2011

Arizona Behavioral Risk Factor Surveillance System Questionnaire

July 18th, 2010
# Table of Contents

Table of Contents .................................................................................................................................... 2
Interviewer’s Script .................................................................................................................................. 3
Core Sections .......................................................................................................................................... 6
   Section 1: Health Status ...................................................................................................................... 6
   Section 2: Healthy Days — Health-Related Quality of Life ................................................................... 6
   Section 3: Health Care Access ............................................................................................................ 7
   Section 4: Hypertension Awareness .................................................................................................... 8
   Section 5: Cholesterol Awareness ....................................................................................................... 9
   Section 6: Chronic Health Conditions ................................................................................................... 9
Module 1: Pre-Diabetes..................................................................................................................... 13
Module 2: Diabetes ........................................................................................................................... 14
Section 7: Tobacco Use .................................................................................................................... 16
Section 8: Demographics ................................................................................................................... 17
Section 9: Fruits and Vegetables ....................................................................................................... 26
Section 10: Exercise (Physical Activity) ............................................................................................. 30
Section 11: Disability .......................................................................................................................... 34
Section 12: Arthritis Burden ................................................................................................................. 35
Section 13: Seatbelt Use ......................................................................................................................... 36
Section 14: Immunization ..................................................................................................................... 37
Section 15: Alcohol Consumption ......................................................................................................... 38
Section 18: Preventative Counseling (August 1st- December 31st) ..................................................... 39
Section 16: HIV/AIDS .......................................................................................................................... 39
Optional Modules................................................................................................................................... 42
   Module 5: Preconception Health /Family Planning ............................................................................. 42
   Module 9: Cardiovascular Health ......................................................................................................... 45
   Module 11: Heart Attack and Stroke .................................................................................................. 46
   Module 15: Smoking Cessation ............................................................................................................ 49
   Module 22: Chronic Obstructive Pulmonary Disease (COPD) .......................................................... 52
   Module 32: Random Child Selection .................................................................................................. 53
   Module 33: Childhood Asthma Prevalence ........................................................................................ 55
   Module 34: Child Immunization (Influenza) ....................................................................................... 56
State-Added 1: Cancer Survivorship (2010, module 14, state 1) ....................................................... 57
State-Added 2: Folic Acid (2010 state 6) .............................................................................................. 62
State-Added 3: Food Assistance Program Participation (2010 state-2) ................................................ 63
State-Added 4: Tobacco (2010 state-1) ................................................................................................. 64
Asthma Call-Back Permission Script .................................................................................................... 72
Activity List for Common Leisure Activities (To be used for Section 10: Physical Activity) ...... 75
**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. Please call us at 1-877-364-0914 at your convenience. Thanks."

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

//ask all//

**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. This call may be monitored and recorded for quality assurance purposes.

Is this **(phone number)**?

01 Continue
02 Terminate

//ask if intro1=1, 5//

**HS1.** Is this a private residence in **Arizona**?

1 Yes
2 No

//if HS1 = 2//

X2 Thank you very much, but we are only interviewing private residences in **Arizona**.
STOP//assign dispo 22 Not a Private Residence//

//as if HS1=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.”]

1 No - Not a Cellular Telephone
2 Yes

//if HS2=2//

Thank you very much, but we are only interviewing land line telephones and private residences. STOP

//assign dispo 8 cell phone//
//ask if 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 13//

//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. Enter 1 man or 1 woman below (Ask gender if necessary). Go to page 5.

//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]

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]
. Are you the person?
1 Yes
2 No

//if ASFKOR = 2//

GETNEWAD May I speak with him or her?
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]
3 Go back to Adults question. Warning: A new respondent may be selected. \n&
(You need Supervisor's permission to use this option.)

//if getnewad=1 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.

2011 BRFSS/Draft/October 15, 2010
Core Sections
//ask all//

YOURETHE1
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. The interview takes approximately 27 minutes to complete. If you have any questions about the survey, please call 1-877-364-0914.

001 Person Interested, continue.
171 Requested callback
173 Selected person unable to complete - language barrier
015 Selected person unable to complete – impairment[ASSIGN DISPO 15]
175 Selected person refuses – Before Intro
176 Selected person refuses - After Intro
002 Go back to Adults question. WARNING: A NEW RESPONDENT WILL BE SELECTED AND YOU NEED A SUPERVISOR’S PASSWORD TO CONTINUE.

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

s1q1 Would you say that in general your health is—? (73)

Please read:

1 Excellent
2 Very good
3 Good
4 Fair

Or

5 Poor

Do not read:

7 Don’t know / Not sure
9 Refused

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

s2q1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (74–75)

_ _ Number of days [RANGE = 1-30]
8 8 None
7 7 Don’t know / Not sure
//ask of all//

s2q2  Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

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

//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?

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

Section 3: Health Care Access

//ask of all//

S3q1  Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Indian Health Services?

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

//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?”

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

//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?

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

//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.

[Read if Necessary]
1 Within past year (anytime less than 12 months ago)
2 Within past 2 years (1 year but less than 2 years ago)
3 Within past 5 years (2 years but less than 5 years ago)
4 5 or more years ago
7 Don't know / Not sure
8 Never
9 Refused

Section 4: Hypertension Awareness

//ask of all//

s4q1 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?

Read 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]

//ask if s4q1=1//

s4q2 Are you currently taking medicine for your high blood pressure?

1 Yes
2 No
7 Don't know / Not sure
9 Refused
Section 5: Cholesterol Awareness

//ask of all//
s5q1 Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked?

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

//ask if s5q1=1//
s5q2 About how long has it been since you last had your blood cholesterol checked?

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

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

//ask if s5q1=1//
s5q3 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?

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

Section 6: Chronic Health Conditions
//ask of all//
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.”

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

[Go to Q6.6]

//ask of s6q4=1//

s6q5. Do you still have asthma?

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

//ask of all//
s6q6. (Ever told) you had skin cancer?

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

//ask of all//

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

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

//ask of all//

s6q8. (Ever told) you have COPD (chronic obstructive pulmonary disease, emphysema or chronic bronchitis?)

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

//ask of all//

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

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

INTERVIEWER NOTE: Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter’s syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud’s syndrome
• vasculitis (giant cell arteritis, Henoch-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) that 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. Has a doctor, nurse or other health professional ever said that you have vision impairment in one or both eyes, even when wearing glasses? (110)

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

//ask of all//

s6q13. (Ever told) that you have diabetes? (111)

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.

<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>Yes, but female told only during pregnancy</td>
</tr>
<tr>
<td>3</td>
<td>No</td>
</tr>
<tr>
<td>4</td>
<td>No, pre-diabetes or borderline diabetes</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

CATI note: If Q6.13 = 1 (Yes), go to Diabetes Optional Module (if used). If any other response to Q6.13, go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.

ETT1

Module 1: Pre-Diabetes

NOTE: Only asked of those not responding “Yes” (code = 1) to Core Q6.13 (Diabetes awareness question).

//ask if s6q13 = 2,3,4,7,9//

Mod1_1. Have you had a test for high blood sugar or diabetes within the past three years?

<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>

CATI NOTE: If Core Q6.13 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 “Yes” (code = 1).

//ask if s6q13 = 2,3,4,7,9//
// if s6q13=4 autocode mod1_2=1//

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?”

<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>Yes, during pregnancy</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>
Module 2: Diabetes

To be asked following Core Q6.13; if response is "Yes" (code = 1)
//ask if s6q13=1/

Mod2_1. How old were you when you were told you have diabetes? (247-248)

_ _ Code age in years
9 8 Don't know / Not sure
9 9 Refused
//ask if s6q13=1/

Mod2_2. Are you now taking insulin? (249)

1 Yes
2 No
9 Refused
//ask if s6q13=1/

Mod2_3. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (250-252)

1 _ _ Times per day [RANGE = 101-199]
2 _ _ Times per week [RANGE = 201-299]
3 _ _ Times per month [RANGE = 301-399]
4 _ _ Times per year [RANGE = 401-499]
8 8 8 Never
7 7 7 Don't know / Not sure
9 9 9 Refused
//ask if s6q13=1/

Mod2_4. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (253–255)

1 _ _ Times per day [RANGE = 101-199]
2 _ _ Times per week [RANGE = 201-299]
3 _ _ Times per month [RANGE = 301-399]
4 _ _ Times per year [RANGE = 401-499]
5 5 5 No feet
8 8 8 Never
7 7 7 Don't know / Not sure
9 9 9 Refused
//ask if s6q13=1/
Mod2_5. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

Number of times [76 = 76 or more] [RANGE = 01-76]

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

//ask if s6q13=1//

Mod2_6. A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?

Number of times [76 = 76 or more] [RANGE = 01-76]

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

CATI NOTE: If Q4 = 555 “No feet”, go to Q8.

//ask if if s6q13=1 and mod2_4 ne 555//

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

Number of times [76 = 76 or more] [RANGE = 01-76]

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

//ask if s6q13=1//

Mod2_8. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

Read only if necessary:

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

Do not read:

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

//ask if s6q13=1//

Mod2_9. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?
Mod2_10. Have you ever taken a course or class in how to manage your diabetes yourself?

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

Section 7: Tobacco Use

//ask of all//
s7q1 Have you smoked at least 100 cigarettes in your entire life?

NOTE: 5 packs = 100 cigarettes

1 Yes
2 No [Go to Q7.5]
7 Don’t know / Not sure [Go to Q7.5]
9 Refused [Go to Q7.5]

//ask if s7q1=1//
s7q2 Do you now smoke cigarettes every day, some days, or not at all?

1 Every day
2 Some days [Go to Q7.4]
3 Not at all [Go to Q7.5]
7 Don’t know / Not sure [Go to Q7.5]
9 Refused [Go to Q7.5]

//ask if s7q2=1,2//
s7q3 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 Q7.5]
2 No [Go to Q7.5]
7 Don’t know / Not sure [Go to Q7.5]
9 Refused [Go to Q7.5]
//ask if s7q2=3//

s7q4 How long has it been since you last smoked a cigarette, even one or two puffs?

[Read only if necessary.]

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1</td>
<td>Within the past month (less than 1 month ago)</td>
</tr>
<tr>
<td>0 2</td>
<td>Within the past 3 months (1 month but less than 3 months ago)</td>
</tr>
<tr>
<td>0 3</td>
<td>Within the past 6 months (3 months but less than 6 months ago)</td>
</tr>
<tr>
<td>0 4</td>
<td>Within the past year (6 months but less than 1 year ago)</td>
</tr>
<tr>
<td>0 5</td>
<td>Within the past 5 years (1 year but less than 5 years ago)</td>
</tr>
<tr>
<td>0 6</td>
<td>Within the past 10 years (5 years but less than 10 years ago)</td>
</tr>
<tr>
<td>0 7</td>
<td>10 years or more</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>

//ask of all//

s7q5 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.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Every day</td>
</tr>
<tr>
<td>2</td>
<td>Some days</td>
</tr>
<tr>
<td>3</td>
<td>Not at all</td>
</tr>
</tbody>
</table>

Do not read:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Don't know / Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

Section 8: Demographics

//ask of all//

s8q1 What is your age?

Code age in years [RANGE 18-99]

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 7</td>
<td>Don't know / Not sure</td>
</tr>
<tr>
<td>0 9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

//ask of all//

s8q2 Are you Hispanic or Latino?

<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>
Which one or more of the following would you say is your race? (121-126)

(Check all that apply)

Please read:

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian or Alaska Native

Or

6. Other [specify]__________________

Do not read:

7. Don’t know / Not sure
9. Refused

Enter OTHER [open end]:__________________

Which one of these groups would you say best represents your race? (127)

Please read:

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian or Alaska Native

Or

6. fill in s8q3o__________________

Do not read:

7. Don’t know / Not sure
9. Refused

Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.
1 Yes
2 No

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

//ask of all//

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?

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

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

//ask if s8q7 = 1-15/
S8q7chk Just to be sure, you have [enter # of children from s8q7] children under 18 living in your household. Is that correct?
1 Yes
2 No [re-ask s8q7]
9 Refused

//ask of all//
s8q8 What is the highest grade or year of school you completed?

Read only if necessary:
1 Never attended school or only attended kindergarten
2 Grades 1 through 8 (Elementary)
3 Grades 9 through 11 (Some high school)
4 Grade 12 or GED (High school graduate)
5 College 1 year to 3 years (Some college or technical school)
6 College 4 years or more (College graduate)

Do not read:
9 Refused

//ask of all//

s8q9 Are you currently…?

Please read:

1 Employed for wages
2 Self-employed
3 Out of work for more than 1 year
4 Out of work for less than 1 year
5 A Homemaker
6 A Student
7 Retired

Or

8 Unable to work

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 [If “no,” ask 05; if “yes,” ask 03]
($20,000 to less than $25,000)
1 Yes
2 No
7 Don’t Know
9 Refused

//ask if s8q10A = 1//

S8q10B [03] Less than $20,000 [If “no,” code 04; if “yes,” ask 02]
($15,000 to less than $20,000)
1 Yes
2 No
7 Don’t Know
9 Refused

//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 
//ask if s18q10C=1// 
S8q10D [01]  Less than $10,000  
[If “no,” code 02] 
1 Yes 
2 No 
7 Don’t Know 
9 Refused 
//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 
//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 
//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 
[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
Refused

//ask if ps8q11 = P//
s8q11 About how much do you weigh without shoes?  

(136-139)

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

Weight(pounds) [Range 50-776,]

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

//ask if s8q11=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?  

(136-139)

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

Weight(kilograms) [Range 23-352,]

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

//ask if s8q11m = 23-352 and ps811 = “k”
S8q11am: Just to double-check, you indicated \s8q11m: kilograms as your weight.

IS THIS CORRECT?
1. Yes
2. No, [go back to s8q11m]
Ps8q12  About how tall are you without shoes?

ENTER "F" FOR HEIGHT GIVEN IN FEET
ENTER "M" FOR HEIGHT GIVEN IN CENTIMETERS

F  feet
M  centimeters

7  Don't Know
9  Refused

NOTE: If respondent answers in metrics, put “9” in column 178.
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, 701-711]

S8q12a:  Just to double check, you indicated you are //enter feet from s8q12// FEET //enter inches from s8q12// INCHES TALL.

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

S8q12M  About how tall are you without shoes?

NOTE: If respondent answers in metrics, put “9” in column 126.
Round fractions down
[Enter height in centimeters]
[Ex: 2 meters 5 centimeters would be entered as 205]
---  Height[Range 90-254]

S8q12m:  Just to double check, you indicated you are //enter feet from s8q12// FEET //enter inches from s8q12// INCHES TALL.

IS THIS CORRECT?
1. Yes
2. No, go back to s8q12M

S8q12m:  Just to double check, you indicated you are //enter feet from s8q12// FEET //enter inches from s8q12// INCHES TALL.

IS THIS CORRECT?
1. Yes
2. No, go back to s8q12M
S8q12am: Just to double check, you indicated you are //s12q12m// centimeters tall.

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

//ask of all//

s8q13 What county do you live in? (144-146)

_ _ _ ANSI county code (formerly FIPS 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 s8q13 (001-027)//

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

You said you live in the county of \U\B:s8q13:]. Is that correct?

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

//ask of all//

s8q14 What is the ZIP Code where you live? (147-151)

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

//ask if s8q14=85000-87399//

S8q14ck I just want to confirm, you said your zip code is [insert s8q14]. Is that correct?

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

//ask of all//

**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.

1. Yes
2. No [Go to Q8.17]
7. Don't know / Not sure [Go to Q8.17]
9. Refused [Go to Q8.17]

//ask if s8q15=1//

**s8q16** How many of these telephone numbers are residential numbers?

- Residential telephone numbers [6 = 6 or more] [RANGE 1-6]
7. Don't know / Not sure
9. Refused

//ask if s8q16=2-6//

S8q16a I am sorry, just to double check, you indicated you have [INSERT s8q16] residential phones in your household.
- 1. Yes, correct as is.
- 2. No, re-ask question. [go back to s8q16]

//ask of all//

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

1. Yes [Go to Q8.19]
2. No
7. Don't know / Not sure
9. Refused

//ask if s8q17=1//

**s8q19** Do you usually share this cell phone (at least one-third of the time) with any other adults?

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

//ask if s8q17=1//

**s8q20** Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone?

_ _ _ Enter percent (1 to 100)
s8q21  Do you own or rent your home?  

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

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

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

s8q22  Indicate sex of respondent. Ask only if necessary.

1  Male  [Go to next section]  
2  Female  [If respondent is 45 years old or older, go to next section]

Language Indicator

Lang1. INTERVIEWER: DO NOT ASK QUESTION:

IN WHAT LANGUAGE WAS THIS INTERVIEW COMPLETED?

01  ENGLISH  
02  SPANISH

s8q23  To your knowledge, are you now pregnant?

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

Section 9: Fruits and Vegetables

S9q1T
These next questions are about the fruits and vegetables you ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home.

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

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

//ask of all//

s9q1 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.

(163-165)

**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.

**INTERVIEWER NOTE:** Do not include vegetable juices such as tomato and V8 if respondent provides but include in “other vegetables” question 9.6.

**INTERVIEWER NOTE** DO include 100% pure juices including orange, mango, papaya, pineapple, apple, grape (white or red), or grapefruit. Only count cranberry juice if the R 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

//ask of all//

s9q2 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

(166-168)

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 NOTES:**
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 _ _ 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

//ask of all//

s9q3 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.

(169-171)

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

INTERVIEWER NOTES: Include soybeans also called edamame, TOFU (BEAN CURD MADE FROM SOYBEANS), kidney, pinto, garbanzo, 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 _ _ 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

//ask of all//

s9q4 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?

(172-174)
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, arugula, 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 _ _ 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

//ask of all//
s9q5 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 desert-type food containing pumpkin (i.e. similar to banana bars, zucchini bars we do not include).

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

//ask of all//
s9q6 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
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 _ _ 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

Section 10: Exercise (Physical Activity)

//ask of all//
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.

s10q1  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?

(181)

1       Yes
2       No [Go to Q10.8]
7       Don’t know / Not sure [Go to Q10.8]
9       Refused[Go to Q10.8]

//ask if s10q1=1//
s10q2.  What type of physical activity or exercise did you spend the most time doing during the past month?

(182-183)

0 1 Active Gaming Devices (Wii Fit, Dance Dance revolution)  4 1 Rugby

0 2 Scuba diving
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
1 4 Dancing-ballet, ballroom, Latin, hip hop, etc
1 5 Elliptical/EFX machine exercise
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)
2 1 Handball
2 2 Hiking – cross-country
2 3 Hockey
2 4 Horseback riding
2 5 Hunting large game – deer, elk
2 6 Hunting small game – quail
2 7 Inline Skating
2 8 Jogging
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
4 1 Soccer
4 2 Softball/Baseball
4 3 Squash
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
6 3 Volleyball
6 4 Walking
6 5 Stream fishing in waders
6 6 Waterskiing
6 7 Weight lifting
6 8 Wrestling
6 9 Yoga
7 0 Other

7 7 Don’t know / Not Sure[Go to Q10.8]
9 9 Refused [Go to Q10.8]

//if s10q2=70//
S10q2o ENTER OTHER ACTIVITY_____________________________
INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Coding List A, choose the option listed as “Other”.

INTERVIEWER NOTE: Housework may be included as a physical activity or exercise spent and can be coded as “Other”.

//if s10q2=1-70//
//s10q2c Interviewer, you've chosen [INSERT s10q2]. Is that Correct?
  1 Yes
  2 No, go back and change response

//ask if s10q2=01-70//
s10q3 How many times per week or per month did you take part in this activity during the past month?
  1 _ _ Times per week [RANGE = 101-150]
  2 _ _ Times per month [RANGE = 201-250]
  7 7 7 Don't know / Not sure
  9 9 9 Refused

//ask if s10q2=01-70//
s10q4 And when you took part in this activity, for how many minutes or hours did you usually keep at it?
  _ : _ _ Hours and minutes [RANGE = 01-59,100-159,200-259,300-359,400-459,500-559,600-659,700-759,800-859,900-959]
  7 7 7 Don't know / Not sure
  9 9 9 Refused

//ask if s10q2=01-70//
s10q5 What other type of physical activity gave you the next most exercise during the past month?
  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
  1 4 Dancing-ballet, ballroom, Latin, hip hop, etc
  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
1 5 Elliptical/EFX machine exercise               5 7 Swimming
1 6 Fishing from river bank or boat           5 8 Swimming in laps
1 7 Frisbee                                  5 9 Table tennis
1 8 Gardening (spading, weeding, digging, filling)   6 0 Tai Chi
1 9 Golf (with motorized cart)                6 1 Tennis
2 0 Golf (without motorized cart)            6 2 Touch football
2 1 Handball                                 6 3 Volleyball
2 2 Hiking – cross-country                   6 4 Walking
2 3 Hockey                                   6 6 Waterskiing
2 4 Horseback riding                         6 7 Weight lifting
2 5 Hunting large game – deer, elk           6 8 Wrestling
2 6 Hunting small game – quail               6 9 Yoga
2 7 Inline Skating                           7 0 Other
2 8 Jogging                                  7 7 Don't know / Not Sure
2 9 Lacrosse                                 9 9 Refused
3 0 Mountain climbing                       [Go to Q10.8]
3 1 Mowing lawn                              [Go to Q10.8]
3 2 Paddleball                               [Go to Q10.8]
3 3 Painting/papering house                  [Go to Q10.8]
3 4 Pilates                                  [Go to Q10.8]
3 5 Racquetball                              [Go to Q10.8]
3 6 Raking lawn                              [Go to Q10.8]
3 7 Running                                  [Go to Q10.8]
3 8 Rock Climbing                            [Go to Q10.8]
3 9 Rope skipping                            [Go to Q10.8]
4 0 Rowing machine exercise

8 8   No other activity                      [Go to Q10.8]
7 7   Don't know / Not Sure                 [Go to Q10.8]
9 9   Refused                               [Go to Q10.8]

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

INTERVIEWER NOTE: Housework may be included as a physical activity or exercise spent and can be coded as “Other”.

//if s10q5=70//
S10q5o ENTER OTHER ACTIVITY

//ask if s10q5=01-70//
//s10q5c Interviewer, you’ve chosen [INSERT s10q5]. Is that Correct?
1   Yes
2   No, go back and change response.

//ask if s10q5=01-70//
s10q6   How many times per week or per month did you take part in this activity during the past month?

1_   Times per week [RANGE= 101-150]
2_   Times per month [RANGE = 201-250]
Don't know / Not sure
9 9 9 Refused

//ask if s10q5=01-70//

s10q7 And when you took part in this activity, for how many minutes or hours did you usually keep at it?
(195-197)

_hours and minutes [RANGE = 01-59,100-159,200-259,300-359,400-459,500-559,600-659,700-759,800-859,900-959]

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

//ask of all//

s10q8 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.
(198-200)

1_ _ Times per week [RANGE=101-150]
2_ _ Times per month [RANGE=201-250]
8 8 8 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

Section 11: Disability

//ask of all//
The following questions are about health problems or impairments you may have.

s11q1 Are you limited in any way in any activities because of physical, mental, or emotional problems?
(201)

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

//ask of all//

s11q2 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?
(202)

NOTE: Include occasional use or use in certain circumstances.

1 Yes
2 No
7 Don't know / Not Sure
9 Refused
Section 12: Arthritis Burden

If Q6.9 = 1 (yes) then continue, else go to next section.

//ask of s6q9=1//
Next, I will ask you about your arthritis.

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

**s12q1** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

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

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

**INTERVIEWER NOTE:** Q12.2 should be asked of all respondents regardless of employment status.

//ask of s6q9=1//

**s12q2** In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?

**INTERVIEWER INSTRUCTION:** If respondent gives an answer to each issue (whether works, type work, or amount of work), then if any issue is “yes” mark the overall response as “yes.” If a question arises about medications or treatment, then the interviewer should say: “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”

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

//ask of s6q9=1//
s12q3  During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings?

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

Please read [1-3]:

1  A lot
2  A little
3  Not at all

Do not read:

7  Don’t know / Not sure
9  Refused

//ask of s6q9=1//

s12q4  Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.

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

Enter number [00-10]

7  Don’t know / Not sure
9  Refused

Section 13: Seatbelt Use

//ask of all//

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

Please read:

1  Always
2  Nearly always
3  Sometimes
4  Seldom
5  Never

Do not read:

7  Don’t know / Not sure
8  Never drive or ride in a car
Section 14: Immunization

Now I will ask you questions about seasonal flu vaccine. There are two ways to get the seasonal flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™. During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?

READ ONLY 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 Q14.4]
7  Don't know / Not sure  [Go to Q14.4]
9  Refused  [Go to Q14.4]

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?

Enter 2-Digit Month [RANGE=01-12]
7 7  Don't know / Not sure
9 9  Refused

During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?

Enter 4-Digit Year [RANGE=2010-2011]
7 7 7 7  Don't know / Not sure
9 9 9 9  Refused

If vaccine was more than 12 months ago:
S14q2chk  "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?"
1  yes [go back to s14q2m]
2  no [continue]

If s14q2chk=2 blank out s14q2m and s14q2y and set s14q2=2//
At what kind of place did you get your last seasonal flu vaccine?

[Read if Necessary]
0 1 A doctor’s office or health maintenance organization (HMO)
0 2 A health department
0 3 Another type of clinic or health center (Example: a community health center)
0 4 A senior, recreation, or community center
0 5 A store (Examples: supermarket, drug store)
0 6 A hospital (Example: inpatient)
0 7 An emergency room
0 8 Workplace
0 9 Some other kind of place
1 0 Received vaccination in Canada/Mexico (Volunteered – Do not read)
1 1 A school
7 7 Don’t know / Not sure (Probe: “How would you describe the place where you went to get your most recent flu vaccine?”)

Do not read:
9 9 Refused

A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person’s lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

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

Section 15: Alcohol Consumption

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]

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.
**s15q3** Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI X = 5 for men, X = 4 for women] or more drinks on an occasion?

<table>
<thead>
<tr>
<th>Number of times</th>
<th>Description</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>

**s15q4** During the past 30 days, what is the largest number of drinks you had on any occasion?

<table>
<thead>
<tr>
<th>Number of drinks</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Don't know / Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

**Section 18: Preventative Counseling (August 1st - December 31st)**

**s18q1** Has a doctor or other health professional ever talked with you about alcohol use?

<table>
<thead>
<tr>
<th>Response</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes within the past 12 months</td>
</tr>
<tr>
<td>2</td>
<td>Yes within the past 3 years</td>
</tr>
<tr>
<td>3</td>
<td>Yes 3 or more years ago</td>
</tr>
<tr>
<td>4</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>

**Si la respuesta es sí, pregunte “¿Cuánto tiempo ocurrió esto?”**

<table>
<thead>
<tr>
<th>Response</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Sí, en los últimos doce meses</td>
</tr>
<tr>
<td>2</td>
<td>Sí, en los últimos tres años</td>
</tr>
<tr>
<td>3</td>
<td>Sí, hace tres años o más</td>
</tr>
<tr>
<td>4</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>No sabe</td>
</tr>
<tr>
<td>9</td>
<td>No responde</td>
</tr>
</tbody>
</table>
Section 16: HIV/AIDS

//ask of all//
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.

s16q1 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. (218)

1 Yes
2 No [Go to Q16.3]
7 Don't know / Not sure [Go to Q16.3]
9 Refused [Go to Q16.3]

//ask if s16q1=1//
s16q2m Not including blood donations, in what month and year was your last HIV test? (219-224)

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.

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

//ask if s16q1=1//
s16q2y Not including blood donations, in what month and year was your last HIV test? (219-224)

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.

Code 4-Digit year [RANGE=1985-2011]
7 7 7 7 Don't know / Not sure
9 9 9 9 Refused / Not sure

//ask of all//s16q3 I’m going to read you a list. When I’m done, please tell me if any of the situations apply to you. You do not need to tell me which one.

- You have used intravenous drugs in the past year.
- You have been treated for a sexually transmitted or venereal disease in the past year.
- You have given or received money or drugs in exchange for sex in the past year.
- You had anal sex without a condom in the past year.

Do any of these situations apply to you?
<table>
<thead>
<tr>
<th></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>

**Transition to Modules and/or State-Added Questions**

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

Module 5: Preconception Health /Family Planning

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

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.

**Mod5_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

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.

**Mod5_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

**Mod5_3**

Did you or your husband/partner do anything the last time you had sex to keep you from getting pregnant? (283)

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

**Mod5_4**
What did you or your husband/partner do the last time you had sex to keep you from getting pregnant?

(284-285)

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.

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]

//ask if mod5_3=2//
Mod5_5

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

INTERVIEWER NOTE: If respondent reports “other reason,” ask respondent to “please specify” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

Read only if necessary:

01 You didn’t think you were going to have sex/no regular partner
02 You just didn’t think about it/don’t care if you get pregnant
03 You want a pregnancy
04 You or your partner don’t want to use birth control
05 You or your partner don’t like birth control/side effects
06 You couldn’t pay for birth control
07 You had a problem getting birth control when you needed it
08 Religious reasons
09 Lapse in use of a method
10 Don’t think you or your partner can get pregnant (infertile or too old)
11 You had tubes tied (sterilization) [Go to next module]
12 You had a hysterectomy [Go to next module]
13 Your partner had a vasectomy (sterilization) [Go to next module]
14 You are currently breast-feeding
15 You just had a baby/postpartum
16 You are pregnant now [Go to Q7]
17 Same sex partner
18 Other reason

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

//ask if (mod5_3=3,4,7,9) OR (mod5_4=3-99) OR (mod5_5 =1,2,3,4,5,6,7,8,9,10,14,15,17,18,77,7799)\/
Mod5_6 How do you feel about having a child now or sometime in the future? Would you say:

Please read:
1 You don’t want to have one
2 You do want to have one, less than 12 months from now
3 You do want to have one, between 12 months to less than 2 years from now
4 You do want to have one, between 2 years to less than 5 years from now
5 You do want to have one, 5 or more years from now

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

//ask if (mod5_4=1,2) OR (mod5_5 =1,2,3,4,5,6,7,8,9,10,14,15,16,17,18,77,7799) \/
Mod5_7 How many times a week do you currently take a multivitamin, a prenatal vitamin, or a folic acid vitamin?

(289)
1 0 times a week
Module 9: Cardiovascular Health

I would like to ask you a few more questions about your cardiovascular or heart health.

CATI NOTE: If Core Q6.1 = 1 (Yes), continue. If Core Q6.1 = 2, 7, or 9 (No, Don't know, or Refused), skip Q1.

//ask if s6q1=1//

Mod9_1. Following your heart attack, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."

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

CATI NOTE: If Core Q6.3 = 1 (Yes), ask Q2. If Core Q6.3 = 2, 7, or 9 (No, Don't know, or Refused), skip Q2.

//ask if s6q3=1//

Mod9_2. Following your stroke, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."

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

//ask of all//

Mod9_3. Do you take aspirin daily or every other day?

1 Yes [Go to next module]
2 No
7 Don't know / Not sure
9 Refused
Mod9_4. Do you have a health problem or condition that makes taking aspirin unsafe for you? If "Yes", ask "Is this a stomach condition?" Code upset stomach as stomach problems.

1 Yes, not stomach related
2 Yes, stomach problems
3 No
7 Don't know / Not sure
9 Refused

Module 11: Heart Attack and Stroke

//ask of all//
Now I would like to ask you about your knowledge of the signs and symptoms of a heart attack and stroke.

Which of the following do you think is a symptom of a heart attack? For each, tell me "yes," "no," or you’re "not sure."

//ask of all//
Mod11_1. (Do you think) pain or discomfort in the jaw, neck, or back (are symptoms of a heart attack?)

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

//ask of all//
Mod11_2. (Do you think) feeling weak, lightheaded, or faint (are symptoms of a heart attack?)

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

//ask of all//
Mod11_3. (Do you think) chest pain or discomfort (are symptoms of a heart attack?)

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

//ask of all//

Mod11_4.  (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a heart attack?)

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

//ask of all//

Mod11_5.  (Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack?)

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

//ask of all//

Mod11_6.  (Do you think) shortness of breath (is a symptom of a heart attack?)

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

//ask of all//

Mod11_7.  Which of the following do you think is a symptom of a stroke? For each, tell me “yes,” “no,” or you’re “not sure.”

(Do you think) sudden confusion or trouble speaking (are symptoms of a stroke?)

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

//ask of all//

Mod11_8.  (Do you think) sudden numbness or weakness of face, arm, or leg, especially on one side, (are symptoms of a stroke?)

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

//ask of all//
Mod11_9. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?)

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

//ask of all//

Mod11_10. (Do you think) sudden chest pain or discomfort (are symptoms of a stroke?)

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

//ask of all//

Mod11_11. (Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?)

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

//ask of all//

Mod11_12. (Do you think) severe headache with no known cause (is a symptom of a stroke?)

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

//ask of all//

Mod11_13. If you thought someone was having a heart attack or a stroke, what is the first thing you would do?

Please read:

1 Take them to the hospital
2 Tell them to call their doctor
3 Call 911
4 Call their spouse or a family member
Or
5 Do something else

Do not read:
Module 15: Smoking Cessation

//ask of all//
Now, I would like to ask you some questions about programs available to help people quit smoking.

Mod15_1. A telephone quitline is a free telephone-based service that connects people who smoke cigarettes with someone who can help them quit. Are you aware of any telephone quitline services that are available to help [if Core s7q2 = 1 or 2, say “you”, otherwise say people”] quit smoking?

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

CATI NOTE:
If (Core Q7.1 = 2, 7, 9) go to next module.
If (Core Q7.2 = 7, 9) go to next module.
If (Core Q7.3 = 1), go to Q3.
If (Core Q7.3 = 2, 7, 9); go to Q7.
If (Core Q7.4 = 1-4) continue.
If (Core Q7.4 = 5-7, 77, 99) go to next module.

//ask if (s7q4=1,2,3,4)

Mod15_2. You last smoked [if Core Q7.4 = 1]; say “less than.” If (Core Q7.4 = 2, 3, or 4) say “more than” [first two words in the parentheses of Core Q7.4 SMOKLAST response] ago. Is that because you are trying to quit smoking for good?

1. Yes
2. No [Go to Q7]
7. Don’t know / Not sure [Go to Q7]
9. Refused [Go to Q7]

CATI NOTE: First two words of Core Q7.4 SMOKLAST response, means fill in with the first two words of the response category. (This is relevant only to responses 01-04 in Core Q7.4). For example, if the respondent says they last smoked “Within the past 6 months (3 months but less than 6 months ago)”, response category 03, the first sentence of Q2 would be “You last smoked more than 3 months ago.”
Previously, you mentioned you (If s7q3 = 1); say, "tried to quit smoking in the past year." (If s7q4 = 1-4 and Mod15_2 = 1); say, "quit smoking in the past year. The next few questions ask about your most recent attempt to quit smoking.

CATI NOTE: If Q1 = 2 then go to Q4, else continue.

Mod15_3. (If Core s7q4 = 1-4 and mod15_2 = 1): When you quit smoking…
(If Core s7q2 = 1 or 2 and s7q3 = 1): The last time you tried to quit smoking… did you call a telephone quitline to help you quit?

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

Mod15_4. (If Core s7q4 = 1-4 and mod15_2 = 1): When you quit smoking…
(If Core s7q2 = 1 or 2 and s7q3 = 1): The last time you tried to quit smoking… did you use a program to help you quit?

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

Mod15_5. (If s7q4 = 1-4 and mod15_2= 1): When you quit smoking…
(If s7q2 = 1 or 2 and s7q3 = 1): The last time you tried to quit smoking… did you receive one-on-one counseling from a health professional to help you quit?

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

Mod15_6. (If s7q4 = 1-4 and mod15_2= 1): When you quit smoking…
(If s7q2 = 1 or 2 and s7q3 = 1): The last time you tried to quit smoking… did you use any of the following medications: a nicotine patch, nicotine gum, nicotine lozenges, nicotine nasal spray, a nicotine inhaler, or pills such as Wellbutrin®, Zyban®, bupropion, Chantix®, or varenicline to help you quit?

NOTE: Pronounce “Wellbutrin” as Well-BYOU-TRIN, “Zyban” as Z-EYE BAN, “bupropion” as BYO PRO PRI ON, “Chantix” as CHAN TICS, and “varenicline” as VAR EN IH CLEAN]. Please read list slowly.

1  Yes
The next few questions are about plans to quit smoking in the future.

**Mod15_7.** Do you have a time frame in mind for quitting?

- 1 Yes
- 2 No [Go to Next Section]
- 7 Don't know / Not sure [Go to Next Section]
- 9 Refused [Go to Next Section]

**Mod15_8.** Do you plan to quit smoking cigarettes for good…

**Please read:**

- 1 In the next 7 days
- 2 In the next 30 days
- 3 In the next 6 months
- 4 In the next year
- 5 More than 1 year from now

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused
Module 22: Chronic Obstructive Pulmonary Disease (COPD)

CATI NOTE: If core Q6.8 = 1 (Yes) then continue, else go to next module.
//ask if s6q8=1//

Earlier you said that you had been diagnosed with Chronic Obstructive Pulmonary Disease (COPD).

**Mod22_1.** Have you ever been given a breathing test to diagnose your COPD, chronic bronchitis, or emphysema?

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

//ask if s6q8=1//

**Mod22_2.** Would you say that shortness of breath affects the quality of your life?

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

//ask if s6q8=1//

**Mod22_3.** Other than a routine visit, have you had to see a doctor in the past 12 months for symptoms related to shortness of breath, bronchitis, or other COPD, or emphysema flare?

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

//ask if s6q8=1//

**Mod22_4.** Did you have to visit an emergency room or be admitted to the hospital in the past 12 months because of your COPD, chronic bronchitis, or emphysema?

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

//ask if s6q8=1//
Mod22_5. How many different medications do you currently take each day to help with your COPD, chronic bronchitis, or emphysema?

_ _ Number (01-76)
88 None
77 Don't know / Not sure
99 Refused

Module 32: Random Child Selection

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

//ask if s8q7 ne 88, 99//

//if s8q7 = 1 read// “Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.” [Go to Q1]

//if s8q7 >1 and ne 88 or 99, read// “Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last.” Please include children with the same birth date, including twins, in the order of their birth.

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

INTERVIEWER PLEASE READ:

//ask if s8q7 ne 88, 99//

I have some additional questions about one specific child. The child I will be referring to is the “Xth” child in your household. All following questions about children will be about the “Xth” child.”

Mod32_1m. What is the birth month and year of the “Xth” child?

_ _ Code 2-Digit month [Range 01-12]
77 Don’t know / Not sure
99 Refused

//ask if s8q7 ne 88, 99//

Mod32_1y. What is the birth month and year of the “Xth” child?

_ _ _ _ Code 4 Digit year [RANGE=1993-2011]
CATI INSTRUCTION: Calculate the child's age in months and also in years based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is > 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12). If respondent gave a year but did not give a month (answered 77,99 to mod32_1m) use January 1st as the birthday of the child.

//ask if 0 <= chldage2<18 OR MOD32_1Y = 7777 or 9999

Mod32_2. Is the child a boy or a girl?

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Boy</td>
</tr>
<tr>
<td>2</td>
<td>Girl</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

//ask if 0 <= chldage2<18 OR MOD32_1Y = 7777 or 9999

Mod32_3. Is the child Hispanic or Latino?

<table>
<thead>
<tr>
<th>Option</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>

//ask if 0 <= chldage2<18 OR MOD32_1Y = 7777 or 9999

Mod32_4. Which one or more of the following would you say is the race of the child?

[Check all that apply]

Please read:

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>White</td>
</tr>
<tr>
<td>2</td>
<td>Black or African American</td>
</tr>
<tr>
<td>3</td>
<td>Asian</td>
</tr>
<tr>
<td>4</td>
<td>Native Hawaiian or Other Pacific Islander</td>
</tr>
<tr>
<td>5</td>
<td>American Indian, Alaska Native</td>
</tr>
</tbody>
</table>

Or

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Other [specify] _________________________</td>
</tr>
</tbody>
</table>

Do not read:

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>No additional choices</td>
</tr>
</tbody>
</table>
7  Don't know / Not sure
9  Refused

//ask if mod32_4=6//
Mod32_4o  Enter Response___________________________

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

//ask if mod32_4 = mul//
Mod32_5.  Which one of these groups would you say best represents the child's race?

1  White
2  Black or African American
3  Asian
4  Native Hawaiian or Other Pacific Islander
5  American Indian, Alaska Native
6  Other
7  Don't know / Not sure
9  Refused

//ask if 0 <= chldage2<18 OR MOD32_1Y = 7777 or 9999//
Mod32_6.  How are you related to the child?

Please read:

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

Do not read:

7  Don't know / Not sure
9  Refused

Module 33: Childhood Asthma Prevalence

CATI NOTE: If response to Core Q8.7 = 88 (None) or 99 (Refused), go to next module.

//ask if 0 <= chldage2<18 OR MOD32_1Y = 7777 or 9999//
Now, I would like to ask you about the “Xth” [CATI: please fill in correct number] child.

Mod33_1.  Has a doctor, nurse or other health professional EVER said that the child has asthma?

1  Yes
2  No  [Go to next module]
7  Don't know / Not sure  [Go to next module]
Module 34: Child Immunization (Influenza)

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

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

//ask if (chldage ≥ 6 months and 0<=chldage<18 years) OR MOD32_1Y = 7777 or 9999//

Mod34_1. During the past 12 months, has [Fill: he/she] had a seasonal flu vaccination? There are two types of flu vaccinations. One is a shot and the other is a spray in the nose?

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

//ask if mod34_1=1//

Mod34_2m. During what month and year did [Fill: he/she] receive his/her most recent seasonal flu vaccination? The seasonal flu vaccination may have been either the flu shot or the flu spray. The flu spray is the flu vaccination that is sprayed the nose?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>_ _ Enter Month [Range 01-12]</td>
<td></td>
</tr>
<tr>
<td>7 7</td>
<td>Don't know / Not sure</td>
<td></td>
</tr>
<tr>
<td>9 9</td>
<td>Refused</td>
<td></td>
</tr>
</tbody>
</table>

//ask if mod34_1=1//

Mod34_2y. During what month and year did [Fill: he/she] receive his/her most recent seasonal flu vaccination? The seasonal flu vaccination may have been either the flu shot or the flu spray. The flu spray is the flu vaccination that is sprayed the nose?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>_ _ _ _ Enter Year [2010-2011]</td>
<td></td>
</tr>
<tr>
<td>7 7 7 7</td>
<td>Don't know / Not sure</td>
<td></td>
</tr>
<tr>
<td>9 9 9 9</td>
<td>Refused</td>
<td></td>
</tr>
</tbody>
</table>

{%if [mod34_2y#2011] and ([mod34_2m] > [datehr+4.2])
!reset mod34_y 
%

If vaccine was more than 12 months ago:
**Mod34chk** “I’m sorry, but you said [Fill: he/she] had a flu vaccination within the past 12 months, but you have just given me a date for [Fill: his/her] most recent vaccination that is more than 12 months ago. Has [Fill: he/she] had a flu vaccination within the past 12 months?”

1 yes [go back to mod34_2m]
2 no [continue]

//if mod34chk=2 blank out mod34_2m and mod34_2y and set mod34_1=2//

//ask if mod34_1=1//

**Mod34_3.** At what kind of place did [he/she] get [his/her] last seasonal flu vaccine? (513-514)

0 1 A doctor’s office or health maintenance organization (HMO)
0 2 A health department
0 3 Another type of clinic or health center (Example: a community health center)
0 4 A senior, recreation, or community center
0 5 A store (Examples: supermarket, drug store)
0 6 A hospital (Example: inpatient)
0 7 An emergency room
0 8 Workplace
0 9 Some other kind of place
1 0 Received vaccination in Canada/Mexico (Volunteered – Do not read)
1 1 A school
7 7 Don’t know / Not sure (Probe: “How would you describe the place where you went to get your most recent flu vaccine?”)
9 9 Refused

State-Added 1: Cancer Survivorship (2010, module 14, state 1)

//ask of all//

Now I am going to ask you about cancer.

**CATI note:** If s6q6 or s6q7 = 1 (Yes), answer AZ1_1 “Yes” (code = 1), then go to Q2.

**AZ1_1.** Have you EVER been told by a doctor, nurse, or other health professional that you had cancer? (324)

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

1 Yes
2 No [Go to next module]
7 Don’t know / Not sure [Go to next module]
9 Refused [Go to next module]
AZ1_2. How many different types of cancer have you had? (325)

1. Only one
2. Two
3. Three or more
7. Don’t know / Not sure [Go to next module]
9. Refused [Go to next module]

AZ1_3. At what age were you told that you had cancer? (326-327)

__ __ Code age in years [Range 1-97] [97 = 97 and older]
9 8 Don’t know / Not sure
9 9 Refused

CATI note: If AZ1_2 = 2 (Two) or 3 (Three or more), ask: “At what age were you first diagnosed with cancer?”

INTERVIEWER NOTE: This question refers to the first time they were told about their first cancer.

CATI note: If Core s6q6 = 1 (Yes) and AZ1_2 = 1 (Only one); auto fill Q4 (response code 18)
AZ1_4. What type of cancer was it? (328-329)

If AZ1_2 = 2 (Two) or 3 (Three or more), ask: “With your most recent diagnoses of cancer, what type of cancer was it?”

INTERVIEWER NOTE: Please read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-28]:

2 4 Bladder cancer
2 6 Bone
2 7 Brain
0 1 Breast cancer
0 2 Cervical cancer (cancer of the cervix)
0 9 Colon (intestine) cancer
0 3 Endometrial cancer (cancer of the uterus)
1 0 Esophageal (esophagus)
0 5 Head and neck cancer
2 2 Heart
1 5 Hodgkin's Lymphoma (Hodgkin's disease)
1 6 Leukemia (blood) cancer
1 1 Liver cancer
2 3 Lung
2 0 Melanoma
2 8 Neuroblastoma
1 7 Non-Hodgkins Lymphoma
0 6 Oral cancer
2 9 Other
2 1 Other skin cancer
0 4 Ovarian cancer (cancer of the ovary)
1 2 Pancreatic (pancreas) cancer
0 7 Pharyngeal (throat) cancer
1 8 Prostate cancer
1 3 Rectal (rectum) cancer
2 5 Renal (kidney) cancer
1 4 Stomach
1 9 Testicular cancer
0 8 Thyroid

Do not read:

7 7 Don't know / Not sure
9 9 Refused
AZ1_5. Are you currently receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.

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

AZ1_6. What type of doctor provides the majority of your health care?

INTERVIEWER NOTE: If the respondent requests clarification of this question, say: "We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.)."

Please read [1-10]:

0 1 Cancer Surgeon
0 2 Family Practitioner
0 3 General Surgeon
0 4 Gynecologic Oncologist
0 5 Internist
0 6 Plastic Surgeon, Reconstructive Surgeon
0 7 Medical Oncologist
0 8 Radiation Oncologist
0 9 Urologist
1 0 Other

Do not read:

7 7 Don’t know / Not sure
9 9 Refused
AZ1_7. Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received?

Read only if necessary: “By ‘other healthcare professional’ we mean a nurse practitioner, a physician’s assistant, social worker, or some other licensed professional.”

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

AZ1_8. Have you EVER received instructions from a doctor, nurse, or other health professional about where you should return or who you should see for routine cancer check-ups after completing your treatment for cancer?

1 Yes [Go to Q10]
2 No [Go to Q10]
7 Don’t know / Not sure [Go to Q10]
9 Refused [Go to Q10]

AZ1_9. Were these instructions written down or printed on paper for you?

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

AZ1_10. With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?

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

INTERVIEWER NOTE: “Health insurance” also includes Medicare, Medicaid, or other types of state health programs.

AZ1_11. Were you EVER denied health insurance or life insurance coverage because of your cancer?

1 Yes
### AZ1_12. Did you participate in a clinical trial as part of your cancer treatment? (338)

<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>Yes</td>
<td>No</td>
<td>Don’t know / Not sure</td>
<td>Refused</td>
</tr>
</tbody>
</table>

### AZ1_13. Do you currently have physical pain caused by your cancer or cancer treatment? (339)

<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>Yes</td>
<td>No</td>
<td>Don’t know / Not sure</td>
<td>Refused</td>
</tr>
</tbody>
</table>

### AZ1_14. Is your pain currently under control? (340)

<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>Yes</td>
<td>No</td>
<td>Don’t know / Not sure</td>
<td>Refused</td>
</tr>
</tbody>
</table>

### State-Added 2: Folic Acid (2010 state 6)

#### AZ2_1

Do you currently take any multivitamins or supplements that contain folic acid?

<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>Yes</td>
<td>No</td>
<td>Don’t know / Not sure</td>
<td>Refused</td>
</tr>
</tbody>
</table>

#### AZ2_2

How often do you take this multivitamin or supplement?

<table>
<thead>
<tr>
<th></th>
<th>Times per day</th>
<th>Times per week</th>
<th>Times per month</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1-99 times</td>
<td>1-99 times</td>
<td>1-99 times</td>
</tr>
<tr>
<td>2</td>
<td>1-99 times</td>
<td>1-99 times</td>
<td>1-99 times</td>
</tr>
<tr>
<td>3</td>
<td>1-99 times</td>
<td>1-99 times</td>
<td>1-99 times</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / Not sure</td>
<td>Don’t know / Not sure</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
<td>Refused</td>
<td>Refused</td>
</tr>
</tbody>
</table>
AZ2_3 Some health experts recommend that women take 400 micrograms of the B-vitamin folic acid every day. They recommend this for which one of the following reasons?

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

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

State-Added 3: Food Assistance Program Participation (2010 state-2)

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

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

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

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

AZ3_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
State-Added 4: Tobacco (2010 state-1)

4a.) Second-hand Smoke

//ask of all//

AZ4_1. Which statement best describes the rules about smoking inside your home?

Please read
1. Smoking is not allowed anywhere inside your home
2. Smoking is allowed in some places or at some times
3. Smoking is allowed anywhere inside your home
4. There are no rules about smoking inside your home

Do not read
7. DON'T KNOW/NOT SURE
9. REFUSED

//ask of all//

AZ4_2. Do you allow smoking in your car or motor vehicle?

1. YES
2. NO
3. I DON'T HAVE A CAR OR MOTOR VEHICLE

7. DON'T KNOW/NOT SURE
9. REFUSED

//Ask if s8q9 = 1 or 2 (employed respondents only)//

AZ4_3. While working at your job, are you indoors most of the time? [AZ BRFS 2007]

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

//ask if s8q9=1 or 2//

AZ4_4. Which of the following best describes your place of work’s official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms?

[INTERVIEWER NOTE: For workers who visit clients or work at home, “place of work” means their base location. For self-employed persons who work at home, the official smoking policy means the home smoking policy.]
Please read

1. Not allowed in any public areas
2. Allowed in some public areas
3. Allowed in all public areas
4. No official policy

Do not read

7. DON'T KNOW/NOT SURE
9. REFUSED

//ask if s8q9=1 or 2/

AZ4_5 Which of the following best describes your place of work’s official smoking policy for work areas?

Please read

1. Not allowed in any work areas
2. Allowed in some work areas
3. Allowed in all work areas
4. No official policy

Do not read

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

4b.) Amount of Smoking – Current Smokers Only

//If s7q2=3,7,9 go to AZ4_11//

//ask if s7q2=1 or 2/

AZ4_6 Now I’d like you to think about the past 30 days, that is since [CATI: DATE FILL]. On how many of the past 30 days did you smoke cigarettes?

___ ENTER Number of Days [RANGE=1-30]
88 [go to AZ4_8] None
77 Don't know/Not sure
99 Refused

//If AZ4_6=88 go to AZ4_8/

//ask if s7q2=1 or 2 and AZ4_6=1-30, 77, 99/

AZ4_7 On the average, on days when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

[Note to interviewer: 1 pack=20 cigarettes]

___ ___ ___ Enter Number of cigarettes [RANGE 001-180]
[ Enter ‘180’ for 180 or more cigarettes per day]
4c.) Purchase Pattern – Current Smokers Only

//ask if s7q2=1 or 2//

AZ4_8 In the past 6 months, have you bought cigarettes…

//ask if s7q2=1 or 2//

AZ4_8a.) In Neighboring States

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

//ask if s7q2=1 or 2//

AZ4_8b.) On Indian Reservations

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

//ask if s7q2=1 or 2//

AZ4_8c.) In Mexico

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

//ask if s7q2=1 or 2//

AZ4_8d.) On a military base

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

//ask if s7q2=1 or 2//
**AZ4_8e.** Over the Internet

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

**4d.** Tax Increase – Current Smokers Only

//if s7q2=3,7,9 go to AZ4_11/

//ask if s7q2=1 or 2//

In December 2006, cigarettes became more expensive in Arizona because of a tax increase. Keeping this in mind for the following questions, please tell me,

**AZ4_9** Because of the tax increase in Dec. 2006, have you done any of the following:

//ask if s7q2=1 or 2//

**AZ4_9a.** Bought a cheaper brand of cigarettes?

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

//ask if s7q2=1 or 2//

**AZ4_9b.** Smoked roll-your-own cigarettes?

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

//ask if s7q2=1 or 2//

**AZ4_9c.** Smoked less

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

**4e.** Readiness to Quit – Current Smokers Only

//ask if s7q2=1 or 2//
AZ4_10  Are you seriously considering stopping smoking within the next six months?
1  YES
2  NO
7  DON'T KNOW / NOT SURE
9  REFUSED

4f.) Interaction with Health Care Providers

//ask of all/

AZ4_11  In the past 12 months, have you seen a doctor or other healthcare professional, including dentist and dental health professionals, to get health care for yourself?
1  YES
2  [GO TO pre-AZ4_14] NO
7  [GO TO pre-AZ4_14] DON'T KNOW / NOT SURE
9  [GO TO pre-AZ4_14] REFUSED

//ask if AZ4_11=1/

AZ4_12  In the past 12 months, did any doctor, nurse or other healthcare professional ask you if you smoke?
1  YES
2  [GO TO pre-AZ4_14] NO
7  [GO TO pre-AZ4_14] DON'T KNOW / NOT SURE
9  [GO TO pre-AZ4_14] REFUSED

//if AZ4_12=2,7,9 go to pre-AZ4_15/

//ask if AZ4_12=1/

AZ4_13  In the past 12 months, did any doctor, nurse, or other healthcare professional advise you not to smoke?
1  YES
2  NO
7  DON'T KNOW / NOT SURE
9  REFUSED

4g.) Quit Assistance – Current/Former Smokers Only

//if s7q3=1 continue; if s7q3=2.7.9 go to pre-AZ4_15/

//ask if s7q3=1//
Previously you said you have stopped smoking for one day or longer in the past 12 months. How long did you actually stay off cigarettes after your last quit attempt?

1 _ _ Days [RANGE 101-199]
2 _ _ Weeks [RANGE 201-299]
3 _ _ Months [RANGE 301-399]

777 DON'T KNOW/NOT SURE
888 I HAVE NOT TRIED
999 REFUSED

//Ask AZ4_15 if s7q3=1 or s7q4=1-5//

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

/IF s7q4=1-5 (former smokers)/: When you quit smoking for good…
/IF s7q3=1 (current smokers)/: The last time you tried to quit smoking…

AZ4_15. Did you use the nicotine patch, nicotine gum, or any other medication to help you quit?

1 [GO TO AZ4_16] YES
2 [GO TO PRE-AZ4_17] NO
7 [GO TO PRE-AZ4_17] DON'T KNOW/NOT SURE
9 [GO TO PRE-AZ4_17] REFUSED

/If AZ4_15=2,7,9 go to next question/

//ask if AZ4_15=1/

AZ4_16 Did you use…

//ask if AZ4_15=1/

AZ4_16a.) A nicotine gum?

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

//ask if AZ4_15=1/

AZ4_16b.) A patch?

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

//ask if AZ4_15=1//
AZ4_16c.) A nasal spray?
1 YES
2 NO
7 DON'T KNOW / NOT SURE
9 REFUSED

//ask if AZ4_15=1//

AZ4_16d.) An inhaler?
1 YES
2 NO
7 DON'T KNOW / NOT SURE
9 REFUSED

//ask if AZ4_15=1//

AZ4_16e.) Zyban or Buproprion?
1 YES
2 NO
7 DON'T KNOW / NOT SURE
9 REFUSED

//ask if AZ4_15=1//

AZ4_16f.) Wellbutrin?
1 YES
2 NO
7 DON'T KNOW / NOT SURE
9 REFUSED

//ask if AZ4_15=1//

AZ4_16g.) Chantix?
1 YES
2 NO
7 DON'T KNOW / NOT SURE
9 REFUSED

//Ask AZ4_17 if s7q3=1 or s7q4=1-5//

AZ4_17  
//if s7q3=1 (current smoker):// The last time you tried to quit smoking did you use any of these forms of assistance?

//if s7q4=1-5 (former smoker):// When you quit smoking for good did you use any of these forms of assistance? [FORMER SMOKERS]

//Ask AZ4_17 if s7q3=1 or s7q4=1-5//

AZ4_17a) A stop smoking clinic or class
1 YES
2 NO
7 DON'T KNOW / NOT SURE
9 REFUSED

//Ask AZ4_17 if s7q3=1 or s7q4=1-5//

AZ4_17 b) A telephone helpline

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

//Ask AZ4_17 if s7q3=1 or s7q4=1-5//

AZ4_17 c) One-on-one counseling from a doctor, nurse, or other professional

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

//Ask AZ4_17 if s7q3=1 or s7q4=1-5//

AZ4_17 d) Self-help material, books, or videos

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

//Ask AZ4_17 if s7q3=1 or s7q4=1-5//

AZ4_17 e) Acupuncture

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

//Ask AZ4_17 if s7q3=1 or s7q4=1-5//

AZ4_17 f) Hypnosis

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

//Ask AZ4_17 if s7q3=1 or s7q4=1-5//

AZ4_17 g) Internet counseling

1 YES
2 NO
4h.) Sexual Orientation

//ask of all//

AZ4_18 Now I'm going to ask you a question about sexual orientation. Do you consider yourself to be:

[INTERVIEWER NOTE: IF NEEDED, READ: Remember, your answers are confidential.]

[INTERVIEWER NOTE, IF NEEDED, READ: Research has shown that some sexual minority community members have important health risk factors, such as smoking. We are collecting information about sexual orientation to learn whether this is true in Arizona. You don't have to answer any question if you don't want.]

Please Read
1 Heterosexual, that is, straight;
2 Homosexual, that is gay or lesbian;
3 Bisexual, or
4 Other

Do not read
7 DON'T KNOW / NOT SURE
9 REFUSED

Asthma Call-Back Permission Script

//ask if s6q4=1 (adult asthma) OR if mod33_1=1 (child asthma)

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

1 Yes
2 No

// if s6q4=1 (adult asthma) OR if mod33_1=1 (child asthma) randomly select acflag for follow up//

acflag
if s6q4=1 (adult asthma)
1 adult with asthma
2 adult had asthma
if mod33_1=1 
3 child with asthma 
4 child had asthma 

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

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.

coretime
Activity List for Common Leisure Activities (To be used for Section 10: Physical Activity)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1</td>
<td>Active Gaming Devices (Wii Fit, Dance Dance revolution)</td>
</tr>
<tr>
<td>0 2</td>
<td>Aerobics video or class</td>
</tr>
<tr>
<td>0 3</td>
<td>Backpacking</td>
</tr>
<tr>
<td>0 4</td>
<td>Badminton</td>
</tr>
<tr>
<td>0 5</td>
<td>Basketball</td>
</tr>
<tr>
<td>0 6</td>
<td>Bicycling machine exercise</td>
</tr>
<tr>
<td>0 7</td>
<td>Bicycling</td>
</tr>
<tr>
<td>0 8</td>
<td>Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)</td>
</tr>
<tr>
<td>0 9</td>
<td>Bowling</td>
</tr>
<tr>
<td>1 0</td>
<td>Boxing</td>
</tr>
<tr>
<td>1 1</td>
<td>Calisthenics</td>
</tr>
<tr>
<td>1 2</td>
<td>Canoeing/rowing in competition</td>
</tr>
<tr>
<td>1 3</td>
<td>Carpentry</td>
</tr>
<tr>
<td>1 4</td>
<td>Dancing-ballet, ballroom, Latin, hip hop, etc</td>
</tr>
<tr>
<td>1 5</td>
<td>Elliptical/EFX machine exercise</td>
</tr>
<tr>
<td>1 6</td>
<td>Fishing from river bank or boat</td>
</tr>
<tr>
<td>1 7</td>
<td>Frisbee</td>
</tr>
<tr>
<td>1 8</td>
<td>Gardening (spading, weeding, digging, filling)</td>
</tr>
<tr>
<td>1 9</td>
<td>Golf (with motorized cart)</td>
</tr>
<tr>
<td>2 0</td>
<td>Golf (without motorized cart)</td>
</tr>
<tr>
<td>2 1</td>
<td>Handball</td>
</tr>
<tr>
<td>2 2</td>
<td>Hiking – cross-country</td>
</tr>
<tr>
<td>2 3</td>
<td>Hockey</td>
</tr>
<tr>
<td>2 4</td>
<td>Horseback riding</td>
</tr>
<tr>
<td>2 5</td>
<td>Hunting large game – deer, elk</td>
</tr>
<tr>
<td>2 6</td>
<td>Hunting small game – quail</td>
</tr>
<tr>
<td>2 7</td>
<td>Inline Skating</td>
</tr>
<tr>
<td>2 8</td>
<td>Jogging</td>
</tr>
<tr>
<td>2 9</td>
<td>Lacrosse</td>
</tr>
<tr>
<td>3 0</td>
<td>Mountain climbing</td>
</tr>
<tr>
<td>3 1</td>
<td>Mowing lawn</td>
</tr>
<tr>
<td>3 2</td>
<td>Paddleball</td>
</tr>
<tr>
<td>3 3</td>
<td>Painting/papering house</td>
</tr>
<tr>
<td>3 4</td>
<td>Pilates</td>
</tr>
<tr>
<td>3 5</td>
<td>Racquetball</td>
</tr>
<tr>
<td>3 6</td>
<td>Raking lawn</td>
</tr>
<tr>
<td>3 7</td>
<td>Running</td>
</tr>
<tr>
<td>3 8</td>
<td>Rock Climbing</td>
</tr>
<tr>
<td>3 9</td>
<td>Rope skipping</td>
</tr>
<tr>
<td>4 0</td>
<td>Rowing machine exercise</td>
</tr>
<tr>
<td>4 1</td>
<td>Rugby</td>
</tr>
<tr>
<td>4 2</td>
<td>Scuba diving</td>
</tr>
<tr>
<td>4 3</td>
<td>Skateboarding</td>
</tr>
<tr>
<td>4 4</td>
<td>Skating – ice or roller</td>
</tr>
<tr>
<td>4 5</td>
<td>Sledding, tobogganing</td>
</tr>
<tr>
<td>4 6</td>
<td>Snorkeling</td>
</tr>
<tr>
<td>4 7</td>
<td>Snow blowing</td>
</tr>
<tr>
<td>4 8</td>
<td>Snow shoveling by hand</td>
</tr>
<tr>
<td>4 9</td>
<td>Snow skiing</td>
</tr>
<tr>
<td>5 0</td>
<td>Snowshoeing</td>
</tr>
<tr>
<td>5 1</td>
<td>Soccer</td>
</tr>
<tr>
<td>5 2</td>
<td>Softball/Baseball</td>
</tr>
<tr>
<td>5 3</td>
<td>Squash</td>
</tr>
<tr>
<td>5 4</td>
<td>Stair climbing/Stair master</td>
</tr>
<tr>
<td>5 5</td>
<td>Stream fishing in waders</td>
</tr>
<tr>
<td>5 6</td>
<td>Surfing</td>
</tr>
<tr>
<td>5 7</td>
<td>Swimming</td>
</tr>
<tr>
<td>5 8</td>
<td>Swimming in laps</td>
</tr>
<tr>
<td>5 9</td>
<td>Table tennis</td>
</tr>
<tr>
<td>6 0</td>
<td>Tai Chi</td>
</tr>
<tr>
<td>6 1</td>
<td>Tennis</td>
</tr>
<tr>
<td>6 2</td>
<td>Touch football</td>
</tr>
<tr>
<td>6 3</td>
<td>Volleyball</td>
</tr>
<tr>
<td>6 4</td>
<td>Walking</td>
</tr>
<tr>
<td>6 6</td>
<td>Waterskiing</td>
</tr>
<tr>
<td>6 7</td>
<td>Weight lifting</td>
</tr>
<tr>
<td>6 8</td>
<td>Wrestling</td>
</tr>
<tr>
<td>6 9</td>
<td>Yoga</td>
</tr>
<tr>
<td>7 0</td>
<td>Other</td>
</tr>
<tr>
<td>9 9</td>
<td>Refused</td>
</tr>
</tbody>
</table>