

BRFSS

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**Behavioral Risk Factor  
Surveillance System 2011 Draft  
Questionnaire**

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Surveillance System 2011 Draft  
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## Intro

<b>INTROQST</b>	Select
Ask If	
HELLO, I am calling for the <b>{CDEPT}</b> . My name is [Interviewer Name].	
We are gathering information about the health of <b>{STTEXT}</b> 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 <b>{PHONE7}</b> ?	
1 YES, CONTINUE	PRIVRES
2 NUMBER IS NOT THE SAME	WRONGNUM

<b>WRONGNUM</b>	Key
Ask If	INTROQST = 2
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.	
	INTROQST

<b>PRIVRES</b>	Select
Ask If	INTROQST = 1
Is this a private residence in <b>{STTEXT}</b> ?	
1 YES, CONTINUE	ISCELL
2 NO, NON-RESIDENTIAL	NONRES

<b>NONRES</b>	Key
Ask If	PRIVRES = 2
Thank you very much, but we are only interviewing private residences in <b>{STTEXT}</b> .	
	DISPOS 420

<b>ISCELL</b>	Select
Ask If	PRIVRES = 1
Is this a cellular telephone?	
READ ONLY IF NECESSARY:	
"By cellular (or cell) telephone we mean a telephone that is mobile and usable outside of your neighborhood."	
1	NO, NOT A CELLULAR TELEPHONE, CONTINUE ADULTS
2	YES, A CELLULAR TELEPHONE CELLYES

<b>CELLYES</b>	Key
Ask If	ISCELL = 2
Thank you very much, but we are only interviewing land line telephones and private residences.	
DISPOS 435	

<b>ADULTS</b>	Numeric
Ask If	
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	

<b>MEN</b>	Numeric
Ask If	ADULTS > 1
How many of these adults are men?	
NUMBER OF MEN	

<b>WOMEN</b>	Numeric
Ask If	ADULTS > 1
How many of these adults are women?	
NUMBER OF WOMEN	

<b>WRONGTOT</b>		Select
Ask If	MEN + WOMEN <> ADULTS	
I'm sorry, something is not right.		
	Number of Men	- {MEN}
	Number of Women	- + {WOMEN}
		-----
	Number of Adults	- {ADULTS}
1	CORRECT THE NUMBER OF MEN	MEN
2	CORRECT THE NUMBER OF WOMEN	WOMEN
3	CORRECT THE NUMBER OF ADULTS	ADULTS

<b>SELECTED</b>		Select
Ask If	ADULTS > 1 AND (MEN + WOMEN) = ADULTS	
The person in your household I need to speak with is the {SRESP}.		
Are you the {SRESP}?		
1	YES	YOURTHE1
2	NO	GETNEWAD

<b>ONEADULT</b>		Select
Ask If	ADULTS = 1	
Are you the adult?		
INTERVIEWER NOTE: ASK GENDER IF NECESSARY.		
1	YES AND THE RESPONDENT IS A MALE.	YOURTHE1
2	YES AND THE RESPONDENT IS A FEMALE.	YOURTHE1
3	NO	

<b>ASKGENDR</b>		Select
Ask If	ADULTS = 1 AND ONEADULT = 3	
Is the Adult a man or a woman?		
1	MALE	
2	FEMALE	

<b>GETADULT</b>	Select
Ask If	ONEADULT = 3
May I speak with...	
{IF ASKGENDR = 1, ...him?, ...her?}	
1	YES, ADULT IS COMING TO THE PHONE NEWADULT
2	NO, GO TO NEXT SCREEN, PRESS F3 TO SCHEDULE A CALL-BACK NEWADULT

<b>YOURTHE1</b>	Select
Ask If	SELECTED = 1 OR ONEADULT < 3
Then you are the person I need to speak with.	
1	PERSON INTERESTED, CONTINUE INTROSCR
2	GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED ADULTS

<b>GETNEWAD</b>	Select
Ask If	SELECTED = 2
May I speak with the <b>{SRESP}</b> ?	
1	YES, SELECTED RESPONDENT COMING TO THE PHONE NEWADULT
2	NO, GO TO NEXT SCREEN, PRESS F3 TO SCHEDULE A CALL-BACK NEWADULT
3	GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED ADULTS

<b>NEWADULT</b>	Select
Ask If	GETADULT = 1 OR GETADULT = 2 OR GETNEWAD = 1
HELLO, I am calling for the <b>{CDEPT}</b> . My name is <b>[Interviewer Name]</b> .	
We are gathering information about the health of <b>{STTEXT}</b> 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.	
1	PERSON INTERESTED, CONTINUE INTROSCR
2	GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED ADULTS

## Core Sections

<b>INTROSCR</b>	Select
Ask If	
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 <b>{CPHONE}</b> .	
1 PERSON INTERESTED, CONTINUE	C01INTRO
2 GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED	ADULTS

## Section 01: Health Status

<b>C01INTRO</b>	Pause
Ask If	

<b>C01Q01</b>	Select	73
Ask If		
Would you say that in general your health is...		
PLEASE READ:		
1	Excellent	
2	Very good	
3	Good	
4	Fair or	
5	Poor	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C01END</b>	Pause
Ask If	

## Section 02: Healthy Days -- Health-Related Quality of Life

<b>C02INTRO</b>	Pause	
Ask If		

<b>C02Q01</b>	Numeric	74-75
Ask If		
Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?		
NUMBER OF DAYS		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
1	MIN	CONTROL
30	MAX	CONTROL

<b>C02Q02</b>	Numeric	76-77
Ask If		
Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?		
NUMBER OF DAYS		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
1	MIN	CONTROL
30	MAX	CONTROL

If C02Q01 and C02C02 = 88(none), go to next section

<b>C02Q03</b>	Numeric	
Ask If	NOT(C02Q01=88 AND C02Q02=88)	78-79
During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?		
NUMBER OF DAYS		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
1	MIN	CONTROL
30	MAX	CONTROL

<b>C02END</b>	Pause
Ask If	



### Section 03: Health Care Access

<b>C03INTRO</b>	Pause	
Ask If		

<b>C03Q01</b>	Select	80
Ask If		
Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Indian Health Services?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C03Q02</b>	Select	81
Ask If		
Do you have one person you think of as your personal doctor or health care provider?		
INTERVIEWER NOTE: IF "NO" ASK:		
"Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"		
1	YES, ONLY ONE	
2	MORE THAN ONE	
3	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C03Q03</b>	Select	82
Ask If		
Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C03Q04</b>	Select	83
Ask If		
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.		
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	

<b>C03END</b>	Pause
Ask If	

## Section 04: Hypertension Awareness

<b>C04INTRO</b>	Pause
Ask If	

<b>C04Q01</b>	Select	84
Ask If		
Have you <b>EVER</b> been told by a doctor, nurse, or other health professional that you have high blood pressure?		
READ ONLY IF NECESSARY:		
By "other health professional" we mean a nurse practitioner, a physician's assistant, or some other licensed health professional.		
INTERVIEWER NOTE: 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	C04END
4	TOLD BORDERLINE HIGH OR PRE-HYPERTENSIVE	C04END
7	DON'T KNOW/NOT SURE	C04END
9	REFUSED	C04END

<b>C04Q01V</b>	Select	
Ask If	RESPGEND=1 AND C04Q01=2	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS TOLD BY A DOCTOR DURING PREGNANCY THAT SHE HAD HIGH BLOOD PRESSURE. ARE YOU SURE?		
THE RESPONDENT SELECTED WAS THE		
<b>{SRESP}</b>		
IS THE PREVIOUS ANSWER CORRECT?		
1	YES	
2	NO	C04Q01

<b>C04Q02</b>	Select	85
Ask If	C04Q01=1	
Are you currently taking medicine for your high blood pressure?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C04END</b>	Pause
Ask If	

## Section 05: Cholesterol Awareness

<b>C05INTRO</b>	Pause
Ask If	

<b>C05Q01</b>	Select	86
Ask If		
Blood cholesterol is a fatty substance found in the blood. Have you <b>EVER</b> had your blood cholesterol checked?		
1	YES	
2	NO	C05END
7	DON'T KNOW/NOT SURE	C05END
9	REFUSED	C05END

<b>C05Q02</b>	Select	87
Ask If	C05Q01=1	
About how long has it been since you last had your blood cholesterol checked?		
READ ONLY IF NECESSARY:		
1	Within past year (anytime less than 12 months ago)	
2	Within past 2 years (1 year but less than 2 years ago)	
3	Within past 5 years (2 years but less than 5 years ago)	
4	5 or more years ago	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C05Q03</b>	Select	88
Ask If		
Have you <b>EVER</b> been told by a doctor, nurse or other health professional that your blood cholesterol is high?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C05END</b>	Pause
Ask If	

## Section 06: Chronic Health Conditions

<b>C06INTRO</b>	Pause	
Ask If		

<b>C06Q01</b>	Select	89
Ask If		
Now I would like to ask you some questions about general health conditions.		
Has a doctor, nurse or other health professional <b>EVER</b> told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure."		
(Ever told) you that you had a heart attack also called a myocardial infarction?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C06Q02</b>	Select	90
Ask If		
(Ever told) you had angina or coronary heart disease?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C06Q03</b>	Select	91
Ask If		
(Ever told) you had a stroke?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C06Q04</b>	Select	92
Ask If		
(Ever told) you had asthma?		
1	YES	
2	NO	C06Q06
7	DON'T KNOW/NOT SURE	C06Q06
9	REFUSED	C06Q06

<b>C06Q05</b>	Select	93
Ask If		
	C06Q04=1	
Do you still have asthma?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C06Q06</b>	Select	94
Ask If		
(Ever told) you had skin cancer?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C06Q07</b>	Select	95
Ask If		
(Ever told) you had any other types of cancer?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	



<b>C06Q08</b>	Select	96
Ask If		
(Ever told) you have COPD chronic obstructive pulmonary disease, emphysema, or chronic bronchitis?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C06Q09</b>	Select	97
Ask If		
(Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?		
<b>INTERVIEWER NOTE: ARTHRITIS DIAGNOSES INCLUDE:</b>		
<ul style="list-style-type: none"> <li>- rheumatism, polymyalgia rheumatica</li> <li>- osteoarthritis (not osteoporosis)</li> <li>- tendonitis, bursitis, bunion, tennis elbow</li> <li>- carpal tunnel syndrome, tarsal tunnel syndrome</li> <li>- joint infection, Reiter's syndrome</li> <li>- ankylosing spondylitis; spondylosis</li> <li>- rotator cuff syndrome</li> <li>- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome</li> <li>- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis),</li> <li>- polyarteritis nodosa</li> </ul>		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C06Q10</b>	Select	98
Ask If		
(Ever told) you have a depressive disorder including depression, major depression, dysthymia, or minor depression?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C06Q11</b>	Select	99
Ask If		
(Ever told) you have kidney disease? Do <b>NOT</b> include kidney stones, bladder infection or incontinence.		
INTERVIEWER NOTE: INCONTINENCE IS NOT BEING ABLE TO CONTROL URINE FLOW.		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C06Q12</b>	Select	100
Ask If		
(Ever told) you have vision or eye problems?		
1	YES	
2	NO	
3	RESPONDENT IS BLIND	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C06Q13</b>	Select	101
Ask If		
(Ever told) you have diabetes?		
INTERVIEWER NOTE: IF "YES" AND RESPONDENT IS FEMALE, ASK:		
"Was this only when you were pregnant?"		
IF RESPONDENT SAYS PRE-DIABETES OR BORDERLINE DIABETES, USE RESPONSE CODE 4.		
1	YES	
2	YES, BUT FEMALE TOLD ONLY DURING PREGNANCY	
3	NO	
4	NO, PRE-DIABETES OR BORDERLINE DIABETES	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C06Q13V</b>	Select
Ask If	RESPGEND=1 AND C06Q13=2
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS TOLD BY A DOCTOR DURING PREGNANCY THAT SHE HAD DIABETES. ARE YOU SURE? THE RESPONDENT SELECTED WAS THE	
<b>{SRESP}</b>	
IS THE PREVIOUS ANSWER CORRECT?	
1	YES
2	NO
	C06Q13

<b>C06END</b>	Pause
Ask If	

CATI note: If C06Q13 = 1 (Yes), go to Diabetes Optional Module (if used). If any other response to C06Q13, go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.

## Module 01: Pre-Diabetes

**CATI NOTE: Insert after SECTION C06**

CATI NOTE: Only asked of those not responding "Yes" (code = 1) to Core C06Q13 (Diabetes awareness question).

<b>M01INTRO</b>	Pause
Ask If	C06Q13>1

<b>M01Q01</b>	Select	245
Ask If	C06Q13>1	
Have you had a test for high blood sugar or diabetes within the past three years?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

**CATI NOTE: If Core C06Q13 = 4 (No, pre-diabetes or borderline diabetes); answer M01Q02 = Yes**

<b>M01Q02</b>	Select	246
Ask If	(C06Q13>1 AND C06Q13<4) OR C06Q13>4	
Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?		
IF "YES" AND RESPONDENT IS FEMALE, ASK: "WAS THIS ONLY WHEN YOU WERE PREGNANT?"		
1	Yes	
2	Yes, during pregnancy	
3	No	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M01Q02V</b>	Select
Ask If	RESPGEND=1 AND M01Q02=2
<p>INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS TOLD BY A DOCTOR DURING PREGNANCY THAT SHE HAD PRE-DIABETES OR BORDERLINE DIABETES. ARE YOU SURE?</p> <p>THE RESPONDENT SELECTED WAS THE</p> <p><b>{SRESP}</b></p> <p>IS THE PREVIOUS ANSWER CORRECT?</p>	
1	YES
2	NO
	M01Q02

<b>M01END</b>	Pause
Ask If	

## Module 02: Diabetes

**CATI NOTE: Insert after SECTION C06**

CATI NOTE: Only asked of those responding "Yes" (code = 1) to Core C06Q13 (Diabetes awareness question).

<b>M02INTRO</b>	Pause
Ask If	C06Q13=1

<b>M02Q01</b>	Numeric	247-248
Ask If	C06Q13=1	
How old were you when you were told you have diabetes?		
___ CODE AGE IN YEARS [97= 97 or older]		
98	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
97	MAX	CONTROL

<b>M02Q02</b>	Select	249
Ask If	C06Q13=1	
Are you now taking insulin?		
1	YES	
2	NO	
9	REFUSED	

<b>M02Q03</b>	Numeric	250-252
Ask If	C06Q13=1	
About how often do you check your blood for glucose or sugar? Include times when checked by a family or friend, but do <b>NOT</b> include times when checked by a health professional.		
101-199 = PER DAY                      301-399 = PER MONTH		
201-299 = PER WEEK                    401-499 = PER YEAR		
___ TIMES		
888	NEVER	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
101	MIN	CONTROL
499	MAX	CONTROL

<b>M02Q03V</b>	Select	
Ask If	(M02Q03>105 AND M02Q03<200) OR (M02Q03>235 AND M02Q03<300)	
INTERVIEWER YOU RECORDED THE RESPONDENT CHECKS BLOOD {M02Q03} TIMES PER DAY/WEEK/MONTH/YEAR  IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	M02Q03

<b>M02Q04</b>	Numeric	253-255
Ask If	C06Q13=1	
About how often do you check your feet for any sores or irritations? Include times when checked by a family or friend, but do <b>NOT</b> include times when checked by a health professional.  101-199 = PER DAY                      301-399 = PER MONTH 201-299 = PER WEEK                  401-499 = PER YEAR  _____ TIMES		
555	NO FEET	
888	NEVER	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
101	MIN	CONTROL
499	MAX	CONTROL

<b>M02Q04V</b>	Select	
Ask If	(M02Q04>105 AND M02Q04<200) OR (M02Q04>235 AND M02Q04<300)	
INTERVIEWER YOU RECORDED THE RESPONDENT CHECKS THEIR FEET {M02Q04} TIMES PER DAY/WEEK/MONTH/YEAR  IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	M02Q04

<b>M02Q05</b>	Numeric	256-257
Ask If	C06Q13=1	
About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?		
NUMBER OF TIMES [76= 76 or more]		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

<b>M02Q05V</b>	Select	
Ask If	M02Q05>52 AND M02Q05<77	
INTERVIEWER YOU RECORDED THE RESPONDENT HAS SEEN A HEALTH PROFESSIONAL {M02Q05} TIMES IN THE PAST 12 MONTHS. IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	M02Q05

<b>M02Q06</b>	Numeric	258-259
Ask If	C06Q13=1	
A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?		
NUMBER OF TIMES [76= 76 or more]		
88	NONE	
98	NEVER HEARD OF "A ONE C" TEST	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

<b>M02Q06V</b>	Select	
Ask If	M02Q06>52 AND M02Q06<77	
INTERVIEWER YOU RECORDED THE RESPONDENT HAS BEEN CHECKED FOR "A ONE C" BY A HEALTH PROFESSIONAL {M02Q06} TIMES IN THE PAST 12 MONTHS. IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	M02Q06



CATI NOTE: If M02Q04=555 "No feet", go to M02Q08.

<b>M02Q07</b>	Numeric	260-261
Ask If	C06Q13=1 AND M02Q04<>555	
About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?		
NUMBER OF TIMES [76= 76 or more]		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

<b>M02Q07V</b>	Select	
Ask If	M02Q07>52 AND M02Q07<77	
INTERVIEWER YOU RECORDED THE RESPONDENT HAS HAD THEIR FEET CHECKED BY A HEALTH PROFESSIONAL {M02Q07} TIMES IN THE PAST 12 MONTHS.		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	M02Q07

<b>M02Q08</b>	Select	262
Ask If	C06Q13=1	
When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.		
READ ONLY IF NECESSARY:		
1	Within the past month (anytime less than 1 month ago)	
2	Within the past year (1 month but less than 12 months ago)	
3	Within the past 2 years (1 year but less than 2 years ago)	
4	2 or more years ago	
7	DON'T KNOW/NOT SURE	
8	NEVER	
9	REFUSED	

<b>M02Q09</b>	Select	263
Ask If	C06Q13=1	
Has a doctor ever told you that diabetes has affected you eyes or that you had retinopathy?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M02Q10</b>	Select	264
Ask If	C06Q13 = 1	
Have you ever taken a course or class in how to manage your diabetes yourself?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M02END</b>	Pause	
Ask If		

## Section 07: Tobacco Use

<b>C07INTRO</b>	Pause	
Ask If		

<b>C07Q01</b>	Select	102
Ask If		
Have you smoked at least 100 cigarettes in your entire life?		
INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES		
1	YES	
2	NO	C07Q05
7	DON'T KNOW/NOT SURE	C07Q05
9	REFUSED	C07Q05

<b>C07Q02</b>	Select	103
Ask If	C07Q01=1	
Do you now smoke cigarettes every day, some days, or not at all?		
1	Everyday	
2	Somedays	
3	Not at all	C07Q04
7	DON'T KNOW/NOT SURE	C07Q05
9	REFUSED	C07Q05

<b>C07Q03</b>	Select	104
Ask If	C07Q02=1 OR C07Q02=2	
During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?		
1	YES	
2	NO	C07Q05
7	DON'T KNOW/NOT SURE	C07Q05
9	REFUSED	C07Q05

<b>C07Q04</b>	Select	105-106
Ask If	C07Q02>2 AND C07Q02<10	
How long has it been since you last smoked a cigarette, even one or two puffs?		
01	Within the past month (less than 1 month ago)	
02	Within the past 3 months (1 month but less than 3 months ago)	
03	Within the past 6 months (3 months but less than 6 months ago)	
04	Within the past year (6 months but less than 1 year ago)	
05	Within the past 5 years (1 year but less than 5 years ago)	
06	Within the past 10 years (5 years but less than 10 years ago)	
07	10 years or more	
08	Never smoked regularly	
77	DON'T KNOW/NOT SURE	
99	REFUSED	

<b>C07Q05</b>	Select	107
Ask If		
Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?		
INTERVIEWER NOTE: SNUS (RHYMES WITH 'GOOSE')		
SNUS (SWEDISH FOR SNUFF) IS A MOIST SMOKELESS TOBACCO, USUALLY SOLD IN SMALL POUCHES THAT ARE PLACED UNDER THE LIP AGAINST THE GUM.		
1	Everyday	
2	Somedays	
3	Not at all	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C07END</b>	Pause
Ask If	

## Section 08: Demographics

<b>C08INTRO</b>	Pause
Ask If	

<b>C08Q01</b>	Numeric	108-109
Ask If		
What is your age?		
_____ CODE AGE IN YEARS [99=99 years or older]		
07	DON'T KNOW/NOT SURE	
09	REFUSED	
18	MIN	CONTROL
99	MAX	CONTROL

<b>C08Q01V</b>	Select
Ask If	M02Q01>C08Q01 AND M02Q01<98
INTERVIEWER: THE RESPONDENT INDICATED THEIR AGE TO BE {C08Q01} YEARS OLD! YOU INDICATED EARLIER THEY WERE TOLD THEY HAD DIABETES AT AGE {M02Q01}! PLEASE VERIFY THAT THIS IS THE CORRECT ANSWER AND CHANGE THE AGE OF THE RESPONDENT OR MAKE A NOTE TO CORRECT THE AGE THE RESPONDENT WAS DIAGNOSED AS A DIABETIC.	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION <span style="float: right;">C08Q01</span>

<b>C08Q02</b>	Select	110
Ask If		
Are you Hispanic or Latino?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C08Q03</b>	Multiple Select	111-116
Ask If		
Which one or more of the following would you say is your race?		
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]	OTHER
8	NO ADDITIONAL CHOICES	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C08Q04</b>	Select	117
Ask If		
	C08Q03<7 AND C08Q03.2>0 AND	
	C08Q03.2<>8	
Which one of these groups would you say best represents your race?		
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]	OTHER
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C08Q05</b>	Select	118
Ask If		
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 <b>DOES</b> include activation, for example, for the Persian Gulf War.		
1	Yes	
2	No	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C08Q06</b>	Select	119
Ask If		
Are you...?		
PLEASE READ:		
1	Married	
2	Divorced	
3	Widowed	
4	Separated	
5	Never married Or	
6	A member of an unmarried couple	
9	REFUSED	

<b>C08Q07</b>	Numeric	120-121
Ask If		
How many children less than 18 years of age live in your household?		
NUMBER OF CHILDREN		
88	NONE	
99	REFUSED	
01	MIN	CONTROL
87	MAX	CONTROL

<b>C08Q08</b>	Select	122
Ask If		
What is the highest grade or year of school you completed?		
READ ONLY IF NECESSARY:		
1	Never attended school or only attended kindergarten	
2	Grades 1 through 8 (Elementary)	
3	Grades 9 through 11 (Some high school)	
4	Grade 12 or GED (High school graduate)	
5	College 1 year to 3 years (Some college or technical school)	
6	College 4 years or more (College graduate)	
9	REFUSED	

<b>C08Q09</b>	Select	123
Ask If		
Are you currently...?		
PLEASE READ:		
1	Employed for wages	
2	Self-employed	
3	Out of work for more than 1 year	
4	Out of work for less than 1 year	
5	A Homemaker	
6	A Student	
7	Retired Or	
8	Unable to work	
9	REFUSED	

<b>C08Q10d</b>	Select	
Ask If		
Is your annual household income from all sources: Less than \$25,000?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	C08Q10i
9	REFUSED	C08Q10i



<b>C08Q10c</b>	Select	
Ask If	C08Q10d = 1	
(Is your annual household income from all sources: )		
Less than \$20,000?		
1	YES	
2	NO	C08Q10i
7	DON'T KNOW/NOT SURE	C08Q10i
9	REFUSED	C08Q10i

<b>C08Q10b</b>	Select	
Ask If	C08Q10c = 1	
(Is your annual household income from all sources: )		
Less than \$15,000?		
1	YES	
2	NO	C08Q10i
7	DON'T KNOW/NOT SURE	C08Q10i
9	REFUSED	C08Q10i

<b>C08Q10a</b>	Select	
Ask If	C08Q10b = 1	
(Is your annual household income from all sources: )		
Less than \$10,000?		
1	YES	C08Q10i
2	NO	C08Q10i
7	DON'T KNOW/NOT SURE	C08Q10i
9	REFUSED	C08Q10i

<b>C08Q10e</b>	Select	
Ask If	C08Q10d = 2	
(Is your annual household income from all sources: )		
Less than \$35,000?		
1	YES	C08Q10i
2	NO	
7	DON'T KNOW/NOT SURE	C08Q10i
9	REFUSED	C08Q10i

<b>C08Q10f</b>	Select
Ask If	C08Q10e = 2
(Is your annual household income from all sources: )	
Less than \$50,000?	
1	YES C08Q10i
2	NO
7	DON'T KNOW/NOT SURE C08Q10i
9	REFUSED C08Q10i

<b>C08Q10g</b>	Select
Ask If	C08Q10f = 2
(Is your annual household income from all sources: )	
Less than \$75,000?	
1	YES C08Q10i
2	NO C08Q10i
7	DON'T KNOW/NOT SURE C08Q10i
9	REFUSED C08Q10i

<b>C08Q10i</b>	Select
Ask If	
ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES IS:	
{If C08Q10g = 2, More than \$75,000?}	
{If C08Q10g = 1, \$50,000 to less than \$75,000}	
{If C08Q10f = 1, \$35,000 to less than \$50,000}	
{If C08Q10e = 1, \$25,000 to less than \$35,000}	
{If C08Q10c = 2, \$20,000 to less than \$25,000}	
{If C08Q10b = 2, \$15,000 to less than \$20,000}	
{If C08Q10a = 2, \$10,000 to less than \$15,000}	
{If C08Q10a = 1, Less than \$10,000}	
{Default, REFUSED/DON'T KNOW/NOTSURE}	
IS THIS CORRECT?	
1	YES
2	NO C08Q10d
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C08Q11</b>	Numeric	126-129
Ask If		
About how much do you weigh without shoes?		
NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FRONT (EX. 65 KILOGRAMS IS "965").		
ROUND FRACTIONS UP		
_____	WEIGHT (pounds/kilograms)	
7777	DON'T KNOW/NOT SURE	
9999	REFUSED	

<b>C08Q11V</b>	Select	
Ask If	(C08Q11<9000 AND (C08Q11<80 OR C08Q11>350)) OR (C08Q11>9000 AND (C08Q11<9035 OR C08Q11>9159))	
INTERVIEWER YOU INDICATED THE RESPONDENT WEIGHS {C08Q11} IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C08Q11

<b>C08Q12</b>	Numeric	130-133
Ask If		
About how tall are you without shoes?		
NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FRONT (EX. 165 CENTIMETERS IS "9165").		
ROUND FRACTIONS DOWN		
___/___	Ft/inches/meters/centimeters	
77/77	DON'T KNOW/NOT SURE	
99/99	REFUSED	

<b>C08Q12V</b>	Select	
Ask If	(C08Q12<9000 AND (C08Q12>608 OR C08Q12<407)) OR (C08Q12>9000 AND (C08Q12>9206 OR C08Q12<9139))	
INTERVIEWER YOU INDICATED THE RESPONDENT IS {C08Q12} IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C08Q12

<b>ASKCNTY</b>	Numeric	134-136
Ask If		
What county do you live in?		
ENTER FIRST LETTER OF COUNTY NAME		
—	ANSI COUNTY CODE (FORMERLY FIPS COUNTY CODE)	
888	OTHER	OTHER
777	DON'T KNOW/NOT SURE	
999	REFUSED	
001	MIN	CONTROL
775	MAX	CONTROL

**CATI NOTE: SET MIN AND MAX BASED ON STATE ZIP RANGE**

<b>C08Q14</b>	Numeric	137-141
Ask If		
What is the ZIP Code where you live?		
_____	ZIP Code	
77777	DON'T KNOW/NOT SURE	
99999	REFUSED	

<b>C08Q15</b>	Select	142
Ask If		
Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.		
1	YES	
2	NO	C08Q17
7	DON'T KNOW/NOT SURE	C08Q17
9	REFUSED	C08Q17

<b>C08Q16</b>	Select	143
Ask If	C08Q15=1	
How many of these telephone numbers are residential numbers?		
1	One	
2	Two	
3	Three	
4	Four	
5	Five	
6	Six [6 = 6 or more]	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C08Q17</b>	Select	144
Ask If		
Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.		
1	YES	C08Q19
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C08Q18</b>	Select	145
Ask If	C08Q17>1	
Do you share a cell phone for personal use (at least one-third of the time) with other adults?		
1	YES	C08Q20
2	NO	C08Q21
7	DON'T KNOW/NOT SURE	C08Q21
9	REFUSED	C08Q21

<b>C08Q19</b>	Select	146
Ask If	C08Q17=1	
Do you usually share this cell phone (at least one-third of the time) with any other adults?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C08Q20</b>	Numeric	147-149
Ask If	C08Q17=1 OR C08Q18=1	
Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone?		
Enter Percent (1 to 100)		
888	ZERO	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
001	MIN	CONTROL
100	MAX	CONTROL

<b>C08Q21</b>	Select	150
Ask If		
Do you own or rent your home?		
INTERVIEWER NOTE: "OTHER ARRANGEMENT" MAY INCLUDE GROUP HOME, STAYING WITH FRIENDS OR FAMILY WITHOUT PAYING RENT.		
INTERVIEWER NOTE: HOME IS DEFINED AS THE PLACE WHERE YOU LIVE MOST OF THE TIME/THE MAJORITY OF THE YEAR.		
1	OWN	
2	RENT	
3	OTHER ARRANGEMENT	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C08Q22</b>	Select	151
Ask If		
INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY		
1	MALE	
2	FEMALE	

<b>C08Q22V</b>	Select	
Ask If	RESPGEND<>C08Q22	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS {C08Q22}. ARE YOU SURE?		
THE RESPONDENT SELECTED WAS THE		
<b>{SRESP}</b>		
IS THE PREVIOUS ANSWER CORRECT?		
1	YES	
2	NO	C08Q22

<b>C08Q23</b>	Select	152
Ask If	C08Q01<45 AND C08Q22=2	
To your knowledge, are you now pregnant?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C08END</b>	Pause
Ask If	

## Section 09: Fruits and Vegetables

<b>C09INTRO</b>	Key
Ask If	
<p>These next questions are about the fruits and vegetables <b>YOU</b> ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home.</p> <p>I will be asking how often <b>YOU</b> ate or drank each one: for example, once a day, twice a week, three times a month, and so forth.</p> <p>INTERVIEWER NOTE: IF RESPONDENT RESPONDS LESS THAN ONCE PER MONTH, PUT "0" TIMES PER MONTH. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "WAS THAT PER DAY, WEEK, OR MONTH?"</p>	

<b>C09Q01</b>	Numeric	153-155
Ask If		
<p>During the past month, how many times per day, week, or month did you drink 100% <b>PURE</b> fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice.</p> <p>INTERVIEWER NOTE: DO NOT INCLUDE FRUIT DRINKS WITH ADDED SUGAR OR OTHER ADDED SWEETENERS LIKE KOOL-AID, HI-C, LEMONADE, CRANBERRY COCKTAIL, TAMPICO, SUNNY DELIGHT, SNAPPLE, FRUITOPIA, GATORADE, POWER-ADE, OR YOGURT DRINKS.</p> <p>DO NOT INCLUDE VEGETABLE JUICE SUCH AS TOMATO AND V8 IF RESPONDENT PROVIDES BUT INCLUDE IN "OTHER VEGETABLES" QUESTION.</p> <p>DO INCLUDE 100% PURE JUICES INCLUDING ORANGE, MANGO, PAPAYA, PINEAPPLE, APPLE, GRAPE (WHITE OR RED), OR GRAPEFRUIT. ONLY COUNT CRANBERRY JUICE IF THE R PERCEPTION IS THAT IT IS 100% JUICE WITH NO SUGAR OR ARTIFICIAL SWEETENER ADDED. 100% JUICE BLENDS SUCH AS ORANGE-PINEAPPLE, ORANGE-TANGERINE, CRANBERRY-GRAPE ARE ALSO ACCEPTABLE AS ARE FRUIT-VEGETABLE 100% BLENDS. 100% PURE JUICE FROM CONCENTRATE (I.E., RECONSTITUTED) IS COUNTED.</p> <p>101-199 = PER DAY    201-299 = PER WEEK    300-399= PER MONTH</p>		
TIMES		
555	NEVER	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
001	MIN	CONTROL
399	MAX	CONTROL



<b>C09Q01V</b>	Select	
Ask If	(C09Q01>105 AND C09Q01<200) OR (C09Q01>235 AND C09Q01<300)	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT DRINKS 100% PURE FRUIT JUICES {C09Q01 SHOWTIME}		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C09Q01

<b>C09Q02</b>	Numeric	156-158
Ask If		
During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit.		
READ ONLY IF NECESSARY:		
"Your best guess is fine. Include apples, bananas, applesauce, oranges, grape fruit, fruit salad, watermelon, cantaloupe or musk melon, papaya, lychees, star fruit, pomegranates, mangos, grapes, and berries such as blueberries and strawberries."		
INTERVIEWER NOTE: DO NOT COUNT FRUIT JAM, JELLY, OR FRUIT PRESERVES. DO NOT INCLUDE DRIED FRUIT IN READY-TO-EAT CEREALS.		
DO INCLUDE DRIED RAISINS, CRAN-RAISINS IF RESPONDENT TELLS YOU- BUT DUE TO THEIR SMALL SERVING SIZE THEY ARE NOT INCLUDED IN THE PROMPT. DO INCLUDE CUT UP FRESH, FROZEN, OR CANNED FRUIT ADDED TO YOGURT, CEREAL, JELLO, AND OTHER MEAL ITEMS. INCLUDE CULTURALLY AND GEOGRAPHICALLY APPROPRIATE FRUITS THAT ARE NOT MENTIONED (E.G. GENIP, SOURSOP, SUGAR APPLE, FIGS, TAMARIND, BREAD FRUIT, SEA GRAPES, CARABOLA, LONGANS, LYCHEES, AKEE, RAMBUTAN, ETC.).		
101-199 = PER DAY 201-299 = PER WEEK 300-399= PER MONTH		
_____ TIMES		
555	NEVER	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
001	MIN	CONTROL
399	MAX	CONTROL

<b>C09Q02V</b>	Select
Ask If	(C09Q02>105 AND C09Q02<200) OR (C09Q02>235 AND C09Q02<300)
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS FRUIT {C09Q02 SHOWTIME}	
IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION <span style="float: right;">C09Q02</span>

<b>C09Q03</b>	Numeric	159-161
Ask If	During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, and garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do <b>NOT</b> include long green beans.	
READ ONLY IF NECESSARY:		
"Include round or oval beans or peas such as navy, pinto, split peas, cow peas, hummus, lentils, soy beans and tofu. Do <b>NOT</b> include long green beans such as string beans, broad or winged beans, or pole beans."		
INTERVIEWER NOTE: INCLUDE SOYBEANS ALSO CALLED EDAMAME, TOFU (BEAN CURD MADE FROM SOYBEANS), KIDNEY, PINTO, HUMMUS, LENTILS, BLACK, BLACK-EYED PEAS, COW PEAS, LIMA BEANS AND WHITE BEANS. INCLUDE BEAN BURGERS INCLUDING GARDEN BURGERS AND VEGGIE BURGERS. INCLUDE FALAFEL AND TEMPEH.		
101-199 = PER DAY    201-299 = PER WEEK    300-399= PER MONTH		
_____	TIMES	
555	NEVER	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
001	MIN	CONTROL
399	MAX	CONTROL

<b>C09Q03V</b>	Select
Ask If	(C09Q03>105 AND C09Q03<200) OR (C09Q03>235 AND C09Q03<300)
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS COOKED OR CANNED BEANS {C09Q03 SHOWTIME}	
IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION <span style="float: right;">C09Q03</span>

<b>C09Q04</b>	Numeric	162-164
Ask If		
<p>During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach?</p> <p>INTERVIEWER NOTE: EACH TIME A VEGETABLE IS EATEN IT COUNTS AS ONE TIME.</p> <p>INTERVIEWER NOTE: INCLUDE ALL RAW LEAFY GREEN SALADS INCLUDING SPINACH, MESCLUN, ROMAINE LETTUCE, BOK CHOY, DARK GREEN LEAFY LETTUCE, DANDELIONS, KOMATSUNA, WATERCRESS, AND ARUGULA.</p> <p>DO NOT INCLUDED ICEBERG (HEAD) LETTUCE IF SPECIFICALLY TOLD TYPE OF LETTUCE. INCLUDE ALL COOKED GREENS INCLUDING KALE, COLLARD GREENS, CHOYS, TURNIP GREENS, MUSTARD GREENS.</p> <p>101-199 = PER DAY 201-299 = PER WEEK 300-399= PER MONTH</p>		
	TIMES	
555	NEVER	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
001	MIN	CONTROL
399	MAX	CONTROL

<b>C09Q04V</b>	Select	
Ask If	(C09Q04>105 AND C09Q04<200) OR (C09Q04>235 AND C09Q04<300)	
<p>INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS DARK GREEN VEGETABLES {C09Q04 SHOWTIME}</p> <p>IS THIS CORRECT?</p>		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C09Q04

<b>C09Q05</b>	Numeric	165-167
Ask If		
During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?		
READ ONLY IF NEEDED:		
"Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash."		
FOR INTERVIEWER: INCLUDE ALL FORMS OF CARROTS INCLUDING LONG OR BABY-CUT. INCLUDE CARROT-SLAW (E.G. SHREDDED CARROTS WITH OR WITHOUT OTHER VEGETABLES OR FRUIT). INCLUDE ALL FORMS OF SWEET POTATOES INCLUDING BAKED, MASHED, CASSEROLE, PIE, OR SWEET POTATOES FRIES. INCLUDE ALL HARD-WINTER SQUASH VARIETIES INCLUDING ACORN, AUTUMN CUP, BANANA, BUTTERNUT, BUTTERCUP, DELICATE, HUBBARD, KABOCHA (ALSO KNOWN AS AN EBISU, DELICA, HOKA, HOKKAIDO, OR JAPANESE PUMPKIN; BLUE KURI), AND SPAGHETTI SQUASH. INCLUDE ALL FORMS INCLUDING SOUP. INCLUDE PUMPKIN, INCLUDING PUMPKIN SOUP AND PIE.		
DO NOT INCLUDE PUMPKIN BARS, CAKE, BREAD OR OTHER GRAIN-BASED DESERT-TYPE FOOD CONTAINING PUMPKIN (I.E. SIMILAR TO BANANA BARS, ZUCCHINI BARS WE DO NOT INCLUDE).		
101-199 = PER DAY    201-299 = PER WEEK    300-399= PER MONTH		
_____	TIMES	
555	NEVER	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
001	MIN	CONTROL
399	MAX	CONTROL

<b>C09Q05V</b>	Select	
Ask If	(C09Q05>105 AND C09Q05<200) OR (C09Q05>235 AND C09Q04<300)	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS ORANGE COLORED VEGETABLES {C09Q05 SHOWTIME}		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C09Q05

<b>C09Q06</b>	Numeric	168-170
Ask If		
<p>Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat <b>OTHER</b> vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.</p> <p>READ ONLY IF NEEDED:</p> <p><b>“Do not count vegetables you have already counted and do not include fried potatoes.”</b></p> <p>INTERVIEWER NOTE: INCLUDE CORN, PEAS, TOMATOES, OKRA, BEETS, CAULIFLOWER, BEAN SPROUTS, AVACADO, CUCUMBER, ONIONS, PEPPERS (RED, GREEN, YELLOW, ORANGE); ALL CABBAGE INCLUDING AMERICAN-STYLE COLE-SLAW; MUSHROOMS, SNOW PEAS, SNAP PEAS, BROAD BEANS, STRING, WAX-, OR POLE-BEANS. INCLUDE ANY FORM OF THE VEGETABLE (RAW, COOKED, CANNED, FROZEN).</p> <p>DO NOT INCLUDE PRODUCTS CONSUMED USUALLY AS CONDIMENTS INCLUDING KETCHUP, CATSUP, SALSA, CHUTNEY, RELISH.</p> <p>DO INCLUDE TOMATO JUICE IF RESPONDENT DID NOT COUNT IN FRUIT JUICE. INCLUDE CULTURALLY AND GEOGRAPHICALLY APPROPRIATE VEGETABLES THAT ARE NOT MENTIONED (E.G. DAIKON, JICAMA, ORIENTAL CUCUMBER, ETC.).</p> <p>DO NOT INCLUDE RICE OR OTHER GRAINS.</p> <p>101-199 = PER DAY    201-299 = PER WEEK    300-399= PER MONTH</p> <p>_____ TIMES</p>		
555	NEVER	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
001	MIN	CONTROL
399	MAX	CONTROL

<b>C09Q06V</b>	Select	
Ask If	(C09Q06>105 AND C09Q06<200) OR (C09Q06>235 AND C09Q06<300)	
<p>INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS OTHER VEGETABLES {C09Q06 SHOWTIME}</p> <p>IS THIS CORRECT?</p>		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C09Q06

<b>C09END</b>	Pause
Ask If	

## Section 10: Exercise (Physical Activity)

<b>C10INTRO</b>	Pause
Ask If	

<b>C10Q01</b>	Select	171
Ask If		
<p>The next few questions are about exercise, recreation, or physical activities other than your regular job duties.</p> <p>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?</p> <p>INTERVIEWER NOTE: IF RESPONDENT DOES NOT HAVE A "REGULAR JOB DUTY" OR IS RETIRED, THEY MAY COUNT THE PHYSICAL ACTIVITY OR EXERCISE THEY SPEND MOST OF THE TIME DOING IN A REGULAR MONTH.</p>		
1	YES	
2	NO	C10Q08
7	DON'T KNOW/NOT SURE	C10Q08
9	REFUSED	C10Q08

<b>C10Q02</b>	Numeric	172-173
Ask If	C10Q01=1	
<p>What type of physical activity or exercise did you spend the most time doing during the past month?</p> <p>INTERVIEWER NOTE: IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED IN THE CODING LIST A, CHOOSE THE OPTION LISTED AS "OTHER".</p> <p>INTERVIEWER NOTE: HOUSEWORK MAY BE INCLUDED AS A PHYSICAL ACTIVITY OR EXERCISE SPENT AND CAN BE CODED AS "OTHER".</p> <p>(Specify) [See Coding List A]</p>		
77	DON'T KNOW/NOT SURE	C10Q08
99	REFUSED	C10Q08

<b>Activity List</b>	
Ask If	

01	Active Gaming Devices (Wii Fit, Dance Dance Revolution)	
02	Aerobics video or class	
03	Backpacking	
04	Badminton	
05	Basketball	
06	Bicycling machine exercise	
07	Bicycling	
08	Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)	
09	Bowling	
10	Boxing	
11	Calisthenics	
12	Canoeing/rowing in competition	
13	Carpentry	
14	Dancing-ballet, ballroom, Latin, hip hop, etc	
15	Elliptical/EFX machine exercise	
16	Fishing from river bank or boat	
17	Frisbee	
18	Gardening (spading, weeding, digging, filling)	
19	Golf (with motorized cart)	
20	Golf (without motorized cart)	
21	Handball	
22	Hiking - cross-country	
23	Hockey	
24	Horseback riding	
25	Hunting large game - deer, elk	
26	Hunting small game - quail	
27	Inline Skating	
28	Jogging	
29	Lacrosse	
30	Mountain climbing	
31	Mowing lawn	
32	Paddleball	
33	Painting/papering house	
34	Pilates	
35	Racquetball	
36	Raking lawn	
37	Running	
38	Rock climbing	
39	Rope skipping	
40	Rowing machine exercise	
41	Rugby	
42	Scuba diving	
43	Skateboarding	
44	Skating - ice or roller	
45	Sledding, tobogganing	
46	Snorkeling	



47	Snow blowing	
48	Snow shoveling by hand	
49	Snow skiing	
50	Snowshoeing	
51	Soccer	
52	Softball/Baseball	
53	Squash	
54	Stair climbing/stair master	
55	Stream fishing in waders	
56	Surfing	
57	Swimming	
58	Swimming in laps	
59	Table tennis	
60	Tai Chi	
61	Tennis	
62	Touch football	
63	Volleyball	
64	Walking	
66	Waterskiing	
67	Weight lifting	
68	Wrestling	
69	Yoga	
70	Other	
99	Refused	

<b>C10Q03</b>	Numeric	174-176
Ask If	C10Q02>0 AND C10Q02<77	
How many times per week or per month did you take part in this physical activity or exercise during the past month?		
101-199 = PER WEEK      201-299 = PER MONTH		
TIMES		
777	DON'T KNOW/NOT SURE	
999	REFUSED	

<b>C10Q03V</b>	Select	
Ask If	(C10Q03>107 AND C10Q03<200) OR (C10Q03>231 AND C10Q03<300)	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE ACTIVITY RECORDED IN C10Q03 {C10Q03 SHOWTIME}		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C10Q03

<b>C10Q04</b>	Numeric	177-179
Ask If	C10Q02>0 AND C10Q02<77	
And when you took part in this activity, for how many minutes or hours did you usually keep at it?		
EXAMPLE 1 HOUR 30 MINUTES ENTER AS "130"		
_____ HOURS AND MINUTES		
777	DON'T KNOW/NOT SURE	
999	REFUSED	

<b>C10Q04V</b>	Select	
Ask If	C10Q04>430 AND C10Q04<777	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT KEEPS AT THIS ACTIVITY FOR {C10Q04 HOURMIN}		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C10Q04

<b>C10Q05</b>	Numeric	180-181
Ask If	C10Q02>0 AND C10Q02<77	
What other type of physical activity gave you the next most exercise during the past month?		
INTERVIEWER NOTE: IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED IN THE CODING LIST A, CHOOSE THE OPTION LISTED AS "OTHER".		
INTERVIEWER NOTE: HOUSEWORK MAY BE INCLUDED AS A PHYSICAL ACTIVITY OR EXERCISE SPENT AND CAN BE CODED AS "OTHER".		
_____ (Specify) [See Coding List A]		
88	NO OTHER ACTIVITY	C10Q08
77	DON'T KNOW/NOT SURE	C10Q08
99	REFUSED	C10Q08

<b>C10Q05V</b>	Select
Ask If	C10Q02=C10Q05
<p>INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE SAME ACTIVITY RECORDED IN C10Q02.</p> <p>FIRST ACTIVITY (C10Q02)= {C10Q02}</p> <p>SECOND ACTIVITY (C10Q05)= {C10Q05}</p> <p>IS THIS CORRECT?</p>	
1	NO, CHANGE ACTIVITY IN QUESTION C10Q05 C10Q05
2	NO, CHANGE ACTIVITY IN QUESTION C10Q02 C10Q02
3	YES, CORRECT AS IS, CONTINUE

Activity List		
Ask If		
01	Active Gaming Devices (Wii Fit, Dance Dance Revolution)	
02	Aerobics video or class	
03	Backpacking	
04	Badminton	
05	Basketball	
06	Bicycling machine exercise	
07	Bicycling	
08	Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)	
09	Bowling	
10	Boxing	
11	Calisthenics	
12	Canoeing/rowing in competition	
13	Carpentry	
14	Dancing-ballet, ballroom, Latin, hip hop, etc	
15	Elliptical/EFX machine exercise	
16	Fishing from river bank or boat	
17	Frisbee	
18	Gardening (spading, weeding, digging, filling)	
19	Golf (with motorized cart)	
20	Golf (without motorized cart)	
21	Handball	
22	Hiking - cross-country	
23	Hockey	
24	Horseback riding	
25	Hunting large game - deer, elk	
26	Hunting small game - quail	
27	Inline Skating	
28	Jogging	
29	Lacrosse	
30	Mountain climbing	
31	Mowing lawn	
32	Paddleball	
33	Painting/papering house	
34	Pilates	
35	Racquetball	
36	Raking lawn	
37	Running	
38	Rock climbing	
39	Rope skipping	
40	Rowing machine exercise	
41	Rugby	
42	Scuba diving	

43	Skateboarding	
44	Skating - ice or roller	
45	Sledding, tobogganing	
46	Snorkeling	
47	Snow blowing	
48	Snow shoveling by hand	
49	Snow skiing	
50	Snowshoeing	
51	Soccer	
52	Softball/Baseball	
53	Squash	
54	Stair climbing/stair master	
55	Stream fishing in waders	
56	Surfing	
57	Swimming	
58	Swimming in laps	
59	Table tennis	
60	Tai Chi	
61	Tennis	
62	Touch football	
63	Volleyball	
64	Walking	
66	Waterskiing	
67	Weight lifting	
68	Wrestling	
69	Yoga	
70	Other	
99	Refused	

<b>C10Q06</b>	Numeric	182-184
Ask If	C10Q05>0 AND C10Q05<77	
How many times per week or per month did you take part in this activity during the past month?		
101-199 = PER WEEK      201-299 = PER MONTH		
_____ TIMES		
777	DON'T KNOW/NOT SURE	
999	REFUSED	
101	MIN	CONTROL
299	MAX	CONTROL

<b>C10Q06V</b>	Select	
Ask If	(C10Q06>107 AND C10Q06<200) OR (C10Q06>231 AND C10Q06<300)	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE ACTIVITY RECORDED IN C10Q06 {C10Q06 SHOWTIME}		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C10Q06

<b>C10Q07</b>	Numeric	185-187
Ask If	C10Q02>0 AND C10Q02<77	
And when you took part in this activity, for how many minutes or hours did you usually keep at it?		
EXAMPLE 1 HOUR 30 MINUTES ENTER AS "130"		
_____ HOURS AND MINUTES		
777	DON'T KNOW/NOT SURE	
999	REFUSED	
001	MIN	CONTROL
659	MAX	CONTROL

<b>C10Q07V</b>	Select	
Ask If	C10Q07>430 AND C10Q07<777	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT KEEPS AT THIS ACTIVITY FOR {C10Q07 HOURMIN}		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C10Q07

<b>C10Q08</b>	Numeric	188-190
Ask If		
<p>During the past month, how many times per week or per month did you do physical activities or exercises to <b>STRENGTHEN</b> your muscles? Do <b>NOT</b> count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.</p> <p>101-199 = PER WEEK            201-299 = PER MONTH</p>		
_____ TIMES		
888	NEVER	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
101	MIN	CONTROL
299	MAX	CONTROL

<b>C10Q08V</b>	Select	
Ask If	(C10Q08>107 AND C10Q08<200) OR (C10Q08>231 AND C10Q08<300)	
<p>INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN STRENGTHENING EXERCISES {C10Q08 SHOWTIME}</p> <p>IS THIS CORRECT?</p>		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C10Q08

<b>C10END</b>	Pause	
Ask If		

## Section 11: Disability

<b>C11INTRO</b>	Pause
Ask If	

<b>C11Q01</b>	Select	191
Ask If		
The following questions are about health problems or impairments you may have.		
Are you limited in any way in any activities because of physical, mental, or emotional problems?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C11Q02</b>	Select	192
Ask If		
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?		
INTERVIEWER NOTE: INCLUDE OCCASIONAL USE OR USE IN CERTAIN CIRCUMSTANCES.		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C11END</b>	Pause
Ask If	



## Section 12: Arthritis Burden

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

<b>C12INTRO</b>	Pause
Ask If	C06Q09=1

<b>C12Q01</b>	Select	193
Ask If	C06Q09=1	
Next I will ask you about your arthritis.		
Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint.		
Are you limited in any way in any of your usual activities because of arthritis or joint symptoms?		
INTERVIEWER NOTE: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN SAY:		
"Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C12Q02 SHOULD BE ASKED OF ALL RESPONDENTS REGARDLESS OF EMPLOYMENT

<b>C12Q02</b>	Select	194
Ask If	C06Q09=1	
In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?		
INTERVIEWER NOTE: IF RESPONDENT GIVES AN ANSWER TO EACH ISSUE (WHETHER WORKS, TYPE OF WORK, OR AMOUNT OF WORK), THEN IF ANY ISSUE IS "YES" MARK THE OVERALL RESPONSE AS "YES." IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN THE INTERVIEWER SHOULD SAY:		
"Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C12Q03</b>	Select	195
Ask If	C06Q09=1	
<p>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?</p> <p>IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN THE INTERVIEWER SHOULD SAY:</p> <p>“Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”</p> <p>PLEASE READ:</p>		
1	A lot	
2	A little	
3	Not at all	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C12Q04</b>	Numeric	196-197
Ask If	C06Q09=1	
<p>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. <b>DURING THE PAST 30 DAYS</b>, how bad was your joint pain <b>ON AVERAGE</b>? 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.</p> <p>ENTER NUMBER [00-10]</p>		
88	ZERO	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
10	MAX	CONTROL

<b>C12END</b>	Pause	
Ask If		

## Section 13: Seatbelt Use

<b>C13INTRO</b>	Pause
Ask If	

<b>C13Q01</b>	Select	198
Ask If		
How often do you use seat belts when you drive or ride in a car? Would you say-		
PLEASE READ:		
1	Always	
2	Nearly always	
3	Sometimes	
4	Seldom	
5	Never	
7	DON'T KNOW/NOT SURE	
8	NEVER DRIVE OR RIDE IN A CAR	
9	REFUSED	

<b>C13END</b>	Pause
Ask If	

## Section 14: Immunization

<b>C14INTRO</b>	Pause
Ask If	

<b>C14Q01</b>	Select	199
Ask If		
Now I will ask you questions about seasonal flu vaccine. There are two ways to get the seasonal flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist. During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?		
1	YES	
2	NO	C14Q04
7	DON'T KNOW/NOT SURE	C14Q04
9	REFUSED	C14Q04

<b>C14Q02</b>	Numeric	200-205
Ask If	C14Q01=1	
During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?		
/	Month / Year	
77/7777	DON'T KNOW/NOT SURE	
99/9999	REFUSED	
01/1900	MIN	CONTROL
99/2011	MAX	CONTROL

<b>C14Q03</b>	Select	206-207
Ask If		
At what kind of place did you get your last flu shot/vaccine?		
01	A doctor's office or health maintenance organization (HMO)	
02	A health department	
03	Another type of clinic or health center (Example: a community health center)	
04	A senior, recreation, or community center	
05	A store (Examples: supermarket, drug store)	
06	A hospital (Example: inpatient)	
07	An emergency room	
08	Workplace	
09	Some other kind of place	
10	RECEIVED VACCINATION IN CANADA/MEXICO (VOLUNTEERED - DO NOT READ)	
11	At school	
77	DON'T KNOW/NOT SURE (PROBE: "HOW WOULD YOU DESCRIBE THE PLACE WHERE YOU WENT TO GET YOUR MOST RECENT FLU VACCINE?")	
99	REFUSED	

<b>C14Q04</b>	Select	208
Ask If		
A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C14END</b>	Pause
Ask If	

## Section 15: Alcohol Consumption

<b>C15INTRO</b>	Pause
Ask If	

<b>C15Q01</b>	Numeric	209-211
Ask If		
During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?		
101-107 = DAYS PER WEEK      201-230 = DAYS PER MONTH		
___	DAYS	
888	NO DRINKS IN THE PAST 30 DAYS	C15END
777	DON'T KNOW/NOT SURE	C15END
999	REFUSED	C15END
101	MIN	CONTROL
230	MAX	CONTROL

<b>C15Q02</b>	Numeric	212-213
Ask If	C15Q01<777	
One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?		
NOTE: A 40 OUNCE BEER WOULD COUNT AS 3 DRINKS, OR A COCKTAIL DRINK WITH 2 SHOTS WOULD COUNT AS 2 DRINKS.		
___	NUMBER OF DRINKS	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

<b>C15Q02V</b>	Select
Ask If	C15Q02>15 AND C15Q02<77
INTERVIEWER YOU INDICATED {C15Q02} DRINKS PER DAY IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION      C15Q02

<b>C15Q03</b>	Numeric	214-215
Ask If	C15Q01<777	
Considering all types of alcoholic beverages, how many times during the past 30 days did you have <b>{IF C08Q22=1, 5, 4}</b> or more drinks on an occasion?		
NUMBER OF TIMES		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

<b>C15Q03V</b>	Select	
Ask If	C15Q03>15 AND C15Q03<77	
INTERVIEWER YOU INDICATED {C15Q03} OCCASIONS WHEN THE RESPONDENT HAD 4/5 OR MORE DRINKS.		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C15Q03

<b>C15Q04</b>	Numeric	216-217
Ask If	C15Q01<777	
During the past 30 days, what is the largest number of drinks you had on any occasion?		
Number of drinks		
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

<b>C15Q04V</b>	Select
Ask If	C15Q04<77 AND ((C08Q22=1 AND C15Q04>=5 AND (C15Q03=88 OR C15Q03<5)) OR (C08Q22=2 AND C15Q04>=4 AND (C15Q03=88 OR C15Q303<4)))
INTERVIEWER YOU INDICATED {C15Q04} DRINKS IS THE LARGEST NUMBER OF DRINKS THE RESPONDENT HAD ON ANY OCCASION BUT THE NUMBER OF TIMES THE RESPONDENT HAD {IF C08Q22=1, 5, 4} IS {C15Q03}.	
IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION <span style="float: right;">C15Q04</span>

<b>C15END</b>	Pause
Ask If	



## Section 16: HIV/AIDS

<b>C16INTRO</b>	Pause
Ask If	

<b>C16Q01</b>	Select	218
Ask If		
<p>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.</p> <p>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.</p>		
1	YES	
2	NO	C16Q03
7	DON'T KNOW/NOT SURE	C16Q03
9	REFUSED	C16Q03

<b>C16Q02</b>	Numeric	219-224
Ask If	C16Q01=1	
<p>Not including blood donations, in what month and year was your last HIV test?</p> <p>NOTE: IF RESPONSE IS BEFORE JANUARY 1985, CODE "DON'T KNOW."</p> <p>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.</p>		
/	CODE MONTH AND YEAR	
777777	DON'T KNOW/NOT SURE	
999999	REFUSED	

<b>C16Q03</b>	Select	225
Ask If		
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?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C16END</b>	Pause
Ask If	

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

<b>TRANS</b>	Key
Ask If	
Next, I have just a few questions about some other health topics.	

## Module 05: Preconception Health/Family Planning

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

<b>M05INTRO</b>	Pause
Ask If	C08Q22=2 AND C08Q01<45

<b>M05Q01</b>	Select	281
Ask If	C08Q22=2 AND C08Q01<45	
The next question is about discussions that occurred as part of a routine health care visit. <b>DO NOT</b> include visits while pregnant, also called prenatal care visits.		
Has a doctor, nurse, or other health care worker ever talked with you about ways to prepare for a healthy pregnancy and baby?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M05Q02</b>	Select	282
Ask If	C08Q22=2 AND C08Q01<45	
The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.		
Have you ever been pregnant?		
<b>NOTE: IF RESPONDENT IS CURRENTLY PREGNANT, CODE YES.</b>		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M05Q03</b>	Select	283
Ask If	C08Q22=2 AND C08Q01<45	
Did you or your husband/partner do anything the <b>LAST TIME YOU HAD SEX</b> to keep you from getting pregnant?		
1	YES	
2	NO	M05Q05
3	NO PARTNER/NOT SEXUALLY ACTIVE	M05Q06
4	SAME SEX PARTNER	M05Q06
7	DON'T KNOW/NOT SURE	M05Q06
9	REFUSED	M05Q06

M05Q04	Select	284-285
Ask If	M05Q03 = 1	
What did you or your husband/partner do the <b>LAST TIME YOU HAD SEX</b> to keep you from getting pregnant?		
INTERVIEWER NOTE: IF RESPONDENT REPORTS USING <b>MORE THAN ONE</b> METHOD, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST.		
INTERVIEWER NOTE: IF RESPONDENT REPORTS USING "CONDOMS," PROBE TO DETERMINE IF "FEMALE CONDOMS" OR "MALE CONDOMS."		
INTERVIEWER NOTE: IF RESPONDENT REPORTS USING AN "IUD" PROBE TO DETERMINE IF "LEVONORGESTREL IUD" OR "COPPER-BEARING IUD."		
INTERVIEWER NOTE: IF RESPONDENT REPORTS "OTHER METHOD," ASK RESPONDENT TO "PLEASE SPECIFY" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.		
READ ONLY IF NECESSARY:		
01	Female sterilization (ex. Tubal ligation, Essure, Adiana)	M05Q07
02	Male sterilization (vasectomy)	M05Q07
03	Contraceptive implant(ex. Implanon)	M05Q06
04	Levonorgestrel(LNG) or hormonal IUD(ex. Mirena)	M05Q06
05	Copper-bearing IUD (ex. ParaGard)	M05Q06
06	IUD, type unknown	M05Q06
07	Shots (ex. Depo-Provera)	M05Q06
08	Birth control pills, any kind	M05Q06
09	Contraceptive patch (ex. Ortho Evra)	M05Q06
10	Contraceptive ring (ex. NuvaRing)	M05Q06
11	Male condoms	M05Q06
12	Diaphragm, cervical cap, sponge	M05Q06
13	Female condoms	M05Q06
14	Not having sex at certain times (rhythm or natural family planning)	M05Q06
15	Withdrawal (or pulling out)	M05Q06
16	Foam, jelly, film, or cream	M05Q06
17	Emergency contraception (morning after pill)	M05Q06
18	Other method	M05Q06
77	DON'T KNOW/NOT SURE	M05Q06
99	REFUSED	M05Q06

<b>M05Q05</b>	Select	286-287
Ask If	M05Q03=2	
<p>Some reasons for not doing anything to keep from getting pregnant the <b>LAST TIME YOU HAD SEX</b> might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.</p> <p>What was your main reason for not doing anything the <b>LAST TIME YOU HAD SEX</b> to keep you from getting pregnant?</p> <p>INTERVIEWER NOTE: IF RESPONDENT REPORTS "OTHER REASON," ASK RESPONDENT TO "PLEASE SPECIFY" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.</p> <p>READ ONLY IF NECESSARY:</p>		
01	You didn't think you were going to have sex/no regular partner	
02	You just didn't think about it/don't care if you get pregnant	
03	You want a pregnancy	
04	You or your partner don't want to use birth control	
05	You or your partner don't like birth control/side effects	
06	You couldn't pay for birth control	
07	You had a problem getting birth control when you needed it	
08	Religious reasons	
09	Lapse in use of a method	
10	Don't think you or your partner can get pregnant (infertile or too old)	
11	You had tubes tied (sterilization)	M05Q07
12	You had a hysterectomy	M05Q07
13	Your partner had a vasectomy (sterilization)	M05Q07
14	You are currently breast-feeding	
15	You just had a baby/postpartum	
16	You are pregnant now	M05Q07
17	Same sex partner	
18	Other reason	
77	DON'T KNOW/NOT SURE	
99	REFUSED	

<b>M05Q06</b>	Select	288
Ask If	M05Q03>2 OR M05Q04>2 OR (M05Q05>0 AND M05Q05<11) OR (M05Q05>13 AND M05Q05<16) OR M05Q05>16	
How do you feel about having a child now or sometime in the future? Would you say:		
PLEASE READ:		
1 You don't want to have one.		
2 You do want to have one, less than 12 months from now		
3 You do want to have one, between 12 months to less than 2 years from now		
4 You do want to have one, between 2 years to less than 5 years from now		
5 You do want to have one, 5 or more years from now		
7 DON'T KNOW/NOT SURE		
9 REFUSED		

<b>M05Q07</b>	Select	289
Ask If	C08Q22=2 AND C08Q01<45	
How many times a week do you currently take a multivitamin, a prenatal vitamin, or a folic acid vitamin?		
1 0 times a week		
2 1 to 3 times a week		
3 4 to 6 times a week		
4 Every day of the week		
7 DON'T KNOW/NOT SURE		
9 REFUSED		

<b>M05END</b>	Pause
Ask If	



## Module 09: Cardiovascular Health

<b>M09INTRO</b>	Pause
Ask If	

<b>M09Q01</b>	Select	312
Ask If	C06Q01=1	
I would like to ask you a few more questions about your cardiovascular or heart health.		
Following your heart attack, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M09Q02</b>	Select	313
Ask If	C06Q03=1	
Following your stroke, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M09Q03</b>	Select	314
Ask If		
Do you take aspirin daily or every other day?		
1	YES	M09END
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M09Q04</b>	Select	315
Ask If		
Do you have a health problem or condition that makes taking aspirin unsafe for you?		
IF "YES", ASK "is this a stomach condition?"		
CODE UPSETS STOMACH AS STOMACH PROBLEMS.		
1 YES, NOT STOMACH RELATED		
2 YES, STOMACH PROBLEMS		
3 NO		
7 DON'T KNOW/NOT SURE		
9 REFUSED		

<b>M09END</b>	Pause
Ask If	

## Module 10: Actions to Control High Blood Pressure

CATI note: If Core Q4.1= 1(Yes); continue. Otherwise, go to next module.

<b>M10INTRO</b>	Pause
Ask If	C04Q01=1

<b>M10Q01</b>	Select	316
Ask If	C04Q01=1	
Earlier you stated that you had been diagnosed with high blood pressure.		
Are you now doing any of the following to help lower or control your high blood pressure?		
(Are you) changing your eating habits (to help lower or control your high blood pressure)?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M10Q02</b>	Select	317
Ask If	C04Q01=1	
(Are you) cutting down on salt (to help lower or control your high blood pressure)?		
1	YES	
2	NO	
3	DO NOT USE SALT	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M10Q03</b>	Select	318
Ask If	C04Q01=1	
(Are you) reducing alcohol use (to help lower or control your high blood pressure)?		
1	YES	
2	NO	
3	DO NOT DRINK	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M10Q04</b>	Select	319
Ask If	C04Q01=1	
(Are you) exercising (to help lower or control your high blood pressure)?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M10Q05</b>	Select	320
Ask If	C04Q01=1	
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?		
(Ever advised you to) changing your eating habits (to help lower or control your high blood pressure)?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M10Q06</b>	Select	321
Ask If	C04Q01=1	
(Ever advised you to) cut down on salt (to help lower or control your high blood pressure)?		
1	YES	
2	NO	
3	DO NOT USE SALT	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M10Q07</b>	Select	322
Ask If	C04Q01=1	
(Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)?		
1	YES	
2	NO	
3	DO NOT DRINK	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M10Q08</b>	Select	323
Ask If	C04Q01=1	
(Ever advised you to) exercise (to help lower or control your high blood pressure)?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M10Q09</b>	Select	324
Ask If	C04Q01=1	
(Ever advised you to) take medication (to help lower or control your high blood pressure)?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M10Q10</b>	Select	325
Ask If	C04Q01=1	
Were you told on <b>TWO OR MORE DIFFERENT VISITS</b> by a doctor or other health professional that you had high blood pressure?		
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	

<b>M10Q10V</b>	Select
Ask If	C08Q22=1 AND M10Q10=2
<p>INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS TOLD BY A DOCTOR DURING PREGNANCY THAT SHE HAD HIGH BLOOD PRESSURE. ARE YOU SURE?</p> <p>THE RESPONDENT SELECTED WAS THE</p> <p><b>{SRESP}</b></p> <p>IS THE PREVIOUS ANSWER CORRECT?</p>	
1	YES
2	NO
	M10Q10

<b>M10END</b>	Pause
Ask If	

## Module 16: Secondhand Smoke

<b>M16INTRO</b>	Pause
Ask If	

<b>M16Q01</b>	Numeric	367-368
Ask If	C08Q09=1 OR C08Q09=2	
<p>The next questions are about exposure to secondhand smoke.</p> <p>Now I'm going to ask you about smoke you might have breathed at work because someone else was smoking <b>INDOORS</b>. During the past 7 days, that is, since last <b>{TODAY'S DAY OF THE WEEK}</b>, on how many days did you breathe the smoke at your workplace from <b>SOMEONE OTHER THAN YOU</b> who was smoking tobacco?</p>		
Number of days [01-07]		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
07	MAX	CONTROL

<b>M16Q02</b>	Numeric	369-370
Ask If		
<p>Not counting decks, porches, or garages, during the past 7 days, that is, since last <b>{TODAY'S DAY OF WEEK}</b>, on how many days did <b>SOMEONE OTHER THAN YOU</b> smoke tobacco inside your home while you were at home?</p>		
Number of days [01-07]		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
07	MAX	CONTROL

<b>M16Q03</b>	Numeric	371-372
Ask If		
During the past 7 days, that is, since last <b>{TODAY'S DAY OF WEEK}</b> , on how many days did you ride in a vehicle where <b>SOMEONE OTHER THAN YOU</b> was smoking tobacco?		
____ Number of days [01-07]		
88 NONE		
77 DON'T KNOW/NOT SURE		
99 REFUSED		
01	MIN	CONTROL
07	MAX	CONTROL

<b>M16Q04</b>	Numeric	373-374
Ask If		
The next question asks about tobacco use in indoor public places. Examples of indoor public places are the indoor areas of stores, restaurants, bars, casinos, clubs, and sports arenas. <b>{If C08Q09 = 1 OR C08Q09 = 2, Not counting times while you were at work}</b>		
During the past 7 days, that is, since last <b>{TODAY'S DAY OF WEEK}</b> , on how many days did you breathe the smoke from <b>SOMEONE ELSE</b> who was smoking in an indoor public place?		
____ Number of days [01-07]		
88 NONE		
77 DON'T KNOW/NOT SURE		
99 REFUSED		
01	MIN	CONTROL
07	MAX	CONTROL



**CATI NOTE: RESPONSE CATEGORIES 1-3 SHOULD RANDOMLY REVERSE**

<b>M16Q05</b>	Random Select	375
Ask If		
Not counting decks, porches, or garages, inside your home, is smoking...		
INTERVIEWER NOTE: THE ORDER OF THE RESPONSE CATEGORIES FOR THIS QUESTION IS BEING RANDOMLY REVERSED.		
PLEASE READ:		
1 Always allowed		
2 Allowed only at some times or in some places		
3 Never allowed		
6 FAMILY DOES NOT HAVE A SMOKING POLICY		
7 DON'T KNOW/NOT SURE		
9 REFUSED		

**CATI NOTE: RESPONSE CATEGORIES 1-3 SHOULD RANDOMLY REVERSE**

<b>M16Q06</b>	Random Select	376
Ask If		
Not counting motorcycles, in the vehicles that you or family members who live with you own or lease, is smoking...		
INTERVIEWER NOTE: THE ORDER OF THE RESPONSE CATEGORIES FOR THIS QUESTION IS BEING RANDOMLY REVERSED.		
PLEASE READ:		
1 Always allowed in all vehicles		
2 Sometimes allowed in at least one vehicle		
3 Never allowed in any vehicle		
6 FAMILY DOES NOT HAVE A VEHICLE SMOKING POLICY		
8 RESPONDENT'S FAMILY DOES NOT OWN OR LEASE A VEHICLE		
7 DON'T KNOW/NOT SURE		
9 REFUSED		

**CATI NOTE: RESPONSE CATEGORIES 1-3 SHOULD RANDOMLY REVERSE**

<b>M16Q07</b>	Random Select	377
Ask If		
At workplaces, do you think smoking indoors should be...		
INTERVIEWER NOTE: THE ORDER OF THE RESPONSE CATEGORIES FOR THIS QUESTION IS BEING RANDOMLY REVERSED.		
PLEASE READ:		
1 Always allowed		
2 Allowed only at some times or in some places		
3 Never allowed		
7 DON'T KNOW/NOT SURE		
9 REFUSED		

<b>M16END</b>	Pause	
Ask If		

## Module 32: Random Child Selection

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

<b>M32INTRO</b>	Key
Ask If	C08Q07<88
<p>{If C08Q07=1, 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.”</p> <p>{If C08Q07&gt;1, Previously, you indicated there were {C08Q07} children age 17 or younger in your household. Think about those {C08Q07} 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.</p> <p>I have some additional questions about one specific child. The child I will be referring to is {SHOWKID} in your household. All following questions about children will be about {SHOWKID}</p>	

<b>M32Q01</b>	Numeric	488-493
Ask If		
What is the birth month and year of {SHOWKID}?		
/	Code month and year	
77/7777	DON'T KNOW/NOT SURE	
99/9999	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).

<b>M32Q02</b>	Select	494
Ask If		
Is the child a boy or a girl?		
1	Boy	
2	Girl	
9	REFUSED	

<b>M32Q03</b>	Select	495
Ask If		
Is the child Hispanic or Latino?		
1	Yes	
2	No	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M32Q04</b>	Multiple Select	496-501
Ask If		
Which one or more of the following would you say is the race of the child?		
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]	Other
8	No additional choices	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

CATI note: If more than one response to M32Q05, continue.  
 Otherwise, go to Q6.

<b>M32Q05</b>	Select	502
Ask If	M32Q04<7 AND C32Q04.2>0 AND M32Q04.2<>8	0
Which one of these groups would you say best represents the child's race?		
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]	Other
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M32Q06</b>	Select	503
Ask If		
How are you related to the child?		
PLEASE READ:		
1	Parent (include biologic, step, or adoptive parent)	
2	Grandparent	
3	Foster parent or guardian	
4	Sibling (include biologic, step, and adoptive sibling)	
5	Other relative	
6	Not related in any way	Other
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M32END</b>	Pause	
Ask If		

### Module 33: Childhood Asthma Prevalence

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

<b>M33INTRO</b>	Pause
Ask If	

<b>M33Q01</b>	Select	504
Ask If	C08Q07>0 AND C08Q07<88	
Now, I would like to ask you about <b>{SHOWKID}</b> .		
Has a doctor, nurse or other health professional <b>EVER</b> said that the child has asthma?		
1	YES	
2	NO	M33END
7	DON'T KNOW/NOT SURE	M33END
9	REFUSED	M33END

<b>M33Q02</b>	Select	505
Ask If	M33Q01=1	
Does the child still have asthma?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M33END</b>	Pause
Ask If	

## State Added 01: Prostate Screening

<b>IN01INTRO</b>	Pause
Ask If	C08Q01 => 35 AND C08Q22 = 1

<b>IN01Q01</b>	Select	
Ask If		
Have you ever had an individual discussion with your doctor or other health care provider, in their office, about the risks and benefits of prostate cancer screening?		
1	Yes	
2	No	IN01Q03
7	DON'T KNOW/NOT SURE	IN01Q03
9	REFUSED	IN01Q03

<b>IN01Q02</b>	Select
Ask If	IN01Q01 = 1
How long ago was this discussion?	
1	Within the past 12 months
2	More than 12 months ago
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>IN01Q03</b>	Select	
Ask If		
Have you ever attended a program or received information that told you the risks and benefits of prostate cancer screening that was not an individual discussion with your doctor or health care provider in their office?		
1	Yes	
2	No	IN01END
7	DON'T KNOW/NOT SURE	IN01END
9	REFUSED	IN01END

<b>IN01Q04</b>	Select
Ask If	IN01Q03 = 1
How long ago did you attend a program or receive information about prostate cancer screening?	

1	Within the past 12 months
2	More than 12 months ago
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>IN01END</b>	Pause
Ask If	



## State Added 02: Excess Sun Exposure

<b>IN02INTRO</b>	Pause
Ask If	

<b>IN02Q01</b>	Select
Ask If	
<p>The next questions pertain to your level of sun protection against ultraviolet radiation from the sun. When you are outdoors in the sun, how often do you use sunscreen? Would you say:</p> <p>PLEASE READ:</p>	
1	Always
2	Nearly Always
3	Sometimes
4	Seldom or
5	Never
7	DON'T KNOW/NOT SURE
9	REFUSED
	IN02Q03

<b>IN02Q02</b>	Select
Ask If	IN02Q01 > 0 AND IN02Q01 <> 5
<p>What is the Sun Protection Factor (or SPF) of the sunscreen you use most often? Would you say:</p> <p>PLEASE READ:</p>	
1	70
2	50
3	30
4	15 or
5	Less than 15
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>IN02Q03</b>	Select
Ask If	
When you are outdoors in the sun, how often do you seek shade? Would you say:	
PLEASE READ:	
1	Always
2	Nearly Always
3	Sometimes
4	Seldom or
5	Never
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>IN02Q04</b>	Select
Ask If	
When you are outdoors in the sun for more than an hour, how often do you wear a wide-brimmed hat or any other hat that shades your face, ears, and neck from the sun? Would you say:	
PLEASE READ:	
1	Always
2	Nearly Always
3	Sometimes
4	Seldom or
5	Never
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>IN02Q05</b>	Select
Ask If	
When you are outdoors in the sun, how often do you wear long-sleeved shirts? Would you say:	
PLEASE READ:	
1	Always
2	Nearly Always
3	Sometimes
4	Seldom or
5	Never
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>IN02Q06</b>		Select		
Ask If				
Suppose that after several months of not being out in the sun, you then went out in the sun without a hat, sunscreen, or protective clothing. Would your skin:				
PLEASE READ:				
1 Sunburn				
2 Darken without sunburn or				
3	Not have anything happen			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

<b>IN02Q07</b>		Select		
Ask If		IN02Q06 = 1		
Based on your skin type, if you spent considerable time exposing your skin to ultraviolet rays, would you:				
PLEASE READ:				
1 Burn severely with blisters				
2 Burn severely with peeling for a few days or				
3	Burn mildly without peeling			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

<b>IN02Q08</b>		Select		
Ask If				
Have you used an indoor tanning bed during the past 30 days?				
1 Yes				
2 No				
7 DON'T KNOW/NOT SURE				
9 REFUSED				

<b>IN02Q09</b>		Numeric		
Ask If				
In the last 12 months, how many days would you estimate that you visited a tanning facility?				
Number of days				
_____				
88	NONE			
77	DON'T KNOW/NOT SURE			
99	REFUSED			

<b>IN02Q10</b>		Select		
Ask If				
Has a doctor, nurse, or other health professional ever advised you to take preventive measures to protect your skin against skin cancer?				
INTERVIEWER NOTE: PROTECTIVE MEASURES INCLUDE USING SUNSCREEN, PROTECTIVE CLOTHING, WEARING SUNGLASSES, AND AVOIDING EXPOSURE TO SUNLAMPS OR TANNING BEDS				
Would you say:				
PLEASE READ:				
1 Yes, within past year				
2 Yes, within past two years				
3	Yes, within past three years			
4	Yes, within past five years			
5	Yes, five or more years ago			
6	No			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

<b>IN02END</b>		Pause		
Ask If				

### State Added 03: Healthy Lifestyle Choices

<b>IN03INTRO</b>	Pause
Ask If	

<b>IN03Q01</b>	Select
Ask If	
<p>How many times per day do you drink sugar-sweetened beverages? These include regular soda, sweet tea, energy drinks, specialty coffee drinks, sports drinks and fruit drinks containing less than 50 percent juice (such as Hawaiian punch). <b>DIET</b> beverages are <b>NOT</b> included.</p> <p>INTERVIEWER NOTE: PLAIN WHITE MILK IS NOT A SUGAR-SWEETENED BEVERAGE. FLAVORED MILK IS A SUGAR-SWEETENED BEVERAGE.</p>	
1	1 time per day or less
2	2 times per day
3	3 times per day
4	4 times per day
5	5 or more times per day
8	None
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>IN03Q02</b>	Select
Ask If	
<p>Do you read calorie information for foods and drinks when it is available at fast food and chain restaurants?</p> <p>PLEASE READ:</p>	
1	Yes
2	No
3	Never noticed or never looked for calorie information
4	Usually cannot find
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>IN03Q03</b>		Select		
Ask If		IN03Q02 = 1 OR IN03Q02 > 3		
How often does this calorie information help you decide what to order? Would you say:				
PLEASE READ:				
1 Always				
2 Most of the time				
3	About half the time			
4	Sometimes			
5	Never			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

<b>IN03Q04</b>		Select		
Ask If				
In your home neighborhood, do you have access to any sidewalks, shoulders of the road, trails or parks where you can safely walk, run or bike?				
1 Yes				
2 No				
				IN03Q06
7	DON'T KNOW/NOT SURE			
9	REFUSED			

<b>IN03Q05</b>		Select		
Ask If		IN03Q04 = 1 OR IN03Q04 > 2		
How pleasant are the sidewalks, shoulders of the road, trails, or parks in your home neighborhood? For example, are there trees, proper lighting, and is it clean? Would you say:				
PLEASE READ:				
1 Very pleasant				
2 Somewhat pleasant				
3	Somewhat unpleasant			
4	Very unpleasant			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

IN03Q06		Numeric		
Ask If				
During the past 30 days, for about how many days did you walk in your neighborhood for leisure or as a way to get to your destination?				
Number of days				
88	None			
77	DON'T KNOW/NOT SURE			
99	REFUSED			
01	MIN		CONTROL	
30	MAX		CONTROL	

IN03Q07		Select		
Ask If (INQ03Q06 > 0 AND IN03Q06 < 6) OR IN03Q06 => 77				
What is the number one reason that you did not walk more frequently in your neighborhood?				
01	Weather			
02	Lack of time			
03	Nowhere to go			
04	No sidewalks			
05	Too much traffic			
06	Medical conditions			
07	Lack of energy/motivation			
08	Exercise elsewhere			
09	Safety (crime)			
10	Other			
77	DON'T KNOW/NOT SURE			
99	REFUSED			

IN03Q08		Select		
Ask If				
Do you have access to <b>PUBLIC</b> exercise facilities such as walking or running tracks, basketball or tennis courts, swimming pools, sports fields, etc., in your neighborhood?				
INTERVIEWER NOTE: IF NECESSARY, PLEASE SAY:				
"Public exercise facilities are facilities that are generally free, low cost, or affordable, such as a Parks and Rec facility, the YMCA, or a community center."				

1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>IN03Q09</b>	Select
Ask If	
In the past 30 days, have you been to a park, playground, or public open space?	
INTERVIEWER NOTE: AN OPEN SPACE REFERS TO A RECREATIONAL LAKE, RIVER, OR BEACH; SPORTS FIELD, HIKING TRAIL OR OTHER RECREATIONAL AREA INCLUDING PUBLIC PLACES FOR HIKING, BIKING, GOLF, BASKETBALL, BASEBALL, TENNIS, SOCCER, FOOTBALL, SKATEBOARDING, ETC.	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>IN03Q10</b>	Select			
Ask If				
To what degree would you agree with the statement, "It is easy to purchase healthy foods in my neighborhood such as whole grain foods, low fat options, and fruits and vegetables." Would you :				
1	Strongly agree			
2	Agree			
3	Neither agree nor disagree (neutral)			
4	Disagree			
5	Strongly disagree			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

<b>IN03END</b>	Pause
Ask If	



## State Added 04: Sodium Intake

<b>IN04INTRO</b>	Pause
Ask If	

<b>IN04Q01</b>	Numeric			
Ask If				
<p>Now I would like to ask you some questions about sodium intake. Most sodium is consumed in the form of salt. In the past seven days, how many times did you eat fast food? Include fast food meals eaten at school or home or at fast food restaurants - carryout or drive thru.</p> <p>INTERVIEWER NOTE: A FAST FOOD RESTAURANT IS DEFINED AS A RESTAURANT WHERE YOU PAY FOR YOUR FOOD AT A COUNTER OR DRIVE THRU BEFORE YOU EAT IT. IF NEEDED, PLEASE SAY "SUCH AS FOOD YOU GET AT A MCDONALD'S, KFC, PANDA EXPRESS, TACO BELL, CHIPOTLE."</p>				
Number of times				
88	NONE			
77	DON'T KNOW/NOT SURE			
99	REFUSED			

<b>IN04Q02</b>	Numeric			
Ask If				
<p>How often do you use canned or packaged soups?</p> <p>101-199 TIMES PER DAY</p> <p>201-299 TIMES PER WEEK</p> <p>301-399 TIMES PER MONTH</p> <p>401-499 TIMES PER YEAR</p>				
Number of times				
555	Never			
777	DON'T KNOW/NOT SURE			
999	REFUSED			

<b>IN04Q03</b>	Numeric
Ask If	
How often do you eat frozen meals or entrees?	
101-199 TIMES PER DAY	
201-299 TIMES PER WEEK	
301-399 TIMES PER MONTH	
401-499 TIMES PER YEAR	
_____ Number of times	
555 Never	
777 DON'T KNOW/NOT SURE	
999 REFUSED	

<b>IN04Q04</b>	Numeric
Ask If	
How often do you add salt to your food?	
101-199 TIMES PER DAY	
201-299 TIMES PER WEEK	
301-399 TIMES PER MONTH	
401-499 TIMES PER YEAR	
_____ Number of times	
555 Never	
777 DON'T KNOW/NOT SURE	
999 REFUSED	

<b>IN04Q05</b>	Numeric
Ask If	
How often did you eat out at a restaurant?	
101-199 TIMES PER DAY	
201-299 TIMES PER WEEK	
301-399 TIMES PER MONTH	
401-499 TIMES PER YEAR	
_____ Number of times	
555 Never	
777 DON'T KNOW/NOT SURE	
999 REFUSED	

<b>IN04Q06</b>	Select
Ask If	
Do you read food labels for sodium content?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>IN04Q07</b>	Select	
Ask If		
Do you buy food low in sodium content to cut salt intake?		
1	Yes	
2	No	IN04Q09
7	DON'T KNOW/NOT SURE	IN04Q09
9	REFUSED	IN04Q09

<b>IN04Q08</b>	Numeric
Ask If	IN04Q07 = 1
How often do you buy foods low in sodium?	
101-199 TIMES PER DAY	
201-299 TIMES PER WEEK	
301-399 TIMES PER MONTH	
401-499 TIMES PER YEAR	
_____ Number of times	
555	Never
777	DON'T KNOW/NOT SURE
999	REFUSED

<b>IN04Q09</b>	Select			
Ask If				
What is your recommended maximum daily intake of sodium? The two most common recommendations are 1500 milligrams and 2300 milligrams.				
1	1500 milligrams			
2	2300 milligrams			
3	Other			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

<b>IN04END</b>	Pause
Ask If	

## State Added 05: Sexual Orientation

<b>IN05INTRO</b>	Pause
Ask If	

<b>IN05Q01</b>	Select
Ask If	
<p>Several communities have been targeted by the tobacco industry or have higher smoking rates. We'd like to ask you a demographic question, and please remember your answers are completely confidential. Do you consider yourself to be one or more of the following:</p> <p><b>INTERVIEWER NOTE: READ RESPONSE NUMBER WITH CATEGORY.</b></p> <p><b>IF RESPONDENT PAUSES, IS UNSURE, OR REFUSES SAY:</b></p> <p>"You can also name a different category if that fits you better."</p> <p><b>IF RESPONDENT NEEDS CLARIFICATION USE THE FOLLOWING DEFINITIONS:</b></p> <p>"1. Straight: have sex with, or are primarily attracted to people of the opposite sex</p> <p>2. Gay or Lesbian: have sex with, or are primarily attracted to people of the same sex</p> <p>3. Bisexual: have sex with or are attracted to people of both sexes</p> <p>4. Transgender: While many gender variant people might identify as transgender, one familiar type of transgender person is a man who has a sex change to become a woman."</p>	
1	Straight
2	Gay or lesbian
3	Bisexual
4	Transgender
6	OTHER (SPECIFY) OTHER
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>IN05END</b>	Pause
Ask If	

## Asthma Call-Back Permission Script

<b>AFUINTRO</b>	Pause
Ask If	

<b>ADLTPERM</b>	Select	515
Ask If		
<p>We would like to call you again within the next 2 weeks to talk in more detail about <b>{ADLTCHILD=1, your, your child's}</b> experiences with asthma. The information will be used to help develop and improve the asthma programs in <b>{STATE}</b>. 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?</p>		
1	Yes	
2	No	AFUEND

<b>FNAME</b>	Select	
Ask If	ADLTPERM=1	
<p>Can I please have your first name, initials or nickname so we will know who to ask for when we call back?</p>		
1	ENTER FIRST NAME, INITIALS,OR NICKNAME	OTHER
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>CNAME</b>	Select	
Ask If	ADLTCHILD=2 AND ADLTPERM=1	
<p>Can I please have your child's first name, initials or nickname so we can ask about that child's asthma history.</p>		
1	ENTER FIRST NAME, INITIALS,OR NICKNAME	OTHER
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>MOSTKNOW</b>	Select
Ask If	ADLTCHILD=2 AND ADLTPERM=1
Are you the parent or guardian in the household who knows the most about {CNAME}'s asthma?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>OTHNAME</b>	Select
Ask If	MOSTKNOW=2
You said someone else was more knowledgeable about the child's asthma. Can I please have this adult's first name, initials or nickname so we will know who to ask for when we call back regarding your child.	
1	ENTER FIRST NAME, INITIALS, OR NICKNAME OTHER
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>CBTIME</b>	Select
Ask If	ADLTPERM=1
{If MOSTKNOW=2, What is a good time to call back and speak with {OTHNAME}, What is a good time to call you back?}	
For example, evenings, days or weekends?	
1	ENTER CALLBACK TIME OTHER
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>AFUEND</b>	Pause
Ask If	