2014

Arizona Behavioral Risk Factor Surveillance System
Questionnaire

Samptype = 1 = land
Samptype = 2 = cell

March 4, 2014
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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.

Is this (phone number) ?
01 Correct number (proceed to next question)
02 Termination screen
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 Arizona State Department of Health and the Centers for Disease Control and Prevention. We’re gathering information on the health and safety of Arizona 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
//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.”

<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>3</td>
<td>No, business phone only</td>
</tr>
</tbody>
</table>

//if HS1=3//

BUS Thank you very much but we are only interviewing persons on residential phones lines at this time. DISPO 26
1. continue

//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.”

[INTERVEIWER: IF NO, PROBE TO FIND OUT IF BUSINESS OR GROUP HOME]

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES</td>
<td>[Go to HS2]</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
<td>Business</td>
</tr>
<tr>
<td>3</td>
<td>NO</td>
<td>Group home</td>
</tr>
<tr>
<td>7</td>
<td>DON'T KNOW / NOT SURE</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>REFUSED</td>
<td></td>
</tr>
</tbody>
</table>

//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 /if college = 2,3,7,9 assign dispo 26 Not a Private Residence/]

//ask of all if samptype = 1//

STRES Do you reside in Arizona?

<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</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

//if stres = 2,7,9//
Thank you very much, but we are only interviewing persons who live in the state of ______ at this time. STOP //dispo 40//

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

HS2 Is this a cellular telephone?

Read only if necessary: “By cellular (or cell) telephone we mean a telephone that is mobile and usable outside of your neighborhood.”

Interviewer Note: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).

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//

XX3 Thank you very much, but we are only interviewing persons aged 18 or older at this time. STOP //if adult=3 assign dispo 27// 1. continue

//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.” // if adults=0 assign dispo 27// 1. continue

//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///

ASFKOR 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. (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 15-20 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.”

//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
08 Termination Screen

//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.

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/

//IF CADULT=1,2 ask PVTRESD2//

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? ([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

//If PVTRESD2=1 or college = 1 ask CSTATE//

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]

________ 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
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.STOP TERM 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.
//ask if pvtresd2 = 1//

NUMADULT How many members of your household, including yourself, are 18 years of age or older?

__  Number of adults [RANGE 1-18]

77  Don’t Know
99  Refused

[CATI NOTE if college = 1 set numadult = 1]

//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 (Split 1 & 2)

//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 (Split 1 & 2)

//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
8   None
7   Don't know / Not sure
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?

<table>
<thead>
<tr>
<th>Number of days</th>
<th>RANGE = 1-30</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 8</td>
<td>None</td>
</tr>
<tr>
<td>7 7</td>
<td>Don't know / Not sure</td>
</tr>
<tr>
<td>9 9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

(76–77)

//ask if not (s2q1 = 88 AND s2q2 = 88)//

s2q3  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?

<table>
<thead>
<tr>
<th>Number of days</th>
<th>RANGE = 1-30</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 8</td>
<td>None</td>
</tr>
<tr>
<td>7 7</td>
<td>Don't know / Not sure</td>
</tr>
<tr>
<td>9 9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

(78-79)

Section 3: Health Care Access (Split 1 & 2)

//ask of all//

S3q1  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?

<table>
<thead>
<tr>
<th>1  Yes</th>
<th>[If PPHF state go to Module 4, Question 1, else continue]</th>
</tr>
</thead>
<tbody>
<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>

(80)

Module 4: Health Care Access (Split 1 and 2)

//ask if s3q1=1//

Mod4_1.  Do you have Medicare?

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

<table>
<thead>
<tr>
<th>1  Yes</th>
<th></th>
</tr>
</thead>
<tbody>
<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>

(281)

//ask if s3q1=1//
Mod4_2. What is the **primary** source of your health care coverage? Is it...

(282-283)

**INTERVIEWER NOTE:** If the respondent indicates that they purchased health insurance through the Health Insurance Marketplace (name of state Marketplace), ask if it was a private health insurance plan purchased on their own or by a family member (private) or if they received Medicaid (state plan)? If purchased on their own (or by a family member), select 02, if Medicaid select 04.

Please Read

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>A plan purchased through an employer or union [<strong>includes plans purchased through another person’s employer</strong>]</td>
</tr>
<tr>
<td>02</td>
<td>A plan that you or another family member buys on your own</td>
</tr>
<tr>
<td>03</td>
<td>Medicare</td>
</tr>
<tr>
<td>04</td>
<td>Medicaid or <strong>other state program</strong></td>
</tr>
<tr>
<td>05</td>
<td>TRICARE (formerly CHAMPUS), VA, or Military</td>
</tr>
<tr>
<td>06</td>
<td>Alaska Native, Indian Health Service, Tribal Health Services</td>
</tr>
<tr>
<td>07</td>
<td>Some other source</td>
</tr>
<tr>
<td>08</td>
<td>None (no coverage)</td>
</tr>
<tr>
<td>09</td>
<td>None (no coverage)</td>
</tr>
<tr>
<td>1</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>2</td>
<td>More than one</td>
</tr>
<tr>
<td>3</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>

**Do not read:**

77   Don’t know / Not sure
79   Refused

**CATI NOTE:** If PPHF State, go to Core Q3.2.

//ask of all//

**s3q2** 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?”

(81)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes, only one</td>
</tr>
<tr>
<td>2</td>
<td>More than one</td>
</tr>
<tr>
<td>3</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>

//ask of all//

**s3q3** Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

(82)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</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>
Mod4_3. 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. (284)

Please read

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

Do not read:

6 Other ____________ (specify) (285-309)
8 No, I did not delay getting medical care/did not need medical care
7 Don’t know/Not sure
9 Refused

//if Mod4_3 = 6//
Mod4_3o Enter Other:____________________

CATI NOTE: If PPHF State, go to Core Q3.4.

//ask of all//

s3q4 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. (83)

1 Within the past year (anytime less than 12 months ago)
2 Within the past 2 years (1 year but less than 2 years ago)
3 Within the past 5 years (2 years but less than 5 years ago)
4 5 or more years ago
7 Don’t know / Not sure
8 Never
9 Refused

CATI Note: If PPHF State and Q3.1 = 1 go to Module 4, Question 4a or if PPHF State and Q3.1 = 2, 7, or 9 go to Module 4, Question 4b, or if not a PPHF State go to next section.
CATI NOTE: If Q3.1 = 1 (Yes) continue, else go to Q4b.

//ask if s3q1=1//
Mod4_4a. In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage? (310)
1  Yes  [Go to Q5]
2  No  [Go to Q5]
7  Don't know/Not sure  [Go to Q5]
9  Refused  [Go to Q5]

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

//ask if s3q1=2,7,9//

Mod4_4b.  About how long has it been since you last had health care coverage?  (311)
1  6 months or less
2  More than 6 months, but not more than 1 year ago
3  More than 1 year, but not more than 3 years ago
4  More than 3 years
5  Never
7  Don't know/Not sure
9  Refused

//ask of all//

Mod4_5.  How many times have you been to a doctor, nurse, or other health professional in the past 12 months?  (312-313)

<table>
<thead>
<tr>
<th></th>
<th>Number of times</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>None</td>
</tr>
<tr>
<td>7</td>
<td>Don't know/Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

//ask of all//

Mod4_6.  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.  (314)

1  Yes
2  No

Do not read:

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

//ask of all//

Mod4_7.  In general, how satisfied are you with the health care you received? Would you say—

Please read:  (315)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Very satisfied</td>
</tr>
<tr>
<td>2</td>
<td>Somewhat satisfied</td>
</tr>
<tr>
<td>3</td>
<td>Not at all satisfied</td>
</tr>
</tbody>
</table>
Do you currently have any health care bills that are being paid off over time?

INTERVIEWER NOTE: This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year.

INTERVIEWER NOTE: Health care bills can include medical, dental, physical therapy and/or chiropractic cost.

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

Section 4: Exercise (Split 1 & 2)

During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

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

Section 5: Inadequate Sleep (Split 1 & 2)

I would like to ask you about your sleep pattern.

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.
Section 6: Chronic Health Conditions (Split 1 & 2)

//ask of all//
S6q1t 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//
s6q1 (Ever told) you that you had a heart attack also called a myocardial infarction?

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

//ask of all//
s6q2 (Ever told) you had angina or coronary heart disease?

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

//ask of all//
s6q3 (Ever told) you had a stroke?

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

//ask of all//
s6q4 (Ever told) you had asthma?

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

//ask if s6q4=1//
s6q5 Do you still have asthma?
<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t know / Not sure</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>91</td>
<td></td>
<td></td>
<td></td>
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<td>92</td>
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<tr>
<td>95</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

//ask of all//

**s6q6** (Ever told) you had skin cancer?

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

//ask of all//

**s6q7** (Ever told) you had any other types of cancer?

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

//ask of all//

**s6q8** (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis?

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

//ask of all//

**s6q9** (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

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

**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-Schönlein purpura, Wegener’s granulomatosis, polyarteritis nodosa)

//ask of all//
s6q10 (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//
s6q11 (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//
s6q12 (Ever told) you have diabetes?

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 s6q12 = 2//

S6q12a 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.

CATI NOTE: If Q6.12 = 1 (Yes), go to next question. If any other response to Q6.12, go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.
//ask if s6q12=1//

s6q13  How old were you when you were told you have diabetes?  

   - -   Code age in years  [97 = 97 and older]
   9 8  Don’t know / Not sure
   9 9  Refused

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

Module 1: Pre-Diabetes (Split 1 and 2)

NOTE: Only asked of those not responding “Yes” (code = 1) to Core Q6.12 (Diabetes awareness question).

//ask if s6q12 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 Q6.12 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 “Yes” (code = 1).

//ask if s6q12 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

   //if selected = male and mod1_2 = 2//
INTERVIEWER: You recorded that the respondent was told by a doctor during pregnancy that she had pre-diabetes or borderline diabetes. Are you sure? The respondent selected was male.

You have to go back and correct this INCONSISTENCY ERROR.

Module 2: Diabetes (Split 1 and 2)

CATI note: To be asked following Core Q6.13; if response to Q6.12 is "Yes" (code = 1)

_mod2_1 Are you now taking insulin?

1 Yes
2 No
9 Refused

_mod2_2 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.

Interviewer Note: If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in ‘98 times per day.’

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

_mod2_2A I am sorry, but you said that you check your blood times per . Is this information correct?

Perdoneme, pero usted dijo que chequea su sangre . Es esto correcto?

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

_mod2_2B
Mod2_3. 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.

(261-263)

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

//if mod2_3 is more than 5 times per day/per week/or per month//

MOD2_3A I am sorry, but you said that you check your feet for sores or irritations:
\tm8: times per \dwshow8:. Is this information correct?

Perdoneme, pero usted dijo que chequea sus pies por heridas o irritaciones \tm8: veces por \dwshow8:. Es esto correcto?

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

//ask if s6q12=1//

Mod2_4. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

(264-265)

[76 = 76 or more]
_ _ Number of times [RANGE 01-76]
8 8 None
7 7 Don’t know / Not sure
9 9 Refused

//if mod2_4 >52//

MOD2_4A I am sorry, but you said that you have seen a health professional \mod2_4: times in the past 12 months. Is this correct?

Perdoneme, pero usted dijo que ha visto a un profesional de la salud \mod2_4: veces en los ultimos 12 meses. Es esto correcto?

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

//ask if s6q12=1//

Mod2_5. 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"?

(266-267)

[76 = 76 or more]
_ _ Number of times [RANGE01-76]
8 8 None
9 8 Never heard of "A one C" test
CATI note: If Q3 = 555 (No feet), go to Q8.q7
//ask if mod2_4 ne 555//

Mod2_6. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?  
(268-269)

[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 s6q12=1//

Mod2_7. 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 s6q12=1//

Mod2_8. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?  
(271)

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

//ask if s6q12=1//

Mod2_9. Have you ever taken a course or class in how to manage your diabetes yourself?

1 Yes
2 No
Section 7: Oral Health (Split 1 & 2)

//ask of all//

s7q1 How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.

Read only if necessary:

1 Within the past year (anytime less than 12 months ago)
2 Within the past 2 years (1 year but less than 2 years ago)
3 Within the past 5 years (2 years but less than 5 years ago)
4 5 or more years ago

Do not read:

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

//ask of all//

s7q2 How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.

1 1 to 5
2 6 or more but not all
3 All
8 None
7 Don’t know / Not sure
9 Refused

Section 8: Demographics (Split 1 & 2)

//ask of all//

s8q21 Indicate sex of respondent. Ask only if necessary.
1 Male
2 Female

//if selected gender ne s8q20//
S8q20A-D

INTERVIEWER: Are you sure the respondent is FEMALE/MALE?
The respondent selected was the list:
You need to go back and correct the mistake.

[PRESS ENTER TO CONTINUE ... ]

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//
s8q1   What is your age?   (103-104)

07 Don’t know / Not sure
09 Refused

//ask if s6q13 > s8q1//
S8q1chk  You said you were [insert s8q1] years of age and told you have diabetes at age [insert s6q13]. 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?

1 No, not of Hispanic, Latino/a, or Spanish origin
2 Yes
7 Don’t Know
9 Refused   (105-108)
//if s8q2=2//
S8q2b Are you...
Interviewer Note: One or more categories may be selected.
READ LIST
1 Mexican, Mexican American, Chicano/a
2 Puerto Rican
3 Cuban
4 Another Hispanic, Latino/a, or Spanish origin

Do not read:

7 Don’t know / Not sure
9 Refused

[DP note: CDC lists this as one question, s8q2, response 5= not Hispanic, 1-4 hispanic options. Deliver based on cdc layout]

//ask of all//
s8q3 Which one or more of the following would you say is your race?

Interviewer Note: Select all that apply.

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

Please read: [MUL = 6]

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
77 Don’t Know
99 Refused

//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.

[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
**s8q4a**  Is that...

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian
- 77 Don't Know
- 99 Refused

**s8q4pi**  Is that...

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

**s8q5**  Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

*INTERVIEWER NOTE: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.*

1 Yes
2 No

Do not read:

7 Don't know / Not sure
9 Refused

**s8q6**  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?  (141-142)
[Interviewer:  15 = 15 or more
88 = None
99 = Refused]

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

IF: ***([S8Q7#1-15])**

S8Q7CHK

Just to be sure - you have \:sls8q7: under 18 living in your household. Is that correct?

Solo para verificar, usted tiene \:sls8q7: menores de 18 anos viviendo en su hogar.

1 ............ YES
2 ............ NO
9 ............ REFUSED

//ask of all//

s8q8  What is the highest grade or year of school you completed?  (143)

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—

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)
   1   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 154.

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
About how tall are you without shoes? (151-154)

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]

About how tall are you without shoes? (151-154)

NOTE: If respondent answers in metrics, put “9” in column 158.
Round fractions down
[Enter height in centimeters]
[Ex: 2 meters 5 centimeters would be entered as 205]
---
Height[Range 90-254]

Is this correct?
1. Yes
2. No, go back to s8q12m

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//

INTERVIEWER: ENTER THE COUNTY BELOW

//if cnty=888//
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 samptype=1 OR if ( samptype=2 and (CSTATE = 1)
Aztown
What county do you live in?
(125-127)

  _  _  _  ANSI County Code (formerly FIPS county code) [RANGE = 001-027)]
  001 Apache (South/North)
  003 Cochise
  005 Coconino
  007 Gila
  009 Graham
  011 Greenlee
  012 La Paz
  013 Maricopa
  015 Mohave
  017 Navajo
  019 Pima
  021 Pinal
  023 Santa Cruz
  025 Yavapai
  027 Yuma
7  7  7  Don't know / Not sure
9  9  9  Refused

//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
2 No, re-ask question

//ask of all//

**s8q14**  What is the ZIP Code where you live?  
(158-162)

2  _ _ _ _ ZIP Code RANGE = 85000-87399  
7  7 7 7 7 Don’t know / Not sure  
9  9 9 9 9 Refused

//ask if s8q14 ne 77777, 99999//

**S8q14c**  
I just want to confirm, you said your zip code is \:s8q14:.  
Is that correct?

ISP  
Solo para verificar, usted dijo que su codigo postal es \:s8q14:.  
Es esto correcto?

1  ............. Yes, correct zip code  
2  ............. No, incorrect zip code

//ask if samptype=1//

**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.  
(163)

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

//ask if s8q15 = 1//

**s8q16**  How many of these telephone numbers are residential numbers?  
(164)

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?
Perdoneme pero usted indica que tiene \:s8q16: telefonos residenciales en su hogar. Es esto correcto?

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

//ask if samptype = 1//

s8q17 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.

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

//q18 , % cell usage, removed on purpose by cdc//

//ask of all//

s8q19 Have you used the internet in the past 30 days?

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.

INTERVIEWER NOTE: We ask this question in order to compare health indicators among people with different housing situations.

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

//ask if s8q21=2 AND s8q1<45//

s8q22 To your knowledge, are you now pregnant?

1 Yes
2 No
//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?  

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

//ask of all//

**s8q26** 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

//ask of all//

**s8q27** Do you have serious difficulty walking or climbing stairs?  

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

//ask of all//

s8q28   Do you have difficulty dressing or bathing?  (178)
1      Yes
2      No
7      Don’t know / Not sure
9      Refused

//ask of all//

s8q29   Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping?  (179)
1      Yes
2      No
7      Don’t know / Not sure
9      Refused
Section 9: Tobacco Use (Split 1 & 2)

//ask of all//

s9q1 Have you smoked at least 100 cigarettes in your entire life?

INTERVIEWER NOTE: “For cigarettes, do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana.”

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?

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?

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?

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
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’)**

**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 (Split 1 & 2)**

//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?

NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

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

**IF: *****([S10Q2#12-76])***

**S10Q2A**

I am sorry, you just said that you consume \:s10q2: drinks per day.

Is that correct?
Perdone pero usted dijo que consume :s10q2: tragos por dia.

Es esto correcto?

1  Correct as is
2  No, Re-ask question

//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 [CAT1 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

IF: ***(S10Q3#16-76)***

S10Q3A  I am sorry, you said that in the past month there were :s10q3: occasions when you had :s10q3: or more drinks.

Is this correct?

Perdone pero usted dijo que en el pasado mes hubo :s10q3: ocasiones en las que usted bebio :s10q3: o mas tragos.

Es esto correcto?

1  Correct as is
2  No, Re-ask question

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

s10q4  During the past 30 days, what is the largest number of drinks you had on any occasion?  

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

IF: ***(S10Q4#16-76)***

S10Q4A  I am sorry, you said that in the past 30 days you had :s10q4: number of drinks on one occasion.  Is this correct?

Perdone pero usted dijo que en los pasados 30 dias bebio :s10q4: tragos en una misma ocasion.  Es esto correcto?

1  Correct as is
2  No, Re-ask question

IF: ((S10Q3#88) AND S8Q20 is Female AND (S10Q4#4-76)) OR ((S10Q3#88) AND S8Q20
***is Male AND [S10Q4#5-76]***

**S10Q4B**

I'm sorry, but previously you said that you did not have \:sl10q3: or more drinks on an occasion. Is this correct?

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

**IF: ([S10Q3#1-76] AND S8Q20 is Female AND [S10Q4#1-3]) OR ([S10Q3#1-76] AND ***S8Q20 is Male AND [S10Q4#1-4])***

**S10Q4C**

I'm sorry, but previously you said that you had \:sl10q3: or more drinks on an occasion. And you've said that in the past 30 days you had a maximum of \:s10q4: number of drinks on one occasion.

Is this correct?

```
1   Correct as is
2   No, Re-ask question
```
Section 11: Immunization (Split 1 & 2)

//ask of all//
S11q1t
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//
s11q1
During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?

(195)

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 [Go to Q11.3]
7  Don’t know / Not sure [Go to Q11.3]
9  Refused [Go to Q11.3]

(196-201)

//ask if s11q1=1//
s11q2m
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

//ask if s11q1=1//
s11q2y
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 2013-2014]
7 7 7 7  Don’t know / Not sure
9 9 9 9  Refused

IF: ***(TSTPYR < PASTYR)***
S11q2chk
I'm sorry, but you said you had a flu vaccination within the past 12 months, but you have just given me a date for your most recent vaccination that is more than 12 months ago. Have you had a flu vaccination within the past 12 months?

Lo siento: dijo que se vacunó contra la gripe en los últimos 12 meses, pero la fecha que me acaba de dar de su vacuna más reciente es anterior a 12 meses. Se ha vacunado contra la gripe en los últimos 12 meses?

1 Yes
2 No

//ask of all//

s11q3 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? (202)

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

CATI NOTE: If respondent is < 49 years of age, go to next section.

//ask if s8q1 > 49, 7, 9/

s11q4 The next question is about the Shingles vaccine.

Have you ever had the shingles or zoster vaccine? (203)

INTERVIEWER NOTE (Read if necessary): Shingles is caused by the chicken pox virus. It is an outbreak of rash or blisters on the skin that may be associated with severe pain. A vaccine for shingles has been available since May 2006; it is called Zostavax®, the zoster vaccine, or the shingles vaccine.

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

Section 12: Falls (Split 1 & 2)

CATI NOTE: If respondent is 45 years or older continue, otherwise go to next section.

//ask if s8q1 > 44, 7, 9//

S12q1t Next, I will ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

1. Continue
//ask if s8q1>44,7,9//

s12q1  In the past 12 months, how many times have you fallen?  

[INTERVIEWER: 76 = 76 OR MORE]

<table>
<thead>
<tr>
<th></th>
<th>Number of times [RANGE 01—76]</th>
<th>[76 = 76 or more]</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>None</td>
<td>[Go to next section]</td>
</tr>
<tr>
<td>7</td>
<td>Don't know / Not sure</td>
<td>[Go to next section]</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
<td>[Go to next section]</td>
</tr>
</tbody>
</table>

//ask if s12q1 = 1//

s12q2a  Did this fall cause an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

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

[CATI/DP Note: if s12q2a=1, code s12q2 = 1. If s12q2a = 2, code s12q2 = 88]

//ask if s12q1 = 2-76//

s12q2  How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.  

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Number of falls [range 01-76]</th>
<th>[76 = 76 or more]</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>8</td>
<td>None</td>
<td>[Go to next section]</td>
</tr>
<tr>
<td>7</td>
<td>7</td>
<td>Don't know / Not sure</td>
<td>[Go to next section]</td>
</tr>
<tr>
<td>9</td>
<td>9</td>
<td>Refused</td>
<td>[Go to next section]</td>
</tr>
</tbody>
</table>

Section 13: Seatbelt Use (Split 1 & 2)

//ask of all//

s13q1  How often do you use seat belts when you drive or ride in a car? Would you say—

Please read:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Always</td>
</tr>
<tr>
<td>2</td>
<td>Nearly always</td>
</tr>
<tr>
<td>3</td>
<td>Sometimes</td>
</tr>
<tr>
<td>4</td>
<td>Seldom</td>
</tr>
<tr>
<td>5</td>
<td>Never</td>
</tr>
</tbody>
</table>

Do not read:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Don't know / Not sure</td>
</tr>
</tbody>
</table>
Section 14: Drinking and Driving (Split 1 & 2)

CATI note: If Q10.1 = 888 (No drinks in the past 30 days); go to next section.

//ask if s13q1 ne 8 and s10q1 ne 888/

s14q1 The next question is about drinking and driving.

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

<table>
<thead>
<tr>
<th></th>
<th>Number of times [RANGE 01-76]</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>None</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 15: Breast and Cervical Cancer Screening (Split 1 & 2)

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

//ask if s8q21=2/

s15q1 The next questions are about breast and cervical cancer.

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

<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>

//ask if s15q1=1/

s15q2 How long has it been since you had your last mammogram?

Read only if necessary:
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 3 years (2 years but less than 3 years ago)
Within the past 5 years (3 years but less than 5 years ago)
5 or more years ago

Do not read:

7 Don’t know / Not sure
9 Refused

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

1 Yes
2 No [Go to Q15.5]
7 Don’t know / Not sure [Go to Q15.5]
9 Refused [Go to Q15.5]

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

1 Yes
2 No [Go to Q15.7]
7 Don’t know / Not sure [Go to Q15.7]
9 Refused [Go to Q15.7]

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

1 Within the past year (anytime less than 12 months ago)
2 Within the past 2 years (1 year but less than 2 years ago)
3 Within the past 3 years (2 years but less than 3 years ago)
4 Within the past 5 years (3 years but less than 5 years ago)
5 5 or more years ago

Do not read:

7 Don’t know / Not sure
9 Refused

How long has it been since your last breast exam?
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

CATI note: If response to Core Q8.22 = 1 (is pregnant); then go to next section.
//ask if s8q22 =2,7,9 //
s15q7 Have you had a hysterectomy? (217)

Read only if necessary: A hysterectomy is an operation to remove the uterus (womb).
1 Yes
2 No
7 Don’t know / Not sure
9 Refused

Section 16: Prostate Cancer Screening  (Split 1 & 2)

CATI note: If respondent is <39 years of age, or is female, go to next section.
//ask if (s8q1>39 or s8q1 = 7,9) and s8q20 = 1//

s16q1 Now, I will ask you some questions about prostate cancer screening.

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

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

//ask if (s8q1>39 or s8q1 = 7,9) and s8q21 = 1//
s16q2 Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test?

1 Yes
2 No
7 Don’t know / Not sure
9 Refused
//ask if (s8q1>39 or s8q1 = 7,9) and s8q21 = 1//

s16q3. Has a doctor, nurse, or other health professional EVER recommended that you have a PSA test?  (220)

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

//ask if (s8q1>39 or s8q1 = 7,9) and s8q21 = 1//

s16q4. Have you EVER HAD a PSA test?  (221)

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 s16q4=1//

s16q5. How long has it been since you had your last PSA test?  (222)

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)
3  Within the past 3 years (2 years but less than 3 years)
4  Within the past 5 years (3 years but less than 5 years)
5  5 or more years ago

Do not read:

7  Don’t know / Not sure
9  Refused

//ask if s16q4=1//

s16q6. What was the MAIN reason you had this PSA test – was it …?  (223)

Please read:

1  Part of a routine exam
2  Because of a prostate problem
3  Because of a family history of prostate cancer
4  Because you were told you had prostate cancer
5  Some other reason

Do not read:

7  Don’t know / Not sure
9  Refused
Section 17: Colorectal Cancer Screening (Split 1 & 2)

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

//ask if s8q1>49, 7, 9//

s17q1 The next questions are about colorectal cancer screening.
A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

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

//ask if s17q1=1//

s17q2 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, 7, 9//

s17q3 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
7       Don't know / Not sure
9       Refused

//ask if s17q3=1//

s17q4 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
//ask if s17q3=1//

s17q5  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  

Section 18: HIV/AIDS (Split 1 & 2)

//ask of all//  
S18q1t  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.

1. Continue  

//ask of all//  

s18q1  Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.  

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

//ask if s18q1=1//  

s18q2m  Not including blood donations, in what month and year was your last HIV test?  

NOTE: If response is before January 1985, code “Don't know.”  

CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.  

INTERVIEWER: ENTER MONTH  

77  Don't know / Not sure
9 9 Refused / Not sure

//ask if s18q1=1//

s18q2y Not including blood donations, in what month and year was your last HIV test?

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

INTERVIEWER: ENTER YEAR

    Code month [RANGE 1985-2014]
    77 7 Don’t know / Not sure
    999 9 Refused / Not sure

//ask if s18q1=1//

s18q3 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?

(236-237)

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
77 7 Don’t know / Not sure
9 9 Refused
Transition to Modules and/or State-Added Questions (Split 1 & 2)

//ask of all//
Please read:

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

1. Continue
Optional Modules

(State-Added 16) Module 6: Sodium or Salt-Related Behavior (Split 2)

//ask if split = 2//

Mod6T Now I would like to ask you some questions about sodium or salt intake.

Most of the sodium or salt we eat comes from processed foods and foods prepared in restaurants. Salt also can be added in cooking or at the table.

1. Continue

//ask if split = 2//

Mod6_1. Are you currently watching or reducing your sodium or salt intake?

(322)

1  Yes
2  No [Go to Q3]
7  Don’t know/not sure [Go to Q3]
9  Refused [Go to Q3]

//ask if mod6_1=1//

Mod6_2. How many days, weeks, months, or years have you been watching or reducing your sodium or salt intake?

(323-325)

1_ _ Day(s) [RANGE101-199]
2_ _ Week(s) [RANGE 201-299]
3_ _ Month(s) [RANGE 301-399]
4_ _ Year(s) [RANGE 401-499]
5 5 5 All my life
7 7 7 Don’t know/not sure
9 9 9 Refused

//ask if split = 2//

Mod6_3. Has a doctor or other health professional ever advised you to reduce sodium or salt intake?

(326)

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

(State-Added 17) Module 13: Reactions to Race (Split 2)

//ask if split = 2//
Earlier I asked you to self-identify your race. Now I will ask you how other people identify you and treat you.

1. Continue

//ask if split = 2//

Mod13_1. How do other people usually classify you in this country? Would you say: White, Black or 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

//if mod13_1=8//

Mod13o Enter Other:______________________

//ask if split = 2//

Mod13_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?

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

[CATI skip pattern: This question should only be asked of those who are “employed for wages,” “self-employed,” or “out of work for less than one year.”]

//ask if s8q9=1,2,4 and split = 2//
Mod13_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?

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 if split = 2//

Mod13_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?

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 if split = 2//

Mod13_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 if split = 2//
Mod13_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

State-Added 1: Sugar Drinks (land and cell) (Split 1)

//start timer ett1//
//ask if cstate ne 2 and split = 1//

AZ1_1t Now I would like to ask you some questions about sugary beverages.
1. continue

AZ1_1t Ahora me gustaría hacerle algunas preguntas acerca de las bebidas azucaradas.
1. continue

//ask if cstate ne 2 and split = 1//
AZ1_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.

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

AZ1_1. Durante los últimos 30 días, ¿con qué frecuencia tomó gaseosas regulares que contengan azúcar? No incluya las gaseosas dietéticas.

Léale:
Usted puede responder por día, semana o mes: por ejemplo, dos veces al día, una vez a la semana, etc.

1 _ _ Veces por día
2 _ _ Veces por semana
3 _ _ Veces por mes

No le lea:
8 8 8 Ninguna
7 7 7 No sabe/No está seguro
9 9 9 Se niega a contestar
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.

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

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.

1. continue
AZ2_1t. Las preguntas siguientes son acerca de las frutas y verduras que usted comió o bebió en los últimos 30 días. Por favor, piense en las frutas y verduras en todas sus presentaciones, ya sea crudas o cocinadas, frescas, congeladas y enlatadas. Piense en todas las comidas, refrigerios y alimentos que consumió en la casa y afuera de la casa.

1. Continue

//ask if cstate ne 2 and split = 1//
AZ2_1t2
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?”

1. Continue

AZ2_1t2 Dígame con qué frecuencia usted comió o bebió cada uno de los siguientes alimentos, por ejemplo, una vez al día, dos veces a la semana, tres veces al mes, etcétera.

NOTA PARA EL ENCUESTADOR: Si el encuestado responde menos de una vez al mes, ingrese “0” veces por mes. Si menciona una cifra pero no un periodo, pregúntele: “¿Esto fue por día, por semana o por mes?”

1. continue

//ask if cstate ne 2 and split = 1//
AZ2_1 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]
5 5 5 Never
7 7 7 Don’t know / Not sure
9 9 9 Refused
AZ2_1 Durante el mes pasado, ¿cuántas veces al día, a la semana o al mes bebió jugos de fruta PUROS al 100%? No incluya las bebidas azucaradas con sabor a fruta ni el jugo hecho en casa endulzado con azúcar. Solo incluya el jugo que sea al 100%.

NOTA PARA EL ENCUESTADOR: No incluya las bebidas de frutas endulzadas con azúcar o con otros edulcorantes como Kool-aid, Hi-C, limonada, bebida mezclada de cranberry (arándanos agrios), Tampico, Sunny Delight, Snapple, Fruitopia, Gatorade, Power-Ade o bebidas de yogur. No incluya los jugos de fruta que proporcionan el 100% de la dosis recomendada diaria de vitamina C pero que contienen azúcar adicional.

No incluya los jugos de verduras, como jugo de tomate y jugo V8, si el encuestado los menciona, pero anótelos en la pregunta 11.6 sobre “otras verduras”.

INCLUYA jugos 100% puros, como jugo de naranja, mango, papaya, piña, manzana, uva (roja o blanca) o toronja. Solo incluya el jugo de cranberry (arándanos agrios) si la percepción del encuestado es que es jugo al 100% sin azúcar ni edulcorantes. Las combinaciones de jugos puros al 100% como naranja-piña, naranja-mandarina, cranberry- uva también son aceptables como mezclas de frutas-verduras al 100%. También cuenta el jugo 100% puro hecho a base de concentrado (es decir, reconstituido).

1 _ _ Por día [RANGE = 101-199]
2 _ _ Por semana [RANGE = 201-299]
3 _ _ Por mes [RANGE = 301-399]
5 5 5 Nunca
7 7 7 No sabe/No está seguro
9 9 9 Se niega a contestar

Az2_1A ASK if [az2_1#106-199,226-299,388-399]

INTERVIEWER: YOU RECORDED \
:\az2_1A:\.

IS THAT CORRECT?

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

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

Az2_2t 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

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

**AZ2_2t** Durante el mes pasado, ¿cuántas veces al día, a la semana o al mes comió fruta, sin contar los jugos? Cuenta la fruta fresca, congelada o enlatada.

Léale solo si es necesario: “Está bien si dice un aproximado. Incluya manzanas, bananos, salsa de manzana, naranjas, toronja, ensalada de frutas, sandía, melón, papaya, lichis, carambola, granada, mango, uvas y arándanos como moras o *blueberries* y fresas”.

**NOTA PARA EL ENCUESTADOR:** No incluya mermeladas, jaleas o conservas de frutas.

No incluya frutos secos en cereales listos para servir.

Anote uvas pasas secas y arándanos con uvas pasas en lata si el encuestado las menciona, *pero debido a que vienen en porciones pequeñas no se incluyen en la pregunta.*

Incluya las frutas frescas en trozos, congeladas o enlatadas que se añaden al yogur, el cereal, la gelatina u otros platillos.

Incluya frutas de relevancia cultural y geográfica que no estén mencionadas (p. ej., genip o limoncillo, guanábanas, anona o anón, higos, tamarindo, árbol del pan o frutiplan, papaturro o uva caleta, carambola, longan, lichis, blighia, rambután, etc.)

1.continue

*/ask if cstate ne 2 and split = 1*/

**Az2_2**

| 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 |

**AZ2_2**

| 1 _ _ | Por día [RANGE = 101-199] |
| 2 _ _ | Por semana [RANGE = 201-299] |
| 3 _ _ | Por mes [RANGE = 301-399] |
| 5 5 5 | Nunca |
| 7 7 7 | No sabe/No está seguro |
| 9 9 9 | Se niega a contestar |

**Az2_2A**

ASK if [az2_2#106-199,226-299,388-399]
INTERVIEWER: YOU RECORDED \:az2_2A:. IS THAT CORRECT?

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

//ask if cstate ne 2 and split = 1//
Az2_3t  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

AZ2_3t  Durante el mes pasado, ¿cuántas veces al día, a la semana o al mes comió leguminosas cocinadas o enlatadas como frijoles refritos, frijoles horneados, frijoles negros y garbanzos, sopa de frijoles, semillas de soya, edamame, tofu o lentejas? NO incluya las habichuelas verdes.

Léale solo si es necesario: “Incluya otras leguminosas redondas u ovales como alubias, frijoles pintos, guisantes partidos, guisantes pintos, hummus (pasta de garbanzos), lentejas, semillas de soya y tofu. NO incluya habichuelas verdes como judías verdes, ejotes, habas o habichuelas verdes de enrame”.

NOTA PARA EL ENCUESTADOR: Incluya las semillas de soya llamadas también edamame, TOFU (QUESO DE SOYA), porotos, frijoles pintos, hummus, lentejas, frijoles negros, frijoles de cabecita negra, guisantes pintos, judías de lima y frijoles blancos.
Incluya las hamburguesas de frijoles y hamburguesas vegetarianas.
Incluya falafel y tempeh.
1. continue

//ask if cstate ne 2 and split = 1//
Az2_3  1 _ _ Per day [RANGE = 101-199]
2 _ _ Per week [RANGE = 201-299]
3 _ _ Per month [RANGE = 301-399]
5 5 5 Never
AZ2_3

1 _ _ Por día [RANGE = 101-199]
2 _ _ Por semana [RANGE = 201-299]
3 _ _ Por mes [RANGE = 301-399]
5 5 5 Nunca
7 7 7 No sabe/No está seguro
9 9 9 Se niega a contestar

Az2_3A
ASK if [az2_3#106-199,226-299,388-399]

INTERVIEWER: YOURecorded :az2_3A:.

IS THAT CORRECT?

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

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

AZ2_4t
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

AZ2_4t Durante el mes pasado, ¿cuántas veces al día, a la semana o al mes comió verduras de color verde oscuro como brócoli o verduras de hoja verde oscura como lechuga romana, acelga, berza o espinaca?

NOTA PARA EL ENCUESTADOR: Cada vez que coma una verdura cuenta como “una vez”.

NOTA PARA EL ENCUESTADOR: Incluya todas las ensaladas crudas de hojas verdes como espinaca, mesclun, lechuga romana, lechuga de hoja verde oscura, bok choy, dientes de león, komatsuna, berro y rúcula).
No incluya la lechuga iceberg (de cabeza) si le mencionan este tipo de lechuga. Incluya todas las verduras verdes cocinadas como col rizada, berza, verdura china (choy), hojas de nabo, mostaza salvaje.

1. Continue

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

AZ2_4

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

Az2_4A

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

INTERVIEWER: YOU RECORDED \\az2_4A:\.

IS THAT CORRECT?

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

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

Az2_5t

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?

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

AZ2_5t Durante el mes pasado, ¿cuántas veces al día, a la semana o al mes comió verduras anaranjadas como batatas (camotes), calabazas o zanahorias?

Léale solo si es necesario: “La calabaza (winter squash) tiene corteza gruesa y dura y su carne es de color amarillo fuerte o naranja. Incluyen boneteras, ranúnculos y calabaza espagueti”.

PARA EL ENCUESTADOR: Incluya todos los tipos de zanahorias, como las largas y las de corte pequeño.

Incluya ensalada de zanahoria (p. ej., zanahorias rayadas acompañadas o no de otras frutas o verduras).

Incluya las batatas (camotes) en todas sus presentaciones, como al horno, en puré, en guisado, en tarta o fritas.

Incluya todas las variedades de calabazas de invierno de corteza dura como bonetera, cayote, zapallo, moscada, ranúnculo, delicata, ahuyama, kabocha (también conocida como Ebisu, Delica, Hoka, Hokkaido o calabaza japonesa) y calabaza espagueti. Indique todas las presentaciones, incluida la sopa.

Incluya calabaza, como en sopa y en tarta. No incluya las barritas de calabaza, pasteles, panes u otro tipo de postres con cereales que contengan calabaza (es decir, similares a las barritas de zapallo y barritas de calabacín que no incluimos).

1. continue

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

Az2_5

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

AZ2_5

1 _ _ Por día
2 _ _ Por semana
3 _ _ Por mes
5 5 5 Nunca
7 7 7 No sabe/No está seguro
9 9 9 Se niega a contestar

Az2_5A
ASK if [az2_5#106-199,226-299,388-399]

INTERVIEWER: YOU RECORDED \az2_5A:. 

IS THAT CORRECT?

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

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

Az2_6t 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.

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
naranja); todas las coles, incluida la ensalada de repollo estilo americano; champiñones, arveja china, guisante, habas, habichuelas verdes de enrame.

Incluya todas las verduras en todas sus presentaciones (crudas, cocidas, enlatadas o congeladas).

Incluya el jugo de tomate si el encuestado no lo mencionó en los jugos de frutas.

Incluya verduras de relevancia geográfica y cultural que no estén mencionadas (p. ej., daikón, jícama, pepino oriental, etc.).

No incluya el arroz ni otros granos.

No incluya productos consumidos habitualmente como condimentos como salsa de tomate (ketchup), salsa mexicana, conserva agrodulce y salsa relish.

1. continue

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

Az2_6

1 _ _ Per día [RANGE = 101-199]
2 _ _ Por semana [RANGE = 201-299]
3 _ _ Por mes [RANGE = 301-399]
5 5 5 Nunca
7 7 7 No sabe/No está seguro
9 9 9 Se niega a contestar

AZ2_6

1 _ _ Por día
2 _ _ Por semana
3 _ _ Por mes
5 5 5 Nunca
7 7 7 No sabe/No está seguro
9 9 9 Se niega a contestar

Az2_6A

ASK if [az2_6#106-199,226-299,388-399]

INTERVIEWER: YOU RECORDED \:az2_6A:.

IS THAT CORRECT?

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

//end timer ett2//

State-Added 3: Exercise (Physical Activity) (land and cell) (Split 1)

//start timer ett3//
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

Las preguntas siguientes son acerca del ejercicio, las actividades físicas o recreativas que realiza aparte de sus actividades cotidianas del trabajo.

INSTRUCCIONES PARA EL ENCUESTADOR: Si el encuestado no tiene “tareas habituales de su trabajo” o está jubilado, puede contar la actividad física o el ejercicio que hace la mayor parte del tiempo en un mes habitual.

1. continue

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 “.

(Specify)

7 7 Don’t know / Not Sure
9 9 Refused

0 1 Active Gaming Devices (Wii Fit, Dance Dance revolution)
0 2 Aerobics video or class
0 3 Backpacking
0 4 Badminton
0 5 Basketball
0 6 Bicycling machine exercise
0 7 Bicycling
0 8 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)
0 9 Bowling
1 0 Boxing
1 1 Calisthenics
1 2 Canoeing/rowing in competition
1 3 Carpentry
71 Childcare
1 4 Dancing-ballet, ballroom, Latin, hip hop, zumba, etc
1 5 Elliptical/EFX machine exercise
72 Farm/Ranch Work (caring for livestock, stacking hay, etc.)
1 6 Fishing from river bank or boat
1 7 Frisbee
1 8 Gardening (spading, weeding, digging, filling)
1 9 Golf (with motorized cart)
2 0 Golf (without motorized cart)

ergometer, etc
2 1 Handball
2 2 Hiking – cross-country

4 1 Rugby
4 2 Scuba diving
4 3 Skateboarding
4 4 Skating – ice or roller
4 5 Sledding, tobogganing
4 6 Snorkeling
4 7 Snow blowing
4 8 Snow shoveling by hand
4 9 Snow skiing
5 0 Snowshoeing
5 1 Soccer
5 2 Softball/Baseball
5 3 Squash
5 4 Stair climbing/Stair master
5 5 Stream fishing in waders
5 6 Surfing
5 7 Swimming
5 8 Swimming in laps
5 9 Table tennis
6 0 Tai Chi
6 1 Tennis
6 2 Touch football
7 5 Upper Body Cycle (wheelchair sports,
2 3 Hockey
2 4 Horseback riding
7 3 Household Activities (vacuuming, dusting, home repair, etc.)
2 5 Hunting large game – deer, elk
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
3 6 Raking lawn
3 7 Running
3 8 Rock Climbing
3 9 Rope skipping
4 0 Rowing machine exercise

AZ3_1. ¿A qué tipo de actividad o ejercicio dedicó más tiempo durante el mes pasado?
INSTRUCCIONES PARA EL ENCUESTADOR: Si las actividades del encuestado no están incluidas en la lista de codificación para la actividad física, seleccione la opción “Otra”.

_ _ (Especifique) [Vea la lista de codificación para la actividad física]

7 7 No sabe/No está seguro [Pase a P12.8]
9 9 Se niega a contestar [Pase a P12.8]

//ask if az3_1 ne 77,99//
Az3_1c.
INTERVIEWER: YOU'VE CHOSEN ______________

IS THAT CORRECT?

1 YES
2 NO - GO BACK AND CHANGE RESPONSE

//if az3_1 = 98//
Az3_1o: Enter Other Activity:____________

//ask if az3_1ne 77,99 //

Az3_2 How many times per week or per month did you take part in this activity during the past month?
AZ3_2. ¿Cuántas veces a la semana o al mes realizó esta actividad durante el mes pasado?

1. _ _ Veces por semana
2. _ _ Veces por mes
7 7 7 No sabe/No está seguro
9 9 9 Se niega a contestar

//ask if az3_1 ne 77,99 //

Az3_3 And when you took part in this activity, for how many minutes or hours did you usually keep at it?

_:_ _ 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

AZ3_3 Cuando realizó esta actividad, ¿cuántos minutos u horas le dedicó habitualmente?

_:_ _ Horas y minutos
7 7 7 No sabe/No está seguro
9 9 9 Se niega a contestar

//ask if az3_1 ne 77,99 //

Az3_4 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”.

_ _ (Specify) [See Physical Activity Coding List]
8 8 No other activity [Go to Q12.8]
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
5 1 Soccer
5 2 Softball/Baseball
<table>
<thead>
<tr>
<th>Código</th>
<th>Actividad</th>
<th>Código</th>
<th>Actividad</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 1</td>
<td>Calistenics</td>
<td>5 3</td>
<td>Squash</td>
</tr>
<tr>
<td>1 2</td>
<td>Canoeing/rowing in competition</td>
<td>5 4</td>
<td>Stair climbing/Stair master</td>
</tr>
<tr>
<td>1 3</td>
<td>Carpentry</td>
<td>5 5</td>
<td>Stream fishing in waders</td>
</tr>
<tr>
<td>7 1</td>
<td>Childcare</td>
<td>5 6</td>
<td>Surfing</td>
</tr>
<tr>
<td>1 4</td>
<td>Dancing-ballet, ballroom, Latin, hip hop, zumba, etc</td>
<td>5 7</td>
<td>Swimming</td>
</tr>
<tr>
<td>1 5</td>
<td>Elliptical/EFX machine exercise</td>
<td>5 8</td>
<td>Swimming in laps</td>
</tr>
<tr>
<td>7 2</td>
<td>Farm/Ranch Work (caring for livestock, stacking hay, etc.)</td>
<td>5 9</td>
<td>Table tennis</td>
</tr>
<tr>
<td>1 6</td>
<td>Fishing from river bank or boat</td>
<td>6 0</td>
<td>Tai Chi</td>
</tr>
<tr>
<td>1 7</td>
<td>Frisbee</td>
<td>6 1</td>
<td>Tennis</td>
</tr>
<tr>
<td>1 8</td>
<td>Gardening (spading, weeding, digging, filling)</td>
<td>6 2</td>
<td>Touch football</td>
</tr>
<tr>
<td>1 9</td>
<td>Golf (with motorized cart)</td>
<td>6 3</td>
<td>Volleyball</td>
</tr>
<tr>
<td>2 0</td>
<td>Golf (without motorized cart)</td>
<td>6 4</td>
<td>Walking</td>
</tr>
<tr>
<td>7 1</td>
<td>Childcare</td>
<td>6 5</td>
<td>Waterskiing</td>
</tr>
<tr>
<td>1 7</td>
<td>Frisbee</td>
<td>6 6</td>
<td>Weight lifting</td>
</tr>
<tr>
<td>1 8</td>
<td>Gardening (spading, weeding, digging, filling)</td>
<td>6 7</td>
<td>Upper Body Cycle (wheelchair sports, ergometer, etc)</td>
</tr>
<tr>
<td>1 9</td>
<td>Golf (with motorized cart)</td>
<td>6 8</td>
<td>Wrestling</td>
</tr>
<tr>
<td>2 0</td>
<td>Golf (without motorized cart)</td>
<td>6 9</td>
<td>Yoga</td>
</tr>
<tr>
<td>2 1</td>
<td>Handball</td>
<td>7 1</td>
<td>Yoga</td>
</tr>
<tr>
<td>2 2</td>
<td>Hiking – cross-country</td>
<td>7 2</td>
<td>Yoga</td>
</tr>
<tr>
<td>2 3</td>
<td>Hockey</td>
<td>7 3</td>
<td>Yoga</td>
</tr>
<tr>
<td>2 4</td>
<td>Horseback riding</td>
<td>7 4</td>
<td>Yoga</td>
</tr>
<tr>
<td>2 5</td>
<td>Hunting large game – deer, elk</td>
<td>7 5</td>
<td>Yoga</td>
</tr>
<tr>
<td>2 6</td>
<td>Hunting small game – quail</td>
<td>7 6</td>
<td>Yoga</td>
</tr>
<tr>
<td>2 7</td>
<td>Inline Skating</td>
<td>7 7</td>
<td>Yoga</td>
</tr>
<tr>
<td>2 8</td>
<td>Jogging</td>
<td>7 8</td>
<td>Yoga</td>
</tr>
<tr>
<td>2 9</td>
<td>Lacrosse</td>
<td>7 9</td>
<td>Yoga</td>
</tr>
<tr>
<td>3 0</td>
<td>Mountain climbing</td>
<td>8 8</td>
<td>No other activity</td>
</tr>
<tr>
<td>3 1</td>
<td>Mowing lawn</td>
<td>9 8</td>
<td>Other_____</td>
</tr>
<tr>
<td>3 2</td>
<td>Paddleball</td>
<td>8 8</td>
<td>No other activity</td>
</tr>
<tr>
<td>3 3</td>
<td>Painting/papering house</td>
<td>9 8</td>
<td>Other_____</td>
</tr>
<tr>
<td>3 4</td>
<td>Pilates</td>
<td>8 8</td>
<td>No other activity</td>
</tr>
<tr>
<td>3 5</td>
<td>Racquetball</td>
<td>9 8</td>
<td>Other_____</td>
</tr>
<tr>
<td>3 6</td>
<td>Raking lawn</td>
<td>8 8</td>
<td>No other activity</td>
</tr>
<tr>
<td>3 7</td>
<td>Running</td>
<td>9 8</td>
<td>Other_____</td>
</tr>
<tr>
<td>3 8</td>
<td>Rock Climbing</td>
<td>8 8</td>
<td>No other activity</td>
</tr>
<tr>
<td>3 9</td>
<td>Rope skipping</td>
<td>9 8</td>
<td>Other_____</td>
</tr>
<tr>
<td>4 0</td>
<td>Rowing machine exercise</td>
<td>8 8</td>
<td>No other activity</td>
</tr>
</tbody>
</table>

AZ3 4. ¿Qué otro tipo de actividad física realizó en segundo lugar durante el mes pasado?

INSTRUCCIONES PARA EL ENCUESTADOR: Si las actividades del encuestado no están incluidas en la lista de codificación para la actividad física, seleccione la opción “Otra”.

<table>
<thead>
<tr>
<th>Código</th>
<th>Actividad</th>
<th>Código</th>
<th>Actividad</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 8</td>
<td>Ninguna otra actividad</td>
<td>9 8</td>
<td>Se niega a contestar</td>
</tr>
<tr>
<td>7 7</td>
<td>No sabe/No está seguro</td>
<td>9 8</td>
<td>Se niega a contestar</td>
</tr>
</tbody>
</table>

//ask if az3_4 ne 77, 88, 98//
Az3_4c. INTERVIEWER: YOU'VE CHOSEN

IS THAT CORRECT?

1 YES
2 NO - GO BACK AND CHANGE RESPONSE

//if az3_4= 98//
Az3_4o: Enter Other Activity:___________

//ask if az3_4 ne 77, 88,99 //

Az3_5  How many times per week or per month did you take part in this activity during the past month?
          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

AZ3_5.  ¿Cuántas veces a la semana o al mes realizó esta actividad durante el mes pasado?
          1_ _  Veces por semana
          2_ _  Veces por mes
          7 7 7  No sabe/No está seguro
          9 9 9  Se niega a contestar

//ask if az3_4 ne 77, 88,99 //

Az3_6  And when you took part in this activity, for how many minutes or hours did you usually keep at it?
          _:_ _  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

AZ3_6.  Cuando realizó esta actividad, ¿cuántos minutos u horas le dedicó habitualmente?
          _:_ _  Horas y minutos
          7 7 7  No sabe/No está seguro
          9 9 9  Se niega a contestar
Az3_7. 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

AZ3_7. Durante el mes pasado, ¿cuántas veces al día, a la semana o al mes realizó actividad física o ejercicio para FORTALECER sus músculos? NO cuente ejercicios aeróbicos como caminar, correr o andar en bicicleta. Cuente actividad física en la que use su peso corporal, como yoga, sentadillas o lagartijas, y en la que use máquinas, pesas o bandas elásticas.

1 _ _ Veces por semana
2 _ _ Veces por mes
8 8 8 Nunca
7 7 7 No sabe/No está seguro
9 9 9 Se niega a contestar

State-Added 4: Food Assistance/Security – land and cell (Split 2)

AZ4_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

AZ4_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?

AZ4_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

AZ4_2. Durante los últimos 12 meses, alguna mujer o nino que viva con usted obtuvo alimentos a traves del programa WIC?
//ask if s8q7=1-15 and cstate ne2 and split = 2/

**AZ4_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

**AZ4_3.** Durante los ultimos 12 meses, algun nino de entre 5 y 18 anos que viva con usted recibio almuerzos gratis o con descuentos en la escuela?

//End timer ett4//

State-Added 5: Preconception Health/Family Planning - land and cell (Split 2)

//Start timer ett5//

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 and split = 2//

Az5_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

Az5_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 and split = 2//

**Az5_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

Az5_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 and split = 2//

Az5_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)

Az5_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 and split = 2//
Az5_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

Az5_2 ¿Alguna vez ha estado embarazada?

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

Az5_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
3  No partner/not sexually active
4  Same sex partner
7  Don’t know / Not sure
9  Refused

Az5_3 La última vez que tuvieron relaciones sexuales, usted o su esposo/pareja hicieron algo para evitar un embarazo?

//ask if Az5_3=1 and cstate ne2 and split = 2//

Az5_4T What did you or your husband/partner do the last time you had sex to keep you from getting pregnant?

Az5_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

Az5_4 What did you or your husband/partner do the last time you had sex to keep you from getting pregnant?

Az5_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. Diaphragma, 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 az5_3=2 and cstate ne2 and split = 2//
Az5_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
Az5_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 az5_3=2 and cstate ne2 and split = 2//

Az5_5 What was your main reason for not doing anything the last time you had sex to keep you from getting pregnant?

Az5_5La 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 hysterecemy [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 (infértil 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 ((az5_3=3,4,7,9) OR (az5_4=3-99) OR (az5_5 =1,2,3,4,5,6,7,8,9,10,14,15,17,18,77,99 )) and cstate ne2 and split = 2//
Az5_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 ((az5_4=1,2) OR (az5_5 =1,2,3,4,5,6,7,8,9,10,14,15,16,17,18,77,99)) and cstate ne2 and split = 2//
Az5_7 How many times a week do you currently take a multivitamin, a prenatal vitamin, or a folic acid vitamin?
1 0 times a week
2 1 to 3 times a week
3 4 to 6 times a week
4 Every day of the week
¿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

State-Added 6: Folic Acid – land and cell (Split 2)

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]
9  Refused [Go to 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
Algunos expertos de la salud recomiendan que las mujeres tomen cuatrocientos microgramos de vitamina B ácido fólico todos los días. Recomiendan esto debido a cual de las siguientes razones?

(291)

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 ett6//

State-Added 7: Hypertension Awareness (land and cell) (Split 2)

//start timer ett7//

//ask if cstate ne 2 and split = 2//

az7_1 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (93)

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]

az7_1 ¿ALGUNA VEZ un médico, una enfermera u otro profesional de la salud le dijo que tenía presión arterial alta? (93)

Léale solo si es necesario: Por “otro profesional de la salud” nos referimos a una enfermera especializada, un auxiliar médico o algún otro profesional de la salud con licencia para ejercer.

Si la respuesta es “Sí” y la persona encuestada es mujer, pregúntele: “¿Esto fue únicamente durante su embarazo?”

2014 BRFSS Questionnaire/Draft/09.18.2013
1  Sí
2  Sí, pero se le comunicó esto solo durante su embarazo [Pase a la siguiente sección]
3  No [Pase a la siguiente sección]
4  Se le dijo que tenía hipertensión arterial límite o que era prehipertenso [Pase a la siguiente sección]
7  No sabe / No está seguro [Pase a la siguiente sección]
9  Se niega a contestar [Pase a la siguiente sección]

//if selected = male and az7_ = 2//
	Az7_1a 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 az7_1=1 //
	Az7_2 Are you currently taking medicine for your high blood pressure?

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

AZ7_2. ¿Toma actualmente algún medicamento para controlar la presión arterial alta?

1  Sí
2  No
7  No sabe/No está seguro
9  Se niega a contestar

//end timer ett7//

State-Added 8: Cognitive Impairment – land and cell (Split 1)

//Start timer ett8//
//ask if cstate ne2 and split = 1//
	Az8t 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 1. Continue

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

AZ8_1. 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
7  Don’t know / Not sure
9  Refused

Az8t. Las siguientes preguntas son sobre las dificultades del razonamiento y la memoria que pueden afectar de gran manera las actividades cotidianas. Esto no se refiere a olvidos ocasionales, como olvidarse las llaves o el nombre de una persona que acaba de conocer. Esto se refiere a cosas como
confusión o pérdida de la memoria que se está haciendo más frecuente o empeora. Queremos saber de qué manera estos problemas le afectan a usted.

AZ8_1. En los últimos 12 meses, ¿ha sentido confusión o ha perdido la memoria con más frecuencia o ha empeorado?

1  Sí
2  No
7  No sabe/No está seguro
9  Se niega a contestar

//ask if AZ8_1=1 and cstate ne2 //

AZ8_2. As a result of your confusion or memory loss, in which of the following four areas do you need the MOST assistance?

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
9  Refused

AZ8_5. Como consecuencia de la confusión o pérdida de la memoria ¿en cuál de las siguientes cuatro áreas usted necesita más ayuda?

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

ask if AZ8_1=1 and cstate ne2 //

AZ8_3. Has anyone discussed with a health care professional, increases in your confusion or memory loss?

1  Yes
AZ8_8. ¿Alguien ha hablado con su profesional de atención médica sobre los aumentos de confusión o pérdida de la memoria?

1  Sí
2  No
7  No sabe/No está seguro
9  Se niega a contestar

AZ8_4 Has a healthcare professional ever told you that you have another chronic disease? Interviewer: If yes, ask “Was this High Blood Pressure, Respiratory, or something else?”

1  No
2  Yes, High Blood Pressure
3  Yes, Respiratory disease (lung, or asthma)
4  Yes, Other
7  Don’t Know
9  Refused

AZ8_4 ¿Le ha dicho alguna vez un profesional médico que sufre de otra enfermedad crónica?

Entrevistador: Si la respuesta es sí, pregunte “¿fue hipertensión sanguínea, una enfermedad respiratoria u otra cosa?”

1  No
2  Sí, hipertensión sanguínea
3  Sí, una enfermedad respiratoria (pulmón o asma)
4  Sí, otra
7  No sabe
9  Rehusó

State-Added 9: Access to Care (land and cell) (Split 1 and 2) (start asking of entire state in March)

Az9_1 In the past 12 months, did a doctor believe you needed any care, tests, or treatment?

1  YES
AZ9_1 En los últimos 12 meses, ¿pensó un médico que necesitaba alguna atención, análisis o tratamiento?

1 Sí
2 No
7 No sabe/No está seguro
9 Rehusó

//ask if az9_1=1//

AZ9_2 In the past 12 months, how much of a problem if any was it to get the care, tests, or treatment a doctor believed was necessary? Would you say…

READ LIST
1 A big problem
2 A small problem
3 Not a problem
Do Not Read
7 Don't know
9 Refused

//ask if az9_2=1,2//

AZ9_3 What was the primary reason there was a problem in getting the care, tests, or treatment a doctor believed was necessary?

Read if necessary
<table>
<thead>
<tr>
<th>Code</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Lack of medical insurance</td>
</tr>
<tr>
<td>02</td>
<td>Service or visit not covered by insurance</td>
</tr>
<tr>
<td>03</td>
<td>Cost of the service or visit (co-pay or out of pocket costs)</td>
</tr>
<tr>
<td>04</td>
<td>Lack of transportation</td>
</tr>
<tr>
<td>05</td>
<td>No qualified specialist in my area</td>
</tr>
<tr>
<td>06</td>
<td>Could not get an appointment / provider not taking new patients</td>
</tr>
<tr>
<td>07</td>
<td>No one spoke my language</td>
</tr>
<tr>
<td>08</td>
<td>Hours of operation of the provider</td>
</tr>
<tr>
<td>88</td>
<td>Other</td>
</tr>
<tr>
<td>77</td>
<td>Don't know</td>
</tr>
<tr>
<td>99</td>
<td>Refused</td>
</tr>
</tbody>
</table>

**AZ9_3** ¿Cuál fue la razón principal por la que tuvo problemas para conseguir la atención, los análisis o el tratamiento que el médico pensó era necesaria?

Lea si es necesario

<table>
<thead>
<tr>
<th>Code</th>
<th>Spanish Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Falta de seguro médico</td>
</tr>
<tr>
<td>02</td>
<td>El servicio o la visita no fue cubierta por el seguro</td>
</tr>
<tr>
<td>03</td>
<td>El costo del servicio o la visita (copago o costo de bolsillo)</td>
</tr>
<tr>
<td>04</td>
<td>Falta de transporte</td>
</tr>
<tr>
<td>05</td>
<td>No hay un especialista calificado en mi zona</td>
</tr>
<tr>
<td>06</td>
<td>No puedo conseguir una cita / el proveedor no acepta nuevos pacientes</td>
</tr>
<tr>
<td>07</td>
<td>Nadie habla mi idioma</td>
</tr>
<tr>
<td>08</td>
<td>El horario de atención del proveedor</td>
</tr>
<tr>
<td>88</td>
<td>Otro</td>
</tr>
<tr>
<td>77</td>
<td>No sabe</td>
</tr>
<tr>
<td>99</td>
<td>Rehusó</td>
</tr>
</tbody>
</table>

//end timer ett9//

**State-Added 10: Substance Abuse** *(land and cell) (Split 1 and 2) (start asking of entire state in March)*

//start timer ett10//

//ask if cstate ne 2 //

**AZ10_1** Have you used any illegal or illicit drugs, including marijuana, crack cocaine, heroin or meth?

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</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>
AZ10_1  ¿Ha usado alguna droga ilícita o ilegal, incluyendo la marihuana, cocaína crack, heroína o metanfetaminas?

1 Sí
2 No
7 No sabe/No está seguro
9 Rehusó

//ask if az10_1=1://

AZ10_2  When is the last time you used any illegal or illicit drugs, including marijuana, crack or cocaine, heroin or meth?

READ LIST
1 In the last 30 days
2 In the last 12 months but not within the last 30 days
3 Sometime in your lifetime but not within the last 12 months
7 Don't know / Not sure
9 Refused

AZ10_2  ¿Cuándo fue la última vez que usó alguna droga ilícita o ilegal, incluyendo la marihuana, cocaína crack, heroína o metanfetaminas?

[LEA LA LISTA]
1 En los últimos 30 días
2 En los últimos 12 meses pero no en los últimos 30 días
3 Alguna vez en su vida pero no en los últimos 12 meses
7 No sabe/No está seguro
9 Rehusó

//end timer ett10//

State-Added 11: Prescription Drug Abuse (Split 1 and 2) (land and cell) (start asking of entire state in March)

//start timer ett11//

//ask if cstate ne 2 //

AZ11_1  Have you ever used any prescription drugs without a doctor telling you to take them?

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

AZ11_1  ¿Ha usado alguna vez medicamentos recetados sin que un médico le indique que los tome?

1 Sí
2 No
7 No sabe/No está seguro
9 Rehusó

//ask if az11_1=1//
AZ11_2 When did you last use any prescription drugs without a doctor telling you to take them?

READ LIST
1 In the last 30 days
2 In the last 12 months but not within the last 30 days
3 Sometime in your lifetime but not within the last 12 months
7 Don't know / Not sure
9 Refused

AZ11_2 ¿Cuándo fue la última vez que usó algún medicamento recetado sin que un médico le indique que lo tome?

[LEA LA LISTA]
1 En los últimos 30 días
2 En los últimos 12 meses pero no en los últimos 30 días
3 Alguna vez en su vida pero no en los últimos 12 meses
7 No sabe/No está seguro
9 Rehusó

//ask if cstate ne 2 //
AZ11_3 In the past 12 months, have you spent more time drinking or using drugs than you intended?

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

AZ11_3 En los últimos 12 meses, ¿ha pasado más tiempo bebiendo o usando drogas de lo que pensaba?

1 Sí
2 No
7 No sabe/No está seguro
9 Rehusó

//end timer ett11//
State-Added 12: Adverse Childhood Experience (land and cell) (Split 2)

//start timer ett12//
//ask if cstate ne 2 and split = 2//

Az12_1t I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer.

All questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age—
1. Continue

Az12_1t ¿Vivió con alguna persona que estaba deprimida, mentalmente enferma o suicida?

1  Sí
2  No
7  No sabe/No está seguro
9  Rehusó

Az12_2. Did you live with anyone who was a problem drinker or alcoholic?

1  Yes
AZ12_2 ¿Vivió con alguna persona que era un alcohólico o que tenía problemas con la bebida?

1 Sí
2 No
7 No sabe/No está seguro
9 Rehusó

//ask if cstate ne 2 and split = 2//

Az12_3. Did you live with anyone who used illegal street drugs or who abused prescription medications?

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

AZ12_3 ¿Vivió con alguna persona que usó drogas ilegales de la calle o que se abusaba de medicamentos recetados?

1 Sí
2 No
7 No sabe/No está seguro
9 Rehusó

//ask if cstate ne 2 and split = 2//

Az12_4. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

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

AZ12_4 ¿Vivió con alguien que pasó tiempo en la cárcel o fue sentenciado a cumplir una condena en una prisión, cárcel u otra institución penitenciaria?

1 Sí
2 No
7 No sabe/No está seguro
9 Rehusó

//ask if cstate ne 2 and split = 2//

Az12_5. Were your parents separated or divorced?

1 Yes
2 No
8 Parents not married
7 Don’t know / Not sure
9 Refused

AZ12_5 ¿Estaban separados o divorciados sus padres?

1 Sí
2 No
8 Los padres no estaban casados
7 No sabe / No está seguro
9 Rehusó

//ask if cstate ne 2 and split = 2//

Az12_6. How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?

(482)

1 Never
2 Once
3 More than once

Do not read:

7 Don’t know / Not sure
9 Refused

AZ12_6 ¿Cada cuánto los padres o adultos en su casa se pegaban cachetadas, puñetazos, pateaduras, golpes o se pelearon físicamente?

1 Nunca
2 Una vez
3 Más de una vez

No lea:
7 No sabe / No está seguro
9 Rehusó

//ask if cstate ne 2 and split = 2//

**Az12.7.** Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say---

(483)

1  Never
2  Once
3  More than once

Do not read:

7  Don’t know / Not sure
9  Refused

**AZ12_7** Antes de los 18 años de edad, ¿cada cuánto uno de los padres o adultos en su casa le pegó puñetazos, pateaduras, golpes o lo lastimaron físicamente de alguna manera? No incluya las palizas. Diría usted…

1  Nunca
2  Una vez
3  Más de una vez

No lea:

7  No sabe / No está seguro
9  Rehusó

//ask if cstate ne 2 and split = 2//

**Az12_8.** How often did a parent or adult in your home ever swear at you, insult you, or put you down?

(484)

1  Never
2  Once
3  More than once

Do not read:

7  Don’t know / Not sure
9  Refused

**AZ12_8** ¿Cada cuánto uno de los padres o un adulto en su casa uso profanidades, lo insultó o hizo sentir mal?
How often did anyone at least 5 years older than you or an adult, ever touch you sexually?

1 Never
2 Once
3 More than once

Do not read:

7 Don't know / Not sure
9 Refused

Az12_9 ¿Cada cuánto alguien que tenía por lo menos cinco años más que usted o un adulto lo tocó sexualmente?

1 Nunca
2 Una vez
3 Más de una vez

No lea:

7 No sabe / No está seguro
9 Rehusó

Az12_10. How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?

1 Never
2 Once
3 More than once

Do not read:

7 Don't know / Not sure
AZ12_10 ¿Cada cuánto alguien que tenía por lo menos cinco años más que usted o un adulto trató de lograr que usted lo tocaran sexualmente?

1  Nunca
2  Una vez
3  Más de una vez

No lea:

7  No sabe / No está seguro
9  Rehusó

//ask if cstate ne 2 and split = 2/

AZ12_11. How often did anyone at least 5 years older than you or an adult, force you to have sex?

1  Never
2  Once
3  More than once

Do not read:

7  Don’t know / Not sure
9  Refused

AZ12_11 ¿Cada cuánto alguien que tenía por lo menos cinco años más que usted o un adulto lo obligó a tener relaciones sexuales?

1  Nunca
2  Una vez
3  Más de una vez

No lea:

7  No sabe / No está seguro
9  Rehusó

//ask if cstate ne 2 and split = 2/

Az12_C As I mentioned when we started this section, I will give you a phone number for an organization that can provide information and referral for these issues. Would you like me to give you that number?

National Hotline for child abuse is 1-800-422-4-A-CHILD (1-800-422-4453). AZ Helpline: 1-877-211-8661 or website at: http://www.cir.org/211arizona/

1. Continue
AZ12_C  Como mencioné al comienzo de esta sección, le entregaré un número de teléfono de una organización que puede proveerle información y derivaciones sobre estos problemas. ¿Desea que le entregue dicho número? National Hotline for child abuse is 1-800-422-4-A-CHILD (1-800-422-4453).
AZ Helpline: 1-877-211-8661 or website at: http://www.cir.org/211arizona/

1. Continue

//end timer ett12//

State-Added 13: Adult Asthma History (land and cell) (Split 2)

//start timer ett13//

CATI note: If "Yes" (ever told you had asthma) to Core Q6.4; continue. Otherwise, go to next module.
//ask if s6q4=1 and split = 2 and cstate ne 2//

Az13_1t  Previously you said you were told by a doctor, nurse or other health professional that you had asthma.
1. Continue

AZ12_1t.  AZ8t. Anteriormente indicó que un médico, integrante de enfermería u otro profesional de atención médica le dijo que padece asma.

1. continue
//ask if s6q4=1 and split = 2 and cstate ne 2//

Az13_1.  How old were you when you were first told by a doctor, nurse, or other health professional that you had asthma?

[96 = 96 and older]

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Age in years 11 or older [RANGE 11-96]</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>7</td>
<td>Age 10 or younger</td>
</tr>
<tr>
<td>9</td>
<td>8</td>
<td>Don't know / Not sure</td>
</tr>
<tr>
<td>9</td>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

CATI note: If "Yes" to Core Q6.5, continue. Otherwise, go to next module.

AZ13_1  ¿Qué edad tenía cuando un médico, enfermera u otro profesional médico le dijo por primera vez que sufría del asma?

[96 = 96 and older]

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Age in years 11 or older [RANGE 11-96]</th>
</tr>
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<tbody>
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<td>9</td>
<td>8</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>9</td>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

//ask if s6q5=1 and split = 2 and cstate ne 2//
Az13_2. During the past 12 months, have you had an episode of asthma or an asthma attack?

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

AZ13_2. Durante los últimos 12 meses, ¿ha sufrido algún episodio o ataque de asma?

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

//end timer ett13//

State-Added 14: Nearest intersection (Split 1 and 2) (land and cell)

//start timer ett14//
//ask if cstate ne 2//
AZ14_1t In order to help us learn more about environmental factors in your area, we’d like to know what the nearest intersection to your home is. This information will only be used to group your responses with others from your neighborhood. Please name the two cross-streets of this intersection.

1. Continue

AZ14_1t. Para poder aprender más acerca de factores ambientales en su área, quisiera saber cuál es la intersección de calles más cercana a su casa. Esta información nunca será divulgada o analizada individualmente y será utilizada para agrupar sus respuestas con las de otras personas que viven cerca de usted. Por favor indique los nombres de las dos calles de esta intersección.

1. Continue

//ask if cstate ne 2//

AZ14_1a What is the name of the first street?
INTERVIEWER NOTE: Confirm street spelling
01 Gave Response
77 Don’t Know
99 Refused

AZ14_1a. ¿Cuál es el nombre de la calle primera?
//if WA15_1a = 01//
AZ14_1ao (31.1) STRI
Record first street: _____________________
Ask if Street, Road, Avenue or something else.
Verify spelling.
Use abbreviations for directionals and streets types.
//ask if az14_1a =1//
Az14_1b What is the name of the second street?
INTERVIEWER NOTE: Confirm street spelling

  01 Gave Response
  77 Don’t Know
  99 Refused

Az14_1b. ¿Cuál es el nombre de la calle segunda?
//if az14_1b = 01//
Az14_1bo STR2
  Record second street: _____________________
  Ask if Street, Road, Avenue or something else.]
  Verify spelling.
  Use abbreviations for directionals and streets types.

//ask if az14_1a =1 and az14_1b = 1//
Az14_2 The streets I recorded for the closest intersection are: [insert az141ao] and [insert az14_1bo] Is this correct?

  NOTE: CONFIRM WHETHER RD, ST, AVE, etc.

    1 Yes, both correct
    2 No, both incorrect (go back to az14_1a/az14_1b]
    3 No, first incorrect (go back to az14_1a)
    4 No, second incorrect (go back to az14_1b)

Az14_2. Las calles que grabé para la intersección más cerca son: [insert az141ao] y/e [insert az14_1bo] ¿Es esto correcto?
//if az14_2=2 go back to az14_1a//
//if az14_2=3 go back to az14_1b//

//end timer ett14//

//CATI: if break-off occurs after this point, please count as full BRFSS complete dispo 61/1100//

State-Added 15: Pedometer Questions (land and cell)** starts in May**

//start timer ett15//

//ask if cstate ne 2 and asgcnty = or aztown= 13,19 Maricopa, Pima//

AZ15_1T: Now I’d like to ask you about participating in a separate study.
  1. Continue
AZ15_1T Ahora me gustaría preguntarle acerca de su participación en un estudio separado.
  1. Continuar.

//ask if cstate ne 2 and asgcnty = or aztown= 13,19Maricopa, Pima//
AZ15_1 We are conducting a physical activity study using pedometers. Pedometers are small devices that clip to your clothing and count the number of steps you take each day. If you agree to participate in this study you will wear the pedometer we give to you for seven consecutive days, one week, during your waking hours. At the end of 7 days you will put your logbook and questionnaire into an addressed, pre-paid envelope and drop it into a mailbox. Your information will be strictly confidential and you will receive a full report of your individual results at the end of the study.

Would you like to participate in our study?

1    Yes
2    No
7    Don’t Know
9    Refused

AZ15_1 Estamos llevando a cabo un estudio de actividad física utilizando podómetros. Podómetros son pequeños dispositivos que se sujetan a la ropa y cuentan el número de pasos que toma cada día. Si usted acepta participar en este estudio usted usará un podómetro que le daremos durante siete días consecutivos, una semana, durante el tiempo que este caminando. Al final de los siete días, usted pondrá su libreta de registro y cuestionario en un sobre pre-pagado y lo dejará en un buzón de correo. Su información será mantenida estrictamente confidencial y usted recibirá un reporte completo de sus resultados individuales al final del estudio.

¿Le gustaría participar en nuestro estudio?

//if AZ15_1 = 1//

AZ15_2 For this study you would wear the pedometer during waking hours for 7 days and after the week is over, you would return the step data and completed questionnaire to us in a prepaid envelope. You may keep the pedometer. To show you are giving Informed Consent and to allow us to send you a pedometer and materials, please give us your full name, best phone number to reach you, and mailing address.

[INTERVIEWER READ IF NECESSARY:
A copy of this Informed Consent will be sent to you in the mail with your pedometer. We request your preferred telephone number so that we can contact you to follow up on your experience.]

01    Gave info
09    Refused

AZ15_2 Para este estudio usted usará el podómetro durante las horas que camine por 7 días y después que la semana termine, nos retornará el cuestionario completado y los datos de paso usando un sobre de correo pre-pagado. Usted se puede quedar con el podómetro. Para demostrar que le estamos dando consentimiento informado y para permitir que le mandemos un
podómetro y los materiales, por favor denos su nombre completo, el mejor número para llamarle, y su dirección postal.

[INTERVIEWER READ IF NECESSARY: 
Una copia de este consentimiento informado será enviado a usted por correo con el podómetro. Estamos requiriendo su número de teléfono de preferencia para poder contactarlo y para hacer seguimiento de su experiencia.]

01 Gave info
09 Refused

//ask if az15_2=1/

NAME What is your full name? ¿Cuál es su nombre?

//ask if az15_2=1/
ZSTREET What is your street address? ¿Cuál es el nombre de la calle donde vive?

//ask if az15_2=1/
[BLANK ALLOWED]
ZAPT What is the apartment number? ¿Cuál es el número del apartamento?

INTERVIEWER: IF NO APARTMENT NUMBER - HIT ENTER

//ask if az15_2=1/
ZCITY What is the city or town? ¿Cuál es la ciudad o pueblo?

//ask if az15_2=1/
ZSTATE What is the state? ¿Cuál es el estado?

//ask if az15_2=1/
ZZIP What is your zip code? ¿Cuál es el código postal?

[RANGE 00001-99999]

//ask if az15_2=1/
ZAddchk I have your name and address as

[insert fname]  [insert lname]
[insert street address]
[insert city]
[insert state]
[insert zip]

Is that correct?
Tengo su nombre y su dirección como:
Es esto correcto?

01 YES - ALL CORRECT
02 NEED TO - CORRECT NAME [go back to name]
03 NEED TO - CORRECT ADDRESS [go back to street]
04 NEED TO - CORRECT APARTMENT NUMBER [go back to appt]
05 NEED TO - CORRECT CITY [go back to [city]
06 NEED TO - CORRECT STATE [go back to astate]
07 NEED TO - CORRECT ZIP CODE [go back to zip]

//ask if az15_2=1//

BPHONE What is the best phone number to reach you at? ¿Cuál es el mejor número para contactarlo?

1 GAVE NUMBER
2 SAME NUMBER YOU REACHED ME ON

//ASK IF BPHONE = 1 //
Newphone

ENTER PHONE NUMBER ____________

//end timer ett15//

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