	MIN	CONTROL
XX2014	MAX	CONTROL

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).

Add a minimum based on the current month and year of 1995, which would mean the child is over the age of 18. Add a max of the current month and year of 2014

M17Q02	Select	590
Ask If	C08Q07<88	
Is the child a boy or a girl?		
1	Boy	
2	Girl	
9	REFUSED	

M17Q03A	Select	
Ask If		
Is the child Hispanic, Latino/a, or Spanish origin?		
1	YES	
2	NO	M17Q04
7	DON'T KNOW/NOT SURE	M17Q04
9	REFUSED	M17Q04

M17Q03B	Multiple Select	591-594
Ask If	M17Q03A = 1	
(Is the child Hispanic, Latino/a, or Spanish origin?)		
Are they...		
Mexican, Mexican American, Chicano/a		
Puerto Rican		
Cuban or		
Another Hispanic, Latino/a, or Spanish Origin		
CHECK ALL THAT APPLY		
1	Mexican, Mexican American, Chicano/a	
2	Puerto Rican	
3	Cuban	
4	Another Hispanic, Latino/a, or Spanish Origin	
5	NO	EXCLUSIVE
7	DON'T KNOW/NOT SURE	EXCLUSIVE
9	REFUSED	EXCLUSIVE

M17Q04	Multiple Select	595-622
Ask If	C08Q07 < 88	
Which one or more of the following would you say is the race of the child?		
INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING.		
CHECK ALL THAT APPLY		
PLEASE READ:		
10	White	
20	Black or African American	
30	American Indian or Alaska Native	
40	Asian	
41	Asian Indian	
42	Chinese	
43	Filipino	
44	Japanese	
45	Korean	
46	Vietnamese	
47	Other Asian	
50	Pacific Islander	
51	Native Hawaiian	
52	Guamanian or Chamorro	
53	Samoan	
54	Other Pacific Islander	
60	Other [Specify]	OTHER
77	DON'T KNOW/NOT SURE	EXCLUSIVE
99	REFUSED	EXCLUSIVE
88	NO ADDITIONAL CHOICES	

CATI note: If more than one response to M17Q04, continue.
 Otherwise, go to Q6.

M17Q05	Select	623-624
Ask If	M17Q04 < 77 AND M17Q04.2 > 0 AND M17Q04.2 <> 88	
Which one of these groups would you say best represents the race of the child?		
10	White	
20	Black or African American	
30	American Indian or Alaska Native	
40	Asian	
41	Asian Indian	
42	Chinese	
43	Filipino	
44	Japanese	
45	Korean	
46	Vietnamese	
47	Other Asian	
50	Pacific Islander	
51	Native Hawaiian	
52	Guamanian or Chamorro	
53	Samoan	
54	Other Pacific Islander	
60	Other [Specify]	OTHER
77	DON'T KNOW/NOT SURE	
99	REFUSED	

M17Q06	Select	625
Ask If	C08Q07 < 88	
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	

M17END	Pause
Ask If	

Module 18: Childhood Asthma Prevalence

CATI note: If response to C08Q07 = 88 (None) or 99 (Refused), go to next module.

M18INTRO	Pause
Ask If	C08Q07 > 0 AND C08Q07 < 88

M18Q01	Select	626
Ask If	C08Q07 > 0 AND C08Q07 < 88	
{IF C08Q07 > 1, 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	M18END
7	DON'T KNOW/NOT SURE	M18END
9	REFUSED	M18END

M18Q02	Select	627
Ask If	M18Q01 = 1	
Does the child still have asthma?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M18END	Pause
Ask If	

State Added 03: Cognitive Impairment

PA03INTRO	Pause
Ask If	

PA03Q01	Select	CIMEMLOS
Ask If		
<p>The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This DOES NOT REFER to occasionally forgetting your keys or the name of someone you recently met. This REFERS TO things like confusion or memory loss that are happening more often or getting worse. We want to know how these difficulties impact you or someone in your household.</p> <p>During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?</p>		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

CATI NOTE: If multiple adults in household (If adults > 1), go to PA03Q02.

CATI NOTE: If only one adult in household (adults = 1): If one adult in household and PA03Q01 = 1 (Yes), go to PA03Q04. Otherwise, go to next module.

PA03Q02	Select	CINOADLT
Ask If	(CELL=FALSE & ADULTS > 1) OR (CELL=TRUE & CPADULTS > 1)	
<p>{If PA03Q01 = 1, Not including yourself,}</p> <p>How many adults 18 or older in your household experienced confusion or memory loss that is happening more often or is getting worse during the past 12 months?</p>		
1	ONE	
2	TWO	
3	THREE	
4	FOUR	
5	FIVE	
6	SIX [6=6 OR MORE]	
8	NONE	PA03Q04
7	DON'T KNOW/NOT SURE	PA03Q04
9	REFUSED	PA03Q04

CATI NOTE: If PA03Q01 = 1 (Yes), go to PA03Q04.

CATI NOTE: If PA03Q02 < 7 (1-6), go to PA03Q03. Otherwise, go to next module.

PA03Q02V	Select
Ask If	PA03Q02 >= ADULTS
INTERVIEWER: PREVIOUSLY YOU STATED THERE WERE {ADULTS} ADULTS TOTAL IN THE HOUSEHOLD.	
YOU RECORDED THERE WERE {IF PA03Q01 = 1, PA03Q02 + 1, PA03Q02} ADULTS THAT EXPERIENCED CONFUSION OR MEMORY LOSS THAT IS HAPPENING MORE OFTEN OR IS GETTING WORSE DURING THE PAST 12 MONTHS.	
IS THE PREVIOUS ANSWER CORRECT?	
1	YES
2	NO
	PA03Q02

PA03Q03	Select	CIRBIAGE
Ask If	PA03Q02 > 0 AND PA03Q02 < 7	
{IF PA03Q02 > 1 AND PA03Q02 < 7, Of these people, please select the person who had the most recent birthday.}		
How old is this person?		
READ ONLY IF NECESSARY:		
01	Age 18-29	
02	Age 30-39	
03	Age 40-49	
04	Age 50-59	
05	Age 60-69	
06	Age 70-79	
07	Age 80-89	
08	Age 90 +	
77	DON'T KNOW/NOT SURE	
99	REFUSED	

PA03Q04	Select	CIHOWOFT
Ask If	PA03Q01 = 1 OR (PA03Q02 > 0 AND PA03Q02 < 7)	
<p>{IF PA03Q01 > 1, For the next set of questions we will refer to the person you identified as 'this person.'}</p> <p>During the past 12 months, how often</p> <p>{IF PA03Q01 = 1, have you given up household activities or chores you, has this person given up household activities or chores they} used to do, because of confusion or memory loss that is happening more often or is getting worse?</p> <p>INTERVIEWER NOTE: REPEAT DEFINITION ONLY AS NEEDED:</p> <p>"For these questions, please think about confusion or memory loss that is happening more often or getting worse."</p> <p>PLEASE READ:</p>		
1	Always	
2	Usually	
3	Sometimes	
4	Rarely	
5	Never	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

PA03Q05	Select	CIASSIST
Ask If	PA03Q01 = 1 OR (PA03Q02 > 0 AND PA03Q02 < 7)	
<p>As a result of {If PA03Q01 = 1, your, this person's} confusion or memory loss, in which of the following four areas {If PA03Q01 = 1, do you, does this person} need the MOST assistance?</p>		
1	Safety (such as forgetting to turn off stove or falling)	
2	Transportation (such as getting to doctor's appointments)	
3	Household activities (such as managing money or housekeeping)	
4	Personal care (such as eating or bathing)	
5	NEEDS ASSISTANCE, BUT NOT IN THOSE AREAS	
6	DOESN'T NEED ASSISTANCE IN ANY AREA	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

PA03Q06	Select	CIINTFER
Ask If	PA03Q01 = 1 OR (PA03Q02 > 0 AND PA03Q02 < 7)	
During the past 12 months, how often has confusion or memory loss interfered with {if PA03Q01 = 1, your, this person's} ability to work, volunteer, or engage in social activities?		
PLEASE READ:		
1	Always	
2	Usually	
3	Sometimes	
4	Rarely	
5	Never	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

PA03Q07	Select	CIFAMCAR
Ask If	PA03Q01 = 1 OR (PA03Q02 > 0 AND PA03Q02 < 7)	
During the past 30 days, how often {if PA03Q01 = 1, has, have you,} a family member or friend provided any care or assistance for {if PA03Q01 = 1, you, this person} because of confusion or memory loss?		
PLEASE READ:		
1	Always	
2	Usually	
3	Sometimes	
4	Rarely	
5	Never	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

PA03Q08	Select	CIHCPROF
Ask If	PA03Q01 = 1 OR (PA03Q02 > 0 AND PA03Q02 < 7)	
Has anyone discussed with a health care professional, increases in {if PA03Q01 = 1, your, this person's} confusion or memory loss?		
1	YES	
2	NO	PA03END
7	DON'T KNOW/NOT SURE	PA03END
9	REFUSED	PA03END

PA03Q09	Select	CIMEDS
Ask If	PA03Q08 = 1	
{If PA03Q01 = 1, Have you, Has this person} received treatment such as therapy or medications for confusion or memory loss?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

PA03Q10	Select	CIDIAGAZ
Ask If	PA03Q08 = 1	
Has a health care professional ever said that {If PA03Q01 = 1, you have, this person has} Alzheimer's disease or some other form of dementia?		
1	Yes, Alzheimer's disease	
2	Yes, some other form of dementia but not Alzheimer's disease	
3	No diagnosis has been given	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

PA03END	Pause	
Ask If		

State Added 04: Sodium or Salt-Related Behavior

PA04INTRO	Pause
Ask If	

PA04Q01	Select
Ask If	
Now I would like to ask you some questions about sodium or salt intake. Most of the sodium or salt we eat comes from processed foods and foods prepared in restaurants. Salt also can be added in cooking or at the table.	
Are you currently watching or reducing your sodium or salt intake?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

PA04Q02	Select
Ask If	
Has a doctor or other health professional ever advised you to reduce sodium or salt intake?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

PA04END	Pause
Ask If	

State Added 05: Adverse Childhood Experiences

PA05INTRO	Pause
Ask If	

PA05Q01	Select
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> <p>Did you live with anyone who was depressed, mentally ill, or suicidal?</p>	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

PA05Q02	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

PA05Q03	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

PA05Q04	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

PA05Q05	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

PA05Q06	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
7	DON'T KNOW/NOT SURE
9	REFUSED

PA05Q07	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
7	DON'T KNOW/NOT SURE
9	REFUSED

PA05Q08	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
7	DON'T KNOW/NOT SURE
9	REFUSED

PA05Q09	Select
Ask If	
As I mentioned when we started this section, I will give you a phone number for an organization that can provide information and referral for these issues.	
Would you like me to give you that number?	
INTERVIEWER NOTE: IF 'YES' READ:	
"You can dial the National Domestic Violence Hotline at 1-800-799-SAFE (7233)."	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

PA05END	Pause
Ask If	

Asthma Call-Back Permission Script

AFUINTRO	Pause
Ask If	

ADLTPERM	Select	630
Ask If	(C06Q04 = 1) OR (M18Q01 = 1 AND (M18Q06 = 1 OR M18Q06 = 3))	
<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
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
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
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
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.	