2013

Arizona Behavioral Risk Factor Surveillance System
Questionnaire

June 2013

Samptype = 1 = land
Samptype = 2 = cell
timers are listed as etta1 – etta9
# Behavioral Risk Factor Surveillance System
## 2013 Questionnaire

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Landline Interviewer’s Script

Answering Machine message text [TO BE LEFT ON 1ST, 4TH, AND 9TH ATTEMPT RESULTING IN AN ANSWERING MACHINE]:
Hello, my name is _______. I am calling on behalf of the Arizona Department of Health Services to conduct an important study on the health of Arizona residents. We will call again in the next few days to conduct the interview. If you have any questions, please call us at 1-877-364-0914 at your convenience. Thanks."

Hola, mi nombre es _______. Llamo en representación del Departamento de Servicios de Salud de Arizona para realizar un importante estudio sobre la salud de los residentes de Arizona. Vamos a llamar otra vez en los próximos días para realizar la entrevista. Si usted tiene alguna pregunta, por favor llámenos al 1-877-364-0914 cuando le sea conveniente. Gracias."

Privacy Manager: [PROMPT AT 1ST, 4TH, AND 9TH ATTEMPT RESULTING IN PRIVACY MANAGER]
“(NAME) Calling on behalf of the Arizona Department of Health Services.”

“(NAME) llamo de parte del Departamento de Servicios de Salud de Arizona.”

Intro1
//ask of all samptype=1//

HELLO, I am calling for the Arizona Department of Health Services. My name is (name)_. We are gathering information about the health of Arizona 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. This call may be monitored and recorded for quality control.

HOLA, llamo de parte del Arizona Department of Health Services. Mi nombre es (name)_. Estamos recopilando información acerca de la salud de los residentes de Arizona. Este proyecto lo lleva a cabo por el departamento de salud con la asistencia de los Centros para el Control y la Prevención de Enfermedades. Su número telefónico se seleccionó al azar y me gustaría hacerle algunas preguntas sobre la salud y las prácticas de salud. Esta llamada puede monitorizarse y grabarse con fines de control de calidad.

Is this (phone number) ?

01 Continue
02 Terminate
05 Selected on the line
14 Continue in Spanish

For Resumed Interviews and samptype =1:
//if SEL NE 20 and samptype =1//

INTRO1
Hello, I’m _____ calling from ICF for the ______________ State Department of Health and the Centers for Disease Control and Prevention. We’re gathering information on the health and
safety of __________ residents. This call is being monitored and recorded for quality control.
When we called previously the computer randomly selected the <SEL1> 18 years of age or older to be interviewed.
May I please speak to him/her?

01. Transfer to respondent [go to newadult]
05 Selected on the line
02 Termination screen
14 CONTINUE IN SPANISH

Intro1

Hola, soy _____ llamando de ICF para el _____________ Departamento de Salud del Estado y los Centros para el Control y la Prevención de Enfermedades. Estamos recopilando información sobre la salud y la seguridad de __________ residente. Esta llamada grabada y monitorizada para el control de calidad. Cuando llamamos previamente el equipo seleccionado al azar el <SEL1> 18 años de edad o más para ser entrevistados.

Podría hablar con el/ella?

//ask if intro1=1 and samptype = 1//
HS1 Is this a private residence?

READ ONLY IF NECESSARY: “By private residence, we mean someplace like a house or apartment.”

1 Yes [Go to state of residence]
2 No [Go to college housing]

//if HS1=3//
BUS Thank you very much but we are only interviewing persons on residential phones lines at this time.
1. continue

BUS. Muchas gracias, pero nosotros sólo estamos entrevistando a personas en las líneas de teléfono residencial en este momento

//if HS1=2//

COLLEGE 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 arrangement provided by a college or university.”

1 YES [Go to HS2]
2 NO - Business
3 NO – Group home
7 DON’T KNOW / NOT SURE
//if college = 2,3,7,9 //

X2 Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time. STOP
1. continue
//if college = 2,3,7,9 assign dispo 26 Not a Private Residence//

//ask of all if samptype = 1//
State of Residence

STRES Do you reside in ____Arizona____?

1 Yes [Go to Cellular Phone]
2 No
7 Don’t Know
9 Refused

//if stres = 2,7,9//

X3 Thank you very much, but we are only interviewing persons who live in the state of ____Arizona____ at this time. STOP //dispo 40/

X3. Muchas gracias, pero nosotros sólo estamos entrevistando a personas que viven en este estado de _____ en este momento.

//ask if HS1=1 or college = 1//

HS2 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
2 Yes

//if HS2=2//

HS2X Thank you very much, but we are only interviewing by land line telephones and for private residences or college housing. STOP //assign dispo 28 cell phone//
1. continue

//ask of college=1 and hs2=1//

ADULT Are you 18 years of age or older?

21 Yes and the respondent is Male
22 Yes and the respondent is Female
03 No

//if adult=3//
Thank you very much, but we are only interviewing persons aged 18 or older at this time. STOP
1. continue //if adult=3 assign dispo 27//

//ask if HS1=1 and hs2=1// //

ADULTS

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

__ Number of adults [RANGE 0-18]

//if ADULTS = 0 //
X3 I’m sorry we are only interviewing adult residents who are 18 years of age or older. Thank you.”
1. continue // if adults=0 assign dispo 27//

//ask if ADULTS = 1//

ONEADULT Are you the adult?

21 Yes and the respondent is Male
22 Yes and the respondent is Female
03 No

If "yes,"
Then you are the person I need to speak with.

//if ONEADULT=03//

ASKGENDR Is the adult a man or a woman?
21 Male
22 Female

//if ONEADULT=03//

GETADULT May I speak with [fill in (him/her) from previous question]?

1 Yes, Adult coming to the phone.[GO TO NEWADULT]
2 No, not here (interview will terminate) [INTERVIEWER SET APPOINTMENT FOR BEST TIME TO REACH ADULT]

//ASK IF ADULTS>1//

MEN How many of these adults are men

__ Number of men [RANGE 0-18]

//ASK IF ADULTS>1//

WOMEN … and how many are women?

__ Number of women [RANGE 0-18]
//if samptype=1//
RANDOMLY SELECT ADULT; Assign selected value:
01 Oldest Female
02 2nd Oldest Female
03 3rd Oldest Female
04 4th Oldest Female
05 5th Oldest Female
06 6th Oldest Female
07 7th Oldest Female
08 8th Oldest Female
09 9th Oldest Female
11 Oldest Male
12 2nd Oldest Male
13 3rd Oldest Male
14 4th Oldest Male
15 5th Oldest Male
16 6th Oldest Male
17 7th Oldest Male
18 8th Oldest Male
19 9th Oldest Male
20 No respondent selected
21 One person HH - Male
22 One person HH – Female

//ASK IF ADULTS > 1//
ASKFOR
The person in your household that I need to speak with is the [INSERT SELECTED]
INTERVIEWER: IF SPEAKING WITH SAME GENDER, ASK: Are you the person?
INTERVIEWER: IF SPEAKING WITH OPPOSITE GENDER, ASK: May I speak with him or her?
1 Yes – Selected is on the line
2 Yes – Adult coming to the phone [GO TO NEWADULT]
3 No, not here [INTERVIEWER: SET APPOINTMENT TIME]
4 Go back to Adults question. Warning: A new respondent may be selected. \n& (You need Supervisor's permission to use this option.)

To the correct respondent:
//if askfor=2 or getadult = 1//
NEWADULT
Hello, I am calling for the Arizona Department of Health Services. My name is (name). We are gathering information about the health of Arizona 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. This call may be monitored and recorded for quality assurance purposes.

1. Continue

//ask if samptype=1//

YourThe1

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 1-877-364-0914.

[Interviewer: If needed: The interview takes on average 20-25 minutes depending on your answers.]

001 Person Interested, continue.

002 Go back to Adults question. WARNING: A NEW RESPONDENT WILL BE SELECTED AND YOU NEED A SUPERVISOR’S PASSWORD TO CONTINUE.

Cell Phone

Interviewer’s Intro

Answering Machine message text
[To be left on 1st, 4th, and 9th attempt resulting in an answering machine]:

"Hello, the Arizona Department of Health Services and the Centers for Disease Control and Prevention are conducting a study about the health of Arizona residents. We will call again in the next few days to conduct the interview. If you have any questions, please call us, toll-free, at 1-877-364-0914. For most people, the study will be very brief and we would be glad to answer any questions you have. The toll-free number again is 1-877-364-0914. Thank you."

Hola, mi nombre es _______. Llamo en representación del Departamento de Servicios de Salud de Arizona para realizar un importante estudio sobre la salud de los residentes de Arizona. Vamos a llamar otra vez en los próximos días para realizar la entrevista. Si usted tiene alguna pregunta, por favor llámenos al 1-877-364-0914 cuando le sea conveniente. Gracias."

//ask if samptype=2//

Intro1 HELLO, I am calling for the Arizona Department of Health Services. My name is (name). We are gathering information about the health of Arizona 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. The interview may be monitored and recorded for quality control purposes. I have just a few questions to find out if you are eligible for the study.

Is this a safe time to talk with you?
INTERVIEWER NOTE: If respondent reports that they do not live in the state mentioned, tell them that they may still be eligible to participate.

01 Yes - Continue
02 No - Not a safe time
03 Respondent Says – They Do Not Live in this State
04 Termination Screen
14 CONTINUE IN SPANISH

//if intro1=03//
intro 2
You may still be eligible to participate.
01 Continue to next question
07 Termination screen
09 Not a safe time/driving

//if intro1=1 or intro2=1//

PHONE Is this _(phone number)_?
INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

1 [Go to CELLFON2] YES
2 NO
4 [GO TO CB] NOT A SAFE TIME/DRIVING
7 [Go to CELLFON2] DON'T KNOW / NOT SURE
9 [Go to CELLFON2] REFUSED

If "no," //if PHONE=2//
XPHONE 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. STOP TERM DISP = 23
1. continue

//If PHONE=1,7,9 ask CELLFON2//

CELLFON2
Is this a cellular telephone?

[Read only if necessary: “By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood”].

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

1 YES [Go to CADULT]
2 NO
3 NOT A SAFE TIME/DRIVING
7 DON'T KNOW / NOT SURE
9 REFUSED

IF "No", //if CELLFON2=2//
Thank you very much, but we are only interviewing cell telephones at this time.
STOP //assign dispo 25//
If “Don't Know”, “Refused”, //If CELLFON2=7,9//
Thank you for your time. STOP //assign dispo 26//

//if CELLFON2=1 go to CADULT/
//if CELLFON2=1 ask CADULT/
CADULT
Are you 18 years of age or older?

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT
RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY. ASK GENDER IF
NECESSARY.

(215)

1 YES, Male Respondent [Go to PVTRESD2]
2 YES, Female Respondent [Go to PVTRESD2]
3 NO [GO TO CADULT2]
4 NOT A SAFE TIME/DRIVING [Go to CB]
7 DON'T KNOW / NOT SURE
9 REFUSED

IF “Don’t Know”, “Refused”, //If CADULT=7,9//
Thank you very much for your time. STOP TERM DISP = 28

IF “No”, //If CADULT=3//

CADULT2
Is there an adult that also uses this cell phone?

1 YES [GO TO CADULT3]
2 NO

//if CADULT2=2// (no adult uses cell phone)
Thank you very much, but we are only interviewing persons aged 18 or older at
this time. STOP //assign term disp = 27//

//if CADULT2=1//

CADULT3
May I speak with him or her?

1 SWITCHING TO RESPONDENT
2 RESPONDENT NOT AVAILABLE/CALLBACK

//if CADULT3=1 go to INTRO1/
//if CADULT3=2 autocode 105, callback/
PVTRESD2
Do you live in a private residence?

READ ONLY IF NECESSARY: “By private residence, we mean someplace like a house or apartment.”

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY. THE PERSON DOES NOT NEED TO BE PHYSICALLY LOCATED IN THEIR PRIVATE RESIDENCE.

1 YES [Go to CSTATE]
2 NO
3 NOT A SAFE TIME/DRIVING
7 DON’T KNOW / NOT SURE
9 REFUSED

IF PVTRESD2=2

COLLEGE Do you live in college housing?

[INTERVIEWER: IF NO, PROBE TO FIND OUT IF BUSINESS OR GROUP HOME]
(Read only if necessary): “By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.”

1 YES [Go to CSTATE]
2 NO – business
3 no – group home
4 NOT A SAFE TIME/DRIVING
7 DON’T KNOW / NOT SURE
9 REFUSED

IF college = 2,3

“Thank you very much for your time, but we are only interviewing persons who live in a private residence or college housing at this time.” STOP – TERMDISP=35

IF “Don’t Know”, “Refused”, IF PVTRESD2=7,9 or college = 7, 9

Thank you very much for your time. STOP TERM DISP = 29

CSTATE
Are you a resident of _Arizona_?

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

1 YES [Go to LANDLINE]
2   NO    [Go to STATE]
3   NOT A SAFE TIME/DRIVING
7   DON'T KNOW / NOT SURE
9   REFUSED

IF “Don't Know”, “Refused”, //If CSTATE=7,9//
Thank you very much for your time. STOP TERM DISP = 30
//If CSTATE=2 ask RSPSTATE//

RSPSTATE   In what state do you live?
[CATI: IF RSPSTATE = LSTATE RE-CODE CSTATE=1]

(218-219)

ENTER STATE

is a list of the United States and its Territories in alphabetical order:

AL Alabama
AK Alaska
AZ Arizona
AR Arkansas
CA California
CO Colorado
DE Delaware
DC District of Columbia
FL Florida
GA Georgia
HI Hawaii
ID Idaho
IL Illinois
IN Indiana
IO Iowa
KS Kansas
KY Kentucky
LA Louisiana
ME Maine
MD Maryland
MA Massachusetts
MI Michigan
MN Minnesota
MS Mississippi
MO Missouri
MT Montana
NE Nebraska
NV Nevada
NH New Hampshire
NJ New Jersey
NM New Mexico
NY New York
NC North Carolina
ND North Dakota
OH Ohio
OK Oklahoma
OR Oregon
PA Pennsylvania
RI Rhode Island
SC South Carolina
SD South Dakota
TN Tennessee
TX Texas
UT Utah
VT Vermont
VA Virginia
WA Washington
WV West Virginia
WI Wisconsin
WY Wyoming

99 REFUSED

If Refused:
I’m sorry, but our data is compiled by state. In order to qualify for the interview we need to know which state you live in. Thank you for your time.

DISP = 42

//ask if samptype=2//

LANDLINE
Do you also have a landline telephone in your home that is used to make and receive calls?

READ ONLY IF NECESSARY: “By landline telephone, we mean a “regular” telephone in your home that is connected to outside telephone lines through a cable or cord and is used for making or receiving calls. Please include landline phones used for both business and personal use.”

NOTE: Telephone service over the internet counts as landline service. PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

1 YES
2 NO //Go to INTRO2//
7 DON’T KNOW / NOT SURE//Go to TERMINATION//
9 REFUSED //Go to TERMINATION//

IF “No”, GO TO SURVEY INTRO
IF “Don’t Know” or “Refused”, GO TO TERMINATION TERM DISP = 32

//If LANDLINE=1 ask PCTCELL//
//If LANDLINE=2 go to svintro//
//If LANDLINE = 7, 9 go to termination//

PCTCELL
Thinking about all the phone calls that you receive on your landline or cell phone, what percent, between 0 and 100, are received on your cell phone?
Enter Percent (1 to 100)
8 8 8 Zero
7 7 7 Don’t know/Not sure
9 9 9 Refused

//If PCTCELL <90% go to termination//

TERMINATION
Thank you very much. Those are all the questions that I have for you today.
If PCTCELL = 1-89, 777, 888, 999 term disp = 43
If landline = 7, 9 term disp = 32

//ask if samptype=2//

svintro
Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices. 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, I will provide a telephone number for you to call to get more information.

Is this a safe time to talk with you now or are you driving?

INTERVIEWER NOTE: If respondent indicates it is not safe to talk now, ask “When is a better time to try to call back?” and schedule an appointment.

1  SAFE TIME/NOT DRIVING
2  DRIVING/NOT A SAFE TIME
9  REFUSED

//if svintro = 9// Assign refusal disposition based on refusal count.
//if svintro=1 read: //

svintro2
I will not ask for your last name, address, or other personal information that can identify you. The call may be monitored or recorded for quality assurance purposes. If you have any questions about the survey, please call 1-877-364-0914

[INTERVIEWER: IF NEEDED: The interview takes on average 20-25 minutes depending on your answers.]
1. Continue

Core Sections

Section 1: Health Status
//ask of all//

s1q1 Would you say that in general your health is—

Please read:

1 Excellent
2 Very good
3 Good
4 Fair

Or

5 Poor

Do not read:

7 Don’t know / Not sure
9 Refused

Section 2: Healthy Days — Health-Related Quality of Life

//ask of all//

s2q1 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 [RANGE = 1-30]
8 8 None
7 7 Don’t know / Not sure
9 9 Refused

//ask of all//

s2q2 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[RANGE = 1-30]
8 8 None
7 7 Don’t know / Not sure
9 9 Refused

[If Q2.1 and Q2.2 = 88 (None), go to next section]
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[RANGE = 1-30]

- 8 None
- 7 Don’t know / Not sure
- 9 Refused

Section 3: Health Care Access

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?

Yes

No

Don’t know / Not sure

Refused

Module 4: Health Care Access (land and cell)

Do you have Medicare?

Note: Medicare is a coverage plan for people age 65 or over and for certain disabled people.

Yes

No

Don’t know/Not sure

Refused

Are you CURRENTLY covered by any of the following types of health insurance coverage plans?

(Select all that apply)

Please Read:[MUL=7]
Do you have one person you think of as your personal doctor or health care provider?

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?"

(88)

1 Yes, only one
2 More than one
3 No
7 Don’t know / Not sure
9 Refused

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

(89)

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

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.

(313)

Please read
You couldn’t get through on the telephone.
You couldn’t get an appointment soon enough.
Once you got there, you had to wait too long to see the doctor.
The (clinic/doctor’s) office wasn’t open when you got there.
You didn’t have transportation.

Do not read:

Other ____________
specify
No, I did not delay getting medical care/did not need medical care
Don’t know/Not sure
Refused

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.

Within the past year (anytime less than 12 months ago)
Within the past 2 years (1 year but less than 2 years ago)
Within the past 5 years (2 years but less than 5 years ago)
5 or more years ago
Don’t know / Not sure
Never
Refused

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

In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage?

Yes [Go to Q5]
No [Go to Q5]
Don’t know/Not sure [Go to Q5]
Refused [Go to Q5]

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
6. Don’t know/Not sure
7. Refused

How many times have you been to a doctor, nurse, or other health professional in the past 12 months?

(341-342)

__ __ Number of times [range 01-76]
8 8 None
7 7 Don’t know/Not sure
9 9 Refused

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.

(343)

1. Yes
2. No

Do not read:

3. No medication was prescribed.
7. Don’t know/Not sure
9. Refused

In general, how satisfied are you with the health care you received?

Would you say—

(344)

1. Very satisfied
2. Somewhat satisfied
3. Not at all satisfied

Do not read

8. Not applicable
7. Don’t know/Not sure
9. Refused
Do you currently have any medical 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.

1. Yes
2. No
7. Don’t know/Not sure
9. Refused

**CATI Note:** If PPHF state, Go to core section 4.

Section 4: Inadequate Sleep

//ask of all//
I would like to ask you about your sleep pattern.

**s4q1**
On average, how many hours of sleep do you get in a 24-hour period?

**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.

77 Don’t know / Not sure
99 Refused
Section 5: Hypertension Awareness

//ask of all//
s5q1
Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?

Read only if necessary: By "other health professional" we mean a nurse practitioner, a physician’s assistant, or some other licensed health professional.

If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”

1 Yes
2 Yes, but female told only during pregnancy [Go to next section]
3 No [Go to next section]
4 Told borderline high or pre-hypertensive [Go to next section]
7 Don’t know / Not sure [Go to next section]
9 Refused [Go to next section]

//if selected = male and s5q1 = 2//
S5q1a INTERVIEWER: You recorded that the respondent was told by a doctor during pregnancy that she had high blood pressure. Are you sure? The respondent selected was the an adult.

You have to go back and correct this INCONSISTENCY ERROR.

//ask of s5q1 = 1//
s5q2
Are you currently taking medicine for your high blood pressure?

1 Yes
2 No
7 Don’t know / Not sure
9 Refused

Section 6: Cholesterol Awareness

//ask of all//
s6q1
Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked?

1 Yes
2 No [Go to next section]
7 Don’t know / Not sure [Go to next section]
9 Refused [Go to next section]

//ask if s6q1 = 1//
s6q2  About how long has it been since you last had your blood cholesterol checked?

(96)

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

Do not read:

7  Don’t know / Not sure
9  Refused

//ask if s6q1 = 1//

s6q3  Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?

(97)

1  Yes
2  No
7  Don’t know / Not sure
9  Refused

Section 7: Chronic Health Conditions

//ask of all//

S7q1t  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.”

1. continue

//ask of all//

s7q1  (Ever told) you that you had a heart attack also called a myocardial infarction?

(98)

1  Yes
2  No
7  Don’t know / Not sure
9  Refused

//ask of all//

s7q2  (Ever told) you had angina or coronary heart disease?

(99)

1  Yes
2  No
7  Don’t know / Not sure
9  Refused

//ask of all//
s7q3  (Ever told) you had a stroke?  
  1 Yes  
  2 No  
  7 Don’t know / Not sure  
  9 Refused  

//ask of all//

s7q4  (Ever told) you had asthma?  
  1 Yes  
  2 No  
  7 Don’t know / Not sure  
  9 Refused  

[Go to Q7.6]

//ask if s7q4=1//

s7q5  Do you still have asthma?  
  1 Yes  
  2 No  
  7 Don’t know / Not sure  
  9 Refused  

//ask of all//

s7q6  (Ever told) you had skin cancer?  
  1 Yes  
  2 No  
  7 Don’t know / Not sure  
  9 Refused  

//ask of all//

s7q7  (Ever told) you had any other types of cancer?  
  1 Yes  
  2 No  
  7 Don’t know / Not sure  
  9 Refused  

//ask of all//

s7q8  (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis?
(105)

1 Yes
2 No
7 Don’t know / Not sure
9 Refused

//ask of all/

s7q9 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

(106)

1 Yes
2 No
7 Don’t know / Not sure
9 Refused
INTERVIEWER NOTE: Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter’s syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud’s syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener’s granulomatosis, polyarteritis nodosa)

//ask of all//

s7q10 (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

//ask of all//

s7q11 (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

//ask of all//

s7q12 (Ever told) you have diabetes?

109

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

//if selected = male and s7q12 = 2//

S7q12a
INTERVIEWER: You recorded that the respondent was told by a doctor during pregnancy that she had diabetes. Are you sure? The respondent selected was male.

You have to go back and correct this INCONSISTENCY ERROR.

Module 1: Pre-Diabetes (land and cell)

NOTE: Only asked of those not responding “Yes” (code = 1) to Core Q7.12 (Diabetes awareness question).
//ask if s7q12 ne 1//

Mod1_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 Q7.12 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 “Yes” (code = 1).
//ask if s7q12 ne 1, 4//

Mod1_2 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
INTERVIEWER: You recorded that the respondent was told by a doctor during pregnancy that she had pre-diabetes or borderline diabetes. Are you sure? The respondent selected was male.

You have to go back and correct this INCONSISTENCY ERROR

Module 2: Diabetes (land and cell)

//ask if s7q12 = 1//

Mod2_1. How old were you when you were told you have diabetes?

[97 = 97 and older]

Code age in years [range 01-97] [97 = 97 and older]

_  _  Don’t know / Not sure
9 8  Refused
9 9  Refused
//ask if s7q12 = 1//

Mod2_2. Are you now taking insulin?

1  Yes
2  No
9  Refused

//ask if s7q12 = 1//

Mod2_3. 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.

1  _  _  Times per day [range 101-199]
2  _  _  Times per week [range 201-299]
3  _  _  Times per month [range 301-399]
4  _  _  Times per year [range 401-499]
8  8  8  Never
7  7  7  Don’t know / Not sure
9  9  9  Refused

//ask if s7q12 = 1//

Mod2_4. 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.

1  _  _  Times per day [range 101-199]
2  _  _  Times per week [range 201-299]
3  _  _  Times per month [range 301-399]
4  _  _  Times per year [range 401-499]
5  5  5  No feet
8  8  8  Never
7  7  7  Don’t know / Not sure
9  9  9  Refused

//ask if s7q12 = 1//

Mod2_5. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

[76 = 76 or more]

8  8  Number of times [range 01-76]
7  7  None
9  9  Don’t know / Not sure
9  9  Refused
//ask if s7q12 = 1/

Mod2_6. 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"?

[76 = 76 or more]

Number of times [range 01-76]

8 8 None
9 8 Never heard of "A one C" test
7 7 Don’t know / Not sure
9 9 Refused

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

//ask if mod2_6 ne 555/

Mod2_7. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

[76 = 76 or more]

Number of times [range 01-76]

8 8 None
7 7 Don’t know / Not sure
9 9 Refused

//ask if s7q12 = 1/

Mod2_8. 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

Do not read:

7 Don’t know / Not sure
8 Never
9 Refused

//ask if s7q12 = 1/

Mod2_9. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

1 Yes
2 No
<table>
<thead>
<tr>
<th></th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Don't know / Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>
//ask if s7q12 = 1//

**Mod2_10.** Have you ever taken a course or class in how to manage your diabetes yourself?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Don't know / Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

Section 8: Demographics

//ask of all//

**s8q1** What is your age?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Code age in years [range 18-99]</td>
</tr>
<tr>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>0</td>
<td>9</td>
</tr>
</tbody>
</table>

//ask if mod2_1 > s8q1//

**S8q1chk** You said you were [insert s8q1] years of age and told you have diabetes at age [insert mod2_1]. I must correct this inconsistency.

Usted dijo que tenia \:s8q1: anos de edad y que le dijeron que tenia diabetes a la edad de \:mod2_1:. Debo corregir este error.

1. Continue

//ask of all//

**s8q2** Are you Hispanic, Latino/a, or Spanish origin?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No, not of Hispanic, Latino/a, or Spanish origin</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
</tr>
<tr>
<td>7</td>
<td>Don’t Know</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

//if s8q2=2//

**S8q2b** Are you...

**Interviewer Note:** One or more categories may be selected.

READ LIST

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mexican, Mexican American, Chicano/a</td>
</tr>
<tr>
<td>2</td>
<td>Puerto Rican</td>
</tr>
<tr>
<td>3</td>
<td>Cuban</td>
</tr>
<tr>
<td>4</td>
<td>Another Hispanic, Latino/a, or Spanish origin</td>
</tr>
</tbody>
</table>
s8q3 Which one or more of the following would you say is your race?

Interviewer Note: Select all that apply.

Interviewer Note: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

[INTERVIEWER NOTE: Enter Caucasian response as 10-White. Enter Native American Response as 30 – American Indian or Alaska Native.]

Please read: [MUL = 5]

10 White
20 Black or African American
30 American Indian or Alaska Native
40 Asian
50 Pacific Islander

Do not read:

60 Other
77 Don’t know / Not sure
99 Refused

//ask if s8q3=40//
S8q3a Is that...
Interviewer Note: Select all that apply. [mul=7]

41 Asian Indian
42 Chinese
43 Filipino
44 Japanese
45 Korean
46 Vietnamese
47 Other Asian
If s8q3 = 50
s8q3pi Is that...
Interviewer Note: Select all that apply. [mul=4]

51 Native Hawaiian
52 Guamanian or Chamorro
53 Samoan
54 Other Pacific Islander
77 Don't Know
99 Refused

[DP note: s8q3 is presented as one question, combine s8q3a and s8q3pi into s8q3 for delivery]

CATI note: If more than one response to Q8.3; continue. Otherwise, go to Q8.5.
//ask if s8q3 = mul//
s8q4 Which one of these groups would you say best represents your race?

Interviewer Note: If 04 (Asian) or 05 (Pacific Islander) is selected read and code subcategory underneath major heading.

(144-145)
[INTERVIEWER NOTE: Enter Caucasian response as 10-White. Enter Native American Response as 30 – American Indian or Alaska Native.]

10 White
20 Black or African American
30 American Indian or Alaska Native
40 Asian

50 Pacific Islander

Do not read:

60 Other
88 No additional choices
77 Don't know / Not sure
99 Refused

//(ask if s8q3a = mul) OR (s8q3=mul and s8q4=40)///
S8q4a
Interviewer: if multiple Asian races given, read: Which one of these groups would you say best represents your race?

Is that...

41 Asian Indian
Interviewer: If multiple Pacific Islander races given, read: Which one of these groups would you say best represents your race?

Is that...
51 Native Hawaiian
52 Guamanian or Chamorro
53 Samoan
54 Other Pacific Islander
77 Don't Know
99 Refused

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

Do not read:
7 Don't know / Not sure
9 Refused

Are you…?

Please read:
1 Married
2 Divorced
3 Widowed
4 Separated
5 Never married

Or

6 A member of an unmarried couple

Do not read:
9 Refused

//ask of all//

s8q7 How many children less than 18 years of age live in your household?

[Interviewer: 15 = 15 or more
88 = None
99 = Refused]

Number of children [range 1-15]
8 8 None
9 9 Refused

//ask if s8q7=1-15//

(S8Q7CHK) Just to be sure - you have ___ child under 18 living in your household. Is that correct?

1 YES
2 NO
9 REFUSED

//ask of all//

s8q8 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)

Do not read:

9 Refused

//ask of all//

s8q9 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

Do not read:
9 Refused

//ask of all/

s8q10  Is your annual household income from all sources—

(152-153)

If respondent refuses at ANY income level, code ‘99’ (Refused)

Read only if necessary:

S8q10A [04]  Less than $25,000 ($20,000 to less than $25,000)

1 Yes
2 No
7 Don’t Know
9 Refused

[If “no,” ask 05; if “yes,” ask 03]

//ask if s8q10A = 1//

S8q10B [03]  Less than $20,000 ($15,000 to less than $20,000)

1 Yes
2 No
7 Don’t Know
9 Refused

[If “no,” code 04; if “yes,” ask 02]

//ask if s8q10B = 1//

S8q10C [02]  Less than $15,000 ($10,000 to less than $15,000)

1 Yes
2 No
7 Don’t Know
9 Refused

[If “no,” code 03; if “yes,” ask 01]

//ask if s8q10C = 1//

S8q10D [01]  Less than $10,000

1 Yes
2 No
7 Don’t Know
9 Refused

[If “no,” code 02]

//ask if s8q10A = 2//

S8q10E [05]  Less than $35,000 ($25,000 to less than $35,000)
Yes
2 No
7 Don’t Know
9 Refused
[If “no,” ask 06]
//ask if s8q10E = 2//
S8q10F [06] Less than $50,000 ($35,000 to less than $50,000)
1 Yes
2 No
7 Don’t Know
9 Refused
[If “no,” ask 07]
//ask if s8q10F = 2//
S8q10G [07] Less than $75,000 ($50,000 to less than $75,000)
1 Yes
2 No
7 Don’t know
9 Refused
[If “no,” code 08]
[08] $75,000 or more
//ask if s8q10A-s8q10G ne 7,9//
S8q10AA Your Annual Household Income is [enter range from code in s8q10A-G]
Is This Correct?
1 No, re-ask question [GO TO S8Q10A] 2 Yes, correct as is. [CONTINUE]

//ask of all//
Ps8q11 About how much do you weigh without shoes?
ENTER “P” FOR WEIGHT GIVEN IN POUNDS
ENTER “K” FOR WEIGHT GIVEN IN KILOGRAMS
P pounds
K kilograms
7 Don’t Know
9 Refused
//ask if ps8q11 = P//
S8q11 About how much do you weigh without shoes?

NOTE: If respondent answers in metrics, put “9” in column 117.
Round fractions up

_ _ _ _ _ Weight
(pounds) [Range 50-776,]

//ask if s8q11 =50-79 OR 351-776//
S8q11_A: Just to double-check, you indicated \:s8q11: pounds as your weight.

IS THIS CORRECT?
1. Yes
2. No [go back to s8q11]

//ask if ps8q11 = K//
S8q11M About how much do you weigh without shoes?

NOTE: If respondent answers in metrics, put “9” in column 174.
Round fractions up

_ _ _ _ _ Weight(kilograms) [Range 23-352,]

//ask if s8q11m = 23-352 and ps8q11 = “k”
S8q11am: Just to double-check, you indicated \:s8q11m: kilograms as your weight.

IS THIS CORRECT?
1. Yes
2. No, [go back to s8q11m]

//ask of all//
Ps8q12 About how tall are you without shoes?

ENTER “F” FOR HEIGHT GIVEN IN FEET
ENTER “M” FOR HEIGHT GIVEN IN CENTIMETERS

F feet
M centimeters
7 Don’t Know
9 Refused

//ask if ps8q12=f//
S8q12 About how tall are you without shoes?

(140-143)
NOTE: If respondent answers in metrics, put “9” in column 121.

Round fractions down
[Enter height in Feet and Inches]
[Ex: 5 feet 9 inches would be entered as 509]

---

Height[Range 300-311, 400-411, 500-511, 600-611, 700-711]

//ask if s8q12 = 300-407, 609-711]
S8q12a: Just to double check, you indicated you are //enter feet from s8q12// FEET //enter inches from // s8q12// INCHES TALL.

IS THIS CORRECT?
1. Yes
2. No, go back to s8q12

//ask if ps8q12 = M//
S8q12M About how tall are you without shoes?

NOTE: If respondent answers in metrics, put “9” in column 126.

Round fractions down
[Enter height in centimeters]
[Ex: 2 meters 5 centimeters would be entered as 205]

---

Height[Range 90-254]

//ask if s8q12m = 90-254 and ps8q12=M//
S8q12am: Just to double check, you indicated you are //s8q12m// centimeters tall.

IS THIS CORRECT?
1. Yes
2. No [go back to s8q12m]

//if samptype=2 and CSTATE = 2 //
cnty What county or town do you live in?

888 GAVE RESPONSE
777 DON’T KNOW/NOT SURE
999 REFUSED
//if cnty =888//
cntyo:
INTERVIEWER: ENTER THE COUNTY BELOW
cntyc
I want to make sure that I got it right.

You said you live in the county of [INSERT COUNTY FROM CNTY]. Is that correct?

1 Yes, correct as is
2 No, re-ask question

//ask if aztown (001-27)//

aztowna
I want to make sure that I got it right.

You said you live in the county of [\U\B\:aztown:]. Is that correct?

1 Yes, correct as is\n2 No, re-ask question

//ask of all//

s8q14 What is the ZIP Code where you live?
ZIP Code[ LAND RANGE = 85000-87399 , CELL RANGE = 00000-99999]

7 7 7 7 7  Don’t know / Not sure
9 9 9 9 9  Refused

S7q14caz  I just want to confirm, you said your zip code is [insert s7q14az]. Is that correct?
1. Yes, correct zip code.
2. No, incorrect zip code.

s8q15  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.
(170)
1  Yes
2  No  [Go to Q8.17]
7  Don’t know / Not sure  [Go to Q8.17]
9  Refused  [Go to Q8.17]

s8q16  How many of these telephone numbers are residential numbers?
(171)
INTERVIEWER: [6 = 6 or more]

Residential telephone numbers [range 1-6]
7  Don’t know / Not sure
9  Refused

s8q16A:
!IF [s8q16] > 3 and [s8q16 < 7) OR ([s8q16] > [ADULTS])

I am sorry, just to double check, you indicated you have \s8q16: residential phones in your household.
IS THIS CORRECT?

Perdone me pero usted indico que tiene \s8q16: telefonos residenciales en su hogar. Es esto correcto?
1 Yes, correct as is
2 No, re-ask question

s8q17  Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.
//ask if s8q17=1//
s8q18 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? (173-175)

_ _ _ Enter percent (1 to 100)
 8 8 8 Zero
 7 7 7 Don’t know / Not sure
 9 9 9 Refused

//ask of all//
s8q19 Have you used the internet in the past 30 days? (176)

 1 Yes
 2 No
 7 Don’t know / Not sure
 9 Refused

//ask of all//

s8q20 Do you own or rent your home?

INTERVIEWER NOTE: “Other arrangement” may include group home, staying with friends or family without paying rent.

NOTE: Home is defined as the place where you live most of the time/the majority of the year. (177)

 1 Own
 2 Rent
 3 Other arrangement
 7 Don’t know / Not sure
 9 Refused

//ask of all//

s8q21 Indicate sex of respondent. Ask only if necessary. (178)

 1 Male [Go to Q8.23]
 2 Female [If respondent is 45 years old or older, go to Q8.23]
//ask if s8q21=2 AND s8q1<45//

s8q22 To your knowledge, are you now pregnant?

1 Yes
2 No
7 Don’t know / Not sure
9 Refused

Language Indicator (land and cell)

//ask of all//
Lang1. INTERVIEWER: DO NOT ASK QUESTION:

IN WHAT LANGUAGE WAS THIS INTERVIEW COMPLETED?

01 ENGLISH
02 SPANISH

//ask of all//

S8q23 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

//ask of all//

s8q24 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

//ask of all//

s8q25 Are you blind or do you have serious difficulty seeing, even when wearing glasses? (182)

1 Yes
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

Do you have serious difficulty walking or climbing stairs?

1  Yes
2  No
7  Don't know / Not sure
9  Refused

Do you have difficulty dressing or bathing?

1  Yes
2  No
7  Don't know / Not sure
9  Refused

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

Section 9: Tobacco Use
s9q1  Have you smoked at least 100 cigarettes in your entire life?  

(187)

NOTE:  5 packs = 100 cigarettes

1  Yes  [Go to Q9.5]
2  No  [Go to Q9.5]
7  Don't know / Not sure  [Go to Q9.5]
9  Refused  [Go to Q9.5]

//ask if s9q1=1//

s9q2  Do you now smoke cigarettes every day, some days, or not at all?  

(188)

1  Every day  [Go to Q9.4]
2  Some days  [Go to Q9.5]
3  Not at all  [Go to Q9.5]
7  Don't know / Not sure  [Go to Q9.5]
9  Refused  [Go to Q9.5]

//ask if s9q2 = 1,2//

s9q3  During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?  

(189)

1  Yes  [Go to Q9.5]
2  No  [Go to Q9.5]
7  Don't know / Not sure  [Go to Q9.5]
9  Refused  [Go to Q9.5]

//ask if s9q2=3//

s9q4  How long has it been since you last smoked a cigarette, even one or two puffs?  

(190-191)

0 1  Within the past month (less than 1 month ago)
0 2  Within the past 3 months (1 month but less than 3 months ago)
0 3  Within the past 6 months (3 months but less than 6 months ago)
0 4  Within the past year (6 months but less than 1 year ago)
0 5  Within the past 5 years (1 year but less than 5 years ago)
0 6  Within the past 10 years (5 years but less than 10 years ago)
0 7  10 years or more
0 8  Never smoked regularly
7 7  Don't know / Not sure
9 9  Refused

//ask of all//

s9q5  Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?  

Snus (rhymes with ‘goose’)

//ask if s9q4=0//
NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.

1  Every day
2  Some days
3  Not at all

Do not read:
7  Don’t know / Not sure
9  Refused

Section 10: Alcohol Consumption

//ask of all//
s10q1 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?

1 _ _ Days per week [range 101-107]
2 _ _ Days in past 30 days [range 201-230]
8 8 8 No drinks in past 30 days [Go to next section]
7 7 7 Don’t know / Not sure [Go to next section]
9 9 9 Refused [Go to next section]

//ask if s10q1 ne . , 888,777,999//
s10q2 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?

_ _ Number of drinks [range 01-76]
7 7 Don’t know / Not sure
9 9 Refused

//ask if s10q1 ne . , 888,777,999//
s10q3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have $X$ [CATI $X = 5$ for men, $X = 4$ for women] or more drinks on an occasion?

_ _ Number of times [range 01-76]
8 8 None
7 7 Don’t know / Not sure
9 9 Refused
During the past 30 days, what is the largest number of drinks you had on any occasion?

- Number of drinks [range 01-76]
- 77 Don't know / Not sure
- 99 Refused

Section 11: Fruits and Vegetables

These next questions are about the fruits and vegetables you ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home.

I will be asking how often you ate or drank each one: for example, once a day, twice a week, three times a month, and so forth.

INTERVIEWER NOTE: If respondent responds less than once per month, put “0” times per month. If respondent gives a number without a time frame, ask: “Was that per day, week, or month?”

During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice.

INTERVIEWER NOTE: Do not include fruit drinks with added sugar or other added sweeteners like Kool-aid, Hi-C, lemonade, cranberry cocktail, Tampico, Sunny Delight, Snapple, Fruitopia, Gatorade, Power-Ade, or yogurt drinks. Do not include fruit juice drinks that provide 100% daily vitamin C but include added sugar.

Do not include vegetable juices such as tomato and V8 if respondent provides but include in “other vegetables” question mod8_6.

DO include 100% pure juices including orange, mango, papaya, pineapple, apple, grape (white or red), or grapefruit. Only count cranberry juice if the respondent’s perception is that it is 100% juice with no sugar or artificial sweetener added. 100% juice blends such as
orange-pineapple, orange-tangerine, cranberry-grape are also acceptable as are fruit-vegetable 100% blends. 100% pure juice from concentrate (i.e., reconstituted) is counted.

1  _  _  Per day [RANGE = 101-199]
2  _  _  Per week [RANGE = 201-299]
3  _  _  Per month [RANGE = 301-399]
5555 Never
7777 Don’t know / Not sure
9999 Refused

s11q1A
ASK if [s11q1#106-199,226-299,388-399]

INTERVIEWER: YOU RECORDED \s11Q1A:. IS THAT CORRECT?

1 Yes, Correct as is
2 No, Re-ask question

//ask of all//

S11q2 During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit

(268-270)

Read only if necessary: “Your best guess is fine. Include apples, bananas, applesauce, oranges, grape fruit, fruit salad, watermelon, cantaloupe or musk melon, papaya, lychees, star fruit, pomegranates, mangos, grapes, and berries such as blueberries and strawberries.”

INTERVIEWER NOTE: Do not count fruit jam, jelly, or fruit preserves.

Do not include dried fruit in ready-to-eat cereals.

Do include dried raisins, cran-raisins if respondent tells you - but due to their small serving size they are not included in the prompt.

Do include cut up fresh, frozen, or canned fruit added to yogurt, cereal, jello, and other meal items.

Include culturally and geographically appropriate fruits that are not mentioned (e.g. genip, soursop, sugar apple, figs, tamarind, bread fruit, sea grapes, carambola, longans, lychees, akee, rambutan, etc.).

1. Continue
//ask of all//

S11q2

1  _  _  Per day [RANGE = 101-199]
2  _  _  Per week [RANGE = 201-299]
3  _  _  Per month [RANGE = 301-399]
During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans.

Read only if necessary: “Include round or oval beans or peas such as navy, pinto, split peas, cow peas, hummus, lentils, soy beans and tofu. Do NOT include long green beans such as string beans, broad or winged beans, or pole beans.”

INTERVIEWER NOTE: Include soybeans also called edamame, TOFU (BEAN CURD MADE FROM SOYBEANS), kidney, pinto, hummus, lentils, black, black-eyed peas, cow peas, lima beans and white beans.
Include bean burgers including garden burgers and veggie burgers.
Include falafel and tempeh.
1. Continue
S11q4 During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach?

INTERVIEWER NOTE: Each time a vegetable is eaten it counts as one time.

INTERVIEWER NOTE: Include all raw leafy green salads including spinach, mesclun, romaine lettuce, bok choy, dark green leafy lettuce, dandelions, komatsuna, watercress, and arugula.

Do not include iceberg (head) lettuce if specifically told type of lettuce. Include all cooked greens including kale, collard greens, choys, turnip greens, mustard greens.

1. Continue

S11q4

1 _ _ Per day [RANGE = 101-199]
2 _ _ Per week [RANGE = 201-299]
3 _ _ Per month [RANGE = 301-399]
5 5 5 Never
7 7 7 Don’t know / Not sure
9 9 9 Refused

s11q4A

ASK if [s11q4#106-199,226-299,388-399]

INTERVIEWER: YOU RECORDED:S11Q4A:

IS THAT CORRECT?

1 Yes, Correct as is
2 No, Re-ask question

S11q5t During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?

(274-275)
Read only if needed: “Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash.”

FOR INTERVIEWER: Include all forms of carrots including long or baby-cut.

Include carrot-slaw (e.g. shredded carrots with or without other vegetables or fruit).

Include all forms of sweet potatoes including baked, mashed, casserole, pie, or sweet potatoes fries.

Include all hard-winter squash varieties including acorn, autumn cup, banana, butternut, buttercup, delicate, hubbard, kabocha (Also known as an Ebisu, Delica, Hoka, Hokkaido, or Japanese Pumpkin; blue kuri), and spaghetti squash. Include all forms including soup.

Include pumpkin, including pumpkin soup and pie. Do not include pumpkin bars, cake, bread or other grain-based dessert-type food containing pumpkin (i.e. similar to banana bars, zucchini bars we do not include).

1. Continue

//ask of all//
S11q5

1 _ _ Per day [RANGE = 101-199]
2 _ _ Per week [RANGE = 201-299]
3 _ _ Per month [RANGE = 301-399]
5 5 5 Never
7 7 7 Don’t know / Not sure
9 9 9 Refused

s11q5A
ASK if [s11q1#106-199,226-299,388-399]

INTERVIEWER: YOU RECORDED :S11Q5A:.

IS THAT CORRECT?

1 Yes, Correct as is
2 No, Re-ask question

//ask of all//
S11q6t Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.

(279-281)

Read only if needed: “Do not count vegetables you have already counted and do not
include fried potatoes.”

INTERVIEWER NOTE: Include corn, peas, tomatoes, okra, beets, cauliflower, bean sprouts, avocado, cucumber, onions, peppers (red, green, yellow, orange); all cabbage including American-style cole-slaw; mushrooms, snow peas, snap peas, broad beans, string, wax-, or pole-beans.

Include any form of the vegetable (raw, cooked, canned, or frozen).

Do not include products consumed usually as condiments including ketchup, catsup, salsa, chutney, relish.

Do include tomato juice if respondent did not count in fruit juice.

Include culturally and geographically appropriate vegetables that are not mentioned (e.g. daikon, jicama, oriental cucumber, etc.).

Do not include rice or other grains.

1. Continue

//ask of all//

S11q6

1 ____ Per day [RANGE = 101-199]
2 ____ Per week [RANGE = 201-299]
3 ____ Per month [RANGE = 301-399]
5 5 5 Never
7 7 7 Don’t know / Not sure
9 9 9 Refused

s11q6A
ASK if [s11q6#106-199,226-299,388-399]

INTERVIEWER: YOURecorded \:S11Q6A:. IS THAT CORRECT?

1 Yes, Correct as is
2 No, Re-ask question

Section 12: Exercise (Physical Activity)

//ask of all//

S12q1t The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

INTERVIEWER INSTRUCTION: If respondent does not have a “regular job duty” or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.

1. continue
s12q1  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?

(220)

1  Yes
2  No  [Go to Q12.8]
7  Don’t know / Not sure  [Go to Q12.8]
9  Refused  [Go to Q12.8]

//ask if s12q1=1//

s12q2  What type of physical activity or exercise did you spend the most time doing during the past month?

INTERVIEWER INSTRUCTION: If the respondent’s activity is not included in the Physical Activity Coding List, choose the option listed as “Other “.

(221-222)

_ _  (Specify)  [See Physical Activity Coding List]
7 7  Don’t know / Not Sure  [Go to Q12.8]
9 9  Refused  [Go to Q12.8]
0 1 Active Gaming Devices (Wii Fit, Dance Dance revolution)  4 1 Rugby
0 2 Aerobics video or class  4 2 Scuba diving
0 3 Backpacking  4 3 Skateboarding
0 4 Badminton  4 4 Skating – ice or roller
0 5 Basketball  4 5 Sledding, tobogganing
0 6 Bicycling machine exercise  4 6 Snorkeling
0 7 Bicycling  4 7 Snow blowing
0 8 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)  4 8 Snow shoveling by hand
0 9 Bowling  4 9 Snow skiing
1 0 Boxing  5 0 Snowshoeing
1 1 Calisthenics  5 1 Soccer
1 2 Canoeing/rowing in competition  5 2 Softball/Baseball
1 3 Carpentry  5 3 Squash
7 5 Upper Body Cycle (wheelchair sports, ergometer, etc)
1 4 Dancing-ballet, ballroom, Latin, hip hop, zumba, etc  5 4 Stair climbing/Stair master
1 5 Elliptical/EFX machine exercise  5 5 Stream fishing in waders
72 Farm/Ranch Work (caring for livestock, stacking hay, etc.)
1 6 Fishing from river bank or boat  5 6 Surfing
1 7 Frisbee  5 7 Swimming
1 8 Gardening (spading, weeding, digging, filling)  5 8 Swimming in laps
1 9 Golf (with motorized cart)  6 0 Tai Chi
2 0 Golf (without motorized cart)  6 1 Tennis
2 1 Handball  6 2 Touch football
2 2 Hiking – cross-country  6 3 Volleyball
2 3 Hockey  6 4 Walking
2 4 Horseback riding  6 6 Waterskiing
7 3 Household Activities (vacuuming, dusting, home repair, etc.)
2 5 Hunting large game – deer, elk  6 7 Weight lifting
7 6 Yard work (cutting/gathering wood, trimming hedges

6 8 Wrestling
2 8 Yoga
2 6 Hunting small game – quail
2 7 Inline Skating
2 8 Jogging
7 4 Karate/Martial Arts
2 9 Lacrosse
3 0 Mountain climbing
3 1 Mowing lawn
3 2 Paddleball
3 3 Painting/papering house
3 4 Pilates
3 5 Racquetball etc.)
3 6 Raking lawn trimming hedges
3 7 Running
3 8 Rock Climbing
3 9 Rope skipping 9 8 Other____
4 0 Rowing machine exercise

//ask if s12q2 ne 77,99//
s12q2c.
INTERVIEWER: YOU'VE CHOSEN ____________
IS THAT CORRECT?

1 YES
2 NO - GO BACK AND CHANGE RESPONSE

//if s12q2 = 98//
S12q2o: Enter Other Activity:___________

//ask if s12q2 ne 77,99 //

s12q3 How many times per week or per month did you take part in this activity during
the past month? (223-225)

1 _ _ Times per week [range 101-150]
2 _ _ Times per month [range 201-250]
7 7 7 Don’t know / Not sure
9 9 9 Refused

//ask if s12q2 ne 77,99 //

s12q4 And when you took part in this activity, for how many minutes or hours did you
usually keep at it? (226-228)

_:_ _ Hours and minutes [RANGE = 10-59,100-159,200-259,300-359,400-
459,500-559,600-659,700-759,800-859,900-959]
7 7 7 Don’t know / Not sure
9 9 9 Refused
What other type of physical activity gave you the next most exercise during the past month?

INTERVIEWER INSTRUCTION: If the respondent’s activity is not included in the Coding Physical Activity List, choose the option listed as “Other”.

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</tr>
<tr>
<td>4</td>
<td>5</td>
<td>Sledding, tobogganing</td>
<td>7</td>
<td>5</td>
<td>Upper Body Cycle (wheelchair sports, triming hedges)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>6</td>
<td>Snorkeling</td>
<td>7</td>
<td>6</td>
<td>Yard work (cutting/gathering wood, stacking)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>7</td>
<td>Snow blowing</td>
<td>7</td>
<td>7</td>
<td>Don’t know / Not Sure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>8</td>
<td>Snow shoveling by hand</td>
<td>7</td>
<td>8</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>9</td>
<td>Snow skiing</td>
<td>7</td>
<td>9</td>
<td>No other activity</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3 4 Pilates
3 5 Racquetball
3 6 Raking lawn trimming hedges
3 7 Running
3 8 Rock Climbing
3 9 Rope skipping
4 0 Rowing machine exercise
88 No other activity
9 8 Other_____

//ask if s12q5 ne 77, 88, 98//

s12q5c. INTERVIEWER: YOU'VE CHOSEN

IS THAT CORRECT?

1 YES
2 NO - GO BACK AND CHANGE RESPONSE

//if s12q5 = 98//
S12q5o: Enter Other Activity:___________

//ask if s12q5 ne 77, 88,99 //

s12q6 How many times per week or per month did you take part in this activity during the past month? (231-233)

1_ _ Times per week [range 101-199]
2_ _ Times per month [range 201-299]
7 7 7 Don’t know / Not sure
9 9 9 Refused

//ask if s12q5 ne 77, 88,99 //

s12q7 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (234-236)

_:_ _ Hours and minutes RANGE =10-59,100-159,200-259,300-359,400-459,500-559,600-659,700-759,800-859,900-959]

7 7 7 Don’t know / Not sure
9 9 9 Refused

//ask of all//
During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.

1. _ _ Times per week [range 101-199]
2. _ _ Times per month [range 201-299]
8 8 8 Never
7 7 7 Don’t know / Not sure
9 9 9 Refused

Section 13: Arthritis Burden

If s7q9 = 1 (yes) then continue, else go to next section.
//ask if s7q9=1//
S13q1t Next, I will ask you about your arthritis.

Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint.

s13q1 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say: “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”

1  Yes
2  No
7  Don’t know / Not sure
9  Refused

//ask if s7q9=1//

s13q2 In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?

INTERVIEWER NOTE: Q13.2 should be asked of all respondents regardless of employment status.

INTERVIEWER INSTRUCTION: If respondent gives an answer to each issue (whether respondent works, type of work, or amount of work), then if any issue is “yes” mark the overall response as “yes.”

If a question arises about medications or treatment, then the interviewer should say: “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”

1  Yes
No
7 Don’t know / Not sure
9 Refused

//ask if s7q9=1//

During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings?

INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say: “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”

Please read [1-3]:

1 A lot
2 A little
3 Not at all

Do not read:

7 Don’t know / Not sure
9 Refused

//ask if s7q9=1//

Please think about the past 30 days, keeping in mind all of your joint pain or whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.

Enter number [00-10]

7 7 Don’t know / Not sure
9 9 Refused
Section 14: Seatbelt Use

//ask of all//
s14q1 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

Do not read:

7  Don’t know / Not sure
8  Never drive or ride in a car
9  Refused

Section 15: Immunization

//ask of all//
S15q1t 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™.

1. continue

//ask of all//
s15q1 During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?

READ IF NECESSARY:
A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

1  Yes
2  No
7  Don’t know / Not sure
9  Refused

//ask if s15q1=1//
s15q2m 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?

INTERVIEWER: ENTER MONTH

Month [RANGE 01-12]
7 7  Don’t know / Not sure
9 9  Refused
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?

INTERVIEWER: ENTER YEAR

- Year [RANGE 2012-2013]
- Don’t know / Not sure
- Refused

Since 2005, have you had a tetanus shot?

If yes, ask: “Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?”

Yes, received Tdap
Yes, received tetanus shot, but not Tdap
Yes, received tetanus shot but not sure what type
No, did not receive any tetanus since 2005
Don’t know/Not sure
Refused

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?

Yes
No
Don’t know / Not sure
Refused

Section 16: HIV/AIDS

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don’t have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.
1 Yes [Go to optional module transition]
2 No [Go to optional module transition]
7 Don’t know / Not sure [Go to optional module transition]
9 Refused [Go to optional module transition]

//ask if s16q1=1//
s16q2m Not including blood donations, in what month and year was your last HIV test? (196)

NOTE: If response is before January 1985, code “Don’t know.”
CATI INSTRUCTION: If the respondent remembers the year but cannot remember
the month, code the first two digits 77 and the last four digits for the year.

INTERVIEWER: ENTER MONTH

--- Code month [RANGE 01-12]
7 7 Don’t know / Not sure
9 9 Refused / Not sure

//ask if s16q1=1//
s16q2y Not including blood donations, in what month and year was your last HIV test? (196)

NOTE: If response is before January 1985, code “Don’t know.”
CATI INSTRUCTION: If the respondent remembers the year but cannot remember
the month, code the first two digits 77 and the last four digits for the year.

INTERVIEWER: ENTER YEAR

--- Code year [RANGE 1985-2013]
7 7 7 7 Don’t know / Not sure
9 9 9 9 Refused / Not sure

//ask if s16q1=1//
s16q3 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? (262-263)

0 1 Private doctor or HMO office
0 2 Counseling and testing site
0 9 Emergency room
0 3 Hospital inpatient
0 4 Clinic
0 5 Jail or prison (or other correctional facility)
0 6 Drug treatment facility
0 7 At home
0 8 Somewhere else
7 7 Don’t know / Not sure
9 9 Refused
Closing Statement or Transition to Modules and/or State-Added Questions

Closing Statement

Transition to Modules and/or State-Added Questions

//ask of all//
Please read:

ModT Finally, I have just a few questions left about some other health topics.

1. Continue

Optional Modules

Module 5: Sugar Drinks (land and cell)

//ask of all//

Mod5t Now I would like to ask you some questions about sugary beverages.

1. continue

//ask of all//

Mod5_1. During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.

Please read:
You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.

(346-348)

1 _ _ Times per day [range 101-199]
2 _ _ Times per week [range 201-299]
3 _ _ Times per month [range 301-399]

Do not read:

8 8 8 None
7 7 7 Don't know / Not sure
9 9 9 Refused
During the past 30 days, how often did you drink sugar-sweetened fruit drinks (such as Kool-aid and lemonade), sweet tea, and sports or energy drinks (such as Gatorade and Red Bull)? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks.

Please read: You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.

(349-351)

1 _ _ Times per day [range 101-199]
2 _ _ Times per week [range 201-299]
3 _ _ Times per month [range 301-399]

Do not read:

8 8 8 None
7 7 7 Don’t know / Not sure
9 9 9 Refused

Module 8: Cardiovascular Health (land and cell)

//ask of all//

Mod8_1 Following your heart attack, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."

(373)

1 Yes
2 No
7 Don’t know / Not sure
9 Refused

CATI note: If Core Q7.3 = 1 (Yes), ask Q2. If Core Q7.3 = 2, 7, or 9 (No, Don’t know, or Refused), skip Q2.

//ask if s7q3=1//

Mod8_2 Following your stroke, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."

(374)
1  Yes
2  No
7  Don’t know / Not sure
9  Refused

Interviewer Note: Question 3 is asked for all respondents

//ask of all//

Mod8_3. Do you take aspirin daily or every other day?

Interviewer Note: Aspirin can be prescribed by a health care provider or obtained as an over-the-counter (OTC) medication.

1  Yes [Go to question 5]
2  No
7  Don’t know / Not sure
9  Refused

//ask if mod8_3 = 2,7,9//

Mod8_4. Do you have a health problem or condition that makes taking aspirin unsafe for you?

(376)

If "Yes," ask "Is this a stomach condition?" Code upset stomach as stomach problems.

1  Yes, not stomach related [Go to next module]
2  Yes, stomach problems [Go to next module]
3  No [Go to next module]
7  Don’t know / Not sure [Go to next module]
9  Refused [Go to next module]

//ask if mod8_3 = 1//

Mod8_5. Do you take aspirin to relieve pain?

(377)

1  Yes
2  No
7  Don’t know / Not sure
9  Refused

//ask if mod8_3 = 1//

Mod8_6. Do you take aspirin to reduce the chance of a heart attack?

(378)

1  Yes
2  No
7  Don’t know / Not sure
9  Refused

//ask if mod8_3 = 1//
Do you take aspirin to reduce the chance of a stroke?

1  Yes
2  No
7  Don’t know / Not sure
9  Refused

Module 13: Colorectal Cancer Screening (land and cell)

CATI note: If respondent is < 49 years of age, go to next section.
//ask if s8q1 > 49// or s8q1=7 or 9

Mod13t The next questions are about colorectal cancer screening.
1. continue
//ask if s8q1 > 49//

Mod13_1. 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 [Go to Q3]
7  Don’t know / Not sure [Go to Q3]
9  Refused [Go to Q3]

//ask if mod13_1=1//

Mod13_2. 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

Do not read:

7  Don’t know / Not sure
9  Refused

//ask if s8q1 > 49//

Mod13_3. 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 [Go to next section]
7  Don’t know / Not sure [Go to next section]
9  Refused [Go to next section]
Mod13_4. 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

Mod13_5. 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

Do not read:

7. Don't know / Not sure
9. Refused

Module 16: Reactions to Race (land and cell)

Mod16t Earlier I asked you to self-identify your race. Now I will ask you how other people identify you and treat you.

1. continue

Mod16_1 How do other people usually classify you in this country? Would you say: White, African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or some other group?

INTERVIEWER NOTE: If the respondent requests clarification of this question, say: "We want to know how OTHER people usually classify you in this country, which might be different from how you classify yourself."

1. White
2. Black or African American
3 Hispanic or Latino
4 Asian
5 Native Hawaiian or Other Pacific Islander
6 American Indian or Alaska Native
8 Some other group (please specify) _________________________
7 Don’t know / Not sure
9 Refused

//ask if mod16_1=8/
Mod16o Other_________________

//ask of all//

Mod16_2. How often do you think about your race? Would you say never, once a year, once a month, once a week, once a day, once an hour, or constantly? (413)

INTERVIEWER INSTRUCTION: The responses can be interpreted as meaning “at least” the indicated time frequency. If a respondent cannot decide between two categories, check the response for the lower frequency. For example, if a respondent says that they think about their race between once a week and once a month, check “once a month” as the response.

1 Never
2 Once a year
3 Once a month
4 Once a week
5 Once a day
6 Once an hour
8 Constantly
7 Don’t know / Not sure
9 Refused

//ask if s8q9=1,2,4//
Mod16_3. Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races? (414)

1 Worse than other races
2 The same as other races
3 Better than other races

Do not read:

4 Worse than some races, better than others
5 Only encountered people of the same race
7 Don’t know / Not sure
9 Refused

//ask of all//

Mod16_4. Within the past 12 months, when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races? (415)

INTERVIEWER NOTE: If the respondent indicates that they do not know about other people’s experiences when seeking health care, say: “This question is asking about your
perceptions when seeking health care. It does not require specific knowledge about other people’s experiences.”

1. Worse than other races
2. The same as other races
3. Better than other races

Do not read:
4. Worse than some races, better than others
5. Only encountered people of the same race
6. No health care in past 12 months
7. Don’t know / Not sure
9. Refused

//ask of all//

Mod16_5. Within the past 30 days, have you experienced any physical symptoms, for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race?

1. Yes
2. No
7. Don’t know / Not sure
9. Refused

//ask of all//

Mod16_6. Within the past 30 days, have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race?

1. Yes
2. No
7. Don’t know / Not sure
9. Refused

Module 20: Random Child Selection (land and cell)

Mod20t1
//if s8q7 = 1 read// :
“Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.” [Go to mod23_1]

1. Continue

//ask if s8q7 =2-15//

Mod20t2
"Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth."

I have some additional questions about one specific child. The child I will be referring to is the “Xth” [CATI: please fill in correct number] child in your household. All following questions about children will be about the “Xth” [CATI: please fill in] child.

CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the “Xth” child. Please substitute “Xth” child’s number in all questions below.

1. Continue

//ask if s8q7 ne 88, 99//
Mod20_1m. What is the birth month and year of the “Xth” child? (390-395)

---/--- Code 2-Digit month [Range 01-12]
7 7 Don't know / Not sure
9 9 Refused

//ask if s8q7 ne 88, 99//
Mod20_1y. What is the birth month and year of the “Xth” child?

---/--- Code 4-Digit year [Range 1995-2013]
7 7 7 7 Don't know / Not sure
9 9 9 9 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).

//ask if 0 <= chldage2 < 18 or mod20_1y in (7777,9999)
Mod20_2. Is the child a boy or a girl? (396)

1 Boy
2 Girl
9 Refused

0 <= chldage2 < 18 or mod20_1y in (7777,9999)
Mod20_3. Is the child Hispanic, Latino/a, or Spanish origin?

1 No, not of Hispanic, Latino/a, or Spanish origin
2 Yes
7 Don't Know
//if mod20_3 = 2//
Mod20_3b Are they…

Interviewer Note: *One or more categories may be selected*
READ LIST [MUL=4]
1 Mexican, Mexican American, Chicano/a
2 Puerto Rican
3 Cuban
4 Another Hispanic, Latino/a, or Spanish origin
7 Don’t Know
9 Refused

0 <= chldage2 < 18 or mod20_1y in (7777,9999)
Mod20_4. Which one or more of the following would you say is the race of the child?

Interviewer Note: *Select all that apply.*

Please read: [MUL = 5]
10 White
20 Black or African American
30 American Indian or Alaska Native
40 Asian
50 Pacific Islander

Do not read:
60 Other
77 Don’t know / Not sure
99 Refused

//ask if Mod20_4=40//
Mod20_4a  Is that...
Interviewer Note: Select all that apply. [mul=7]

41  Asian Indian
42  Chinese
43  Filipino
44  Japanese
45  Korean
46  Vietnamese
47  Other Asian

Do not read:
60  Other
77  Don’t know / Not sure
99  Refused

//if Mod20_4 = 50
Mod20_4p  Is that...
Interviewer Note: Select all that apply. [mul=4]

51  Native Hawaiian
52  Guamanian or Chamorro
53  Samoan
54  Other Pacific Islander

Do not read:
60  Other
77  Don’t know / Not sure
99  Refused

[DP note: mod20_4 is presented as one question, combine Mod20_4a and Mod20_4pi into Mod20_4 for delivery]

IF MORE THAN ONE RESPONSE TO MOD20_4, CONTINUE.

//ask if mod20_4 = mul //
Mod20_5.  Which one of these groups would you say best represents the child’s race?

10  White
20  Black or African American
30  American Indian or Alaska Native
40  Asian
50 Pacific Islander

Do not read:
60 Other
77 Don’t know / Not sure
99 Refused

//(ask if mod20_4a = mul) OR (mod20_4=mul and mod20_5=40)://

Mod20_5a
Interviewer: if multiple Asian races given, read: Which one of these groups would you say best represents the child’s race?
Is that...
41 Asian Indian
42 Chinese
43 Filipino
44 Japanese
45 Korean
46 Vietnamese
47 Other Asian

Do not read:
60 Other
77 Don’t know / Not sure
99 Refused

//(ask if mod20_4p = mul) OR (mod20_4=mul and mod20_5=50)://

Mod20_5p
Interviewer: If multiple Pacific Islander races given, read: Which one of these groups would you say best represents the child’s race?
Is that...
51 Native Hawaiian
52 Guamanian or Chamorro
53 Samoan
54 Other Pacific Islander

Do not read:
60 Other
77 Don’t know / Not sure
99 Refused

[DP note: mod20_5 is presented as one question, combine Mod20_5a and Mod20_5pi into Mod20_5 for delivery]

0 <= chldage2 < 18 or mod20_1y in (7777,9999)

Mod20_6. How are you related to the child?
Please read:

1 Parent (include biologic, step, or adoptive parent)
2 Grandparent
3 Foster parent or guardian
4 Sibling (include biologic, step, and adoptive sibling)
5 Other relative
6 Not related in any way

Do not read:

7 Don’t know / Not sure
9 Refused

Module 21: Childhood Asthma Prevalence (land and cell)

CATI note: If response to Core Q8.7 = 88 (None) or 99 (Refused), go to next module.
//ask if (0 <= chldage2 < 18 or mod20_1y in (7777, 9999)) //

Mod21t The next two questions are about the “Xth” [CATI: please fill in correct number] child.
1. continue
//ask if (0 <= chldage2 < 18 or mod20_1y in (7777, 9999)) //

Mod21_1. Has a doctor, nurse or other health professional EVER said that the child has asthma?

(530)

1 Yes
2 No [Go to next module]
7 Don’t know / Not sure [Go to next module]
9 Refused [Go to next module]

//ask if mod21_1=1//
Mod21_2. Does the child still have asthma?

(531)

1 Yes
2 No
7 Don’t know / Not sure
9 Refused

State-Added Section 1: Childhood Immunization (land and cell) (same as 2012 mod25)

Start timer ett1
CATI note: If Core Q8.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

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

// ask if ((childage1 ≥ 6 months and 0<=chldage2<18) or mod20_1y in (7777,9999)) and cstate ne2

AZ1_1 Now I will ask you questions about seasonal flu. There are two types of seasonal flu vaccinations. One is a shot and the other is a spray in the nose. During the past 12 months, has [Fill: he/she] had a seasonal flu vaccination?

1    Yes
2    No [Go to next module]
7    Don’t know / Not sure [Go to next module]
9    Refused [Go to next module]

AZ1_1 Ahora, le haré preguntas sobre la influenza o gripe estacional. Hay dos tipos de vacunas contra la influenza estacional. Una es en inyección y la otra en atomizador nasal. En los últimos 12 meses, ¿le han puesto al niño la vacuna contra la influenza estacional?

//ask if AZ1_1=1 and cstate ne2

AZ1_2m The flu vaccination may have been either the flu shot or the flu spray. The flu spray is the flu vaccination that is sprayed in the nose. During what month and year did [Fill: he/she] receive [Fill: his/her] most recent seasonal flu vaccination?

Month [RANGE01-12]
7 7 Don’t know / Not sure
9 9 Refused

AZ1_2m La vacuna contra la gripe puede haber sido en inyección o en atomizador nasal. El atomizador nasal es la vacuna que se aplica por la nariz. ¿En qué mes y año le pusieron la vacuna contra la influenza estacional más reciente?

//ask if AZ1_1=1 and cstate ne2

AZ1_2y The flu vaccination may have been either the flu shot or the flu spray. The flu spray is the flu vaccination that is sprayed in the nose. During what month and year did [Fill: he/she] receive [Fill: his/her] most recent seasonal flu vaccination?

Year [RANGE 2012-2013]
7 7 7 7 Don’t know / Not sure
9 9 9 9 Refused

AZ1_2y. La vacuna contra la gripe podría haber sido en forma de inyección o aerosol. El aerosol contra la gripe es la vacuna que se aplica en la nariz. ¿En qué mes y año se le vacunó contra la gripe de temporada por última vez?

End timer ett1
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.

1. Continue

During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?

1. Yes
2. No
3. Don't know / Not sure
4. Refused

CATI NOTE: If (samptype=1 and 1 adult in household) or (samptype=2) and Q1 = 1 (Yes), go to Q4; otherwise, go to next module.

If number of adults > 1, go to Q2.

Not including yourself, 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?

1. Number of people [6 = 6 or more][RANGE=1-6]
2. NONE
3. Don't know / Not sure
4. Refused

CATI NOTE: If (samptype=1 and 1 adult in household) or (samptype=2) and Q1 = 1 (Yes), go to Q4; otherwise, go to next module.
Número de personas [6 = 6 o más]
8 Ninguno
7 No sabe/No está seguro
9 Se niega a contestar

CATI NOTE: If number of adults > 1 and Q2 < 7; continue. Otherwise, go to next question.

CATI NOTE: If Q2 < 7; go to Q3. Otherwise, go to next question.

//ask if adults>1 and AZ2 _2 <7 and samptype=1//

AZ2 _3. Of these people, please select the person who had the most recent birthday. How old is this person? (455-456)

Read only if necessary:
0 1 Age 18-29
0 2 Age 30-39
0 3 Age 40-49
0 4 Age 50-59
0 5 Age 60-69
0 6 Age 70-79
0 7 Age 80-89
0 8 Age 90 +

Do not read:
7 7 Don't know / Not sure
9 9 Refused

AZ2 _3. De estas personas, seleccione la persona que haya cumplido años más recientemente. ¿Cuántos años tiene esta persona? (455-456)

Léale solo si es necesario:
0 1 18–29 años
0 2 30–39 años
0 3 40–49 años
0 4 50–59 años
0 5 60–69 años
0 6 70–79 años
0 7 80–89 años
0 8 90 o más años

No le lea:
77 No sabe/No está seguro
99 Se niega a contestar
//ask if ((adults>1 and AZ2_2 <7) and AZ2_1=2,7,9) and cstate ne2//

Az2_4t CATI NOTE: If AZ2_1 = 2,7,9 read: “For the next set of questions we will refer
to the person you identified as 'this person'.”

1. continue

Az2_4t “—En las próximas preguntas, no referiremos a la persona que usted identificó como
esta persona".”

//ask if (adults>1 and AZ2_2 <7) or AZ2_1=1 and cstate ne2//

AZ2_4. During the past 12 months, how often [If Q1 = 1 (Yes): insert “have you;”
insert “has this person”] given up household activities or chores [If Q1 = 1 (Yes):
“you;” otherwise, insert “they”] used to do, because of confusion or memory loss
that is happening more often or is getting worse?

INTERVIEWER NOTE: Repeat definition only as needed: “For these
questions, please think about confusion or memory loss that is happening more
often or getting worse.”

Please read:

1  Always
2  Usually
3  Sometimes
4  Rarely
5  Never

Do not read:

7  Don’t know / Not sure
9  Refused

AZ2_4. Durante los últimos 12 meses, ¿cuántas veces [if az1_1=1 insert —usted ha;
otherwise insert “esta persona ha”] dejado de realizar sus tareas domésticas o quehaceres que
solía hacer, debido a la confusión o pérdida de la memoria que está sucediendo con mayor
frecuencia o empeorando? (457)

INTERVIEWER NOTE: Repita la definición solo si es necesario: “Para estas
preguntas, piense sobre la confusión o pérdida de la memoria que está
ocurriendo con mayor frecuencia o empeorando.

Please read:

Léale:

1  Todo el tiempo
2  Casi siempre
3  A veces
4  Rara vez
5  Nunca

No le lea:

7  No sabe/No está seguro
9  Se niega a contestar
AZ2_5. As a result of [If AZ2_1 = 1 (Yes): insert “your;” otherwise, insert “this person’s”] confusion or memory loss, in which of the following four areas [If AZ2_1 = 1 (Yes): insert “do you;” otherwise, insert “does this person”] need the MOST assistance? (458)

1. Safety [read only if necessary: such as forgetting to turn off the stove or falling]
2. Transportation [read only if necessary: such as getting to doctor’s appointments]
3. Household activities [read only if necessary: such as managing money or housekeeping]
4. Personal care [read only if necessary: such as eating or bathing]

Do not read:

5. Needs assistance, but not in those areas
6. Doesn’t need assistance in any area
7. Don’t know / Not sure
10. Refused

AZ2_5. Como consecuencia de la confusión o pérdida de la memoria ¿en cuál de las siguientes cuatro áreas [if AZ1_1 insert “usted” otherwise insert “esta persona”] necesita más ayuda? (459)

1. Seguridad [léale solo si es necesario: como olvidarse de apagar la estufa o el horno o caerse]
2. Transporte [léale solo si es necesario: como llegar a la cita médica]
3. Tareas domésticas [léale solo si es necesario: como manejar dinero o quehaceres]
4. Cuidado personal [léale solo si es necesario: como comer o bañarse]

No le lea:

5. Necesita ayuda, pero no en estas áreas
6. No necesita ayuda en ninguna área
7. No sabe/No está seguro
9. Se niega a contestar

AZ2_6. During the past 12 months, how often has confusion or memory loss interfered with [If AZ1_1 = 1 (Yes): insert “your;” otherwise, insert “this person’s”] ability to work, volunteer, or engage in social activities? (459)

Please read:

1. Always
2. Usually
AZ2_6. Durante los últimos 12 meses, ¿cuántas veces ha tenido confusión o pérdida de la memoria que interfiera [if az1_1=1 insert “con su” otherwise insert “la”] capacidad de trabajar o de involucrarse en actividades sociales?

Léale:

1 Todo el tiempo
2 Casi siempre
3 A veces
4 Rara vez
5 Nunca

No le lea:

7 No sabe/No está seguro
9 Se niega a contestar

//ask if ((adults>1 and AZ2_2 <7) or AZ2_1=1) and cstate ne2ll

AZ2_7. Durante los últimos 30 días, ¿con qué frecuencia [if AZ2_1=1 insert “usted”; otherwise insert “un familiar o un amigo] ha brindado cualquier tipo de ayuda o cuidados a [if az1_1 = 1 insert “usted”; otherwise insert “esta persona”] debido a la confusión o pérdida de la memoria?

Please read:

1 Always
2 Usually
3 Sometimes
4 Rarely
5 Never

Do not read:

7 Don’t know / Not sure
9 Refused

AZ2_7. Durante los últimos 30 días, ¿con qué frecuencia [if AZ1_1=1 insert “usted”; otherwise insert “un familiar o un amigo] ha brindado cualquier tipo de ayuda o cuidados a [if az1_1 = 1 insert “usted”; otherwise insert “esta persona”] debido a la confusión o pérdida de la memoria?

Léale:
1 Todo el tiempo
2 Casi siempre
3 A veces
4 Rara vez
5 Nunca

No le lea:
7 No sabe/No está seguro
9 Se niega a contestar

//ask if ((adults>1 and AZ2_2 <7) or AZ2_1=1) and cstate ne2//
AZ2_8. Has anyone discussed with a health care professional, increases in [If AZ2_1 = 1 (Yes):
   insert “your;” otherwise, insert “this person’s”] confusion or memory loss?

1 Yes
2 No [Go to next module]
7 Don’t know / Not sure [Go to next module]
9 Refused [Go to next module]

AZ2_8. ¿Alguien ha hablado con su profesional de atención médica sobre los aumentos de confusión o pérdida de la memoria?

1 Sí
2 No [Pase al siguiente módulo]
7 No sabe/No está seguro [Pase al siguiente módulo]
9 Se niega a contestar [Pase al siguiente módulo]

//ask if AZ2_8=1 and cstate ne2//
AZ2_9. Have [If AZ2_1 = 1 (Yes): insert “you;” otherwise, insert “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

AZ2_9. ¿Ha [If AZ1_1 = 1 (Yes): insert —usted; otherwise, insert —esta persona] recibido tratamiento como terapia o medicamentos para la confusión o pérdida de la memoria?

1 Sí
2 No
7 No sabe/No está seguro
9 Se niega a contestar
AZ2_10. Has a health care professional ever said that [If AZ2_1 = 1 (Yes): insert “you have;” otherwise, insert “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
10. Refused

AZ2_10. ¿Algún profesional de la salud le ha dicho alguna vez que [If AZ1_1 = 1 (Yes): insert “usted;” otherwise, insert, “—esta persona”] ha tenido Alzheimer o algún tipo de demencia?

1. Sí, enfermedad de Alzheimer
2. Sí, algún otro tipo de demencia pero no enfermedad de Alzheimer
3. No ha recibido un diagnóstico
7. No sabe/No está seguro
9. Se niega a contestar

End timer ett2


End timer ett3
//ask if cstate ne2//

AZ3_1. In the past 12 months, did you or anyone in your household get food stamps or a food stamp benefit card?

1. YES
2. NO
7. DON’T KNOW / NOT SURE
9. REFUSED

AZ3_1. Durante los últimos 12 meses, obtuvo usted o algun familiar que viva con usted cupones de alimentos o una tarjeta de beneficios de cupones de alimentos?

//ask if cstate ne2//

AZ3_2. In the past 12 months, did any women or children in this household get food through the WIC program?

1. YES
2. NO
7. DON’T KNOW / NOT SURE
9. REFUSED
AZ3_2. Durante los últimos 12 meses, alguna mujer o niño que vive con usted obtuvo alimentos a través del programa WIC?

//ask if s8q7=1-15 and cstate ne2//

AZ3_3. In the past 12 months, did any children in your household between 5 and 18 years old receive free or reduced-cost lunches at school?

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

AZ3_3. Durante los últimos 12 meses, algún niño de entre 5 y 18 años que vive con usted recibió almuerzos gratis o con descuentos en la escuela?
End timer ett3

State-Added 4: Tobacco - land and cell (part of 2012 state 4)

End timer ett4
//ask of all and cstate ne2//
AZ4t Now I have some additional questions about tobacco.
1. continue

AZ4t. Ahora tengo algunas preguntas adicionales sobre el tabaco.
1. Continue

//ask if s9q2=1 or 2 and cstate ne2//

AZ4_1 In the past 6 months, have you bought cigarettes…

AZ4_1 Durante los últimos 6 meses, ha comprado cigarrillos…

//ask if s9q2=1 or 2 and cstate ne2//

AZ4_1a.) In Neighboring States

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

AZ4_1a.) En un estado vecino?

//ask if s9q2=1 or 2 and cstate ne2//

AZ4_1b.) On Indian Reservations

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

AZ4_1b.) En un estado vecino?
AZ4_1b.) En una reservacion india?

//ask if S9q2=1 or 2 and cstate ne2//

AZ4_1c.) In Mexico

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

AZ4_1c.) En Mexico

//ask if S9q2=1 or 2 and cstate ne2//

AZ4_1d.) On a military base

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

AZ4_1d.) en una base militar?

//ask if s9q2=1 or 2 and cstate ne2//

AZ4_1e.) Over the Internet

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

AZ4_1e.) por Internet

//ask if cstate ne2//

AZ4_2 In the past 12 months, did any doctor, nurse or other healthcare professional ask you if you smoke?

1. YES
2. [GO TO pre-AZ4_4] NO
7. [GO TO pre-AZ4_4] DON'T KNOW / NOT SURE
9. [GO TO pre-AZ4_4] REFUSED

AZ4_2 Durante los ultimos 12 meses, algun medico, enfermera u otro profesional de la salud le pregunto si fumaba?

/if AZ4_2=2,7,9 go to pre-AZ4_4/

//ask if AZ4_2=1 and cstate ne2//
AZ4_3 In the past 12 months, did any doctor, nurse, or other healthcare professional advise you not to smoke?

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

AZ4_3 Durante los últimos 12 meses, algun medico, enfermera u otro profesional de la salud le aconsejo no fumar?

/If s9q3=1 continue; if s9q3=2.7.9 go to pre-AZ4_5/

//ask if s9q3=1 and cstate ne2//

AZ4_4 Previously you said you have stopped smoking for one day or longer in the past 12 months. How long did you actually stay off cigarettes after your last quit attempt?

1 _ _ Days [RANGE 101-199]
2 _ _ Weeks [RANGE 201-299]
3 _ _ Months [RANGE 301-399]
777 DON'T KNOW/NOT SURE
888 I HAVE NOT TRIED
999 REFUSED

AZ4_4 Anteriormente dijo que habia dejado de fumar durante uno o mas dias en el transcurso de los ultimos 12 meses. Cuanto tiempo estuvo sin fumar luego de la ultima vez que intento dejar el habito?

//Ask AZ4_5 if (s9q3=1 or s9q4=1-5) and cstate ne2//

[CURRENT SMOKERS WHO MADE A QUIT ATTEMPT IN THE PAST YEAR (Q11.3 = 1 “YES”)]
[FORMER SMOKERS WHO QUIT IN LAST 5 YEARS (Q11.4= 1 – 5)]

/IF s9q4=1-5 (former smokers):/ When you quit smoking for good…
Cuando dejo de fumar definitivamente …

/IF s9q3=1 (current smokers):/ The last time you tried to quit smoking…
La ultima vez que intento dejar de fumar … …

AZ4_5. Did you use the nicotine patch, nicotine gum, or any other medication to help you quit?

1 [GO TO AZ4_6]YES
2 [GO TO PRE-AZ4_7] NO
7 [GO TO PRE-AZ4_7] DON'T KNOW/NOT SURE
9 [GO TO PRE-AZ4_7] REFUSED

AZ4_5 Utilizo el parche de nicotina, la goma de mascar de nicotina u otra medicacion que lo ayudara a abandonar el habito?
/If AZ4_5=2,7,9 go to next question/

//ask if AZ4_5=1 and cstate ne2//

AZ4_6 Did you use…

AZ4_6 Utilizo…

//ask if AZ4_5=1 and cstate ne2//

AZ4_6a.) A nicotine gum?

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

AZ4_6a.) una goma de mascar de nicotina?

//ask if AZ4_5=1 and cstate ne2//

AZ4_6b.) A patch?

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

AZ4_6b.) un parche?

//ask if AZ4_5=1 and cstate ne2//

AZ4_6c.) A nasal spray?

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

AZ4_6c.) un vaporizador nasal?

//ask if AZ4_5=1 and cstate ne2//

AZ4_6d.) An inhaler?

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

AZ4_6d.) un inhalador?

//ask if AZ4_5=1 and cstate ne2//

AZ4_6e.) Zyban or Buproprion?
AZ4_6e.) Zyban o Bupropion?

//ask if AZ4_5=1 and cstate ne2//

AZ4_6f.) Wellbutrin?

//ask if AZ4_5=1 and cstate ne2//

AZ4_6g.) Chantix?

//Ask AZ4_7 if (s9q3=1 or s9q4=1-5) and cstate ne2//

AZ4_7  /if s9q3=1 (current smoker):/ The last time you tried to quit smoking did you use any of these forms of assistance?
La ultima vez que intento dejar de fumar, utilizo alguna de estas formas de ayuda?

//if s9q4=1-5 (former smoker):/ When you quit smoking for good did you use any of these forms of assistance? [FORMER SMOKERS]
Cuando dejo de fumar definitivamente, utilize alguna de estas formas de ayuda? [FORMER SMOKERS]

//Ask AZ4_7 if (s9q3=1 or s9q4=1-5) and cstate ne2//

AZ4_7  a) A stop smoking clinic or class

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

AZ4_7  a) Clinica o clase para dejar de fumar

//Ask AZ4_7 if (s9q3=1 or s9q4=1-5) and cstate ne2//

AZ4_7  b) A telephone helpline

1 YES
AZ4_7  b) Linea telefonica de ayuda

//Ask AZ4_7 if (s9q3=1 or s9q4=1-5) and cstate ne2//

AZ4_7  c) One-on-one counseling from a doctor, nurse, or other professional

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

AZ4_7  c) Asesoramiento individual con un medico, enfermera u otro profesional

//Ask AZ4_7 if (s9q3=1 or s9q4=1-5) and cstate ne2//

AZ4_7  d) Self-help material, books, or videos

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

AZ4_7  d) Material, libros o videos de autoayuda

//Ask AZ4_7 if (s9q3=1 or s9q4=1-5) and cstate ne2//

AZ4_7  e) Acupuncture

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

AZ4_7  e) Acupuntura

//Ask AZ4_7 if (s9q3=1 or s9q4=1-5) and cstate ne2//

AZ4_7  f) Hypnosis

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

AZ4_7  f) Hipnosis

//Ask AZ4_7 if (s9q3=1 or s9q4=1-5) and cstate ne2//

AZ4_7  g) Internet counseling

1 YES
AZ4_7  g) Asesoramiento via Internet

End timer ett4

State-Added 5: Folic Acid – land and cell (2012 state 5)

Start timer ett5
//ask if s8q21=2 and cstate ne2/
AZ5_1  Do you currently take any multivitamins or supplements that contain folic acid?

1  Yes
2  No [Go to AZ5_3]
7  Don’t know / Not sure [Go to AZ5_3]
8  Refused [Go to AZ5_3]

AZ5_1 Toma actualmente algun tipo de multivitaminas o suplementos que contengan acido folico?

//ask if AZ5_1=1 and cstate ne2/
AZ5_2  How often do you take this multivitamin or supplement?

1  __  __  Times per day [RANGE 101-199]
2  __  __  Times per week [RANGE 201-299]
3  __  __  Times per month [RANGE 301-399]
7  7  7  Don’t know / Not sure
9  9  9  Refused

AZ5_2 Que tan seguido toma usted estas multivitaminas o suplemento?

//ask if s8q21=2 and cstate ne2/
AZ5_3  Some health experts recommend that women take 400 micrograms of the B-vitamin folic acid every day. They recommend this for which one of the following reasons?

Please read:
1  To make strong bones
2  To prevent birth defects
3  To prevent high blood pressure
Or
4  Some other reason

Do not read:
7  Don’t know / Not sure
9  Refused

AZ5_3 Algunos expertos de la salud recomiendan que las mujeres tomen cuatrocientos microgramos de vitamina B acido folico todos los dias. Recomiendan esto debido a cual de las siguientes razones?
Please read:
1. Para fortalecer los huesos
2. Para prevenir defectos de nacimiento
3. Para prevenir la presión sanguínea alta
Or
4. otra razón

Do not read:
7. Don't know/Not sure
9. Refused

End timer ett5

State-Added 6: Preconception Health/Family Planning - land and cell (same as 2012)

Start timer ett6
If respondent is female and 45 years of age or older, or male, go to next module.
//ask if (s8q1 <45 or s8q1=7,9) and s8q21=2 and cstate ne2//

Az6_1t 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.
1. Continue

Az6_1t La siguiente pregunta es sobre las conversaciones que ha tenido como parte de su consulta médica de rutina. NO incluya las consultas médicas durante el embarazo, también llamadas consultas prenatales.

//ask if (s8q1 <45 or s8q1=7,9) and s8q21=2 and cstate ne2//

Az6_1 Has a doctor, nurse, or other health care worker ever talked with you about ways to prepare for a healthy pregnancy and baby? (281)

1. Yes
2. No
7. Don't know / Not sure
9. Refused

Az6_1¿Alguna vez un médico, una enfermera u otro miembro del personal médico le ha hablado sobre cómo prepararse para tener un embarazo normal y un bebé sano?

//ask if (s8q1 <45 or s8q1=7,9) and s8q21=2 and cstate ne2//

Az6_2t 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.
1. Continue (282)

Az6_2t Las siguientes preguntas se refieren a sus experiencias y lo que piensa sobre la planificación familiar. Recuerde que todas sus respuestas serán confidenciales.

//ask if (s8q1 <45 or s8q1=7,9) and s8q21=2 and cstate ne2//

Az6_2 Have you ever been pregnant?
INTERVIEWER NOTE: If respondent is currently pregnant, code Yes.

1. Yes
2. No
7. Don’t know / Not sure
9. Refused

Az6_2 ¿Alguna vez ha estado embarazada?

//ask if (s8q1 <45 or s8q1=7,9) and s8q21=2 and cstate ne2//

Az6_3

Did you or your husband/partner do anything the last time you had sex to keep you from getting pregnant?

1. Yes
2. No [Go to Q5]
3. No partner/not sexually active [Go to Q6]
4. Same sex partner [Go to Q6]
7. Don’t know / Not sure [Go to Q6]
9. Refused [Go to Q6]

Az6_3 La última vez que tuvieron relaciones sexuales, usted o su esposo/pareja hicieron algo para evitar un embarazo?

//ask if Az6_3=1 and cstate ne2//

Az6_4T What did you or your husband/partner do the last time you had sex to keep you from getting pregnant?

Az6_4T La última vez que tuvieron relaciones sexuales, ¿qué hicieron usted o su esposo/pareja para evitar un embarazo?

INTERVIEWER NOTE: If respondent reports using MORE THAN ONE method, please code the method that occurs first on the list.

INTERVIEWER NOTE: If respondent reports using “condoms,” probe to determine if “female condoms” or “male condoms.”

INTERVIEWER NOTE: If respondent reports using an “IUD” probe to determine if “levonorgestrel IUD” or “copper-bearing IUD.”

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.
1. continue
//ask if Az6_3=1 and cstate ne2//

Az6_4 What did you or your husband/partner do the last time you had sex to keep you from getting pregnant?
Az6_4 La última vez que tuvieron relaciones sexuales, ¿qué hicieron usted o su esposo/pareja para evitar un embarazo?

Read only if necessary:

01. Female sterilization (ex. Tubal ligation, Essure, Adiana) [Go to Q7]
02. Male sterilization (vasectomy) [Go to Q7]
03. Contraceptive implant (ex. Implanon) [Go to Q6]
04. Levonorgestrel(LNG) or hormonal IUD(ex. Mirena) [Go to Q6]
05. Copper-bearing IUD (ex. ParaGard) [Go to Q6]
06. IUD, type unknown [Go to Q6]
07. Shots (ex. Depo-Provera) [Go to Q6]
08. Birth control pills, any kind [Go to Q6]
09. Contraceptive patch (ex. Ortho Evra) [Go to Q6]
10. Contraceptive ring (ex. NuvaRing) [Go to Q6]
11. Male condoms [Go to Q6]
12. Diaphragm, cervical cap, sponge [Go to Q6]
13. Female condoms [Go to Q6]
14. Not having sex at certain times (rhythm or natural family planning) [Go to Q6]
15. Withdrawal (or pulling out) [Go to Q6]
16. Foam, jelly, film, or cream [Go to Q6]
17. Emergency contraception (morning after pill) [Go to Q6]
18. Other method [Go to Q6]

77. Don’t know / Not sure [Go to Q6]
99. Refused [Go to Q6]

01. Esterilización femenina (p. ej., ligadura de trompas, Essure, Adiana) [Pase a P7]
02. Esterilización masculina (vasectomía) [Pase a P7]
03. Implante anticonceptivo (p. ej., Implanon) [Pase a P6]
04. DIU de Levonorgestrel (LNG) u hormonal (como Mirena) [Pase a P6]
05. DIU de cobre (como ParaGard) [Pase a P6]
06. DIU, de tipo desconocido [Pase a P6]
07. Inyecciones (como Depo-Provera) [Pase a P6]
08. Pastillas anticonceptivas de cualquier tipo [Pase a P6]
09. Parche anticonceptivo (como Ortho Evra) [Pase a P6]
10. Anillo anticonceptivo (como NuvaRing) [Pase a P6]
11. Condomes de hombre [Pase a P6]
12. Diáfragma, capuchón cervical, esponja [Pase a P6]
13. Condomes de mujer [Pase a P6]
14. No tiene relaciones sexuales en ciertos días (método de ritmo o método anticonceptivo natural) [Pase a P6]
15. Retiro antes de la eyaculación (eyacula afuera) [Pase a P6]
16. Espuma, gel, película o crema anticonceptiva [Pase a P6]
17. Anticonceptivos de emergencia (pastilla de la "mañana siguiente") [Pase a P6]
18. Otro método [Pase a P6]

77. Don’t know / Not sure [Go to Q6]
99. Refused [Go to Q6]

//ask if az6_3=2 and cstate ne2//
Az6_5t
Some reasons for not doing anything to keep you 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.

1. continue

Az6_5t Algunos de los motivos que puede haber tenido usted para no hacer nada para evitar un embarazo la última vez que tuvieron relaciones sexuales pueden ser: desear un embarazo, no tener dinero para comprar un método anticonceptivo o pensar que no puede quedar embarazada.

//ask if az6_3=2 and cstate ne2//

Az6_5 La última vez que tuvieron relaciones sexuales, ¿cuál fue el motivo principal de que usted no hiciera nada para evitar un embarazo?

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.

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) [Go to next module]
12 You had a hysterectomy [Go to next module]
13 Your partner had a vasectomy (sterilization) [Go to next module]
14 You are currently breast-feeding
15 You just had a baby/postpartum
16 You are pregnant now [Go to Q7]
17 Same sex partner
18 Other reason

Do not read:
77 Don’t know / Not sure
99 Refused

01 No pensaba que iba a tener una relación sexual/no tiene una pareja fija
02 Simplemente no pensó que podía quedar embarazada/ no le importaba quedar embarazada
03 Quería quedar embarazada
04 Usted o su pareja no quieren usar métodos anticonceptivos
05 A usted o a su pareja no les gustan los métodos anticonceptivos o sus efectos secundarios
06 No tuvo dinero para comprar un método anticonceptivo
07 Tuvo problemas para conseguir un método anticonceptivo cuando lo necesitó
08 Motivos religiosos
09 Interrumpió brevemente el uso de un método anticonceptivo
10 No cree que usted o su pareja puedan tener hijos (infértel o edad avanzada)
11 Le ligaron las trompas (esterilización) [Pase al módulo siguiente]
12 Le hicieron una histerectomía [Pase al módulo siguiente]
13 Su pareja tuvo una vasectomía (esterilización) [Pase al módulo siguiente]
14 Está amamantando actualmente
15 Acababa de tener un bebé/posparto
16 Está embarazada actualmente [Pase a P7]
17 Pareja del mismo sexo
18 Otro motivo

Do not read:
77 Don't know / Not sure
99 Refused

//ask if ((az6_3=3,4,7,9) OR (az6_4=3-99) OR (az6_5 =1,2,3,4,5,6,7,8,9,10,14,15,17,18,77,99 ))and cstate ne2//
Az6_6 ¿Qué piensa sobre tener un bebé en el futuro? ¿Diría usted que...
Please read:
1 No quiere tener un bebé
2 Quiere tener un bebé dentro de menos de 12 meses
3 Quiere tener un bebé entre los próximos 12 meses pero en menos de 2 años
4 Quiere tener un bebé entre los próximos 2 años pero en menos de 5 años
5 Quiere tener un bebé dentro de 5 años o más

Do not read:
7 Don't know / Not sure
9 Refused

//ask if ((az6_4=1,2) OR (az6_5 =1,2,3,4,5,6,7,8,9,10,14,15,16,17,18,77,99 )) and cstate ne2//
Az6_7 ¿Cuántas veces a la semana toma un multivitamínico, un vitamínico prenatal, o un vitamínico con ácido fólico actualmente?
Az6_7 ¿Cuántas veces a la semana toma actualmente multivitamínicos, una vitamina prenatal o vitamina de ácido fólico?

(289)

1 0 veces por semana
2 1 a 3 veces por semana
3 4 a 6 veces por semana
4 Todos los días de la semana
7 Don’t know / Not sure
9 Refused

AZ7_1. ¿Con qué frecuencia se protege la piel con ropa o filtro solar para evitar el cáncer de la piel (Lea la lista)

1. Cada vez que salgo a la intemperie
2. A menudo
3. Sólo durante el verano
4. Nunca

7 No sé/No estoy seguro(a)
9 Se rehusó a responder

AZ7_2 Including times when even a small part of your skin was red for more than 12 hours, how many sunburns have you had within the past 12 months?

Variable Name: NUMBURN
AZ7_2. Included the times that the skin was red for more than 12 hours, regardless of how small the area was, how many sunburns have you had in the last 12 months?

1. One
2. Two
3. Three
4. Four
5. Five
6. Six or more
7. None
8. Don't Know
9. Refused

AZ7_3. How many times in the past 12 months have you used indoor tanning devices such as a sun lamp, a sun bed, or a tanning booth?

1 0 TIMES
2 1-2 TIMES
3 3-10 TIMES
4 11-24 TIMES
5 25 TIMES OR MORE

7. Don't Know
9. Refused

AZ7_3. ¿Cuántas veces en los últimos 12 meses ha usado aparatos de bronceado en interiores, como una lámpara de rayos solares, una cama solar o caseta de bronceado?

1 0 TIMES
2 1-2 TIMES
3 3-10 TIMES
4 11-24 TIMES
5 25 TIMES OR MORE

7. Don't Know
9. Refused

End timer ett7
State-Added 8: Adult Asthma History - land and cell (part of mod 7)

Start timer ett8

CATI note: If "Yes" to Core Q7.5, continue. Otherwise, go to next module.
//ask if s7q5 = 1 and cstate ne 2//

AZ8t  Previously you said you were told by a doctor, nurse or other health professional that you had asthma.
1. Continue

AZ8t. Anteriormente indicó que un médico, integrante de enfermería u otro profesional de atención médica le dijo que padece asma.
//ask if s7q5 = 1 and cstate ne 2//

AZ8_1. During the past 12 months, have you had an episode of asthma or an asthma attack?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No  [Go to Q4]</td>
</tr>
<tr>
<td>7</td>
<td>Don't know / Not sure [Go to Q4]</td>
</tr>
<tr>
<td>9</td>
<td>Refused [Go to Q4]</td>
</tr>
</tbody>
</table>

AZ8_1. Durante los últimos 12 meses, ¿ha sufrido algún episodio o ataque de asma?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No  [Go to Q4]</td>
</tr>
<tr>
<td>7</td>
<td>Don't know / Not sure [Go to Q4]</td>
</tr>
<tr>
<td>9</td>
<td>Refused [Go to Q4]</td>
</tr>
</tbody>
</table>

//ask if az8_1 = 1//

AZ8_2. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma?

[87 = 87 or more]

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>_</td>
<td>Number of visits [range 01-87]</td>
</tr>
<tr>
<td>8</td>
<td>None</td>
</tr>
<tr>
<td>9</td>
<td>Don't know / Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

AZ8_2. Durante los últimos 12 meses, ¿cuántas veces fue a una sala de emergencia o centro de atención urgente debido al asma?

[87 = 87 or more]

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>_</td>
<td>Number of visits [range 01-87]</td>
</tr>
<tr>
<td>8</td>
<td>None</td>
</tr>
<tr>
<td>9</td>
<td>Don't know / Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

//ask if az8_1 = 1//
AZ8_3. [If one or more visits to Q3, fill in “Besides those emergency room or urgent care center visits,”] During the past 12 months, how many times did you see a doctor, nurse or other health professional for urgent treatment of worsening asthma symptoms? 
(362-363)

[87 = 87 or more]

_ _  Number of visits [range 01-87]
8 8  None
9 8  Don’t know / Not sure
9 9  Refused

AZ8_3. Durante los últimos 12 meses, ¿cuántas veces consultó a un médico, integrante de enfermería u otro profesional de atención médica para obtener tratamiento urgente para síntomas de asma, que estaban empeorándose?

[87 = 87 or more]

_ _  Number of visits [range 01-87]
8 8  None
9 8  Don’t know / Not sure
9 9  Refused

//ask if s7q5 = 1 and cstate ne 2 //

AZ8_4. 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? 
(364-365)

[87 = 87 or more]

_ _  Number of visits [range 01-87]
8 8  None
9 8  Don’t know / Not sure
9 9  Refused

AZ8_4. Durante los últimos 12 meses, ¿cuántas veces consultó a un médico, integrante de enfermería u otro profesional de atención médica para hacerse una revisión de rutina de asma?

[87 = 87 or more]

_ _  Number of visits [range 01-87]
8 8  None
9 8  Don’t know / Not sure
9 9  Refused

//ask if s7q5 = 1 and cstate ne 2//

AZ8_5. During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma? 
(366-368)

_ _  Number of days [range 001-365]
8 8 8  None
7 7 7  Don’t know / Not sure
9 9 9  Refused
AZ8.5. During the last 12 months, how many days were you unable to work or do your usual activities because of asthma?

- - -  
Number of days [range 001-365]  
8 8 8 None  
7 7 7 Don’t know / Not sure  
9 9 9 Refused

End timer ett8

State-Added 9: Asthma Call-Back Permission Script – land

Start timer ett9  
//ask if samptype=1 and (s7q4=1 or mod21_1=1) and cstate ne2  

Ast1. We would like to call you again within the next 2 weeks to talk in more detail about (your/your child’s) experiences with asthma. The information will be used to help develop and improve the asthma programs in Arizona. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

1 Yes  
2 No  

Ast1. Quisiéramos llamarle de nuevo dentro de 2 semanas para hablar más en detalle de las experiencias [if respondent’s asthma suyas con el asma.] [if child’s asthma que tiene su niño con el asma.]  
La información se utilizará para ayudar a crear y mejorar programas contra el asma en <ESTADO>. La información que nos dio el día de hoy y la que nos dará en el futuro se mantendrá confidencial. Si usted está de acuerdo con esto, mantendremos su nombre o sus iniciales y número de teléfono en un expediente separado de las respuestas que obtuvimos hoy. Aun cuando acepte hoy, usted puede decidir no participar en el futuro. ¿Le parece bien que le llamemos de nuevo en una fecha posterior para hacerle preguntas adicionales sobre el asma?

//ask if ast1=1 and cstate ne2//  

AST2a Can I please have either your first name or initials, so we will know who to ask for when we call back?  
1 Gave Response  
7 Don’t Know  
9 Refused
AST2a ¿Me puede proporcionar su nombre o iniciales (de usted/de su niño), para que sepamos por quién preguntar cuando volvamos a llamar?

//ask if ast2a=1 and cstate ne2/
AST2p Can I please have either your first name or initials, so we will know who to ask for when we call back?
____________________ Enter first name or initials

AST2p ¿Me puede proporcionar su nombre o iniciales (de usted/de su niño), para que sepamos por quién preguntar cuando volvamos a llamar?

//ask if ast2a=1 and acflag=3,4) and cstate ne2
AST2b Can I please have either your child’s first name or initials, so we will know who to ask about when we call back?
1  Gave Response
7  Don’t Know
9  Refused

AST2b ¿Me puede proporcionar su nombre o iniciales (de usted/de su niño), para que sepamos por quién preguntar cuando volvamos a llamar?

//ask if ast2b=1 and cstate ne2/
AST2c Can I please have either your child’s first name or initials, so we will know who to ask about when we call back?
____________________ Enter first name or initials

AST2c ¿Me puede proporcionar su nombre o iniciales (de usted/de su niño), para que sepamos por quién preguntar cuando volvamos a llamar?

Asthma Call-Back Selection

//ask if ast1=1 and cstate ne2/
ACFLAG Which person in the household was selected as the focus of the asthma call-back?
(422)

1 adult with asthma
2 adult had asthma
3 child with asthma
4 child had asthma

ACFLAG ¿A quién se seleccionó en su hogar como contacto para recibir la llamada de respuesta sobre el asma?
1 adult with asthma
2 adult had asthma
3 child with asthma
4 child had asthma

//ask of all//
End timer ett9

Closing statement
//ask of all//
Please read:

CLOSING
That was my last question. Everyone’s answers will be combined to help us provide information about the health practices of people in Arizona. Thank you very much for your time and cooperation.

1. continue

CLOSING
Esa fue mi última pregunta. Las respuestas de todas las personas encuestadas se combinarán de modo que nos ayuden a brindar información sobre las prácticas de salud de la población de este estado. Muchas gracias por su tiempo y cooperación.
Activity List for Common Leisure Activities (To be used for Section 12: Physical Activity)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1</td>
<td>Active Gaming Devices (Wii Fit, Dance Dance revolution)</td>
</tr>
<tr>
<td>0 2</td>
<td>Aerobics video or class</td>
</tr>
<tr>
<td>0 3</td>
<td>Backpacking</td>
</tr>
<tr>
<td>0 4</td>
<td>Badminton</td>
</tr>
<tr>
<td>0 5</td>
<td>Basketball</td>
</tr>
<tr>
<td>0 6</td>
<td>Bicycling machine exercise</td>
</tr>
<tr>
<td>0 7</td>
<td>Bicycling</td>
</tr>
<tr>
<td>0 8</td>
<td>Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)</td>
</tr>
<tr>
<td>0 9</td>
<td>Bowling</td>
</tr>
<tr>
<td>1 0</td>
<td>Boxing</td>
</tr>
<tr>
<td>1 1</td>
<td>Calisthenics</td>
</tr>
<tr>
<td>1 2</td>
<td>Canoeing/rowing in competition</td>
</tr>
<tr>
<td>1 3</td>
<td>Carpentry</td>
</tr>
<tr>
<td>1 4</td>
<td>Dancing-ballet, ballroom, Latin, hip hop, zumba, etc</td>
</tr>
<tr>
<td>1 5</td>
<td>Elliptical/EFX machine exercise</td>
</tr>
<tr>
<td>1 6</td>
<td>Fishing from river bank or boat</td>
</tr>
<tr>
<td>1 7</td>
<td>Frisbee</td>
</tr>
<tr>
<td>1 8</td>
<td>Gardening (spading, weeding, digging, filling)</td>
</tr>
<tr>
<td>1 9</td>
<td>Golf (with motorized cart)</td>
</tr>
<tr>
<td>2 0</td>
<td>Golf (without motorized cart)</td>
</tr>
<tr>
<td>2 1</td>
<td>Handball</td>
</tr>
<tr>
<td>2 2</td>
<td>Hiking – cross-country</td>
</tr>
<tr>
<td>2 3</td>
<td>Hockey</td>
</tr>
<tr>
<td>2 4</td>
<td>Horseback riding</td>
</tr>
<tr>
<td>2 5</td>
<td>Hunting large game – deer, elk</td>
</tr>
<tr>
<td>2 6</td>
<td>Hunting small game – quail</td>
</tr>
<tr>
<td>2 7</td>
<td>Inline Skating</td>
</tr>
<tr>
<td>2 8</td>
<td>Jogging</td>
</tr>
<tr>
<td>2 9</td>
<td>Lacrosse</td>
</tr>
<tr>
<td>3 0</td>
<td>Mountain climbing</td>
</tr>
<tr>
<td>3 1</td>
<td>Mowing lawn</td>
</tr>
<tr>
<td>3 2</td>
<td>Paddleball</td>
</tr>
<tr>
<td>3 3</td>
<td>Painting/papering house</td>
</tr>
<tr>
<td>3 4</td>
<td>Pilates</td>
</tr>
<tr>
<td>3 5</td>
<td>Racquetball</td>
</tr>
<tr>
<td>3 6</td>
<td>Raking lawn</td>
</tr>
<tr>
<td>3 7</td>
<td>Running</td>
</tr>
<tr>
<td>3 8</td>
<td>Rock Climbing</td>
</tr>
<tr>
<td>3 9</td>
<td>Rope skipping</td>
</tr>
<tr>
<td>4 0</td>
<td>Rowing machine exercise</td>
</tr>
<tr>
<td>4 1</td>
<td>Rugby</td>
</tr>
<tr>
<td>4 2</td>
<td>Scuba diving</td>
</tr>
<tr>
<td>4 3</td>
<td>Skateboarding</td>
</tr>
<tr>
<td>4 4</td>
<td>Skating – ice or roller</td>
</tr>
<tr>
<td>4 5</td>
<td>Sledding, tobogganing</td>
</tr>
<tr>
<td>4 6</td>
<td>Snorkeling</td>
</tr>
<tr>
<td>4 7</td>
<td>Snow blowing</td>
</tr>
<tr>
<td>4 8</td>
<td>Snow shoveling by hand</td>
</tr>
<tr>
<td>4 9</td>
<td>Snow skiing</td>
</tr>
<tr>
<td>5 0</td>
<td>Snowshoeing</td>
</tr>
<tr>
<td>5 1</td>
<td>Soccer</td>
</tr>
<tr>
<td>5 2</td>
<td>Softball/Baseball</td>
</tr>
<tr>
<td>5 3</td>
<td>Squash</td>
</tr>
<tr>
<td>5 4</td>
<td>Stair climbing/Stair master</td>
</tr>
<tr>
<td>5 5</td>
<td>Stream fishing in waders</td>
</tr>
<tr>
<td>5 6</td>
<td>Surfing</td>
</tr>
<tr>
<td>5 7</td>
<td>Swimming</td>
</tr>
<tr>
<td>5 8</td>
<td>Swimming in laps</td>
</tr>
<tr>
<td>5 9</td>
<td>Table tennis</td>
</tr>
<tr>
<td>6 0</td>
<td>Tai Chi</td>
</tr>
<tr>
<td>6 1</td>
<td>Tennis</td>
</tr>
<tr>
<td>6 2</td>
<td>Touch football</td>
</tr>
<tr>
<td>6 3</td>
<td>Volleyball</td>
</tr>
<tr>
<td>6 4</td>
<td>Walking</td>
</tr>
<tr>
<td>6 5</td>
<td>Water skiing</td>
</tr>
<tr>
<td>6 6</td>
<td>Weight lifting</td>
</tr>
<tr>
<td>6 7</td>
<td>Wrestling</td>
</tr>
<tr>
<td>6 8</td>
<td>Yoga</td>
</tr>
<tr>
<td>7 1</td>
<td>Childcare</td>
</tr>
<tr>
<td>7 2</td>
<td>Farm/Ranch Work (caring for livestock, stacking hay, etc.)</td>
</tr>
<tr>
<td>7 3</td>
<td>Household Activities (vacuuming, dusting, home repair, etc.)</td>
</tr>
<tr>
<td>7 4</td>
<td>Karate/Martial Arts</td>
</tr>
<tr>
<td>7 5</td>
<td>Upper Body Cycle (wheelchair sports, ergometer, etc.)</td>
</tr>
<tr>
<td>7 6</td>
<td>Yard work (cutting/gathering wood, trimming hedges etc.)</td>
</tr>
<tr>
<td>97</td>
<td>Don’t know</td>
</tr>
<tr>
<td>9 8</td>
<td>Other ______</td>
</tr>
<tr>
<td>9 9</td>
<td>Refused</td>
</tr>
</tbody>
</table>