

Indiana  
Cell

2014



English Full  
Questionnaire



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## Intro

<b>CPINTROQ</b>	Select
Ask If	
HELLO, I'm calling for the <b>Indiana Department of Health</b> . My name is _____. We are gathering information about the health of <b>Indiana</b> residents.	
Is this a safe time to talk with you now or are you driving?	
This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention.	
I have just a few questions to find out if you are eligible for this study.	
NOTE: IF A PERSON REPORTS THEY DO NOT LIVE IN THE STATE MENTIONED, TELL THEM THAT THEY MAY STILL BE TO PARTICIPATE.	
Interviewer: Press '1' to continue	
1	CPCONTEL

<b>CPConTel</b>	Select
Ask If	
Is this XXX-XXX-XXXX?	
INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.	
1 YES	CPIsCell
2 NO	
7 DON'T KNOW/ NOT SURE	
9 REFUSED	

<b>CPWRONGN</b>	Key
Ask If	CPCONTEL = 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.	
Interviewer: Press '1' to continue	
1	CPINTROQ

<b>CPIsCell</b>	Select
Ask If	
Is this a cellular telephone?	
READ ONLY IF NECESSARY:	
"By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood".	
INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.	
1	YES CPADULT
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>CPCELLNO</b>	Key
Ask If	CPIsCell > 1
{IF CPIsCell = 2, Thank you very much, but we are only interviewing cell telephones at this time.}	
{IF CPIsCell > 2, Thank you for your time.}	

<b>CPADULT</b>	Select
Ask If	
Are you 18 years of age or older?	
NOTE: ASK GENDER IF NECESSARY	
INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY. ASK GENDER IF NECESSARY.	
1	Yes and the respondent is male CPPVTRES
2	Yes and the respondent is female CPPVTRES
3	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>CPNOADLT</b>	Key
Ask If	CPADLT > 2
{IF CPADULT = 3, Thank you very much, but we are only interviewing persons aged 18 or older at this time.}	
{IF CPADULT > 3, Thank you for your time.}	

<b>CPPVTRES</b>	Select
Ask If	CPADULT = 1 OR CPADULT = 2
Do you live in a private residence?	
READ ONLY IF NECESSARY:	
"By private residence, we mean someplace like a house or apartment."	
NOTE: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.	
THE PERSON DOES NOT NEED TO BE PHYSICALLY LOCATED IN THEIR PRIVATE RESIDENCE.	
1	YES CPSTATE
2	NO
7	DON'T KNOW/NOT SURE CPSTATE
9	REFUSED CPSTATE

<b>CPCOLLEG</b>	Select
Ask If	CPPVTRES = 2
Do you live in college housing?	
READ ONLY IF NECESSARY:	
"By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university."	
1	YES CPSTATE
2	NO

<b>CPNONRES</b>	Key
Ask If	CPCOLLEG > 1
Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.	

<b>CPSTATE</b>	Select
Ask If	CPPVTRES = 1 OR CPCOLLEG = 1
Are you a resident of <b>Indiana</b> ?	
NOTE: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.	
1	YES CPLANDLI
2	NO CPSTATER
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>CPSTATEU</b>	Key
Ask If	CPSTATE = 7 OR CPSTATE = 9
Thank you for your time.	

<b>CPSTATER</b>	Select
Ask If	CPSTATE = 1
In what state do you live?	
_____	Enter State
99	OTHER/REFUSED
	CPLANDLI

<b>CPSTATEN</b>	Key
Ask If	CPSTATER = 99
Thank you very much, but we are not interviewing in your state at this time.	

<b>CPLANDLI</b>	Select
Ask If	
Do you also have a landline telephone in your home that is used to make and receive calls?	
READ ONLY IF NECESSARY:	
"By landline telephone, we mean a 'regular' telephone in your home that is connected to outside telephone lines through a cable or cord and is used for making or receiving calls. Please include landline phones used for both business and personal use."	
NOTE: TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE. PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>CPNMADLT</b>	Numeric
Ask If	CPPVTRES = 1
How many members of your household, including yourself, are 18 years of age or older?	
_____	ENTER NUMBER OF ADULTS
	CPINTROS

## Core Sections

<b>CPINTROS</b>	Select
Ask If	
Your cell phone number has been chosen randomly, and I would like to ask some questions about health and health practices. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions, I will provide a telephone number for you to call to get more information.	
1 Person interested, continue	

## Section 01: Health Status

<b>C01INTRO</b>	Pause
Ask If	

<b>C01Q01</b>	Select	80
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	81-82
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	83-84
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	85-86
Ask If	NOT(C02Q01 = 88 AND C02Q02 = 88)	
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	87
Ask If		
Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C03Q02</b>	Select	88
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	89
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	90
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 the past year (anytime less than 12 months ago)	
2	Within the past 2 years (1 year but less than 2 years ago)	
3	Within the past 5 years (2 years but less than 5 years ago)	
4	5 or more years ago	
7	DON'T KNOW/NOT SURE	
8	NEVER	
9	REFUSED	

<b>C03END</b>	Pause
Ask If	

## Section 04: Exercise

<b>C04INTRO</b>	Pause
Ask If	

<b>C04Q01</b>	Select	91
Ask If		
During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C04END</b>	Pause
Ask If	

## Section 05: Inadequate Sleep

<b>C05INTRO</b>	Pause
Ask If	

<b>C05Q01</b>	Numeric	92-93
Ask If		
<p>I would like to ask you about your sleep pattern.</p> <p>On average, how many hours of sleep do you get in a 24-hour period?</p> <p>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.</p>		
	NUMBER OF HOURS[01-24]	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
1	MIN	CONTROL
24	MAX	CONTROL

<b>C05END</b>	Pause
Ask If	

## Section 06: Chronic Health Conditions

<b>C06INTRO</b>	Pause
Ask If	

<b>C06Q01</b>	Select	94
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	95
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	96
Ask If		
(Ever told) you had a stroke?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C06Q04</b>	Select	97
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	98
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	99
Ask If		
(Ever told) you had skin cancer?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C06Q07</b>	Select	100
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	101
Ask If		
(Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema, or chronic bronchitis?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C06Q09</b>	Select	102
Ask If		
(Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?		
INTERVIEWER NOTE: ARTHRITIS DIAGNOSES INCLUDE:		
<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, polyarteritis nodosa)</li> </ul>		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C06Q10</b>	Select	103
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	104
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	105
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	C06Q13
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>C06Q12V</b>	Select	
Ask If    RESPGEND = 1 AND C06Q12 = 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	C06Q12

CATI NOTE: if C06Q12 = 1 (Yes) go to next question. If any other response to C06Q12, go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.



<b>C06Q13</b>	Numeric	106-107
Ask If	C06Q12 = 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>C06END</b>	Pause
Ask If	

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

## Module 01: Pre-Diabetes (Paths A and B)

**CATI NOTE: Insert after SECTION C06**

CATI NOTE: Only asked of those not responding "Yes" (code = 1) to Core C06Q12 (Diabetes awareness question).

<b>M01INTRO</b>	Pause
Ask If	C06Q12 > 1

<b>M01Q01</b>	Select	255
Ask If	C06Q12 >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 C06Q12 = 4 (No, pre-diabetes or borderline diabetes); answer M01Q02 = Yes**

<b>M01Q02</b>	Select	256
Ask If	(C06Q12 > 1 AND C06Q12 < 4) OR C06Q12 > 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 (Paths A and B)

**CATI NOTE: Insert after SECTION C06**

CATI NOTE: Only asked of those responding "Yes" (code = 1) to Core C06Q12 (Diabetes awareness question).

<b>M02INTRO</b>	Pause
Ask If	C06Q12 = 1

<b>M02Q01</b>	Select	257
Ask If	C06Q12 = 1	
Are you now taking insulin?		
1	YES	
2	NO	
9	REFUSED	

<b>M02Q02</b>	Numeric	258-260
Ask If	C06Q12 = 1	
About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do <b>NOT</b> include times when checked by a health professional.		
INTERVIEWER NOTE: IF THE RESPONDENT USES A CONTINUOUS GLUCOSE MONITORING SYSTEM (A SENSOR INSERTED UNDER THE SKIN TO CHECK GLUCOSE LEVELS CONTINUOUSLY), FILL IN '98 TIMES PER DAY.'		
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>M02Q02V</b>	Select
Ask If	(M02Q02 > 105 AND M02Q02 < 200) OR (M02Q02 > 235 AND M02Q02 < 300)
INTERVIEWER YOU RECORDED THE RESPONDENT CHECKS BLOOD {M02Q02} TIMES PER DAY/WEEK/MONTH/YEAR	
IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION
	M02Q02

<b>M02Q03</b>	Numeric	261-263
Ask If	C06Q12 = 1	
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 <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>M02Q03V</b>	Select	
Ask If	(M02Q03 > 105 AND M02Q03 < 200) OR (M02Q03 > 235 AND M02Q03 < 300)	
INTERVIEWER YOU RECORDED THE RESPONDENT CHECKS THEIR FEET {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	264-265
Ask If	C06Q12 = 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>M02Q04V</b>	Select	
Ask If	M02Q04 > 52 AND M02Q04 < 77	
INTERVIEWER YOU RECORDED THE RESPONDENT HAS SEEN A HEALTH PROFESSIONAL {M02Q04} TIMES IN THE PAST 12 MONTHS.		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	M02Q05

<b>M02Q05</b>	Numeric	266-267
Ask If	C06Q12 = 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>M02Q05V</b>	Select	
Ask If	M02Q05 > 52 AND M02Q05 < 77	
INTERVIEWER YOU RECORDED THE RESPONDENT HAS BEEN CHECKED FOR "A ONE C" BY A HEALTH PROFESSIONAL {M02Q05} TIMES IN THE PAST 12 MONTHS.		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	M02Q05

CATI NOTE: If M02Q03 = 555 "No feet", go to M02Q07.

<b>M02Q06</b>	Numeric	268-269
Ask If	C06Q12 = 1 AND M02Q03 <> 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>M02Q06V</b>	Select	
Ask If	M02Q06 > 52 AND M02Q06 < 77	
INTERVIEWER YOU RECORDED THE RESPONDENT HAS HAD THEIR FEET CHECKED 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

<b>M02Q07</b>	Select	270
Ask If	C06Q12 = 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>M02Q08</b>	Select	271
Ask If	C06Q12 = 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>M02Q09</b>	Select	272
Ask If	C06Q12 = 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: Oral Health

<b>C07INTRO</b>	Pause
Ask If	

<b>C07Q01</b>	Select	108
Ask If		
How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.		
READ ONLY IF NECESSARY:		
1	Within the past year (anytime less than 12 months ago)	
2	Within the past 2 years (1 year but less than 2 years ago)	
3	Within the past 5 years (2 years but less than 5 years ago)	
4	5 or more years ago	
7	DON'T KNOW/NOT SURE	
8	NEVER	
9	REFUSED	

<b>C07Q02</b>	Select	109
Ask If		
How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.		
NOTE: IF WISDOM TEETH ARE REMOVED BECAUSE OF TOOTH DECAY OR GUM DISEASE, THEY SHOULD BE INCLUDED IN THE COUNT FOR LOST TEETH.		
1	1 to 5	
2	6 or more but not all	
3	All	
8	None	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C07END</b>	Pause
Ask If	

## Section 08: Demographics

<b>C08INTRO</b>	Pause
Ask If	

<b>C08Q01</b>	Numeric	110-111
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	C06Q13 > C08Q01 AND C06Q13 < 98 AND C08Q01 > 18	
	INTERVIEWER: THE RESPONDENT INDICATED THEIR AGE TO BE {C08Q01} YEARS OLD! YOU INDICATED EARLIER THEY WERE TOLD THEY HAD DIABETES AT AGE {C06Q13}! 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	C08Q01

<b>C08Q02A</b>	Select	112-115
Ask If		
Are you Hispanic, Latino/a, or Spanish origin?		
1	YES	
2	NO	C08Q03
7	DON'T KNOW/NOT SURE	C08Q03
9	REFUSED	C08Q03

CATI NOTE: IF C08Q02A = 2, code C08Q02B = 5

<b>C08Q02B</b>	Multiple Select	112-115
Ask If	C08Q02A = 1	
(Are you Hispanic, Latino/a, or Spanish origin?)		
Are you...		
Mexican, Mexican American, Chicano/a		
Puerto Rican		
Cuban or		
Another Hispanic, Latino/a, or Spanish Origin		
CHECK ALL THAT APPLY		
1	Mexican, Mexican American, Chicano/a	
2	Puerto Rican	
3	Cuban	
4	Another Hispanic, Latino/a, or Spanish Origin	
5	NO	EXCLUSIVE
7	DON'T KNOW/NOT SURE	EXCLUSIVE
9	REFUSED	EXCLUSIVE

<b>C08Q03</b>	Multiple Select	116-143
Ask If		
Which one or more of the following would you say is your race?		
INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING.		
CHECK ALL THAT APPLY		
PLEASE READ:		
10	White	
20	Black or African American	
30	American Indian or Alaska Native	
40	Asian	
41	Asian Indian	
42	Chinese	
43	Filipino	
44	Japanese	
45	Korean	
46	Vietnamese	
47	Other Asian	
50	Pacific Islander	
51	Native Hawaiian	
52	Guamanian or Chamorro	
53	Samoan	
54	Other Pacific Islander	
60	Other [Specify]	OTHER
77	DON'T KNOW/NOT SURE	EXCLUSIVE
99	REFUSED	EXCLUSIVE
88	NO ADDITIONAL CHOICES	

CATI NOTE: If more than one response to C08Q03; continue.  
 Otherwise, go to C08Q05

C08Q04	Select	144-145
Ask If	C08Q03 < 77 AND C08Q03.2 > 0 AND C08Q03.2 <> 88	
Which one of these groups would you say best represents your race?		
10	White	
20	Black or African American	
30	American Indian or Alaska Native	
40	Asian	
41	Asian Indian	
42	Chinese	
43	Filipino	
44	Japanese	
45	Korean	
46	Vietnamese	
47	Other Asian	
50	Pacific Islander	
51	Native Hawaiian	
52	Guamanian or Chamorro	
53	Samoan	
54	Other Pacific Islander	
60	Other [Specify]	OTHER
77	DON'T KNOW/NOT SURE	
99	REFUSED	

C08Q05	Select	146
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?	
INTERVIEWER NOTE: ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION, FOR EXAMPLE, FOR THE PERSIAN GULF WAR.		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C08Q06</b>	Select	147
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	148-149
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	150
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	151
Ask If		
Are you currently...?		
PLEASE READ:		
1	Employed for wages	
2	Self-employed	
3	Out of work for 1 year or more	
4	Out of work for less than 1 year	
5	A Homemaker	
6	A Student	
7	Retired Or	
8	Unable to work	
9	REFUSED	

CATI NOTE: If respondent refuses at ANY income level code income variable to 99 (refused).

<b>C08Q10d</b>	Select	
Ask If		
Is your annual household income from all sources:		
Less than \$25,000?		
1	YES	
2	NO	C08Q10e
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/NOT SURE}	
IS THIS CORRECT?	
1	YES
2	NO C08Q10d
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C08Q11</b>	Numeric	154-157
Ask If		
About how much do you weigh without shoes?		
NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FRONT (EX. 65 KILOGRAMS IS "9065" OR 105 KILOGRAMS IS "9105").		
ROUND FRACTIONS UP		
_____	WEIGHT (POUNDS/KILOGRAMS)	
7777	DON'T KNOW/NOT SURE	
9999	REFUSED	

<b>C08Q11V</b>		Select
Ask If	C08Q11 <> 7777 AND C08Q11 <> 9999 AND ((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	158-161
Ask If	About how tall are you without shoes?		
NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FRONT (EX. 165 CENTIMETERS IS "9165").			
NOTE: ENTER HEIGHT IN FEET AND INCHES (EX. 5 FEET 9 INCHES = 509) OR METERS AND CENTIMETERS (EX. 1 METER 75 CENTIMETERS = 9175)			
ROUND FRACTIONS DOWN			
/ _____ HEIGHT (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	162-164
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

<b>C08Q14</b>	Numeric	165-169
Ask If		
What is the ZIP Code where you live?		
—	ZIP Code	
77777	DON'T KNOW/NOT SURE	
99999	REFUSED	

<b>C08Q19</b>	Select	176
Ask If		
Have you used the internet in the past 30 days?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C08Q20</b>	Select	177
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.		
INTERVIEWER NOTE:		
We ask this question in order to compare health indicators among people with different housing situations.		
1	OWN	
2	RENT	
3	OTHER ARRANGEMENT	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C08Q21</b>	Select	178
Ask If		
INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY		
1	MALE	
2	FEMALE	

<b>C08Q21V</b>	Select	
Ask If                   RESPGEND <> C08Q21		
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS {C08Q21}. ARE YOU SURE?		
THE RESPONDENT SELECTED WAS THE		
{SRESP}		
IS THE PREVIOUS ANSWER CORRECT?		
1	YES	
2	NO	C08Q21

<b>C08Q22</b>	Select	179
Ask If                   C08Q01 < 45 AND C08Q21 = 2		
To your knowledge, are you now pregnant?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C08Q23</b>	Select	180
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>C08Q24</b>	Select	081
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?		
NOTE: INCLUDE OCCASIONAL USE OR USE IN CERTAIN CIRCUMSTANCES.		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C08Q25</b>	Select	182
Ask If		
Are you blind or do you have serious difficulty seeing, even when wearing glasses?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C08Q26</b>	Select	183
Ask If		
Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?		
1 YES		
2 NO		
7 DON'T KNOW/NOT SURE		
9 REFUSED		

<b>C08Q27</b>	Select	184
Ask If		
Do you have serious difficulty walking or climbing stairs?		
1 YES		
2 NO		
7 DON'T KNOW/NOT SURE		
9 REFUSED		

<b>C08Q28</b>	Select	185
Ask If		
Do you have difficulty dressing or bathing?		
1 YES		
2 NO		
7 DON'T KNOW/NOT SURE		
9 REFUSED		

<b>C08Q29</b>	Select	186
Ask If		
Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?		
1 YES		
2 NO		
7 DON'T KNOW/NOT SURE		
9 REFUSED		

<b>C08END</b>	Pause	
Ask If		

## Section 09: Tobacco Use

<b>C09INTRO</b>	Pause	
Ask If		

<b>C09Q01</b>	Select	187
Ask If		
Have you smoked at least 100 cigarettes in your entire life?		
INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES		
INTERVIEWER NOTE:		
For cigarettes, do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana.		
1	YES	
2	NO	C09Q05
7	DON'T KNOW/NOT SURE	C09Q05
9	REFUSED	C09Q05

<b>C09Q02</b>	Select	188
Ask If	C09Q01=1	
Do you now smoke cigarettes every day, some days, or not at all?		
1	Everyday	
2	Some days	
3	Not at all	C09Q04
7	DON'T KNOW/NOT SURE	C09Q05
9	REFUSED	C09Q05

<b>C09Q03</b>	Select	189
Ask If	C09Q02=1 or C09Q02=2	
During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?		
1	YES	C09Q05
2	NO	C09Q05
7	DON'T KNOW/NOT SURE	C09Q05
9	REFUSED	C09Q05

<b>C09Q04</b>	Select	190-191
Ask If	C09Q02=3	
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	
77	DON'T KNOW/NOT SURE	
99	REFUSED	

<b>C09Q05</b>	Select	192
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	Some days	
3	Not at all	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C09END</b>	Pause
Ask If	



## Section 10: Alcohol Consumption

<b>C10INTRO</b>	Pause
Ask If	

<b>C10Q01</b>	Numeric	193-195
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 IN PAST 30 DAYS		
_____ DAYS		
888	NO DRINKS IN PAST 30 DAYS	C10END
777	DON'T KNOW/NOT SURE	C10END
999	REFUSED	C10END
101	MIN	CONTROL
230	MAX	CONTROL

<b>C10Q02</b>	Numeric	196-197
Ask If	C10Q01 < 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>C10Q02V</b>	Select	
Ask If	C10Q02 > 15 AND C10Q02 < 77	
INTERVIEWER YOU INDICATED {C10Q02} DRINKS PER DAY		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C10Q02

<b>C10Q03</b>	Numeric	198-199
Ask If	C10Q01 < 777	
Considering all types of alcoholic beverages, how many times during the past 30 days did you have {IF C08Q21 = 1, 5, 4} 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>C10Q03V</b>	Select	
Ask If	C10Q03 > 15 AND C10Q03 < 77	
INTERVIEWER YOU INDICATED {C10Q03} OCCASIONS WHEN THE RESPONDENT HAD 4/5 OR MORE DRINKS.		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C10Q03

<b>C10Q04</b>	Numeric	200-201
Ask If	C10Q01 < 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>C10Q04V</b>	Select	
Ask If	(C10Q04 <> 99 AND C10Q04 <> 77)AND C10Q04 < 77 AND ((C08Q21 = 1 AND C10Q04 >= 5 AND (C10Q03 = 88 OR C10Q03 < 5)) OR (C08Q21 = 2 AND C10Q04 >= 4 AND (C10Q03 = 88 OR C10Q03 < 4)))	
INTERVIEWER YOU INDICATED {C10Q04} DRINKS IS THE LARGEST NUMBER OF DRINKS THE RESPONDENT HAD ON ANY OCCASION BUT THE NUMBER OF TIMES THE RESPONDENT HAD {IF C08Q21=1, 5, 4} IS {C10Q03}.		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C10Q04

<b>C10END</b>	Pause
Ask If	

## Section 11: Immunization

<b>C11INTRO</b>	Pause
Ask If	

<b>C11Q01</b>	Select	202
Ask If		
<p>Now I will ask you questions about the flu vaccine. There are two ways to get the flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist.</p> <p>During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?</p> <p><b>READ IF NECESSARY:</b></p> <p>"A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot."</p>		
1	YES	
2	NO	C11Q03
7	DON'T KNOW/NOT SURE	C11Q03
9	REFUSED	C11Q03

<b>C11Q02</b>	Numeric	203-208
Ask If	C11Q01 = 1	
<p>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?</p> <p>_____ Month / Year</p>		
777777	DON'T KNOW/NOT SURE	
999999	REFUSED	
012012	MIN	CONTROL
122014	MAX	CONTROL

<b>C11Q03</b>	Select	209
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>C11Q04</b>	Select	210
Ask If C08Q01 > 48		
The next question is about the Shingles vaccine. Have you ever had the shingles or zoster vaccine?		
INTERVIEWER NOTE: READ IF NECESSARY:		
Shingles is caused by the chicken pox virus. It is an outbreak of rash or blisters on the skin that may be associated with severe pain. A vaccine for shingles has been available since May 2006; it is called Zostavax®, the zoster vaccine, or the shingles vaccine.		
1 YES		
2 NO		
7 DON'T KNOW/NOT SURE		
9 REFUSED		

<b>C11END</b>	Pause	
Ask If		

## Section 12: Falls

<b>C12INTRO</b>	Pause
Ask If	C08Q01 >= 45 OR C08Q01 = 07 or C08Q01 = 09

<b>C12Q01</b>	Numeric	211-212
Ask If	C08Q01 >= 45 OR C08Q01 = 07 or C08Q01 = 09	
Next, I will ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.		
In the past 12 months, how many times have you fallen?		
___ NUMBER OF TIMES [76 = 76 or more]		
88	NONE	C12END
77	DON'T KNOW/NOT SURE	C12END
99	REFUSED	C12END
01	MIN	CONTROL
76	MAX	CONTROL

<b>C12Q02</b>	Numeric	213-214
Ask If	C12Q01 > 0 AND C12Q01 < 77	
{IF C12Q01 = 1, Did this fall cause an injury?}		
{IF C12Q01 > 1 AND C12Q01 < 77, How many of these falls caused an injury?}		
By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.		
INTERVIEWER NOTE: IF ONLY ONE FALL FROM C12Q01 AND RESPONSE IS "YES" (CAUSED AN INJURY); CODE 01. IF RESPONSE IS "NO," CODE 88.		
___ NUMBER OF FALLS [76 = 76 or more]		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

<b>C12END</b>	Pause
Ask If	

### Section 13: Seatbelt Use

<b>C13INTRO</b>	Pause
Ask If	

<b>C13Q01</b>	Select	215
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: Drinking and Driving

<b>C14INTRO</b>	Pause
Ask If	C10Q01 <> 888 AND C13Q01 <> 8

<b>C14Q01</b>	Numeric	216-217
Ask If	C10Q01 <> 888 AND C13Q01 <> 8	
The next question is about drinking and driving. During the past 30 days, how many times have you driven when you've had perhaps too much to drink?		
___ NUMBER OF TIMES		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

<b>C14END</b>	Pause
Ask If	



## Section 15: Breast and Cervical Cancer Screening

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

<b>C15INTRO</b>	Pause
Ask If	C08Q21 = 2

<b>C15Q01</b>	Select	218
Ask If	C08Q21 = 2	
The next questions are about breast and cervical cancer.		
A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?		
1	YES	
2	NO	C15Q03
7	DON'T KNOW/NOT SURE	C15Q03
9	REFUSED	C15Q03

<b>C15Q02</b>	Select	219
Ask If	C15Q01 = 1	
How long has it been since you had your last mammogram?		
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	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C15Q03</b>	Select	220
Ask If	C08Q21 = 2	
A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam?		
1	YES	
2	NO	C15Q05
7	DON'T KNOW/NOT SURE	C15Q05
9	REFUSED	C15Q05

<b>C15Q04</b>	Select	221
Ask If	C15Q03 = 1	
How long has it been since your last breast exam?		
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	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C15Q05</b>	Select	222
Ask If	C08Q21 = 2	
A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?		
1	YES	
2	NO	C15Q07
7	DON'T KNOW/NOT SURE	C15Q07
9	REFUSED	C15Q07

<b>C15Q06</b>	Select	223
Ask If	C15Q05 = 1	
How long has it been since you had your last Pap test?		
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	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

CATI note: If response to Core C08Q22 = 1 (is pregnant); then go to next section.

<b>C15Q07</b>	Select	224
Ask If	C08Q21 = 2 AND C08Q22 <> 1	
Have you had a hysterectomy?		
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	

<b>C15END</b>	Pause
Ask If	

## Section 16: Prostate Cancer Screening

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

C16INTRO	Pause
Ask If	C08Q21 = 1 AND (C08Q01 > 39 OR C08Q01 = 7 OR C08Q01 = 9)

C16Q01	Select	225
Ask If	C08Q21 = 1 AND (C08Q01 > 39 OR C08Q01 = 7 OR C08Q01 = 9)	
Now, I will ask you some questions about prostate cancer screening.		
A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor, nurse, or other health professional <b>EVER</b> talked with you about the advantages of the PSA test?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C16Q02	Select	226
Ask If	C08Q21 = 1 AND (C08Q01 > 39 OR C08Q01 = 7 OR C08Q01 = 9)	
Has a doctor, nurse, or other health professional <b>EVER</b> talked with you about the disadvantages of the PSA test?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C16Q03	Select	227
Ask If	C08Q21 = 1 AND (C08Q01 > 39 OR C08Q01 = 7 OR C08Q01 = 9)	
Has a doctor, nurse, or other health professional <b>EVER</b> recommended that you have a PSA test?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C16Q04</b>	Select	228
Ask If	C08Q21 = 1 AND (C08Q01 > 39 OR C08Q01 = 7 OR C08Q01 = 9)	
Have you <b>EVER HAD</b> a PSA test?		
1	YES	
2	NO	C16END
7	DON'T KNOW/NOT SURE	C16END
9	REFUSED	C16END

<b>C16Q05</b>	Select	229
Ask If	C16Q04 = 1	
How long has it been since you had your last PSA test?		
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	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C16Q06</b>	Select	230
Ask If	C16Q04 = 1	
What was the <b>MAIN</b> reason you had this PSA test - was it...?		
PLEASE READ:		
1	Part of a routine exam	
2	Because of a prostate problem	
3	Because of a family history of prostate cancer	
4	Because you were told you had prostate cancer	
5	Some other reason	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C16END</b>	Pause
Ask If	

## Section 17: Colorectal Cancer Screening

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

<b>C17INTRO</b>	Pause
Ask If	C08Q01 > 49 OR C08Q01 = 7 OR C08Q01 = 9

<b>C17Q01</b>	Select	231
Ask If	C08Q01 > 49 OR C08Q01 = 7 OR C08Q01 = 9	
The next questions are about colorectal cancer screening. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?		
1	YES	
2	NO	C17Q03
7	DON'T KNOW/NOT SURE	C17Q03
9	REFUSED	C17Q03

<b>C17Q02</b>	Select	232
Ask If	C17Q01 = 1	
How long has it been since you had your last blood stool test using a home kit?		
<b>READ ONLY IF NECESSARY:</b>		
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	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C17Q03</b>	Select	233
Ask If	C08Q01 > 49 OR C08Q01 = 7 OR C08Q01 = 9	
Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?		
1	YES	
2	NO	C17END
7	DON'T KNOW/NOT SURE	C17END
9	REFUSED	C17END

<b>C17Q04</b>	Select	234
Ask If	C17Q03 = 1	
For a <b>SIGMOIDOSCOPY</b> , a flexible tube is inserted into the rectum to look for problems. A <b>COLONOSCOPY</b> 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 <b>MOST RECENT</b> exam a sigmoidoscopy or a colonoscopy?		
1	SIGMOIDOSCOPY	
2	COLONOSCOPY	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C17Q05</b>	Select	235
Ask If	C17Q03 = 1	
How long has it been since you had your last sigmoidoscopy or colonoscopy?		
<b>READ ONLY IF NECESSARY:</b>		
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	
7	DON'T KNOW/NOT SURE	
9	REFUSED	



<b>C17END</b>	Pause
Ask If	

## Section 18: HIV/AIDS

<b>C18INTRO</b>	Pause
Ask If	

<b>C18Q01</b>	Select	236
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	C18END
7	DON'T KNOW/NOT SURE	C18END
9	REFUSED	C18END

<b>C18Q02</b>	Numeric	237-242
Ask If	C18Q01 = 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	
011985	MIN	CONTROL
772014	MAX	CONTROL

<b>C18Q03</b>	Select	243-244
Ask If	C18Q01 = 1	
Where did you have your last HIV test – at a private doctor or HMO office, at a counseling and testing site, at an emergency room, as an inpatient in a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?		
01	Private doctor or HMO office	
02	Counseling and testing site	
09	Emergency room	
03	Hospital inpatient	
04	Clinic	
05	Jail or prison (or other correctional facility)	
06	Drug treatment center	
07	At home	
08	Somewhere else	
77	DON'T KNOW/NOT SURE	
99	REFUSED	

<b>C18END</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 04: Health Care Access (Path A)

<b>M04INTRO</b>	Pause
Ask If	

<b>M04Q01</b>	Select	281
Ask If	C03Q01 = 1	
Do you have Medicare?		
NOTE: MEDICARE IS A COVERAGE PLAN FOR PEOPLE AGE 65 OR OVER AND FOR CERTAIN DISABLED PEOPLE.		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M04Q02</b>	Select	282-283
Ask If	C03Q01 = 1	
What is the <b>PRIMARY</b> source of your health care coverage? Is it...		
INTERVIEWER NOTE: IF THE RESPONDENT INDICATES THAT THEY PURCHASED HEALTH INSURANCE THROUGH THE HEALTH INSURANCE MARKETPLACE (NAME OF STATE MARKETPLACE), ASK IF IT WAS A PRIVATE HEALTH INSURANCE PLAN PURCHASED ON THEIR OWN OR BY A FAMILY MEMBER (PRIVATE) OR IF THEY RECEIVED MEDICAID (STATE PLAN)? IF PURCHASED ON THEIR OWN (OR BY A FAMILY MEMBER), SELECT 02, IF MEDICAID SELECT 04.		
PLEASE READ:		
01	A plan purchased through an employer or union (includes plans purchased through another person's employer)	
02	A plan that you or another family member buys on your own	
03	Medicare	
04	Medicaid or other state program	
05	TRICARE (formerly CHAMPUS), VA, or Military	
06	Alaska Native, Indian Health Service, Tribal Health Services Or	
07	Some other source	
88	None (no coverage)	
77	DON'T KNOW/NOT SURE	
99	REFUSED	

CATI Note: If PPHF State go to core 3.2

<b>M04Q03</b>	Select	284
Ask If		
Other than cost, there are many other reasons people delay getting needed medical care.		
Have you delayed getting needed medical care for any of the following reasons in the past 12 months? Select the most important reason.		
PLEASE READ:		
1	You couldn't get through on the telephone	
2	You couldn't get an appointment soon enough	
3	Once you got there, you had to wait too long to see the doctor	
4	The (clinic/doctor's) office wasn't open when you got there	
5	You didn't have transportation	
6	OTHER, SPECIFY	OTHER
8	NO, I DID NOT DELAY GETTING MEDICAL CARE/DID NOT NEED MEDICAL CARE	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

CATI Note: If PPHF State, go to core 3.4

CATI Note: If Q3.1 = 1 (Yes) continue, else go to Q4b

<b>M04Q04A</b>	Select	310
Ask If C03Q01 = 1		
In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage?		
1	YES	M04Q05
2	NO	M04Q05
7	DON'T KNOW/NOT SURE	M04Q05
9	REFUSED	M04Q05

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

<b>M04Q04B</b>	Select	311
Ask If	C03Q01 > 1	
About how long has it been since you last had health care coverage?		
1	6 months or less	
2	More than 6 months, but not more than 1 year ago	
3	More than 1 year, but not more than 3 years ago	
4	More than 3 years	
5	Never	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M04Q05</b>	Numeric	312-313
Ask If		
How many times have you been to a doctor, nurse, or other health professional in the past 12 months?		
_____ NUMBER OF TIMES		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

<b>M04Q06</b>	Select	314
Ask If		
Was there a time in the past 12 months when you did not take your medication as prescribed because of cost? Do not include over-the-counter (OTC) medication.		
1	Yes	
2	No	
3	NO MEDICATION WAS PRESCRIBED	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M04Q07</b>	Select	315
Ask If		
In general, how satisfied are you with the health care you received? Would you say...		
1 Very satisfied		
2 Somewhat satisfied		
3 Not at all satisfied		
8 NOT APPLICABLE		
7 DON'T KNOW/NOT SURE		
9 REFUSED		

<b>M04Q08</b>	Select	316
Ask If		
Do you currently have any health care bills that are being paid off over time?		
INTERVIEWER NOTE: THIS COULD INCLUDE MEDICAL BILLS BEING PAID OFF WITH A CREDIT CARD, THROUGH PERSONAL LOANS, OR BILL PAYING ARRANGEMENTS WITH HOSPITALS OR OTHER PROVIDERS. THE BILLS CAN BE FROM EARLIER YEARS AS WELL AS THIS YEAR.		
INTERVIEWER NOTE: HEALTH CARE BILLS CAN INCLUDE MEDICAL, DENTAL, PHYSICAL THERAPY AND/OR CHIROPRACTIC COST.		
1 Yes		
2 No		
7 DON'T KNOW/NOT SURE		
9 REFUSED		

<b>M04END</b>	Pause	
Ask If		

CATI Note: If PPHF state, Go to core section 4.



## Module 05: Alcohol Screening & Brief Intervention (ASBI) (Path B)

<b>M05INTRO</b>	Pause
Ask If	C03Q04 = 1 OR C03Q04 = 2

<b>M05Q01</b>	Select	317
Ask If	C03Q04 = 1 OR C03Q04 = 2	
<p>Healthcare providers may ask during routine checkups about behaviors like alcohol use, whether you drink or not. We want to know about their questions.</p> <p>You told me earlier that your last routine checkup was <b>{IF C03Q04 = 1, within the past year, within the past 2 years}</b>. At that checkup, were you asked in person or on a form if you drink alcohol?</p>		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M05Q02</b>	Select	318
Ask If	C03Q04 = 1 OR C03Q04 = 2	
<p>Did the health care provider ask you in person or on a form how much you drink?</p>		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M05Q03</b>	Select	319
Ask If	C03Q04 = 1 OR C03Q04 = 2	
<p>Did the health care provider specifically ask whether you drank <b>{IF C08Q21 = 1, 5, 4}</b> or more alcoholic drinks on an occasion?</p>		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M05Q04</b>	Select	320
Ask If	C03Q04 = 1 OR C03Q04 = 2	
Were you offered advice about what level of drinking is harmful or risky for your health?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M05Q05</b>	Select	321
Ask If	M05Q01 = 1 OR M05Q02 = 1 OR M05Q03 = 1	
Healthcare providers may also advise patients to drink less for various reasons. At your last routine checkup, were you advised to reduce or quit your drinking?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M05END</b>	Pause
Ask If	

## Module 11: Adult Human Papilloma Virus (HPV) (Paths A and B)

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

<b>M11INTRO</b>	Pause
Ask If	C08Q01 < 50 OR C08Q01 = 7 OR C08Q01 = 9

<b>M11Q01</b>	Select	348
Ask If	C08Q01 < 50 OR C08Q01 = 7 OR C08Q01 = 9	
A vaccine to prevent the human papilloma virus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, {C08Q21 = 2, <b>GARDASIL</b> or <b>CERVARIX</b> , or <b>GARDASIL</b> }. Have you <b>EVER</b> had an HPV vaccination?		
NOTE: HUMAN PAPILLOMA VIRUS 'HUMAN PAP·UH·LOH·MUH VIRUS'; GARDASIL 'GAR·DUH·SEEL'; CERVARIX 'SIR VAR ICKS'		
1	YES	
2	NO	M11END
3	DOCTOR REFUSED WHEN ASKED	M11END
7	DON'T KNOW/NOT SURE	M11END
9	REFUSED	M11END

<b>M11Q02</b>	Numeric	349-350
Ask If	M11Q01 = 1	
How many HPV shots did you receive?		
____ NUMBER OF SHOTS		
03	ALL SHOTS	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
03	MAX	CONTROL

<b>M11END</b>	Pause
Ask If	

## Module 16: Sexual Orientation and Gender Identity (Paths A and B)

<b>M16INTRO</b>	Pause
Ask If	

<b>M16Q01</b>	Select	582
Ask If		
<p>The next two questions are about sexual orientation and gender identity.</p> <p>Do you consider yourself to be:</p> <p>INTERVIEWER NOTE: WE ASK THIS QUESTION IN ORDER TO BETTER UNDERSTAND THE HEALTH AND HEALTH CARE NEEDS OF PEOPLE WITH DIFFERENT SEXUAL ORIENTATIONS.</p> <p>INTERVIEWER NOTE: PLEASE SAY THE NUMBER BEFORE THE TEXT RESPONSE. RESPONDENT CAN ANSWER WITH EITHER THE NUMBER OR THE TEXT/WORD.</p>		
1	Straight	
2	Lesbian or gay	
3	Bisexual	
4	OTHER	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M16Q02</b>	Select	583
Ask If		
Do you consider yourself to be transgender?		
NOTE: IF YES, ASK:		
"Do you consider yourself to be 1. male-to-female, 2. female-to-male, or 3. gender non-conforming?"		
INTERVIEWER NOTE: PLEASE READ THE NUMBER BEFORE THE "YES" TEXT RESPONSE. RESPONDENTS CAN ANSWER WITH EITHER THE NUMBER OR THE TEXT/WORD		
PRESS F1 FOR ADDITIONAL NOTES		
INTERVIEWER NOTE: IF ASKED ABOUT DEFINITION OF TRANSGENDER:		
"Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgendered. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation—straight, gay, lesbian, or bisexual."		
INTERVIEWER NOTE: IF ASKED ABOUT DEFINITION OF GENDER NON-CONFORMING:		
"Some people think of themselves as gender non-conforming when they do not identify <u>only</u> as a man or <u>only</u> as a woman."		
1	Yes, Transgender, male-to-female	
2	Yes, Transgender, female-to-male	
3	Yes, Transgender, gender nonconforming	
4	No	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M16END</b>	Pause
Ask If	

## Module 17: Random Child Selection (Paths A and B)

CATI note: If Core C08Q07 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

<b>M17INTRO</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 AND C08Q07 &lt; 88, 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>M17Q01</b>	Numeric	584-589
Ask If	C08Q07 < 88	
What is the birth month and year of {SHOWKID}?		
CODE MONTH AND YEAR		
777777	DON'T KNOW/NOT SURE	
999999	REFUSED	
XX1995	MIN	CONTROL
XX2014	MAX	CONTROL

<b>M17Q02</b>	Select	590
Ask If	C08Q07<88	
Is the child a boy or a girl?		
1	Boy	
2	Girl	
9	REFUSED	

<b>M17Q03A</b>	Select
Ask If	
Is the child Hispanic, Latino/a, or Spanish origin?	
1	YES
2	NO
	M17Q04
7	DON'T KNOW/NOT SURE
	M17Q04
9	REFUSED
	M17Q04

<b>M17Q03B</b>	Multiple Select	591-594
Ask If	M17Q03A = 1	
(Is the child Hispanic, Latino/a, or Spanish origin?)		
Are they...		
Mexican, Mexican American, Chicano/a		
Puerto Rican		
Cuban or		
Another Hispanic, Latino/a, or Spanish Origin		
CHECK ALL THAT APPLY		
1	Mexican, Mexican American, Chicano/a	
2	Puerto Rican	
3	Cuban	
4	Another Hispanic, Latino/a, or Spanish Origin	
5	NO	EXCLUSIVE
7	DON'T KNOW/NOT SURE	EXCLUSIVE
9	REFUSED	EXCLUSIVE

<b>M17Q04</b>	Multiple Select	595-622
Ask If	C08Q07 < 88	
Which one or more of the following would you say is the race of the child?		
INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING.		
CHECK ALL THAT APPLY		
PLEASE READ:		
10	White	
20	Black or African American	
30	American Indian or Alaska Native	
40	Asian	
41	Asian Indian	
42	Chinese	
43	Filipino	
44	Japanese	
45	Korean	
46	Vietnamese	
47	Other Asian	
50	Pacific Islander	
51	Native Hawaiian	
52	Guamanian or Chamorro	
53	Samoan	
54	Other Pacific Islander	
60	Other [Specify]	OTHER
77	DON'T KNOW/NOT SURE	EXCLUSIVE
99	REFUSED	EXCLUSIVE
88	NO ADDITIONAL CHOICES	



CATI note: If more than one response to M17Q04, continue.  
 Otherwise, go to Q6.

<b>M17Q05</b>	Select	623-624
Ask If	M17Q04 < 77 AND M17Q04.2 > 0 AND M17Q04.2 <> 88	
Which one of these groups would you say best represents the race of the child?		
10	White	
20	Black or African American	
30	American Indian or Alaska Native	
40	Asian	
41	Asian Indian	
42	Chinese	
43	Filipino	
44	Japanese	
45	Korean	
46	Vietnamese	
47	Other Asian	
50	Pacific Islander	
51	Native Hawaiian	
52	Guamanian or Chamorro	
53	Samoan	
54	Other Pacific Islander	
60	Other [Specify]	OTHER
77	DON'T KNOW/NOT SURE	
99	REFUSED	

<b>M17Q06</b>	Select	625
Ask If	C08Q07 < 88	
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	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M17END</b>	Pause
Ask If	

## Module 18: Childhood Asthma Prevalence (Paths A and B)

CATI note: If response to C08Q07 = 88 (None) or 99 (Refused), go to next module.

<b>M18INTRO</b>	Pause
Ask If	C08Q07 > 0 AND C08Q07 < 88

<b>M18Q01</b>	Select	626
Ask If	C08Q07 > 0 AND C08Q07 < 88	
{IF C08Q07 > 1, The next two questions are about the {SHOWKID}.}		
Has a doctor, nurse or other health professional <b>EVER</b> said that the child has asthma?		
1	YES	
2	NO	M18END
7	DON'T KNOW/NOT SURE	M18END
9	REFUSED	M18END

<b>M18Q02</b>	Select	627
Ask If	M18Q01 = 1	
Does the child still have asthma?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M18END</b>	Pause
Ask If	

## State Added 01: Veteran's Health (Paths A and B)

<b>IN01INTRO</b>	Pause
Ask If	C08Q05 = 1

<b>IN01Q01</b>	Select
Ask If	C08Q05 = 1 AND CPState = 1
The next questions relate to veteran's health. Did you ever serve in a combat or war zone?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>IN01Q02</b>	Select
Ask If	C08Q05 = 1 AND CPState = 1
Has a doctor or other health professional ever told you that you have depression, anxiety, or post traumatic stress disorder (PTSD)?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>IN01Q03</b>	Select
Ask If	C08Q05 = 1 AND CPState = 1
A traumatic brain injury may result from a violent blow to the head or when an object pierces the skull and enters the brain tissue. Has a doctor or other health professional ever told you that you have suffered a traumatic brain injury (TBI)?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>IN01Q04</b>		Select		
Ask If		C08Q05 = 1 AND CPState = 1		
In the past 12 months, did you receive any psychological or psychiatric counseling or treatment?				
PLEASE READ				
1 Yes, from a VA facility				
2 Yes, from a non-VA facility				
3	Yes, from both VA and non-VA facilities			
4	No			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

<b>IN01Q05</b>		Select		
Ask If		C08Q05 = 1 AND CPState = 1		
The next few questions are a sensitive topic area 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.				
Has there been a time in the past 12 months when you thought of taking your own life?				
1 YES				
2 NO		IN01Q07		
7 DON'T KNOW/NOT SURE				
9 REFUSED		IN01Q07		

<b>IN01Q06</b>		Select		
Ask If		IN01Q05 = 1		
During the past 12 months, did you attempt to commit suicide? Would you say:				
1 Yes, but did not require treatment				
2 Yes, was treated at a VA facility				
3 Yes, was treated at a non-VA facility				
4 No				
7 DON'T KNOW/NOT SURE				
9 REFUSED				

<b>IN01Q07</b>	Key
Ask If	C08Q05 = 1 AND CPState = 1
<p>As I mentioned, I would give you a phone number for an organization that can provide information and referral for these issues. You can dial the National Suicide Prevention Lifeline at 1-800-273-TALK (8255). You can also speak directly to your doctor or health provider.</p>	

<b>IN01END</b>	Pause
Ask If	

## State Added 02: Digital Rectal Exam (Paths A and B)

<b>IN02INTRO</b>	Pause
Ask If	C08Q21 = 1 AND (C08Q01 = 07 OR C08Q01 = 09 OR C08Q01 >= 40) AND CPState = 1

<b>IN02Q01</b>	
Ask If	C08Q21 = 1 AND (C08Q01 = 07 OR C08Q01 = 09 OR C08Q01 >= 40) AND CPState = 1
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?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>IN02END</b>	Pause
Ask If	

### State Added 03: Physical Activity 1 (Path A)

<b>IN03INTRO</b>	Pause
Ask If	

<b>IN03Q01</b>	Select
Ask If	CPState = 1
In your neighborhood, do you have access to any sidewalks, bike lanes, trails or parks where you can safely walk, run or bike?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>IN03Q02</b>	Select
Ask If	CPState = 1
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?	
<b>READ IF NECESSARY:</b>	
"Public exercise facilities are facilities that are generally free, low cost or affordable, such as parks and recreation facilities, YMCA, schools or a community center."	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED



<b>IN03Q03</b>		Select		
Ask If		CPState = 1		
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 say:				
PLEASE READ				
1 Strongly agree				
2 Agree				
3	Neither agree nor disagree			
4	Disagree			
5	Strongly Disagree			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

<b>IN03END</b>		Pause		
Ask If				

## State Added 04: Physical Activity 2 (Path B)

<b>IN04INTRO</b>	Pause
Ask If	

<b>IN04Q01</b>	Numeric			
Ask If	CPState = 1			
How many days during the past week did you walk for transportation to a destination (for errands, job, etc.)?				
NUMBER OF DAYS				
88	NONE			
77	DON'T KNOW/NOT SURE			
99	REFUSED			
7	MAX		CONTROL	

<b>IN04Q02</b>	Numeric			
Ask If	CPState = 1			
How many days during the past week did you bike for transportation to a destination (for errands, job, etc.)?				
NUMBER OF DAYS				
88	NONE			
77	DON'T KNOW/NOT SURE			
99	REFUSED			
7	MAX		CONTROL	

<b>IN04END</b>	Pause
Ask If	

## Asthma Call-Back Permission Script (Paths A and B)

<b>AFUINTRO</b>	Pause
Ask If	

<b>ADLTPERM</b>	Select	630
Ask If	((C06Q04 = 1) OR (M18Q01 = 1 AND (M18Q06 = 1 OR M18Q06 = 3))) AND CPState = 1	
<p>We would like to call you again within the next 2 weeks to talk in more detail about <b>{ADLTCHLD = 1, your, your child's}</b> experiences with asthma. The information will be used to help develop and improve the asthma programs in <b>Indiana</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
Can I please have either your first name or initials, so we will know who to ask for when we call back?	
1	ENTER FIRST NAME OR INITIALS <span style="float: right;">OTHER</span>
9	REFUSED

<b>CNAME</b>	Select
Ask If	ADLTCHILD = 2 AND ADLTPERM = 1
Can I please have your child's first name or initials, so we can ask about that child's asthma history?	
1	ENTER FIRST NAME OR INITIALS <span style="float: right;">OTHER</span>
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
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
9	REFUSED

<b>AFUEND</b>	Pause
Ask If	

## Closing Statement

<b>CLOSING</b>	Key
Ask If	
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.	