



2009

**Behavioral Risk Factor Surveillance System
Questionnaire**

December 30, 2008

Behavioral Risk Factor Surveillance System 2009 Draft Questionnaire

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Interviewer's Script

HELLO, I am calling for the (health department) . My name is (name) . We are gathering information about the health of (state) residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this (phone number) ?

If "no,"

Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **STOP**

Is this a private residence in (state) ?

If "no,"

Thank you very much, but we are only interviewing private residences in (state) . **STOP**

Is this a cellular telephone?

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

If "yes,"

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

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

If "1,"

Are you the adult?

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 "no,"

Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with **[fill in (him/her) from previous question]**? **Go to "correct respondent" on the next page.**

How many of these adults are men and how many are women?

___ Number of men

___ Number of women

The person in your household that I need to speak with is _____.



If "you," go to page 4

To the correct respondent:

HELLO, I am calling for the **(health department)** . My name is **(name)** . We are gathering information about the health of **(state)** 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.

Core Sections

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call **(give appropriate state telephone number)**.

Section 1: Health Status

1.1 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

2.1 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
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

2.2 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? (76–77)

- | | | | |
|---|---|-----------------------|---|
| – | – | Number of days | |
| 8 | 8 | None | [If Q2.1 and Q2.2 = 88 (None), go to next section] |
| 7 | 7 | Don't know / Not sure | |
| 9 | 9 | Refused | |

2.3 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? (78–79)

- | | | |
|---|---|-----------------------|
| – | – | Number of days |
| 8 | 8 | None |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused |

Section 3: Health Care Access

3.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (80)

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

3.2 Do you have one person you think of as your personal doctor or health care provider?
If “No,” ask: “Is there more than one, or is there no person who you think of as your personal doctor or health care provider?” (81)

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

3.3 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (82)

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

3.4 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

(83)

- 1 Within 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: Sleep

The next question is about getting enough rest or sleep.

4.1 During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?

(84-85)

- – Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 5: Exercise

5.1 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?

(86)

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

Section 6: Diabetes

6.1 Have you ever been told by a doctor that you have diabetes?

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

If respondent says pre-diabetes or borderline diabetes, use response code 4.

(87)

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes
- 7 Don't know / Not sure
- 9 Refused

Section 7: Hypertension Awareness

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

(88)

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]**

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

(89)

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

Section 8: Cholesterol Awareness

8.1 Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (90)

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

8.2 About how long has it been since you last had your blood cholesterol checked? (91)

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

8.3 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (92)

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

Section 9: Cardiovascular Disease Prevalence

Now I would like to ask you some questions about cardiovascular disease.

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."

9.1 (Ever told) you had a heart attack, also called a myocardial infarction? (93)

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

9.2 (Ever told) you had angina or coronary heart disease? (94)

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

9.3 (Ever told) you had a stroke? (95)

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

Section 10: Asthma

10.1 Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (96)

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

10.2 Do you still have asthma? (97)

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

Section 11: Tobacco Use

11.1 Have you smoked at least 100 cigarettes in your entire life? (98)

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No **[Go to Q11.5]**
- 7 Don't know / Not sure **[Go to Q11.5]**
- 9 Refused **[Go to Q11.5]**

11.2 Do you now smoke cigarettes every day, some days, or not at all? (99)

- 1 Every day
- 2 Some days
- 3 Not at all [Go to Q11.4]
- 7 Don't know / Not sure [Go to Q11.5]
- 9 Refused [Go to Q11.5]

11.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (100)

- 1 Yes [Go to Q11.5]
- 2 No [Go to Q11.5]
- 7 Don't know / Not sure [Go to Q11.5]
- 9 Refused [Go to Q11.5]

CATI note: If Q11.2 = 3 (Not at all); continue. Otherwise, go to Q11.5.

11.4 How long has it been since you last smoked cigarettes regularly? (101-102)

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

11.5 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? (103)

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

- 1 Every day
- 2 Some days
- 3 Not at all

Do not read:

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

Section 12: Demographics

12.1 What is your age? (104-105)

- Code age in years
- 0 7 Don't know / Not sure
- 0 9 Refused

12.2 Are you Hispanic or Latino? (106)

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

12.3 Which one or more of the following would you say is your race? (107-112)

(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:

- 8 No additional choices
- 7 Don't know / Not sure
- 9 Refused

CATI note: If more than one response to Q12.3; continue. Otherwise, go to Q12.5.

12.4 Which one of these groups would you say best represents your race? (113)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other [specify] _____

Do not read:

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

12.5 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.

Would you say...?

(114)

- 1 Yes, now on active duty
- 2 Yes, on active duty during the last 12 months, but not now
- 3 Yes, on active duty in the past, but not during the last 12 months
- 4 No, training for Reserves or National Guard only
- 5 No, never served in the military
- 7 Don't know / Not sure
- 9 Refused

12.6 Are you...?

(115)

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

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

(116-117)

- — Number of children
- 8 8 None
- 9 9 Refused

12.8 What is the highest grade or year of school you completed?

(118)

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

12.9 Are you currently...?

(119)

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

12.10 Is your annual household income from all sources—

(120-121)

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

Read only if necessary:

- 0 4 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**
(\$20,000 to less than \$25,000)
- 0 3 Less than \$20,000 **If "no," code 04; if "yes," ask 02**
(\$15,000 to less than \$20,000)
- 0 2 Less than \$15,000 **If "no," code 03; if "yes," ask 01**
(\$10,000 to less than \$15,000)
- 0 1 Less than \$10,000 **If "no," code 02**

- 0 5 Less than \$35,000 **If “no,” ask 06**
(\$25,000 to less than \$35,000)
- 0 6 Less than \$50,000 **If “no,” ask 07**
(\$35,000 to less than \$50,000)
- 0 7 Less than \$75,000 **If “no,” code 08**
(\$50,000 to less than \$75,000)
- 0 8 \$75,000 or more

Do not read:

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

12.11 About how much do you weigh without shoes? (122-125)

Note: If respondent answers in metrics, put “9” in column 122.

Round fractions up

- ____ Weight
(pounds/kilograms)
- 7 7 7 7 Don't know / Not sure
- 9 9 9 9 Refused

CATI note: If Q12.11 = 7777 (Don't Know/Not sure) or 9999 (Refused), skip Q12.13 and Q12.14.

12.12 About how tall are you without shoes? (126-129)

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

Round fractions down

- __ / __ Height
(ft / inches/meters/centimeters)
- 7 7 / 7 7 Don't know / Not sure
- 9 9 / 9 9 Refused

12.13 How much did you weigh a year ago? *[If you were pregnant a year ago, how much did you weigh before your pregnancy?]* **CATI: If female respondent and age <46.**

(130-133)

Note: If respondent answers in metrics, put "9" in column 130.

Round fractions up

		Weight	
— — — —		(pounds/kilograms)	
7 7 7 7		Don't know / Not sure	[Go to Q12.15]
9 9 9 9		Refused	[Go to Q12.15]

CATI note: Subtract weight one year ago from current weight. If weight is same, skip Q12.14.

12.14 Was the change between your current weight and your weight a year ago intentional?

(134)

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

12.15 What county do you live in?

(135-137)

— — —	FIPS county code
7 7 7	Don't know / Not sure
9 9 9	Refused

12.16 What is your ZIP Code where you live?

(138-142)

— — — —	ZIP Code
7 7 7 7 7	Don't know / Not sure
9 9 9 9 9	Refused

12.17 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.

(143)

1	Yes	
2	No	[Go to Q12.19]
7	Don't know / Not sure	[Go to Q12.19]
9	Refused	[Go to Q12.19]

12.18 How many of these telephone numbers are residential numbers? (144)

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

12.19 During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters. (145)

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

[CELL PHONE QUESTIONS—to be inserted following Q12.19]

12.20 Indicate sex of respondent. Ask only if necessary. (146)

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

12.21 To your knowledge, are you now pregnant? (147)

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

Section 13: Caregiver Status

People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

13.1 During the past month, did you provide any such care or assistance to a friend or family member? (148)

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

Section 14: Disability

The following questions are about health problems or impairments you may have.

14.1 Are you limited in any way in any activities because of physical, mental, or emotional problems? (149)

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

14.2 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? (150)

Include occasional use or use in certain circumstances.

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

Section 15: Alcohol Consumption

15.1 During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (151)

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

15.2 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (152-154)

- 1 _ _ Days per week
- 2 _ _ Days in past 30 days
- 8 8 8 No drinks in past 30 days **[Go to next section]**
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

15.3 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? (155-156)

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

— — Number of drinks
 7 7 Don't know / Not sure
 9 9 Refused

15.4 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? (157-158)

— — Number of times
 8 8 None
 7 7 Don't know / Not sure
 9 9 Refused

15.5 During the past 30 days, what is the largest number of drinks you had on any occasion? (159-160)

— — Number of drinks
 7 7 Don't know / Not sure
 9 9 Refused

Section 16: Immunization

16.1 A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot? (161)

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

16.2 During what month and year did you receive your most recent flu shot? (162-167)

— — / — — — — Month / Year
 7 7 / 7 7 7 7 Don't know / Not sure
 9 9 / 9 9 9 9 Refused

16.3 During the past 12 months, have you had a flu vaccine that was sprayed in your nose?
The flu vaccine sprayed in the nose is also called FluMist™. (168)

- 1 Yes
- 2 No [Go to Q16.5]
- 7 Don't know / Not sure [Go to Q16.5]
- 9 Refused [Go to Q16.5]

16.4 During what month and year did you receive your most recent flu vaccine that was
sprayed in your nose? (169-174)

- / -- -- -- Month / Year
- 7 7 / 7 7 7 7 Don't know / Not sure
- 9 9 / 9 9 9 9 Refused

16.5 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?
(175)

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

[Pandemic Influenza Questions---to be inserted following Section 16:
Immunization]

Section 17: Arthritis Burden

Next I will ask you about arthritis.

17.1 Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

(176)

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

INTERVIEWER NOTE: Arthritis diagnoses include:

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

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

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

(177)

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

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."

INTERVIEWER NOTE: Q17.3 should be asked of all respondents regardless of employment status.

17.3 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? (178)

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

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."

17.4 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? (179)

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

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."

17.5 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.* (180-181)

- — Enter number [00-10]
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 18: Fruits and Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods **you** eat. Include all foods *you* eat, both at home and away from home.

18.1 How often do you drink fruit juices such as orange, grapefruit, or tomato? (182-184)

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 4 __ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

18.2 Not counting juice, how often do you eat fruit? (185-187)

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 4 __ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

18.3 How often do you eat green salad? (188-190)

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 4 __ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

18.4 How often do you eat potatoes not including French fries, fried potatoes, or potato chips? (191-193)

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 4 __ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

18.5 How often do you eat carrots?

(194-196)

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 4 __ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

18.6 Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (Example: A serving of vegetables at both lunch and dinner would be two servings.)

(197-199)

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 4 __ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Section 19: Physical Activity

CATI note: If Core Q12.9 = 1 (Employed for wages) or 2 (Self-employed); continue. Otherwise, go to Q19.2.

19.1 When you are at work, which of the following best describes what you do? Would you say—

(200)

If respondent has multiple jobs, include all jobs.

Please read:

- 1 Mostly sitting or standing
- 2 Mostly walking
- 3 Mostly heavy labor or physically demanding work

Do not read:

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

Please read:

We are interested in two types of physical activity - vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

19.2 Now, thinking about the moderate activities you do **[fill in “when you are not working” if “employed” or self-employed]** in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate? (201)

- 1 Yes
- 2 No **[Go to Q19.5]**
- 7 Don't know / Not sure **[Go to Q19.5]**
- 9 Refused **[Go to Q19.5]**

19.3 How many days per week do you do these moderate activities for at least 10 minutes at a time? (202-203)

- __ __ Days per week
- 8 8 Do not do any moderate physical activity for at least 10 minutes at a time? **[Go to Q19.5]**
- 7 7 Don't know / Not sure **[Go to Q19.5]**
- 9 9 Refused **[Go to Q19.5]**

19.4 On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (204-206)

- __:__ Hours and minutes per day
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

19.5 Now, thinking about the vigorous activities you do **[fill in “when you are not working” if “employed” or “self-employed”]** in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate? (207)

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

19.6 How many days per week do you do these vigorous activities for at least 10 minutes at a time? (208-209)

- __ __ Days per week
- 8 8 Do not do any vigorous physical activity for at least 10 minutes at a time **[Go to next section]**
- 7 7 Don't know / Not sure **[Go to next section]**
- 9 9 Refused **[Go to next section]**

19.7 On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (210-212)

- __: __ Hours and minutes per day
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Section 20: HIV/AIDS

CATI note: If respondent is 65 years old or older, go to next section.

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.

20.1 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. (213)

- 1 Yes
- 2 No [Go to Q20.5]
- 7 Don't know / Not sure [Go to Q20.5]
- 9 Refused [Go to Q20.5]

20.2 Not including blood donations, in what month and year was your last HIV test? (214-219)

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 month and year
- 7 7 / 7 7 7 7 Don't know / Not sure
- 9 9 / 9 9 9 9 Refused

20.3 Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else? (220-221)

- 0 1 Private doctor or HMO office
- 0 2 Counseling and testing site
- 0 3 Hospital
- 0 4 Clinic
- 0 5 Jail or prison (or other correctional facility)
- 0 6 Drug treatment facility
- 0 7 At home
- 0 8 Somewhere else
- 7 7 Don't know / Not sure
- 9 9 Refused

CATI note: Ask Q20.4; if Q20.2 = within last 12 months. Otherwise, go to Q20.5.

20.4 Was it a rapid test where you could get your results within a couple of hours? (222)

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

20.5 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? (223)

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

Section 21: Emotional Support and Life Satisfaction

The next two questions are about emotional support and your satisfaction with life.

21.1 How often do you get the social and emotional support you need?

INTERVIEWER NOTE: If asked, say “please include support from any source.”

(224)

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

Do not read:

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

21.2 In general, how satisfied are you with your life?

(225)

Please read:

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied

Do not read:

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

Section 22: Cancer Survivors

Now I am going to ask you about cancer.

- 22.1** Have you EVER been told by a doctor, nurse, or other health professional that you had cancer? (226)

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 Core closing Statement]
- 7 Don't know / Not sure [Go to Core closing Statement]
- 9 Refused [Go to Core closing Statement]

- 22.2** How many different types of cancer have you had? (227)

- 1 Only one
- 2 Two
- 3 Three or more
- 7 Don't know / Not sure [Go to Core closing Statement]
- 9 Refused [Go to Core closing Statement]

- 22.3** At what age were you told that you had cancer? (228-229)

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

CATI note: If Q22.2 = 2 (Two) or 3 (Three or more), ask: “At what age was your first diagnosis of cancer?”

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

22.4 What type of cancer was it?

(230-231)

If Q22.2 = 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]:

Breast

0 1 Breast cancer

Female reproductive (Gynecologic)

0 2 Cervical cancer (cancer of the cervix)

0 3 Endometrial cancer (cancer of the uterus)

0 4 Ovarian cancer (cancer of the ovary)

Head/Neck

0 5 Head and neck cancer

0 6 Oral cancer

0 7 Pharyngeal (throat) cancer

0 8 Thyroid

Gastrointestinal

0 9 Colon (intestine) cancer

1 0 Esophageal (esophagus)

1 1 Liver cancer

1 2 Pancreatic (pancreas) cancer

1 3 Rectal (rectum) cancer

1 4 Stomach

Leukemia/Lymphoma (lymph nodes and bone marrow)

1 5 Hodgkin's Lymphoma (Hodgkin's disease)

1 6 Leukemia (blood) cancer

1 7 Non-Hodgkin's Lymphoma

Male reproductive

1 8 Prostate cancer

1 9 Testicular cancer

Skin

2 0 Melanoma

2 1 Other skin cancer

Thoracic

2 2 Heart

2 3 Lung

Urinary cancer:

2 4 Bladder cancer

2 5 Renal (kidney) cancer

Others

- 2 6 Bone
- 2 7 Brain
- 2 8 Neuroblastoma
- 2 9 Other

Do not read:

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

[CELL PHONE QUESTIONS to be inserted in Demographics Section following Q12.19]

12.19a Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (232)

- 1 Yes **[Go to Q12.19c]**
- 2 No
- 7 Don't know / Not sure
- 9 Refused

12.19b Do you share a cell phone for personal use (at least one-third of the time) with other adults? (233)

- 1 Yes **[Go to Q12.19d]**
- 2 No **[Go to Q12.20]**
- 7 Don't know / Not sure **[Go to Q12.20]**
- 9 Refused **[Go to Q12.20]**

12.19c. Do you usually share this cell phone (at least one-third of the time) with any other adults? (234)

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

12.19d. 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? (235-237)

- — — Enter percent (1 to 100)
- 8 8 8 Zero
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Closing Statement or Transition to Modules and/or State-Added Questions

Closing statement

Please read:

That was my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.

Or

Transition to modules and/or state-added questions

Please read:

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

Optional Modules

Module 1: Pre-Diabetes

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

1. Have you had a test for high blood sugar or diabetes within the past three years? (245)

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

CATI note: If Core Q6.1 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 "Yes" (code = 1).

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?"

(246)

1 Yes
2 Yes, during pregnancy
3 No
7 Don't know / Not sure
9 Refused

Module 2: Diabetes

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

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

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

2. Are you now taking insulin? (249)

- 1 Yes
- 2 No
- 9 Refused

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
- 2 _ _ Times per week
- 3 _ _ Times per month
- 4 _ _ Times per year
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

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
- 2 _ _ Times per week
- 3 _ _ Times per month
- 4 _ _ Times per year
- 5 5 5 No feet
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

5. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (256-257)

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

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"? (258-259)

- _ _ Number of times [76 = 76 or more]
- 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.

7. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (260-261)

— — Number of times [76 = 76 or more]
8 8 None
7 7 Don't know / Not sure
9 9 Refused

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. (262)

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

9. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (263)

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

10. Have you ever taken a course or class in how to manage your diabetes yourself? (264)

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

Module 3: Healthy Days (Symptoms)

The next few questions are about health-related problems or symptoms.

1. During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation? (265-266)

– – Number of days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

2. During the past 30 days, for about how many days have you felt sad, blue, or depressed? (267-268)

– – Number of days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

3. During the past 30 days, for about how many days have you felt worried, tense, or anxious? (269-270)

– – Number of days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

4. During the past 30 days, for about how many days have you felt very healthy and full of energy? (271-272)

– – Number of days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

Module 4: Visual Impairment and Access to Eye Care

CATI note: If respondent is less than 40 years of age, go to next module.

Now I would like to ask you questions about your vision. These questions are for all respondents regardless of whether or not you wear glasses or contact lenses. If you wear glasses or contact lenses, answer questions as if you are wearing them.

1. How much difficulty, if any, do you have in recognizing a friend across the street? Would you say— (273)

Please read:

- 1 No difficulty
- 2 A little difficulty
- 3 Moderate difficulty
- 4 Extreme difficulty
- 5 Unable to do because of eyesight

Or

- 6 Unable to do for other reasons

Do not read:

- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

2. How much difficulty, if any, do you have reading print in newspapers, magazines, recipes, menus, or numbers on the telephone? Would you say— (274)

Please read:

- 1 No difficulty
- 2 A little difficulty
- 3 Moderate difficulty
- 4 Extreme difficulty
- 5 Unable to do because of eyesight

Or

- 6 Unable to do for other reasons

Do not read:

- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

3. When was the last time you had your eyes examined by any doctor or eye care provider?
(275)

Read only if necessary:

- | | | |
|---|--|-------------------|
| 1 | Within the past month (anytime less than 1 month ago) | [Go to Q5] |
| 2 | Within the past year (1 month but less than 12 months ago) | [Go to Q5] |
| 3 | Within the past 2 years (1 year but less than 2 years ago) | |
| 4 | 2 or more years ago | |
| 5 | Never | |

Do not read:

- | | | |
|---|------------------------|----------------------------|
| 7 | Don't know / Not sure | |
| 8 | Not applicable (Blind) | [Go to next module] |
| 9 | Refused | |

4. What is the main reason you have not visited an eye care professional in the past 12 months?

(276-277)

Read only if necessary:

- | | |
|-----|---|
| 0 1 | Cost/insurance |
| 0 2 | Do not have/know an eye doctor |
| 0 3 | Cannot get to the office/clinic (too far away, no transportation) |
| 0 4 | Could not get an appointment |
| 0 5 | No reason to go (no problem) |
| 0 6 | Have not thought of it |
| 0 7 | Other |

Do not read:

- | | | |
|-----|------------------------|----------------------------|
| 7 7 | Don't know / Not sure | |
| 0 8 | Not Applicable (Blind) | [Go to next module] |
| 9 9 | Refused | |

CATI note: Skip Q5, if any response to Module 2 (Diabetes) Q8.

5. 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.

(278)

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 |
| 5 | Never |

Do not read:

- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

6. Do you have any kind of health insurance coverage for eye care?

(279)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

7. Have you been told by an eye doctor or other health care professional that you NOW have cataracts?

(280)

- 1 Yes
- 2 Yes, but had them removed
- 3 No
- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

8. Have you EVER been told by an eye doctor or other health care professional that you had glaucoma?

(281)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

Please read:

Age-related Macular Degeneration (AMD) is a disease that affects the macula, the part of the eye that allows you to see fine detail.

NOTE: Age-related Macular Degeneration (Age-related Mak-yuh-luh r Di-jen-uh-rey-shuh n)

9. Have you EVER been told by an eye doctor or other health care professional that you had age-related macular degeneration?

(282)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

Module 5: Inadequate Sleep

I would like to ask you a few questions about your sleep patterns.

1. On average, how many hours of sleep do you get in a 24-hour period? Think about the time you actually spend sleeping or napping, not just the amount of sleep you think you should get.

INTERVIEWER NOTE: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.

(283-284)

– –	Number of hours [01-24]
7 7	Don't know / Not sure
9 9	Refused

2. Do you snore?

INTERVIEWER NOTE: If the respondent indicates that their spouse or someone told him/her that they snore, then the answer to the question is "Yes," the respondent snores.

(285)

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

Columns 286-287 – Intentionally left blank

3. During the past 30 days, for about how many days did you find yourself unintentionally falling asleep during the day?

(288-289)

– –	Number of days [01-30]
8 8	None
7 7	Don't know / Not sure
9 9	Refused

4. During the past 30 days, have you ever nodded off or fallen asleep, even just for a brief moment, while driving? (290)
- 1 Yes
 - 2 No
 - 3 Don't drive
 - 4 Don't have license
 - 7 Don't know / Not sure
 - 9 Refused

Module 6: Cardiovascular Health

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

CATI note: If Core Q9.1 = 1 (Yes), ask Q1. If Core Q9.1 = 2, 7, or 9, skip Q1.

1. Following your heart attack, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (291)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

CATI note: If Core Q9.3 = 1 (Yes), ask Q2. If Core Q9.3 = 2, 7, or 9 (No, Don't know, or Refused), skip Q2.

2. Following your stroke, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (292)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

[Question 3 is asked of all respondents.]

3. Do you take aspirin daily or every other day? (293)
- 1 Yes **[Go to next module]**
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

4. Do you have a health problem or condition that makes taking aspirin unsafe for you? (294)

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 7: Actions to Control High Blood Pressure

CATI note: If Core Q7.1 = 1 (Yes); continue. Otherwise, go to next module.

Are you now doing any of the following to help lower or control your high blood pressure?

1. (Are you) changing your eating habits (to help lower or control your high blood pressure)? (295)

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

2. (Are you) cutting down on salt (to help lower or control your high blood pressure)? (296)

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't know / Not sure
- 9 Refused

3. (Are you) reducing alcohol use (to help lower or control your high blood pressure)? (297)

- 1 Yes
- 2 No
- 3 Do not drink
- 7 Don't know / Not sure
- 9 Refused

4. (Are you) exercising (to help lower or control your high blood pressure)? (298)

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

Has a doctor or other health professional ever advised you to do any of the following to help lower or control your high blood pressure?

5. (Ever advised you to) change your eating habits (to help lower or control your high blood pressure)? (299)

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

6. (Ever advised you to) cut down on salt (to help lower or control your high blood pressure)? (300)

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't know / Not sure
- 9 Refused

7. (Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)? (301)

- 1 Yes
- 2 No
- 3 Do not drink
- 7 Don't know / Not sure
- 9 Refused

8. (Ever advised you to) exercise (to help lower or control your high blood pressure)? (302)

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

9. (Ever advised you to) take medication (to help lower or control your high blood pressure)? (303)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

10. Were you told on **two or more different visits** to a doctor or other health professional that you had high blood pressure? (304)

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

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 Told borderline or pre-hypertensive
- 7 Don't know / Not sure
- 9 Refused

Module 8: Heart Attack and Stroke

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.”

1. (Do you think) pain or discomfort in the jaw, neck, or back (are symptoms of a heart attack?) (305)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

2. (Do you think) feeling weak, lightheaded, or faint (are symptoms of a heart attack?) (306)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

3. (Do you think) chest pain or discomfort (are symptoms of a heart attack?) (307)

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

4. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a heart attack?) (308)

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

5. (Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack?) (309)

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

6. (Do you think) shortness of breath (is a symptom of a heart attack?) (310)

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

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

7. (Do you think) sudden confusion or trouble speaking (are symptoms of a stroke?) (311)

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

8. (Do you think) sudden numbness or weakness of face, arm, or leg, especially on one side, (are symptoms of a stroke?) (312)

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

9. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?) (313)

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

10. (Do you think) sudden chest pain or discomfort (are symptoms of a stroke?) (314)

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

11. (Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?) (315)

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

12. (Do you think) severe headache with no known cause (is a symptom of a stroke?) (316)

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

13. If you thought someone was having a heart attack or a stroke, what is the first thing you would do? (317)

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:

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

Module 9: Women's Health

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

The next questions are about breast and cervical cancer.

1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (318)

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

2. How long has it been since you had your last mammogram? (319)

Read only if necessary:

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

Do not read:

7 Don't know / Not sure
9 Refused

3. A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam? (320)

1 Yes
2 No [Go to Q5]
7 Don't know / Not sure [Go to Q5]
9 Refused [Go to Q5]

4. How long has it been since your last breast exam? (321)

Read only if necessary:

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

Do not read:

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

5. A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (322)

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

6. How long has it been since you had your last Pap test? (323)

Read only if necessary:

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

Do not read:

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

CATI note: If response to Core Q12.21 = 1 (is pregnant); then go to next module.

7. Have you had a hysterectomy? (324)

Read only if necessary: A hysterectomy is an operation to remove the uterus (womb).

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

Module 10: Prostate Cancer Screening

CATI note: If respondent is ≤ 39 years of age, or is female, go to next module.

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

1. A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? (325)

1 Yes
2 No [Go to Q3]
7 Don't Know / Not sure [Go to Q3]
9 Refused [Go to Q3]

2. How long has it been since you had your last PSA test? (326)

Read only if necessary:

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

Do not read:

7 Don't know / Not sure
9 Refused

3. A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam? (327)

1 Yes
2 No [Go to Q5]
7 Don't know / Not sure [Go to Q5]
9 Refused [Go to Q5]

4. How long has it been since your last digital rectal exam? (328)

Read only if necessary:

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

Do not read:

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

5. Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer?

(329)

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

Module 11: Colorectal Cancer Screening

CATI note: If respondent is \leq 49 years of age, go to next module.

1. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

(330)

- 1 Yes
- 2 No [Go to Q3]
- 7 Don't know / Not sure [Go to Q3]
- 9 Refused [Go to Q3]

2. How long has it been since you had your last blood stool test using a home kit?

(331)

Read only if necessary:

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

Do not read:

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

3. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? (332)

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

4. For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy? (333)

1 Sigmoidoscopy
2 Colonoscopy
7 Don't know / Not sure
9 Refused

5. How long has it been since you had your last sigmoidoscopy or colonoscopy? (334)

Read only if necessary:

1 Within the past year (anytime less than 12 months ago)
2 Within the past 2 years (1 year but less than 2 years ago)
3 Within the past 3 years (2 years but less than 3 years ago)
4 Within the past 5 years (3 years but less than 5 years ago)
5 Within the past 10 years (5 years but less than 10 years ago)
6 10 or more years ago

Do not read:

7 Don't know / Not sure
9 Refused

Module 12: Cancer Survivorship

CATI note: If Core Q22.1 = 1 (Yes), continue. Otherwise, go to next module.

Previously you said that you had been told by your doctor that you had cancer. I will now ask you about your experiences with cancer.

1. Are you currently receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills. (335)

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

2. What type of doctor provides the majority of your health care? (336-337)

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

3. Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received? (338)

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

4. 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 treatment for cancer? (339)

1 Yes
2 No [Go to Q6]
7 Don't know / Not sure [Go to Q6]
9 Refused [Go to Q6]

5. Were these instructions written down or printed on paper for you? (340)

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

6. With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? (341)

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.

7. Were you EVER denied health insurance or life insurance coverage because of your cancer? (342)

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

8. Did you participate in a clinical trial as part of your cancer treatment? (343)

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

9. Do you currently have physical pain caused by your cancer or cancer treatment? (344)

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

10. Is your pain currently under control? (345)

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

Module 13: Adult Asthma History

CATI note: If "Yes" to Core Q10.1; continue. Otherwise, go to next module.

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

1. How old were you when you were first told by a doctor, nurse, or other health professional that you had asthma? (346-347)

- – Age in years 11 or older [96 = 96 and older]
- 9 7 Age 10 or younger
- 9 8 Don't know / Not sure
- 9 9 Refused

CATI note: If "Yes" to Core Q10.2, continue. Otherwise, go to next module.

2. During the past 12 months, have you had an episode of asthma or an asthma attack? (348)

- 1 Yes
- 2 No [Go to Q5]
- 7 Don't know / Not sure [Go to Q5]
- 9 Refused [Go to Q5]

3. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma? (349-350)

- — Number of visits [87 = 87 or more]
- 8 8 None
- 9 8 Don't know / Not sure
- 9 9 Refused

4. [If one or more visits to Q3, fill in "Besides those emergency room or urgent care center visits,"] During the past 12 months, how many times did you see a doctor, nurse or other health professional for urgent treatment of worsening asthma symptoms? (351-352)

- — Number of visits [87 = 87 or more]
- 8 8 None
- 9 8 Don't know / Not sure
- 9 9 Refused

5. During the past 12 months, how many times did you see a doctor, nurse, or other health professional for a routine checkup for your asthma? (353-354)

- — Number of visits [87 = 87 or more]
- 8 8 None
- 9 8 Don't know / Not sure
- 9 9 Refused

6. During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma? (355-357)

- — — Number of days
- 8 8 8 None
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

7. Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don't have a cold or respiratory infection. During the past 30 days, how often did you have any symptoms of asthma? Would you say — (358)

Please read:

- 8 Not at any time [Go to Q9]
- 1 Less than once a week
- 2 Once or twice a week
- 3 More than 2 times a week, but not every day
- 4 Every day, but not all the time

Or

- 5 Every day, all the time

Do not read:

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

8. During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep? Would you say —

(359)

Please read:

- 8 None
- 1 One or two
- 2 Three to four
- 3 Five
- 4 Six to ten

Or

- 5 More than ten

Do not read:

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

9. During the past 30 days, how many days did you take a prescription asthma medication to PREVENT an asthma attack from occurring?

(360)

Please read:

- 8 Never
- 1 1 to 14 days
- 2 15 to 24 days
- 3 25 to 30 days

Do not read:

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

10. During the past 30 days, how often did you use a prescription asthma inhaler DURING AN ASTHMA ATTACK to stop it? (361)

INTERVIEWER INSTRUCTION: How often (number of times) does NOT equal number of puffs. Two to three puffs are usually taken each time the inhaler is used.

Read only if necessary:

- 8 Never (include no attack in past 30 days)
- 1 1 to 4 times (in the past 30 days)
- 2 5 to 14 times (in the past 30 days)
- 3 15 to 29 times (in the past 30 days)
- 4 30 to 59 times (in the past 30 days)
- 5 60 to 99 times (in the past 30 days)
- 6 100 or more times (in the past 30 days)

Do not read:

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

Module 14: Arthritis Management

CATI note: If Core Q17.1 = 1 (Yes), continue. Otherwise, go to next module.

1. Earlier you indicated that you had arthritis or joint symptoms. Thinking about your arthritis or joint symptoms, which of the following best describes you **today**? (362)

Please read:

- 1 I can do everything I would like to do
- 2 I can do most things I would like to do
- 3 I can do some things I would like to do
- 4 I can hardly do anything I would like to do

Do not read:

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

2. Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms? (363)

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

3. Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms? (364)

NOTE: If the respondent is unclear about whether this means an increase or decrease in physical activity, this means increase.

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

4. Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms? (365)

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

Module 15: Tetanus Diphtheria (Adults)

Next, I will ask you about the tetanus diphtheria vaccination.

1. Have you received a tetanus shot in the past 10 years? (366)

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

2. Was your most recent tetanus shot given in 2005 or later? (367)

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

3. There are currently two types of tetanus shots available for adults. One contains the tetanus diphtheria vaccine. The other type contains tetanus diphtheria and pertussis or whooping cough vaccine. Did your doctor say your recent tetanus shot included the pertussis or whooping cough vaccine? (368)
- 1 Yes (included pertussis)
 - 2 No (did not include pertussis)
 - 7 Don't know / Not sure
 - 9 Refused

Module 16: Adult Human Papilloma Virus (HPV)

CATI note: To be asked of females between the ages of 18 and 49 years; otherwise, go to next module.

NOTE: Human Papilloma Virus (Human Pap-uh-loh-muh Virus); Gardasil (Gar-duh-seel)

1. A vaccine to prevent the human papilloma virus or HPV infection is available and is called cervical cancer vaccine, HPV shot, or GARDASIL[®]. Have you EVER had the HPV vaccination? (369)
- 1 Yes
 - 2 No **[Go to next module]**
 - 3 Doctor refused when asked **[Go to next module]**
 - 7 Don't know / Not sure **[Go to next module]**
 - 9 Refused **[Go to next module]**
2. How many HPV shots did you receive? (370-371)
- — Number of shots
 - 0 3 All shots
 - 7 7 Don't know / Not sure
 - 9 9 Refused

Module 17: Shingles

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

The next question is about the Shingles vaccine.

1. Shingles is caused by the chicken pox virus. It is an outbreak of rash or blisters on the skin that may be associated with severe pain. A vaccine for shingles has been available since May 2006; it is called Zostavax[®], the zoster vaccine, or the shingles vaccine. Have you had this vaccine? (372)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Module 18: Caregiver

CATI note: If Core13.1 = 1 (Yes), continue. Otherwise, go to next module.

Previously, you said that you provide care to a friend or family member.

1. What age is the person to whom you are giving care? (373-375)

INTERVIEWER NOTE: If more than one person, ask "What is the age of the person to whom you are giving the most care?"

-- -- Code age in years [0-115]
7 7 7 Don't know / Not sure
9 9 9 Refused

The remainder of these questions will be about the person to whom you are giving the most care.

2. Is this person male or female? (376)
- 1 Male
 - 2 Female
 - 9 Refused

3. What is his/her relationship to you? For example is he/she your (mother/daughter or father/son)? (377-378)

Do not read:

- 0 1 Parent
- 0 2 Parent-in-law
- 0 3 Child
- 0 4 Spouse
- 0 5 Sibling
- 0 6 Grandparent
- 0 7 Grandchild
- 0 8 Other Relative
- 0 9 Non-relative
- 7 7 Don't know / Not sure
- 9 9 Refused

4. For how long have you provided care for [CATI: code from Q3]. If Q3 = 77 (Don't know/not sure) or 99 (Refused); say "that person." (379-381)

NOTE: Code using respondent's unit of time.

- 1 _ _ Days
- 2 _ _ Weeks
- 3 _ _ Months
- 4 _ _ Years
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

5. What has a doctor said is the major health problem, long-term illness, or disability that the person you care for has? [Check only one condition]. (382-383)

Do not read:

Physical Health Condition/Disease

- 0 1 Arthritis/Rheumatism
- 0 2 Asthma
- 0 3 Cancer
- 0 4 Diabetes
- 0 5 Heart Disease
- 0 6 Hypertension/High Blood Pressure
- 0 7 Lung Disease/Emphysema
- 0 8 Osteoporosis
- 0 9 Parkinson's Disease
- 1 0 Stroke

Disability

- 1 1 Eye/Vision Problem (blindness)
- 1 2 Hearing Problems (deafness)
- 1 3 Multiple Sclerosis (MS)
- 1 4 Spinal Cord Injury
- 1 5 Traumatic Brain Injury (TBI)

Learning/Cognition

- 1 6 Alzheimer’s Disease or Dementia
- 1 7 Attention-Deficit Hyperactivity Disorder (ADHD)
- 1 8 Learning Disabilities (LD)

Developmental Disability

- 1 9 Cerebral Palsy (CP)
- 2 0 Down’s Syndrome
- 2 1 Other developmental disability (e.g., spinal bifida, muscular dystrophy, fragile X)

Mental Health

- 2 2 Anxiety
- 2 3 Depression
- 2 4 Other

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

6. In which of the following areas does the person you care for most need your help?
(384-385)

Please read:

- 0 1 Taking care of himself/herself, such as eating, dressing, or bathing
- 0 2 Taking care of his/her residence or personal living spaces, such as cleaning, managing money, or preparing meals
- 0 3 Communicating with others
- 0 4 Learning or remembering
- 0 5 Seeing or hearing
- 0 6 Moving around within the home
- 0 7 Transportation outside of the home
- 0 8 Getting along with people
- 0 9 Relieving/decreasing anxiety or depression

Do not read:

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

7. In an average week, how many hours do you provide care for **[CATI: code from Q3]. If Q3 = 77 (Don’t know/not sure) or 99 (Refused); say “that person”** because of his/her health problem, long-term illness, or disability?
(386-388)

Note: Round up to the next whole number of hours.

Do not read:

- — — Hours per week
- 7 7 7 Don’t know / Not sure
- 9 9 9 Refused

8. I am going to read a list of difficulties you may have faced as a caregiver. Please indicate which one of the following is the greatest difficulty you have faced as a caregiver. (389-390)

Please read:

- 0 1 Creates a financial burden
- 0 2 Doesn't leave enough time for yourself
- 0 3 Doesn't leave enough time for your family
- 0 4 Interferes with your work
- 0 5 Creates stress
- 0 6 Creates or aggravates health problems
- 0 7 Affects family relationships
- 0 8 Other difficulty
- 8 8 No difficulty

Do not read:

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

9. During the past year, has the person you care for experienced changes in thinking or remembering? (391)

Read only if necessary: "Had more difficulty remembering people, places, or things, or understanding or making decisions as easily as they once did."

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

Module 19: General Preparedness

The next series of questions asks about how prepared you are for a large-scale disaster or emergency. By large-scale disaster or emergency we mean any event that leaves you isolated in your home **or** displaces you from your home for at least 3 days. This might include natural disasters such as hurricanes, tornados, floods, and ice storms, or man-made disasters such as explosions, terrorist events, or blackouts.

1. How well prepared do you feel your household is to handle a large-scale disaster or emergency? Would you say... (392)

Please read:

- 1 Well prepared
- 2 Somewhat prepared
- 3 Not prepared at all

Do not read:

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

2. Does your household have a 3-day supply of water for everyone who lives there? A 3-day supply of water is 1 gallon of water per person per day. (393)

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

3. Does your household have a 3-day supply of nonperishable food for everyone who lives there? By nonperishable we mean food that does not require refrigeration or cooking. (394)

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

4. Does your household have a 3-day supply of prescription medication for each person who takes prescribed medicines? (395)

- 1 Yes
- 2 No
- 3 No one in household requires prescribed medicine
- 7 Don't know / Not sure
- 9 Refused

5. Does your household have a working battery operated radio and working batteries for your use if the electricity is out? (396)

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

6. Does your household have a working flashlight and working batteries for your use if the electricity is out? (397)

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

7. In a large-scale disaster or emergency, what would be your main method or way of communicating with relatives and friends? (398)

Read only if necessary:

1 Regular home telephones
2 Cell phones
3 Email
4 Pager
5 2-way radios
6 Other

Do not read:

7 Don't know / Not sure
9 Refused

8. What would be your main method or way of getting information from authorities in a large-scale disaster or emergency? (399)

Read only if necessary:

1 Television
2 Radio
3 Internet
4 Print media
5 Neighbors
6 Other

Do not read:

7 Don't know / Not sure
9 Refused

9. Does your household have a written disaster evacuation plan for how you will leave your home, in case of a large-scale disaster or emergency that requires evacuation? (400)

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

10. If public authorities announced a mandatory evacuation from your community due to a large-scale disaster or emergency, would you evacuate? (401)

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

11. What would be the main reason you might not evacuate if asked to do so? (402-403)

Read only if necessary:

0 1 Lack of transportation
0 2 Lack of trust in public officials
0 3 Concern about leaving property behind
0 4 Concern about personal safety
0 5 Concern about family safety
0 6 Concern about leaving pets
0 7 Concern about traffic jams and inability to get out
0 8 Health problems (could not be moved)
0 9 Other

Do not read:

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

Module 20: Reactions to Race

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

1. How do other people usually classify you in this country? Would you say: White, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or some other group? (404)

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

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

2. How often do you think about your race? Would you say never, once a year, once a month, once a week, once a day, once an hour, or constantly? (405)

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

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

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

3. Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races? (406)

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

Do not read:

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

4. Within the past 12 months, when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races? (407)

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

Do not read:

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

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

5. Within the past 30 days, have you experienced any physical symptoms, for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race? (408)

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

6. Within the past 30 days, have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race? (409)

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

Module 21: Mental Illness and Stigma

Now, I am going to ask you some questions about how you have been feeling during the **past 30 days**. ..

1. About how often during the past 30 days did you feel **nervous** — would you say **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time?

(410)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

2. During the past 30 days, about how often did you feel **hopeless** — **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time?

(411)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

3. During the past 30 days, about how often did you feel **restless** or **fidgety**?

[If necessary: all, most, some, a little, or none of the time?]

(412)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

4. During the past 30 days, about how often did you feel **so depressed** that nothing could cheer you up?

[If necessary: all, most, some, a little, or none of the time?]

(413)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

5. During the past 30 days, about how often did you feel that **everything was an effort**?

[If necessary: all, most, some, a little, or none of the time?]

(414)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

6. During the past 30 days, about how often did you feel **worthless**?

[If necessary: all, most, some, a little, or none of the time?]

(415)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

The next question asks if any type of mental health condition or emotional problem has recently kept you from doing your work or other usual activities.

7. During the past 30 days, for about how many days did a mental health condition or emotional problem **keep you from doing** your work or other usual activities?

(416-417)

- — Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

INTERVIEWER NOTE: If asked, "**usual activities**" includes housework, self-care, caregiving, volunteer work, attending school, studies, or recreation.

8. Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem? (418)

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

These next questions ask about peoples' attitudes toward mental illness and its treatment. How much do you **agree** or **disagree** with these statements about people with mental illness...

9. Treatment can help people with mental illness lead normal lives. Do you – **agree** slightly or strongly, or **disagree** slightly or strongly? (419)

Read only if necessary:

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly

Do not read:

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

10. People are generally caring and sympathetic to people with mental illness. Do you – **agree** slightly or strongly, or **disagree** slightly or strongly? (420)

Read only if necessary:

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly

Do not read:

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

INTERVIEWER NOTE: If asked for the purpose of Q9 or Q10: say: "answers to these questions will be used by health planners to help understand public attitudes about mental illness and its treatment and to help guide health education programs".

Module 22: Carbon Monoxide Detectors and Gas Powered Generators

The next questions are about carbon monoxide detectors and gas powered generators used at your home.

1. A carbon monoxide or CO detector checks the level of carbon monoxide in your home. It is different than a smoke detector. Do you have a carbon monoxide detector in your home? (421)

1 Yes
2 No [Go to Q4]
7 Don't know / Not sure [Go to Q4]
9 Refused [Go to Q4]

2. Does your carbon monoxide detector use a battery for either the main power or the backup power? (422)

1 Yes
2 No [Go to Q4]
7 Don't know / Not sure [Go to Q4]
9 Refused [Go to Q4]

3. When was the last time the batteries in your carbon monoxide detector were changed? (423)

Please read:

1 Within the last 6 months
2 More than 6 months ago but less than a year ago
3 One year or more ago
4 Never

Do not read:

7 Don't know / Not sure
9 Refused

4. Has anyone in your household EVER used a gas-powered generator to provide electric power to your home when the power went out? (424)

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

5. In the past year, has anyone in your household used a gasoline or diesel-powered generator to provide electric power to your home when the power went out? (425)

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

6. Where is the generator usually placed when it is running? (426)

Please read:

1 Outdoors, less than 20 feet from the house
2 Outdoors, 20 feet or more from the house
3 Inside the living space
4 Inside an attached garage or on an enclosed porch
5 In a detached garage, shed, or outbuilding
6 In another location

Do not read:

7 Don't know / Not sure
9 Refused

7. Which of the following has the most impact on where you place the generator while it is running? (427)

Please read:

1 Owners' manual directions
2 Weather conditions such as rain, snow, wind, or ice
3 Length of the power cord
4 Need to protect the generator from being stolen
5 Other

Do not read:

7 Don't know / Not sure
9 Refused

8. Do you own, rent, or borrow the generator that you usually use to provide electric power to your home when the power goes out? (428)

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

Module 23: Social Context

There are many different factors that can affect a person's health. I'm going to ask you about several factors that can affect a person's health.

1. Do you own or rent your home?

(429)

Please read:

- 1 Own
- 2 Rent
- 3 Other arrangement [Go to Q3]

Do not read:

- 7 Don't know / Not sure [Go to Q3]
- 9 Refused [Go to Q3]

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

2. How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent/mortgage? Would you say you were worried or stressed---

(430)

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

Do not read:

- 8 Not applicable
- 7 Don't know / Not sure
- 9 Refused

3. How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? Would you say you were worried or stressed---

(431)

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

Do not read:

- 8 Not applicable
- 7 Don't know / Not sure
- 9 Refused

If Core Q12.9 = 1 (Employed for wages) or 2 (Self-employed), go to Q4 and Q5.

If Core Q12.9 = 3 (Out of work for more than 1 year), 4 (Out of work for less than 1 year), or 7 (Retired), go to Q6 and Q7.

If Core Q12.9 = 5(A homemaker), 6 (A student), or 8 (Unable to work), go to Q7.

4. At your main job or business, how are you generally paid for the work you do. Are you:

(432)

- 1 Paid by salary
- 2 Paid by the hour
- 3 Paid by the job/task (e.g. commission, piecework)
- 4 Paid some other way
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: If paid in multiple ways at their main job, select option 4 (Paid some other way).

5. About how many hours do you work per week at all of your jobs and businesses combined?

(433-434)

- – Hours (01-96 or more) **[Go to Q8]**
- 9 7 Don't know / Not sure **[Go to Q8]**
- 9 8 Does not work **[Go to Q8]**
- 9 9 Refused **[Go to Q8]**

6. Thinking about the last time you worked, at your main job or business, how were you generally paid for the work you do? Were you:

(435)

- 1 Paid by salary
- 2 Paid by the hour
- 3 Paid by the job/task (e.g. commission, piecework)
- 4 Paid some other way
- 7 Don't know / Not sure
- 9 Refused

7. Thinking about the last time you worked, about how many hours did you work per week at all of your jobs and businesses combined? (436-437)

- — Hours (01-96 or more)
- 9 7 Don't know / Not sure
- 9 8 Does not work
- 9 9 Refused

8. Did you vote in the last presidential election? The November 2008 election between Barack Obama and John McCain? (438)

- 1 Yes
- 2 No
- 8 Not applicable (I did not register, I am not a U.S. citizen, or I am not eligible to vote)
- 7 Don't know / Not sure
- 9 Refused

Module 24: Adverse Childhood Experience

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

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

1. Did you live with anyone who was depressed, mentally ill, or suicidal? (439)

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

2. Did you live with anyone who was a problem drinker or alcoholic? (440)

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

3. Did you live with anyone who used illegal street drugs or who abused prescription medications? (441)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
4. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility? (442)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
5. Were your parents separated or divorced? (443)
- 1 Yes
 - 2 No
 - 8 Parents not married
 - 7 Don't know / Not sure
 - 9 Refused
6. How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? (444)
- 1 Never
 - 2 Once
 - 3 More than once
- Do not read:**
- 7 Don't know / Not sure
 - 9 Refused
7. Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say--- (445)
- 1 Never
 - 2 Once
 - 3 More than once
- Do not read:**
- 7 Don't know / Not sure
 - 9 Refused

8. How often did a parent or adult in your home ever swear at you, insult you, or put you down? (446)
- 1 Never
 - 2 Once
 - 3 More than once
- Do not read:**
- 7 Don't know / Not sure
 - 9 Refused
9. How often did anyone at least 5 years older than you or an adult, ever touch you sexually? (447)
- 1 Never
 - 2 Once
 - 3 More than once
- Do not read:**
- 7 Don't know / Not sure
 - 9 Refused
10. How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? (448)
- 1 Never
 - 2 Once
 - 3 More than once
- Do not read:**
- 7 Don't know / Not sure
 - 9 Refused
11. How often did anyone at least 5 years older than you or an adult, force you to have sex? (449)
- 1 Never
 - 2 Once
 - 3 More than once
- Do not read:**
- 7 Don't know / Not sure
 - 9 Refused

As I mentioned when we started this section, I will give you a phone number for an organization that can provide information and referral for these issues. Would you like me to give you that number? **Note: If no local or state hotline is available, the National Hotline for child abuse is 1-800-422-4-A-CHILD (1-800-422-4453).**

Module 25: Random Child Selection

CATI note: If Core Q12.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

If Core Q12.7 = 1, Interviewer please 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 Core Q12.7 is >1 and Core Q12.7 does not equal 88 or 99, Interviewer please 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:

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

1. What is the birth month and year of the “Xth” child? (465-470)

_ _ / _ _	Code month and year
7 7 / 7 7 7 7	Don't know / Not sure
9 9 / 9 9 9 9	Refused

CATI INSTRUCTION: Calculate the child’s age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is ≥ 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

2. Is the child a boy or a girl? (471)

1	Boy
2	Girl
9	Refused

3. Is the child Hispanic or Latino? (472)

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

4. Which one or more of the following would you say is the race of the child? (473-478)

[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, Alaska Native

Or

- 6 Other [specify] _____

Do not read:

- 8 No additional choices
- 7 Don't know / Not sure
- 9 Refused

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

5. Which one of these groups would you say best represents the child's race? (479)

- 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

6. How are you related to the child? (480)

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 26: Childhood Asthma Prevalence

CATI note: If response to Core Q12.7 = 88 (None) or 99 (Refused), go to next module.

Now, I would like to ask you about the "Xth" **[CATI: please fill in correct number]** child.

1. Has a doctor, nurse or other health professional EVER said that the child has asthma? (481)

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

2. Does the child still have asthma? (482)

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

Module 27: Childhood Immunization

CATI note: If Core Q12.7 = 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.

1. During the past 12 months, has [Fill: he/she] had a flu vaccination? There are two types of flu vaccinations. One is a shot and the other is a spray in the nose. (483)

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

2. During what month and year did [Fill: he/she] receive their most recent flu vaccination? The flu vaccination may have been either the flu shot or the flu spray. The flu spray is the flu vaccination that is sprayed in the nose. (484-489)

<u> </u> / <u> </u> <u> </u> <u> </u> <u> </u>	Month / Year
77 / 7777	Don't know / Not sure
99 / 9999	Refused

Module 28: Child Human Papilloma Virus (HPV)

If selected child is female between ages 9 and 17 years; continue. Otherwise, go to next module.

NOTE: Human Papilloma Virus (Human Pap-uh-loh-muh Virus); Gardasil[®] (Gar-duh- seel)

I have two additional questions about a vaccination the selected child may have had.

1. A vaccine to prevent the human papilloma virus or HPV infection is available and is called cervical cancer vaccine, HPV shot, or GARDASIL[®]. Has this child EVER had the HPV vaccination? (490)

1	Yes	
2	No	[Go to next module]
3	Doctor refused when asked	[Go to next module]
7	Don't know / Not sure	[Go to next module]
9	Refused	[Go to next module]

2. How many HPV shots did she receive? (491-492)

- – Number of shots
- 0 3 All shots
- 7 7 Don't know / Not sure
- 9 9 Refused

Module 29: Tetanus Diphtheria (Adolescents)

CATI note: If selected child is aged 10 to 17, continue. Otherwise, go to next module.

I would like to ask you about the tetanus diphtheria vaccine for your child.

1. Has he/she received a tetanus shot in the past 10 years? (493)

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

2. Was his/her most recent tetanus shot given in 2005 or later? (494)

- 1 Yes
- 2 No [Go to end of Optional Modules]
- 7 Don't know / Not sure
- 9 Refused

3. There are currently two types of tetanus shots available today for older children and teenagers. One contains the tetanus diphtheria vaccine. The other type contains tetanus diphtheria and pertussis or whooping cough vaccine. Did the doctor say his/her most recent tetanus shot included the pertussis or whooping cough vaccine? (495)

- 1 Yes (included pertussis)
- 2 No (did not include pertussis)
- 7 Don't know / Not sure
- 9 Refused

Asthma Call-Back Permission Script

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 <STATE>. The information you gave us today and any you give us in the future will be kept



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

(496)

- 1 Yes
- 2 No

Can I please have either (your/your child's) first name or initials, so we will know who to ask for when we call back?

_____ Enter first name or initials