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<td>Arizona</td>
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<td>1</td>
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<td>State-Added 7: Asthma Call-Back Permission Script – land</td>
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<td>1</td>
<td>423</td>
<td>State-Added 7: Asthma Call-Back Permission Script – land</td>
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</table>
The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met. This refers to things like confusion or memory loss that are happening more often or getting worse. We want to know how these difficulties impact you or someone in your household.

1. Continue
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<td>2012</td>
<td>2-3</td>
<td>Az2_1t The next few questions are about exercise, recreation, or physical activities other than your regular job duties. 1. Continue</td>
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<td>Physical Activity – land and cell (2011 core 10)</td>
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<td>489-490 State-Added 4: Tobacco - land and cell (2011 state 4)</td>
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<td>494 State-Added 4: Tobacco - land and cell (2011 state 4) AZ4_8 In the past 6 months, have you bought cigarettes...</td>
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<td>498 State-Added 4: Tobacco - land and cell (2011 state 4)</td>
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</table>

Arizona 2012 1 509 State-Added 4: Tobacco - land and cell (2011 state 4) /IF s9q4=1-5 (former smokers);/ When you quit smoking for good... /IF s9q3=1 (current smokers);/ The last time you tried to quit smoking...

Arizona 2012 1 510 State-Added 4: Tobacco - land and cell (2011 state 4) AZ4_16 Did you use...

Arizona 2012 1 511 State-Added 4: Tobacco - land and cell (2011 state 4)

Arizona 2012 1 512 State-Added 4: Tobacco - land and cell (2011 state 4)

Arizona 2012 1 513 State-Added 4: Tobacco - land and cell (2011 state 4)

Arizona 2012 1 514 State-Added 4: Tobacco - land and cell (2011 state 4)

Arizona 2012 1 515 State-Added 4: Tobacco - land and cell (2011 state 4)
AZ4_17 /if s9q3=1 (current smoker):/ The last time you tried to quit smoking did you use any of these forms of assistance?

/if s9q4=1-5 (former smoker):/ When you quit smoking for good did you use any of these forms of assistance? [FORMER SMOKERS]
<table>
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<th>Week</th>
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<td>State-Added 5: Folic Acid – land and cell</td>
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<td>State-Added 6: Preconception Health/Family Planning - land and cell (2011 mod 5)</td>
<td>Az6_1t The next question is about discussions that occurred as part of a routine health care visit. DO NOT include visits while pregnant, also called prenatal care visits.</td>
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<td>Arizona 2012 1 531</td>
<td>State-Added 6: Preconception Health/Family Planning - land and cell (2011 mod 5)</td>
<td>Az6_2t The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.</td>
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<td>538</td>
<td>State-Added 6: Preconception Health/Family Planning - land and cell (2011 mod 5)</td>
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</tbody>
</table>
Response Options for AZ2_1 and AZ2_4

Response List for AZ2_2 and AZ2_5

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 core
1 3 Carpentry
1 4 Dancing-ballet, ballroom, Latin, hip hop,\n1 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 Rugby
4 2 Scuba diving
4 3 Skateboarding
4 4 Skating – ice or roller
4 5 Sledding, toboggan
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 Waterskiing
6 6 Weight lifting
6 7 Weight lifting
6 8 Wrestling
6 9 Yoga
7 0 Other
<table>
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<tr>
<th></th>
<th>Don’t know / Not Sure [Go to Q10.8]</th>
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<tbody>
<tr>
<td>9</td>
<td>Refused [Go to Q10.8]</td>
</tr>
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</table>
Question

Ast1.

We would like to call you again within the next 2 weeks to talk in more detail about your experiences with asthma. The information will be used to help develop and improve the asthma programs in Vermont. The information you gave us today and any you give us in the future will be kept confidential.

If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

ACFLAG Which person in the household was selected as the focus of the asthma call-back?
AZ1_1. During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?

AZ1_2. [If AZ1_1 = 1]; Not including yourself, how many adults 18 or older in your household experienced confusion or memory loss that is happening more often or is getting worse during the past 12 months?
AZ1_3. Of these people, please select the person who had the most recent birthday. How old is this person?
AZ1_4. During the past 12 months, how often [If Q1 = 1 (Yes): insert “have you;” otherwise, insert “has this person”) given up household activities or chores [If Q1 = 1 (Yes): insert “you;” otherwise, insert “they”) used to do, because of confusion or memory loss that is happening more often or is getting worse? 

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

AZ1_5. As a result of [If AZ1_1 = 1 (Yes): insert “your;” otherwise, insert “this person’s”) confusion or memory loss, in which of the following four areas [If AZ1_1 = 1 (Yes): insert “do you;” otherwise, insert “does this person”) need the MOST assistance?

AZ1_6. During the past 12 months, how often has confusion or memory loss interfered with [If AZ1_1 = 1 (Yes): insert “your;” otherwise, insert “this person’s”) ability to work, volunteer, or engage in social activities?
AZ1_7. During the past 30 days, how often [If AZ1_1 = 1 (Yes): insert “has;” otherwise, insert “have you,“] a family member or friend provided any care or assistance for [If AZ1_1 = 1 (Yes): “you;” otherwise, insert “this person“] because of confusion or memory loss?

AZ1_8. Has anyone discussed with a health care professional, increases in [If AZ1_1 = 1 (Yes): insert “your;“ otherwise, insert “this person’s“] confusion or memory loss?

AZ1_9. Have [If AZ1_1 = 1 (Yes): insert “you;” otherwise, insert “this person“] received treatment such as therapy or medications for confusion or memory loss?

AZ1_10. Has a health care professional ever said that [If AZ1_1 = 1 (Yes): insert “you have;“ otherwise, insert “this person has“] Alzheimer’s disease or some other form of dementia?

AZ2_1. What type of physical activity or exercise did you spend the most time doing during the past month?

AZ2_1o ENTER OTHER
ACTIVITY________________________________________

AZ2_2 How many times per week or per month did you take part in this activity during the past month?
AZ2_3 And when you took part in this activity, for how many minutes or hours did you usually keep at it?

AZ2_4 What other type of physical activity gave you the next most exercise during the past month?

AZ2_4o ENTER OTHER ACTIVITY

AZ2_5 How many times per week or per month did you take part in this activity during the past month?

AZ2_6 And when you took part in this activity, for how many minutes or hours did you usually keep at it?

AZ2_7 During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga,
sit-ups or push-ups and those using weight machines, free weights, or elastic bands.

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

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

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

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

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

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.]

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

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

a.) In Neighboring States

b.) On Indian Reservations

c.) In Mexico

d.) On a military base

e.) Over the Internet
AZ4_9a.) Bought a cheaper brand of cigarettes?

AZ4_9b.) Smoked roll-your-own cigarettes?

AZ4_9c.) Smoked less

AZ4_10 Are you seriously considering stopping smoking within the next six months?

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?

AZ4_12 In the past 12 months, did any doctor, nurse or other healthcare professional ask you if you smoke?

AZ4_13 In the past 12 months, did any doctor, nurse, or other healthcare professional advise you not to smoke?
AZ4_14 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?

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

AZ4_16a.) A nicotine gum?

AZ4_16b.) A patch?

AZ4_16c.) A nasal spray?

AZ4_16d.) An inhaler?

AZ4_16e.) Zyban or Buproprion?

AZ4_16f.) Wellbutrin?
AZ4_16g.) Chantix?

AZ4_17 a) A stop smoking clinic or class

AZ4_17 b) A telephone helpline

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

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

AZ4_17 e) Acupuncture

AZ4_17 f) Hypnosis
Now I'm going to ask you a question about sexual orientation. Do you consider yourself to be:

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

How often do you take this multivitamin or supplement?

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

Az6_2 Have you ever been pregnant?

Az6_3 Did you or your husband/partner do anything the last time you had sex to keep you from getting pregnant?
Az6_4T  What did you or your husband/partner do the last time you had sex to keep you from getting pregnant?
Az6_5 What was your main reason for not doing anything the last time you had sex to keep you from getting pregnant?

Az6_6 How do you feel about having a child now or sometime in the future? Would you say:

Az6_7 How many times a week do you currently take a multivitamin, a prenatal vitamin, or a folic acid vitamin?
<table>
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<th>Responses</th>
<th>Skip Patterns</th>
<th>Comments</th>
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<tr>
<td>1 Yes</td>
<td>//ask if s5q4=1</td>
<td>(adult asthma)</td>
</tr>
<tr>
<td>2 No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

//ask if ast1=1//
1 Yes //ask of all//
2 No
7 Don’t know / Not sure
9 Refused

 занumber of people [6 = 6 or more][RANGE=1-6] //ask if adults>1//
8 NONE
7 Don’t know / Not sure
9 Refused

Read only if necessary: //ask if adults>1 and AZ1 _2 <7//
0 1 Age 18-29
0 2 Age 30-39
0 3 Age 40-49
0 4 Age 50-59
0 5 Age 60-69
0 6 Age 70-79
0 7 Age 80-89
0 8 Age 90 +

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

1  Always
2  Usually
3  Sometimes
4  Rarely
5  Never

Do not read:

7  Don’t know / Not sure
9  Refused

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

Do not read:

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

Please read:  //ask if (adults>1 and AZ1_2 <7) or (adults=1 and AZ1_1=1)//

1  Always
2  Usually
3  Sometimes
4  Rarely
5  Never

Do not read:

7  Don’t know / Not sure
9  Refused
Please read:
  1  Always
  2  Usually
  3  Sometimes
  4  Rarely
  5  Never
Do not read:
  7  Don't know / Not sure
  9  Refused

[see response list below]
Hours and minutes [RANGE = 0110-59,100-159,200-259,300-359,400-459,500-559,600-659,700-759,800-859,900-959]  //ask if AZ2_1=01-70//

7 7 7  Don't know / Not sure
9 9 9 Refused
[see response list below]  //ask if AZ2_1=01-70//

//if AZ2_4=70//

1_ _ Times per week [RANGE= 101-150]  //ask if AZ2_4=01-70//
2_ _ Times per month [RANGE= 201-250]
7 7 7  Don't know / Not sure
9 9 9 Refused

_hours and minutes [RANGE = 10-59,100-159,200-259,300-359,400-459,500-559,600-659,700-759,800-859,900-959]  //ask if AZ2_4=01-70//
7 7 7  Don't know / Not sure
9 9 9 Refused

1_ _ Times per week [RANGE=101-150]  //ask if s4q1=1//
2_ _ Times per month [RANGE=201-250]
8 8 8 Never
7 7 7  Don't know / Not sure
9 9 9 Refused

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

1 YES  //ask of all//
2 NO
7 DON'T KNOW / NOT SURE
9 REFUSED
1 YES  //ask if s7q7=1-
2 NO
7 DON’T KNOW / NOT SURE
9 REFUSED

Please read  //ask of all//
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
1 YES  //ask of all//
2 NO

3 I DON’T HAVE A CAR OR MOTOR VEHICLE
7 DON’T KNOW/NOT SURE
9 REFUSED
1 YES  //Ask if s7q9 =1 or
2 NO
7 DON’T KNOW / NOT SURE
9 REFUSED

Please read  //ask if s7q9=1 or
2//
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

Please read  //ask if s7q9=1 or
2//
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
__ ENTER Number of Days [RANGE=1-30] //ask if s9q2=1 or
88 [go to AZ4_8] None
77 Don’t know/Not sure
99 Refused

__ __ Enter Number of cigarettes [RANGE 001-180] //ask if s9q2=1 or
[ Enter ‘180’ for 180 or more cigarettes per day] 2 and AZ4_6=1-

666 Less than one cigarette a day
888 None
777 Don’t know/Not sure
999 Refused

1 YES //ask if s9q2=1 or
2 NO 2//
7 DON’T KNOW / NOT SURE
9 REFUSED

1 YES //ask if s9q2=1 or
2 NO 2//
7 DON’T KNOW / NOT SURE
9 REFUSED

1 YES //ask if s9q2=1 or
2 NO 2//
7 DON’T KNOW / NOT SURE
9 REFUSED

1 YES //ask if s9q2=1 or
2 NO 2//
7 DON’T KNOW / NOT SURE
9 REFUSED

1 YES //ask if s9q2=1 or
2 NO 2//
7 DON’T KNOW / NOT SURE
9 REFUSED

1 YES //ask if s9q2=1 or
2 NO 2//
7 DON’T KNOW / NOT SURE
9 REFUSED

1 YES //ask if s9q2=1 or
2 NO 2//
7 DON’T KNOW / NOT SURE
9 REFUSED
1 YES
2 NO
7 DON'T KNOW / NOT SURE
9 REFUSED

//ask if s9q2=1 or
2\

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

//ask if s9q2=1 or
2\

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

//ask of all//

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//

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_12=1//
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  

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  

//ask if s9q3=1//

//Ask AZ4_15 if s9q3=1 or s9q4=1-5//

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

//ask if AZ4_15=1//

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

//ask if AZ4_15=1//

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

//ask if AZ4_15=1//

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

//ask if AZ4_15=1//

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

//ask if AZ4_15=1//

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

//ask if
AZ4_15=1//

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

//Ask AZ4_17 if
s9q3=1 or s9q4=1-5//

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

//Ask AZ4_17 if
s9q3=1 or s9q4=1-5//

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

//Ask AZ4_17 if
s9q3=1 or s9q4=1-5//

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

//Ask AZ4_17 if
s9q3=1 or s9q4=1-5//

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

//Ask AZ4_17 if
s9q3=1 or s9q4=1-5//

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

//Ask AZ4_17 if
s9q3=1 or s9q4=1-5//

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

//Ask AZ4_17 if
s9q3=1 or s9q4=1-5//
1 YES
2 NO
7 DON'T KNOW / NOT SURE
9 REFUSED

//Ask AZ4_17 if s9q3=1 or s9q4=1//

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

//ask of all//

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

1__ __ Times per day [RANGE 101-199]  //ask if AZ5_1=1//
2__ __ Times per week[RANGE 201-299]
3__ __ Times per month[RANGE 301-399]

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

Please read:  //ask if s7q20=2//
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
1 YES  //ask if $s7q1<45$
2 NO  and $s7q20=2$
7 DON'T KNOW / NOT SURE
9 REFUSED

1 YES  //ask if $s7q1<45$
2 NO  and $s7q20=2$
7 DON'T KNOW / NOT SURE
9 REFUSED

1 Yes  //ask if $s7q1<45$
2 No   [Go to Q5]
3 No partner/not sexually active  [Go to Q6]
4 Same sex partner   [Go to Q6]
         7 Don’t know / Not sure   [Go to Q6]
9 Refused   [Go to Q6]
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]
19. Don’t know / Not sure [Go to Q6]
99. Refused [Go to Q6]
01 You didn’t think you were going to have sex/no regular partner //ask if az6_3=2//
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

Please read: //ask if
1 You don’t want to have one (az6_3=3,4,7,9)
2 You do want to have one, less than 12 months from now OR (az6_4=3-99)
3 You do want to have one, between 12 months to less than 2 years from now OR (az6_5 =1,2,3,4,5,6,7,8,9, 10,14,15,17,18,77, 99//
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

1 0 times a week //ask if
2 1 to 3 times a week (az6_4=1,2) OR
3 4 to 6 times a week (az6_5 =1,2,3,4,5,6,7,8,9, 10,14,15,16,17,18, 77,99) //