

Indiana
BRFSS

2016



Landline English
Full Survey

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Intro

INTROQST	Select
Ask If	
HELLO, I am calling for the Indiana Department of Health . My name is [Interviewer Name].	
We are gathering information about the health of Indiana 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 your health and health practices.	
Is this {PHONE7} ?	
1 YES, CONTINUE	PRIVRES
2 NUMBER IS NOT THE SAME	WRONGNUM

WRONGNUM	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

PRIVRES	Select
Ask If	INTROQST = 1
Is this a private residence?	
READ ONLY IF NECESSARY:	
"By private residence, we mean someplace like a house or apartment."	
1 YES, CONTINUE	STATRES
2 NO, NON-RESIDENTIAL	COLLEGE
3 NO, BUSINESS PHONE ONLY	BUSINES

BUSINES	Key
Ask If	PRIVRES = 3
Thank you very much but we are only interviewing persons on residential phones lines at this time.	
	DISPOS 4500

COLLEGE	Select
Ask If	PRIVRES = 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 arrangements provided by a college or university."	
1	YES, CONTINUE STATRES
2	NO NONRES

NONRES	Key
Ask If	COLLEGE = 2
Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.	
DISPOS 4500	

STATRES	Key
Ask If	PRIVRES = 1 OR COLLEGE = 1
Do you currently live in Indiana ?	
1	YES ISCELL
2	NO NONSTAT

NONSTAT	Key
Ask If	STATRES = 2
Thank you very much, but we are only interviewing persons who live in the state of Indiana at this time.	
DISPOS 4100	

ISCELL	Select
Ask If	STATRES = 1
Is this a cell(ular) telephone?	
INTERVIEWER NOTE: TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE (INCLUDES VONAGE, MAGIC JACK AND OTHER HOME-BASED PHONE SERVICES).	
READ ONLY IF NECESSARY:	
"By cell(ular) telephone we mean a telephone that is mobile and usable outside of your neighborhood."	
1	NO, NOT A CELLULAR TELEPHONE, CONTINUE
2	YES, A CELLULAR TELEPHONE CELLYES

CELLYES	Key
Ask If	ISCELL = 2
Thank you very much, but we are only interviewing by land line telephones and for private residences or college housing.	
DISPOS 4450	

LLADULT	Select	
Ask If	COLLEGE = 1	
Are you 18 years of age or older?		
NOTE: ASK GENDER IF NECESSARY		
1	Yes and the respondent is male	YOURTHE1
2	Yes and the respondent is female	YOURTHE1
3	No	LLNOADLT

LLNOADLT	Key
Ask If	LLADULT = 3
Thank you very much, but we are only interviewing persons aged 18 or older at this time.	
DISPOS 4700	

ADULTS	Numeric
Ask If	PRIVRES = 1
I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home such as students away at college, how many members of your household, including yourself, are 18 years of age or older?	
NUMBER OF ADULTS	

MEN	Numeric
Ask If	ADULTS > 1
You said there are {ADULTS} adults in your household. How many of these adults are men and how many are women?	
NUMBER OF MEN	

CATI NOTE: CATI program to subtract number of men from number of adults provided

WOMEN	Select
Ask If	ADULTS > 1
So the number of adult women in the household is {Calculate: ADULTS - MEN}.	
Is that correct?	
1	YES SELECTED
2	NO ADULTS

WRONGTOT	Select
Ask If	MEN > ADULTS
I'm sorry, something is not right.	
Number of Men - {MEN}	
Number of Women - + {vWOMEN}	

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

SELECTED	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

ONEADULT	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

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

GETADULT	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

YOURTHE1	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

GETNEWAD	Select	
Ask If	SELECTED = 2	
May I speak with the {SRESP} ?		
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

NEWADULT	Select
Ask If	GETADULT = 1 OR GETADULT = 2 OR GETNEWAD = 1 OR GETNEWAD = 2
HELLO, I am calling for the Indiana Department of Health . My name is [Interviewer Name] .	
We are gathering information about the health of Indiana 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 your 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

INTROSCR	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 (855) 435-7178 .	
1 PERSON INTERESTED, CONTINUE	C01INTRO
2 GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED	ADULTS

Section 01: Health Status

C01INTRO	Pause
Ask If	

C01Q01	Select	90
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	

C01END	Pause
Ask If	

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

C02INTRO	Pause
Ask If	

C02Q01	Numeric	91-92
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	
30	MAX	CONTROL

C02Q02	Numeric	93-94
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	
30	MAX	CONTROL

If C02Q01 and C02Q02 = 88(none), go to next section

C02Q03	Numeric	95-96
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	
30	MAX	CONTROL

C02END	Pause
Ask If	

Section 03: Health Care Access

C03INTRO	Pause
Ask If	

C03Q01	Select	97
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	

C03Q02	Select	98
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	

C03Q03	Select	99
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	

C03Q04	Select	100
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	

C03END	Pause
Ask If	

Section 04: Exercise

C04INTRO	Pause
Ask If	

C04Q01	Select	101
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	

C04END	Pause
Ask If	

Section 05: Inadequate Sleep

C05INTRO	Pause
Ask If	

C05Q01	Numeric	102-103
Ask If		
On average, how many hours of sleep do you get in a 24-hour period?		
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.		
___	NUMBER OF HOURS[01-24]	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
1	MIN	CONTROL
24	MAX	CONTROL

C05Q01V	Select
Ask If	C05Q01 < 3 OR (C05Q01 > 18 AND C05Q01 < 77)
INTERVIEWER: YOU RECORDED THAT ON AVERAGE THE RESPONDENT SLEEPS {C05Q01} HOURS.	
IS THE PREVIOUS ANSWER CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION C05Q01

C05END	Pause
Ask If	

Section 06: Chronic Health Conditions

C06INTRO	Pause
Ask If	

C06Q01	Select	104
Ask If		
Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure."		
(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	

C06Q02	Select	105
Ask If		
(Ever told) you had angina or coronary heart disease?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06Q03	Select	106
Ask If		
(Ever told) you had a stroke?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06Q04	Select	107
Ask If		
(Ever told) you had asthma?		
1	YES	
2	NO	C06Q06
7	DON'T KNOW/NOT SURE	C06Q06
9	REFUSED	C06Q06

C06Q05	Select	108
Ask If C06Q04 = 1		
Do you still have asthma?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06Q06	Select	109
Ask If		
(Ever told) you had skin cancer?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06Q07	Select	110
Ask If		
(Ever told) you had any other types of cancer?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06Q08	Select	111
Ask If		
(Ever told) you have Chronic Obstructive Pulmonary Disease (COPD), emphysema or chronic bronchitis?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06Q09	Select	112
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"> - rheumatism, polymyalgia rheumatica - osteoarthritis (not osteoporosis) - tendonitis, bursitis, bunion, tennis elbow - carpal tunnel syndrome, tarsal tunnel syndrome - joint infection, Reiter's syndrome - ankylosing spondylitis; spondylosis - rotator cuff syndrome - connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome - vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa) 		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06Q10	Select	113
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	

C06Q11	Select	114
Ask If		
(Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence.		
INTERVIEWER NOTE, IF NEEDED SAY:		
"Incontinence is not being able to control urine flow."		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06Q12	Select	115
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	

CATI NOTE: If Q6.12 = 1 (Yes), go to next question. If any other response to Q6.12, go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.

C06Q12V	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		
{SRESP}		
IS THE PREVIOUS ANSWER CORRECT?		
1	YES	
2	NO	C06Q12

C06Q13	Numeric	116-117
Ask If	C06Q12 = 1	
How old were you when you were told you have diabetes?		
CODE AGE IN YEARS [97 = 97 AND OLDER]		
98	DON'T KNOW/NOT SURE	
99	REFUSED	
1	MIN	CONTROL
97	MAX	CONTROL

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

C06END	Pause
Ask If	

Section 07: Oral Health

C07INTRO	Pause
Ask If	

C07Q01	Select	118
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	

C07Q02	Select	119
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.		
INTERVIEWER NOTE, IF NEEDED SAY:		
"If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth."		
PLEASE READ:		
1	1 to 5	
2	6 or more but not all	
3	All	
8	None	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C07END	Pause
Ask If	

Section 08: Demographics

C08INTRO	Pause
Ask If	

C08Q01	Select	120
Ask If		
INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY.		
1	Male	
2	Female	
9	REFUSED	

C08Q01V	Select
Ask If	RESPGEND <> C08Q01
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS	
{IF C08Q01=1, MALE}	
{IF C08Q01=2, FEMALE}	
{IF C08Q01=9, REFUSED}.	
ARE YOU SURE?	
THE RESPONDENT SELECTED WAS THE	
{SRESP}	
IS THE PREVIOUS ANSWER CORRECT?	
1	YES
2	NO
	C08Q01

C08Q02	Numeric	121-122
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

C08Q02V	Select	
Ask If	C06Q13 > C08Q02 AND C06Q13 < 98 AND C08Q02 > 17	
INTERVIEWER: THE RESPONDENT INDICATED THEIR AGE TO BE {C08Q02} 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	C08Q02
C08Q03A	Select	123-126
Ask If	Are you Hispanic, Latino/a, or Spanish origin?	
1	YES	
2	NO	C08Q04
7	DON'T KNOW/NOT SURE	C08Q04
9	REFUSED	C08Q04

CATI Note: IF C08Q03A = 2, code C08Q03B = 5

C08Q03B	Multiple Select	123-126
Ask If	C08Q03A = 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		
INTERVIEWER NOTE: ONE OR MORE CATEGORIES MAY BE SELECTED.		
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

C08Q04	Multiple Select	127-154
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.		
INTERVIEWER NOTE: SELECT 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 C08Q04; continue. Otherwise, go to C08Q06.

C08Q05	Select	155-156
Ask If	C08Q04 < 77 AND C08Q04.2 > 0 AND C08Q04.2 <> 88	
Which one of these groups would you say best represents your race?		
INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING.		
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	

C08Q06	Select	157
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	

C08Q07	Select	158
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	

C08Q08	Select	159
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, IF NEEDED SAY:		
"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	

ASKCNTY	Numeric	160-162
Ask If		
In what county do you currently live?		
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

C08Q10	Numeric	163-167
Ask If		
What is the ZIP Code where you currently live?		
____ ZIP CODE		
77777	DON'T KNOW/NOT SURE	
99999	REFUSED	
ZIPMIN		MIN
ZIPMAX		MAX

CATI Note: if cellular telephone interview skip to C08Q14
(QSTVER >= 20)

C08Q11	Select	168
Ask If QSTPATH < 20		
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	C08Q13
7	DON'T KNOW/NOT SURE	C08Q13
9	REFUSED	C08Q13

C08Q12	Select	169
Ask If	C08Q11 = 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	

C08Q13	Select	170
Ask If	QSTPATH < 20	
Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C08Q14	Select	171
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, IF NEEDED SAY:		
"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	

C08Q15	Select	172
Ask If		
Are you currently...?		
INTERVIEWER NOTE: IF MORE THAN ONE SELECTED SAY:		
"Select the category which best describes you."		
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	

C08Q16	Numeric	173-174
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

CATI Note: If C08Q16 is answered, this will be considered a partial complete

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

C08Q17d	Select	175-176
Ask If		
Is your annual household income from all sources: Less than \$25,000?		
1	YES	
2	NO	C08Q17e
7	DON'T KNOW/NOT SURE	C08Q17i
9	REFUSED	C08Q17i

C08Q17c	Select	175-176
Ask If	C08Q17d = 1	
(Is your annual household income from all sources:)		
Less than \$20,000?		
1	YES	
2	NO	C08Q17i
7	DON'T KNOW/NOT SURE	C08Q17i
9	REFUSED	C08Q17i

C08Q17b	Select	175-176
Ask If	C08Q17c = 1	
(Is your annual household income from all sources:)		
Less than \$15,000?		
1	YES	
2	NO	C08Q17i
7	DON'T KNOW/NOT SURE	C08Q17i
9	REFUSED	C08Q17i

C08Q17a	Select	175-176
Ask If	C08Q17b = 1	
(Is your annual household income from all sources:)		
Less than \$10,000?		
1	YES	C08Q17i
2	NO	C08Q17i
7	DON'T KNOW/NOT SURE	C08Q17i
9	REFUSED	C08Q17i

C08Q17e	Select	175-176
Ask If	C08Q17d = 2	
(Is your annual household income from all sources:)		
Less than \$35,000?		
1	YES	C08Q17i
2	NO	
7	DON'T KNOW/NOT SURE	C08Q17i
9	REFUSED	C08Q17i

C08Q17f	Select	175-176
Ask If	C08Q17e = 2	
(Is your annual household income from all sources:)		
Less than \$50,000?		
1	YES	C08Q17i
2	NO	
7	DON'T KNOW/NOT SURE	C08Q17i
9	REFUSED	C08Q17i

C08Q17g	Select	175-176
Ask If	C08Q17f = 2	
(Is your annual household income from all sources:)		
Less than \$75,000?		
1	YES	C08Q17i
2	NO	C08Q17i
7	DON'T KNOW/NOT SURE	C08Q17i
9	REFUSED	C08Q17i

C08Q17i	Select	175-176
Ask If		
ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES IS:		
{If C08Q17g = 2, More than \$75,000?}		
{If C08Q17g = 1, \$50,000 to less than \$75,000}		
{If C08Q17f = 1, \$35,000 to less than \$50,000}		
{If C08Q17e = 1, \$25,000 to less than \$35,000}		
{If C08Q17c = 2, \$20,000 to less than \$25,000}		
{If C08Q17b = 2, \$15,000 to less than \$20,000}		
{If C08Q17a = 2, \$10,000 to less than \$15,000}		
{If C08Q17a = 1, Less than \$10,000}		
{Default, REFUSED/DON'T KNOW/NOT SURE}		
IS THIS CORRECT?		
1	YES	
2	NO	C08Q17d
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C08Q18	Select	177
Ask If		
Have you used the internet in the past 30 days?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C08Q19	Numeric	178-181
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	

C08Q19V	Select	
Ask If		
C08Q19 <> 7777 AND C08Q19 <> 9999 AND ((C08Q19 < 9000 AND (C08Q19 < 80 OR C08Q19 > 350)) OR (C08Q19 > 9000 AND (C08Q19 < 9035 OR C08Q19 > 9159)))		
INTERVIEWER YOU INDICATED THE RESPONDENT WEIGHS {C08Q19} IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C08Q19

C08Q20	Numeric	182-185
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)		
7777	DON'T KNOW/NOT SURE	
9999	REFUSED	

C08Q20V		Select
Ask If	(C08Q20 < 9000 AND (C08Q20 > 608 OR C08Q20 < 407)) OR (C08Q20 > 9000 AND (C08Q20 > 9206 OR C08Q20 < 9139)) AND C08Q20 <> 7777 AND C08Q20 <> 9999	
INTERVIEWER YOU INDICATED THE RESPONDENT IS {C08Q20} IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C08Q20

If male, go to Q8.22, If female respondent is 45 years old or older, go to Q8.22

C08Q21		Select	186
Ask If	C08Q01 = 2 AND C08Q02 < 45		
To your knowledge, are you now pregnant?			
1	YES		
2	NO		
7	DON'T KNOW/NOT SURE		
9	REFUSED		

C08Q22		Select	187
Ask If			
The following questions are about health problems or impairments you may have.			
Some people who are deaf or have serious difficulty hearing MAY OR MAY NOT use equipment to communicate by phone.			
Are you deaf or do you have SERIOUS DIFFICULTY hearing?			
1	YES		
2	NO		
7	DON'T KNOW/NOT SURE		
9	REFUSED		

C08Q23	Select	188
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	

C08Q24	Select	189
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	

C08Q25	Select	190
Ask If		
Do you have serious difficulty walking or climbing stairs?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C08Q26	Select	191
Ask If		
Do you have difficulty dressing or bathing?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C08Q27	Select	192
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	

C08END	Pause	
Ask If		

Section 09: Tobacco Use

C09INTRO	Pause	
Ask If		

C09Q01	Select	193
Ask If		
Have you smoked at least 100 cigarettes in your entire life?		
INTERVIEWER NOTE: IF NECESSARY SAY:		
"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."		
NOTE: 5 PACKS = 100 CIGARETTES		
1	YES	
2	NO	C09Q05
7	DON'T KNOW/NOT SURE	C09Q05
9	REFUSED	C09Q05

C09Q02	Select	194
Ask If	C09Q01 = 1	
Do you now smoke cigarettes every day, some days, or not at all?		
1	Every day	
2	Some days	
3	Not at all	C09Q04
7	DON'T KNOW/NOT SURE	C09Q05
9	REFUSED	C09Q05

C09Q03	Select	195
Ask If	C09Q01 = 1 AND (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

C09Q04	Select	196-197
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	
08	Never smoked regularly	
77	DON'T KNOW/NOT SURE	
99	REFUSED	

C09Q05	Select	198
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')		
INTERVIEWER NOTE: IF NEEDED SAY:		
"Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum."		
1	Every day	
2	Some days	
3	Not at all	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C09END	Pause
Ask If	

Section 10: E-Cigarettes

C10INTRO	Pause
Ask If	

C10Q01	Select	199
Ask If		
Have you ever used an e-cigarette or other electronic "vaping" product, even just one time, in your entire life?		
INTERVIEWER NOTE: READ IF NECESSARY:		
"Electronic cigarettes (e-cigarettes) and other electronic 'vaping' products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy."		
1	YES	
2	NO	C10END
7	DON'T KNOW/NOT SURE	
9	REFUSED	C10END

C10Q02	Select	200
Ask If	C10Q01 = 1 OR C10Q01 = 7	
Do you now use e-cigarettes or other electronic "vaping" products every day, some days, or not at all?		
1	Every day	
2	Some days	
3	Not at all	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C10END	Pause
Ask If	

Section 11: Alcohol Consumption

C11INTRO	Pause
Ask If	

C11Q01	Numeric	201-203
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	C11END
777	DON'T KNOW/NOT SURE	C11END
999	REFUSED	C11END
101	MIN	CONTROL
230	MAX	CONTROL

C11Q02	Numeric	204-205
Ask If	C11Q01 < 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

C11Q02V	Select	
Ask If	C11Q02 > 15 AND C11Q02 < 77	
INTERVIEWER YOU INDICATED {C11Q02} DRINKS PER DAY IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C11Q02

C11Q03	Numeric	206-207
Ask If	C11Q01 < 777	
Considering all types of alcoholic beverages, how many times during the past 30 days did you have {IF C08Q01 = 1, 5, 4} or more drinks on an occasion?		
_____ NUMBER OF TIMES		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
76	MAX	CONTROL

C11Q03V	Select	
Ask If	C11Q03 > 15 AND C11Q03 < 77	
INTERVIEWER YOU INDICATED {C11Q03} OCCASIONS WHEN THE RESPONDENT HAD 4/5 OR MORE DRINKS.		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C11Q03

C11Q04	Numeric	208-209
Ask If	C11Q01 < 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

C11Q04V	Select
Ask If	(C11Q04 <> 99 AND C11Q04 <> 77)AND C11Q04 < 77 AND ((C08Q01 = 1 AND (C11Q04 < 5 AND (C11Q03 < 88 AND C11Q03 <>77)) OR (C11Q03 = 88 AND (C11Q04 > 4 AND C11Q04 < 77))) OR (C08Q01 = 2 AND (C11Q04 < 4 AND (C11Q03 < 88 AND C11Q03 <>77)) OR (C11Q03 = 88 AND (C11Q04 > 3 AND C11Q04 < 77)))
INTERVIEWER YOU INDICATED {C11Q04} DRINKS IS THE LARGEST NUMBER OF DRINKS THE RESPONDENT HAD ON ANY OCCASION BUT THE NUMBER OF TIMES THE RESPONDENT HAD {IF C08Q01 = 1, 5, 4} IS {C11Q03}.	
IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION C11Q04

C11END	Pause
Ask If	

Section 12: Immunization

C12INTRO	Pause
Ask If	

C12Q01	Select	210
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>READ IF NECESSARY:</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	C12Q03
7	DON'T KNOW/NOT SURE	C12Q03
9	REFUSED	C12Q03

C12Q02	Numeric	211-216
Ask If	C12Q01 = 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	
012015	MIN	CONTROL
122016	MAX	CONTROL

CATI NOTE: Do not allow 77 for first two month digits. Please set MIN to no more than 12 months from the current month. Ex: Call made in 06/2016, response can be no older than 06/2015.

C12Q03	Select	217
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	

C12Q04	Select	218
Ask If		
Since 2005, have you had a tetanus shot?		
IF YES, ASK:		
"Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?"		
READ IF NECESSARY:		
1	Yes, received Tdap	
2	Yes, received the tetanus shot, but not Tdap	
3	Yes, received tetanus shot but not sure what type	
4	No, did not receive any tetanus since 2005	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C12END	Pause	
Ask If		

Section 13: Falls

C13INTRO	Pause
Ask If	C08Q02 >= 45 OR C08Q02 = 07 or C08Q02 = 09

C13Q01	Numeric	219-220
Ask If	C08Q02 >= 45 OR C08Q02 = 07 or C08Q02 = 09	
The next questions 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	C13END
77	DON'T KNOW/NOT SURE	C13END
99	REFUSED	C13END
01	MIN	CONTROL
76	MAX	CONTROL

C13Q01V	Select
Ask If	C13Q01 > 30 AND C13Q01 < 77
INTERVIEWER YOU INDICATED THE RESPONDENT HAS FALLEN {C13Q01} TIMES IN THE PAST 12 MONTHS.	
IS THE PREVIOUS ANSWER CORRECT	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION C13Q01

C13Q02	Numeric	221-222
Ask If	C13Q01 > 0 AND C13Q01 < 77	
{IF C13Q01 = 1, Did this fall cause an injury?} {IF C13Q01 > 1 AND C13Q01 < 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 C13Q01 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

C13Q02V	Select	
Ask If	(C13Q01 < C13Q02) AND (C13Q02 < 77)	
INTERVIEWER YOU INDICATED THE RESPONDENT HAS FALLEN {C13Q01} TIMES IN THE PAST 12 MONTHS, BUT THE NUMBER OF FALLS THAT CAUSED AN INJURY IS {C13Q02}.		
PLEASE CORRECT		
1	CORRECT C13Q01	C13Q01
2	CORRECT C13Q02	C13Q02

C13END	Pause	
Ask If		

Section 14: Seatbelt Use

C14INTRO	Pause
Ask If	

C14Q01	Select	223
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	

C14END	Pause
Ask If	

Cati Note: If Q14.1 = 8 (Never drive or ride in a car), go to Section 16; otherwise continue.

Section 15: Drinking and Driving

Cati Note: If Q11.1 = 888 (No drinks in the past 30 days); go to next section.

C15INTRO	Pause
Ask If	C11Q01 <> 888 AND C14Q01 <> 8

C15Q01	Numeric	224-225
Ask If	C11Q01 <> 888 AND C14Q01 <> 8	
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

C15END	Pause
Ask If	

Section 16: Breast and Cervical Cancer Screening

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

C16INTRO	Pause
Ask If	C08Q01 = 2

C16Q01	Select	226
Ask If	C08Q01 = 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	C16Q03
7	DON'T KNOW/NOT SURE	C16Q03
9	REFUSED	C16Q03

C16Q02	Select	227
Ask If	C16Q01 = 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	

C16Q03	Select	228
Ask If	C08Q01 = 2	
A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?		
1	YES	
2	NO	C16Q05
7	DON'T KNOW/NOT SURE	C16Q05
9	REFUSED	C16Q05

C16Q04	Select	229
Ask If	C16Q03 = 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	

C16Q05	Select	230
Ask If	C08Q01 = 2	
Now, I would like to ask you about the Human Papillomavirus (Pap·uh·loh·muh virus) or HPV test.		
An HPV test is sometimes given with the Pap test for cervical cancer screening.		
Have you ever had an HPV test?		
1	YES	
2	NO	C16Q07
7	DON'T KNOW/NOT SURE	C16Q07
9	REFUSED	C16Q07

C16Q06	Select	231
Ask If	C16Q05 = 1	
How long has it been since you had your last HPV 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 C08Q21 = 1 (is pregnant); then go to next section.

C16Q07	Select	232
Ask If	C08Q01 = 2 AND C08Q21 <> 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	

C16END	Pause
Ask If	

Section 17: Prostate Cancer Screening

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

C17INTRO	Pause
Ask If	C08Q01 = 1 AND (C08Q02 > 39 OR C08Q02 = 7 OR C08Q02 = 9)

C17Q01	Select	233
Ask If	C08Q01 = 1 AND (C08Q02 > 39 OR C08Q02 = 7 OR C08Q02 = 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 EVER talked with you about the advantages of the PSA test?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C17Q02	Select	234
Ask If	C08Q01 = 1 AND (C08Q02 > 39 OR C08Q02 = 7 OR C08Q02 = 9)	
Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C17Q03	Select	235
Ask If	C08Q01 = 1 AND (C08Q02 > 39 OR C08Q02 = 7 OR C08Q02 = 9)	
Has a doctor, nurse, or other health professional EVER recommended that you have a PSA test?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C17Q04	Select	236
Ask If	C08Q01 = 1 AND (C08Q02 > 39 OR C08Q02 = 7 OR C08Q02 = 9)	
Have you EVER HAD a PSA test?		
1	YES	
2	NO	C17END
7	DON'T KNOW/NOT SURE	C17END
9	REFUSED	C17END

C17Q05	Select	237
Ask If	C17Q04 = 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	

C17Q06	Select	238
Ask If	C17Q04 = 1	
What was the MAIN 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	

C17END	Pause
Ask If	

Section 18: Colorectal Cancer Screening

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

C18INTRO	Pause
Ask If	C08Q02 > 49 OR C08Q02 = 7 OR C08Q02 = 9

C18Q01	Select	239
Ask If	C08Q02 > 49 OR C08Q02 = 7 OR C08Q02 = 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	C18Q03
7	DON'T KNOW/NOT SURE	C18Q03
9	REFUSED	C18Q03

C18Q02	Select	240
Ask If	C18Q01 = 1	
How long has it been since you had your last blood stool test using a home kit?		
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	

C18Q03	Select	241
Ask If	C08Q02 > 49 OR C08Q02 = 7 OR C08Q02 = 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	C18END
7	DON'T KNOW/NOT SURE	C18END
9	REFUSED	C18END

C18Q04	Select	242
Ask If	C18Q03 = 1	
For a SIGMOIDOSCOPY , a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy?		
1	SIGMOIDOSCOPY	
2	COLONOSCOPY	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C18Q05	Select	243
Ask If	C18Q03 = 1	
How long has it been since you had your last sigmoidoscopy or colonoscopy?		
READ ONLY IF NECESSARY:		
1	Within the past year (anytime less than 12 months ago)	
2	Within the past 2 years (1 year but less than 2 years ago)	
3	Within the past 3 years (2 years but less than 3 years ago)	
4	Within the past 5 years (3 years but less than 5 years ago)	
5	Within the past 10 years (5 years but less than 10 years ago)	
6	10 or more years ago	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C18END	Pause
Ask If	

Section 19: HIV/AIDS

C19INTRO	Pause
Ask If	

C19Q01	Select	244
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>Not counting tests you may have had as part of blood donation, have you ever been tested for HIV? Include testing fluid from your mouth.</p>		
1	YES	
2	NO	C19Q03
7	DON'T KNOW/NOT SURE	C19Q03
9	REFUSED	C19Q03

C19Q02	Numeric	245-250
Ask If	C19Q01 = 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
772016	MAX	CONTROL

C19Q03	Select	251
Ask If		
<p>I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.</p> <ul style="list-style-type: none"> - 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. - You had four or more sex partners in the past year. <p>Do any of these situations apply to you?</p>		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C19END	Pause
Ask If	

Transition to Modules and/or State-Added Questions

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

Module 07: Cognitive Decline Module

CATI Note: If respondent is 45 years of age or older continue, else go to next module

M07INTRO	Pause
Ask If	C08Q02 > 44 OR C08Q02 = 07 OR C08Q02 = 09

M07Q01	Select	376
Ask If	C08Q02 > 44 OR C08Q02 = 07 OR C08Q02 = 09	
<p>The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things you've always done or forgetting things that you would normally know. We want to know how these difficulties impact you.</p> <p>During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?</p>		
1	YES	
2	NO	M07END
7	DON'T KNOW	
9	REFUSED	M07END

M07Q02	Select	377
Ask If	M07Q01 = 1 OR M07Q01 = 7	
<p>During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills?</p> <p>PLEASE READ</p>		
1	Always	
2	Usually	
3	Sometimes	
4	Rarely	
5	Never	
7	DON'T KNOW	
9	REFUSED	

M07Q03	Select	378
Ask If	M07Q01 = 1 OR M07Q01 = 7	
As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities?		
PLEASE READ		
1	Always	
2	Usually	
3	Sometimes	
4	Rarely	M07Q05
5	Never	M07Q05
7	DON'T KNOW	M07Q05
9	REFUSED	M07Q05

CATI Note: If M07Q03 = 1, 2, or 3, continue. If M07Q03 = 4, 5, 7, or 9 go to Q5.

M07Q04	Select	379
Ask If	M07Q03 > 0 AND M07Q03 < 4	
When you need help with these day-to-day activities, how often are you able to get the help that you need?		
PLEASE READ		
1	Always	
2	Usually	
3	Sometimes	
4	Rarely	
5	Never	
7	DON'T KNOW	
9	REFUSED	

M07Q05	Select	380
Ask If	M07Q01 = 1 OR M07Q01 = 7	
During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home?		
PLEASE READ		
1	Always	
2	Usually	
3	Sometimes	
4	Rarely	
5	Never	
7	DON'T KNOW	
9	REFUSED	

M07Q06	Select	381
Ask If	M07Q01 = 1 OR M07Q01 = 7	
Have you or anyone else discussed your confusion or memory loss with a health care professional?		
1	YES	
2	NO	
7	DON'T KNOW	
9	REFUSED	

M07END	Pause
Ask If	

Module 08: Sugar Sweetened Beverages

M08INTRO	Pause
Ask If	

M08Q01	Numeric	382-384
Ask If		
<p>Now I would like to ask you some questions about sugary beverages.</p> <p>During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.</p> <p>PLEASE READ:</p> <p>"You can answer times per day, week, or month: for example, twice a day, once a week, and so forth."</p> <p>101-199 = PER DAY 201-299 = PER WEEK 301-399 = PER MONTH</p> <p>_____ TIMES</p>		
888	NONE	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
101	MIN	CONTROL
399	MAX	CONTROL

M08Q01v	Select
Ask If	(M08Q01 > 105 AND M08Q01 < 200) OR (M08Q01 > 235 AND M08Q01 < 300)
<p>INTERVIEWER: YOU RECORDED THAT THE RESPONDENT DRINKS REGULAR SODA OR POP THAT CONTAINS SUGAR {SHOWTIME M08Q01}</p> <p>IS THIS CORRECT?</p>	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION
	M08Q01

M08Q02	Numeric	385-387
Ask If		
During the past 30 days, how often did you drink sugar-sweetened fruit drinks (such as Kool-aid and lemonade), sweet tea, and sports or energy drinks (such as Gatorade and Red Bull)? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks.		
PLEASE READ:		
"You can answer times per day, week, or month: for example, twice a day, once a week, and so forth."		
101-199 = PER DAY 201-299 = PER WEEK 300-399 = PER MONTH		
TIMES		
888 NONE		
777 DON'T KNOW/NOT SURE		
999 REFUSED		
101	MIN	CONTROL
399	MAX	CONTROL

M08Q02v	Select
Ask If	(M08Q02 > 105 AND M08Q02 < 200) OR (M08Q02 > 235 AND M08Q02 < 300)
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT DRINKS SUGAR-SWEETENED FRUIT DRINKS {M08Q02 SHOWTIME}	
IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION M08Q02

M08END	Pause
Ask If	

Module 17: Cancer Survivorship

CATI Note: If C06Q06 or C06Q07 = 1 (Yes) or C17Q06 = 4 (Because you were told you had prostate cancer) continue, else go to next module.

M17INTRO	Pause
Ask If	C06Q06 = 1 OR C06Q07 = 1 OR C17Q06 = 4

M17Q01	Select	427
Ask If	C06Q06 = 1 OR C06Q07 = 1 OR C17Q06 = 4	
You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.		
How many different types of cancer have you had?		
1	Only one	
2	Two	
3	Three or more	
7	DON'T KNOW/NOT SURE	M17END
9	REFUSED	M17END

M17Q02	Numeric	428-429
Ask If	M17Q01 > 0 AND M17Q01 < 7	
{If M17Q01 = 2 or M17Q01 = 3, At what age were you first diagnosed with cancer?, At what age were you told that you had cancer?}		
INTERVIEWER NOTE: THIS QUESTION REFERS TO THE FIRST TIME THEY WERE TOLD ABOUT THEIR FIRST CANCER.		
__	CODE AGE IN YEARS [97 = 97 AND OLDER]	
98	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
97	MAX	CONTROL

CATI NOTE: If C06Q06 = 1 and M17Q01 = 1 ask "Was it Melanoma" or "other skin cancer?" then code 21 if "Melanoma" or 22 if "other skin cancer."

CATI NOTE: If C17Q06 = 4 (Because you were told you had Prostate Cancer) and M17Q01 = 1 (Only one) then code 19.

M17Q02V	Select
Ask If	M17Q02 > C08Q02 AND M17Q02 < 98 AND C08Q02 > 17
INTERVIEWER: THE RESPONDENT INDICATED THEIR AGE TO BE {C08Q02} YEARS OLD! YOU INDICATED THEY WERE TOLD THEY HAD CANCER AT AGE {M17Q02}! PLEASE VERIFY THAT THIS IS THE CORRECT ANSWER AND CHANGE THE AGE THE RESPONDENT WAS DIAGNOSED WITH CANCER OR MAKE A NOTE TO CORRECT THE AGE OF THE RESPONDENT.	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION M17Q02

M17Q03	Select	430-431
Ask If	M17Q01 > 0 AND M17Q01 < 7	
<p>{IF C17Q06 = 4 AND M17Q01 = 1, CODE 19}</p> <p>{IF C06Q06 = 1 AND M17Q01 = 1, Was it Melanoma or other skin cancer?</p> <p>INTERVIEWER NOTE: IF "MELANOMA" CODE 21, IF "OTHER SKIN CANCER" CODE 22 }</p> <p>{IF M17Q01 = 2 OR M17Q01 = 3, With your most recent diagnoses of cancer, what type of cancer was it?}</p> <p>{DEFAULT, What type of cancer was it?}</p> <p>INTERVIEWER NOTE: PLEASE READ LIST ONLY IF RESPONDENT NEEDS PROMPTING FOR CANCER TYPE (I.E., NAME OF CANCER) [1-30]:</p>		
Breast		
01	Breast cancer	
Female reproductive (Gynecologic)		
02	Cervical cancer (cancer of the cervix)	
03	Endometrial cancer (cancer of the uterus)	
04	Ovarian cancer (cancer of the ovary)	
Head/Neck		
05	Head and neck cancer	
06	Oral cancer	
07	Pharyngeal (throat) cancer	
08	Thyroid	
09	Larynx	
Gastrointestinal		
10	Colon (intestine) cancer	
11	Esophageal (esophagus)	
12	Liver cancer	
13	Pancreatic (pancreas) cancer	
14	Rectal (rectum) cancer	
15	Stomach	
Leukemia/Lymphoma (lymph nodes and bone marrow)		
16	Hodgkin's Lymphoma (Hodgkin's disease)	
17	Leukemia (blood) cancer	
18	Non-Hodgkin's Lymphoma	
Male reproductive		
19	Prostate cancer	
20	Testicular cancer	
Skin		
21	Melanoma	
22	Other skin cancer	
Thoracic		
23	Heart	
24	Lung	
Urinary cancer:		
25	Bladder cancer	

26	Renal (kidney) cancer
	Others
27	Bone
28	Brain
29	Neuroblastoma
30	Other
77	DON'T KNOW/NOT SURE
99	REFUSED

M17Q04	Select	432
Ask If	M17Q01 > 0 AND M17Q01 < 7	
Are you currently receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.		
1	Yes	M17END
2	No, I've completed treatment	
3	No, I've refused treatment	M17END
4	No, I haven't started treatment	M17END
7	DON'T KNOW/NOT SURE	M17END
9	REFUSED	M17END

M17Q05	Select	433-434
Ask If	M17Q04 = 2	
What type of doctor provides the majority of your health care?		
INTERVIEWER NOTE: IF THE RESPONDENT REQUESTS CLARIFICATION OF THIS QUESTION, SAY:		
"We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.)."		
PLEASE READ [1-10]:		
01	Cancer Surgeon	
02	Family Practitioner	
03	General Surgeon	
04	Gynecologic Oncologist	
05	General Practitioner, Internist	
06	Plastic Surgeon, Reconstructive Surgeon	
07	Medical Oncologist	
08	Radiation Oncologist	
09	Urologist	
10	Other	
77	DON'T KNOW/NOT SURE	
99	REFUSED	

M17Q06	Select	435
Ask If	M17Q04 = 2	
Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received?		
READ ONLY IF NECESSARY:		
"By 'other healthcare professional' we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional."		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M17Q07	Select	436
Ask If	M17Q04 = 2	
Have you EVER received instructions from a doctor, nurse, or other health professional about WHERE you should return or WHO you should see for routine cancer check-ups after completing your treatment for cancer?		
1	YES	
2	NO	M17Q09
7	DON'T KNOW/NOT SURE	M17Q09
9	REFUSED	M17Q09

M17Q08	Select	437
Ask If	M17Q07 = 1	
Were these instructions written down or printed on paper for you?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M17Q09	Select	438
Ask If	M17Q04 = 2	
With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?		
INTERVIEWER NOTE: "HEALTH INSURANCE" ALSO INCLUDES MEDICARE, MEDICAID, OR OTHER TYPES OF STATE HEALTH PROGRAMS.		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M17Q10	Select	439
Ask If	M17Q04 = 2	
Were you EVER denied health insurance or life insurance coverage because of your cancer?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M17Q11	Select	440
Ask If	M17Q04 = 2	
Did you participate in a clinical trial as part of your cancer treatment?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M17Q12	Select	441
Ask If	M17Q04 = 2	
Do you currently have physical pain caused by your cancer or cancer treatment?		
1	YES	
2	NO	M17END
7	DON'T KNOW/NOT SURE	M17END
9	REFUSED	M17END

M17Q13	Select	442
Ask If	M17Q12 = 1	
Is your pain currently under control?		
PLEASE READ:		
1	Yes, with medication (or treatment)	
2	Yes, without medication (or treatment)	
3	No, with medication (or treatment)	
4	No, without medication (or treatment)	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M17END	Pause
Ask If	

Module 21: Sexual Orientation and Gender Identity

M21INTRO	Pause
Ask If	

M21Q01	Select	650
Ask If		
The next two questions are about sexual orientation and gender identity.		
Do you consider yourself to be:		
INTERVIEWER NOTE:		
"We ask this question in order to better understand the health and health care needs of people with different sexual orientations."		
INTERVIEWER NOTE: PLEASE SAY THE NUMBER BEFORE THE TEXT RESPONSE. RESPONDENT CAN ANSWER WITH EITHER THE NUMBER OR THE TEXT/WORD.		
PLEASE READ:		
1	1 - Straight	
2	2 - Lesbian or gay	
3	3 - Bisexual	
4	OTHER	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M21Q02	Select	651
Ask If		
Do you consider yourself to be transgender?		
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 SAY THE NUMBER BEFORE THE "YES" TEXT RESPONSE. RESPONDENT CAN ANSWER WITH EITHER THE NUMBER OR THE TEXT/WORD.		
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 transgender. 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 ONLY as a man or ONLY as a woman."		
1	1 - Yes, Transgender, male-to-female	
2	2 - Yes, Transgender, female to male	
3	3 - Yes, Transgender, gender nonconforming	
4	4 - No	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M21END	Pause
Ask If	

Module 22: Random Child Selection

CATI Note: If Core C08Q16 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

M22INTRO	Key
Ask If	C08Q16 < 88
<p>{If C08Q16 = 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 C08Q16 > 1 AND C08Q16 < 88, Previously, you indicated there were {C08Q16} children age 17 or younger in your household. Think about those {C08Q16} 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>	

M22Q01	Numeric	652-657
Ask If	C08Q16 < 88	
What is the birth month and year of the {SHOWKID}?		
CODE MONTH AND YEAR		
777777	DON'T KNOW/NOT SURE	
999999	REFUSED	
XX1998	MIN	CONTROL
XX2016	MAX	CONTROL

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).

Add a minimum based on the current month and year of 1998, which would mean the child is over the age of 18. Add a max of the current month and year of 2016.

M22Q02	Select	658
Ask If	C08Q16 < 88	
Is the child a boy or a girl?		
1	Boy	
2	Girl	
9	REFUSED	

M22Q03A	Select	659-662
Ask If	C08Q16 < 88	
Is the child Hispanic, Latino/a, or Spanish origin?		
1	YES	
2	NO	M22Q04
7	DON'T KNOW/NOT SURE	M22Q04
9	REFUSED	M22Q04

M22Q03B	Multiple Select	659-662
Ask If	M22Q03A = 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

M22Q04	Multiple Select	663-692
Ask If	C08Q16 < 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.		
(SELECT 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	

M22Q05	Select	693-694
Ask If	M22Q04 < 77 AND M22Q04.2 > 0 AND M22Q04.2 <> 88	
Which one of these groups would you say best represents the child's race?		
INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING.		
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	

M22Q06	Select	695
Ask If	C08Q16 < 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	

M22END	Pause
Ask If	

Module 23: Childhood Asthma Prevalence

CATI Note: If response to Core C08Q16 = 88 (None) or 99 (Refused), go to next module.

M23INTRO	Pause
Ask If	C08Q16 > 0 AND C08Q16 < 88

M23Q01	Select	696
Ask If	C08Q16 > 0 AND C08Q16 < 88	
{IF C08Q16 > 1, The next two questions are about the {SHOWKID}.}		
Has a doctor, nurse or other health professional EVER said that the child has asthma?		
1	YES	
2	NO	M23END
7	DON'T KNOW/NOT SURE	M23END
9	REFUSED	M23END

M23Q02	Select	697
Ask If	M23Q01 = 1	
Does the child still have asthma?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M23END	Pause
Ask If	

State Added Section 01: Brown Cigarettes

IN01INTRO	Pause
Ask If	

IN01Q01	Select	901
Ask If		
<p>Little filtered cigars are different from regular cigars and cigarillos. They resemble cigarettes in size, and are often sold in packs of 20. They are usually brown in color and have a spongy filter like a cigarette. Some common brands are Prime Time little filter cigars and Winchester little filter cigars, but there are others.</p> <p>In the past 30 days, have you smoked little filtered cigars on all days, some of the days, or not at all?</p>		
1 All days		
2 Some of the days		
3	Not at all	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

IN01Q02	Select	902
Ask If		
<p>Regular cigars are different from little filtered cigars. They can be large cigars, or smaller in size such as cigarillos. They are usually sold individually or in packs of 5 or 8. Some common brands are Black and Milds, Swisher Sweets cigarillos, and Phillies Blunts, but there are others.</p> <p>In the past 30 days, have you smoked these regular cigars on all days, some of the days, or not at all?</p>		
1 All days		
2 Some of the days		
3 Not at all		
7 DON'T KNOW/NOT SURE		
9 REFUSED		

IN01END	Pause
Ask If	

State Added Section 02: Access for Exercise

IN02INTRO	Pause
Ask If	

IN02Q01	Select	903
Ask If		
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	

IN02Q02	Select	904
Ask If		
Do you have access to public exercise facilities such as walking or running tracks, basketball or tennis courts, swimming pools, sports fields, etc., in your neighborhood?		
INTERVIEW 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	

IN02END	Pause
Ask If	

State Added Section 03: Unwanted Sexual Experiences

IN03INTRO	Pause
Ask If	

IN03Q01	Select	905
Ask If		
<p>The next questions are about unwanted sexual experiences. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section I will give you a phone number for an organization that can provide information and referral for this issue. Remember that your answers are strictly confidential and that you don't have to answer a question if you don't want to. This information will help us to better understand the problem of unwanted sexual contact and may help others in the future. Please keep in mind that if you are not in a safe place you can ask me to skip any question you do not want to answer.</p> <p>Are you in a safe place to answer these questions?</p>		
1	YES	
2	NO	IN03END
7	DON'T KNOW/NOT SURE	IN03END
9	REFUSED	IN03END

IN03Q02	Select	906
Ask If	IN03Q01 = 1	
<p>I am going to ask you questions about unwanted sex. Unwanted sex includes things like putting anything into your {If C08Q01 = 2, vagina} anus, or mouth or making you do these things to them after you said or showed that you didn't want to. It includes times when you were unable to consent; for example you were drunk or asleep or you thought you would be hurt or punished if you refused.</p> <p>In the past 12 months, has anyone had sex with you after you said or showed that you didn't want them to or without your consent?</p>		
1	YES	
2	NO	IN03END
7	DON'T KNOW/NOT SURE	IN03END
9	REFUSED	IN03END

IN03Q03		Multiple Select 907-937		
Ask If		IN03Q02 = 1		
Who did you tell about the incident if anyone? For example, did you tell a friend or family member, doctor, rape crisis center, therapist, member of the clergy, or the police? Please list everyone, including anyone that I have not mentioned.				
INTERVIEWER NOTE: IF REPORTED MORE THAN ONE INCIDENT ASK ABOUT MOST RECENT.				
READ IF NECESSARY				
SELECT ALL THAT APPLY				
01	Friend			
02	Family member			
03	Doctor or other medical professional			
04	Crisis center, support group, rape crisis center, other victim service agency			
05	Therapist/counselor			
06	Clergy			
07	Police or other law enforcement			
08	Other [Specify: _____]		OTHER	
09	Did not tell anyone		Exclusive	
77	DON'T KNOW/NOT SURE		Exclusive	
99	REFUSED		Exclusive	

IN03Q04		Select 938		
Ask If		IN03Q02 = 1		
In what type of place did the incident occur? For instance, did this happen at home, school, or at work?				
INTERVIEWER NOTE: IF REPORTED MORE THAN ONE INCIDENT ASK ABOUT MOST RECENT.				
READ IF NECESSARY				
1	At home			
2	At work			
3	In a park			
4	At a friend's home			
5	At a family member's home			
6	Other [Specify: _____]		OTHER	
7	DON'T KNOW/NOT SURE			
9	REFUSED			

IN03Q05		Multiple Select		954-959
Ask If		IN03Q02 = 1		
Since the (most recent) incident, have you experienced any of the following:				
PLEASE READ 1-6				
1	Depression			
2	Thoughts of suicide			
3	Drug use or abuse			
4	Physical assault			
5	Emotional assault			
6	Fear, anxiety or worry			
8	NONE OF THE ABOVE		Exclusive	
7	DON'T KNOW/NOT SURE		Exclusive	
9	REFUSED		Exclusive	

IN03Q06		Key	
Ask If			
If you or someone you know would like to talk to a trained counselor, the following toll-free number can connect you to a confidential sexual assault hotline in your area. The number is 1-800-656-HOPE, that's 1-800-656-4673. Would you like me to repeat that?			

IN03END		Pause	
Ask If			

Asthma Call-Back Permission Script

AFUINTRO	Pause
Ask If	

ADLTPERM	Select	702
Ask If	(C06Q04 = 1) OR (M23Q01 = 1 AND (M22Q06 = 1 OR M22Q06 = 3))	
<p>We would like to call you again within the next 2 weeks to talk in more detail about {ADLTCHLD = 1, your, your child's} experiences with asthma. The information will be used to help develop and improve the asthma programs in {STATE}. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?</p>		
1	YES	
2	NO	AFUEND

FNAME	Select
Ask If	ADLTPERM = 1
<p>Can I please have either your first name or initials, so we will know who to ask for when we call back?</p>	
1	ENTER FIRST NAME OR INITIALS OTHER
9	REFUSED

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

MOSTKNOW	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

OTHNAME	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	

CBTIME	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	

Closing Statement

CLOSING	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.	