

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.'

3. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

INTERVIEWER NOTE: ENTER QUANTITY PER DAY, WEEK, OR MONTH

1 __	Times per day
2 __	Times per week
3 __	Times per month
4 __	Times per year
555	No feet
888	Never
777	Don't know / Not sure
999	Refused

4. 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

5. 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

[CATI NOTE: IF Q3 = 555 (NO FEET), GO TO Q7.]

6. 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

7. 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

Do not read:

- 7 Don't know / Not sure
- 8 Never
- 9 Refused

8. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

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

9. 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

Module 3: Respiratory Health (COPD Symptoms)

The next few questions are about breathing problems you may have.

1. During the past 3 months, did you have a cough on most days?

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

2. During the past 3 months, did you cough up phlegm [FLEM] or mucus on most days?

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

3. Do you have shortness of breath either when hurrying on level ground or when walking up a slight hill or stairs?

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

4. Have you ever been given a breathing test to diagnose breathing problems?

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

5. Over your lifetime, how many years have you smoked tobacco products?

- __ Number of years (01-76)
- 88 Never smoked or smoked less than one year
- 77 Don't know/Not sure
- 99 Refused

Module 9: Sleep Disorder

1. 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

2. Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much?

- __ 01-14 days
- 88 None
- 77 Don't know/Not sure
- 99 Refused

3. Over the last 2 weeks, how many days did you unintentionally fall asleep during the day?

- __ 01-14 days
- 88 None
- 77 Don't know/Not sure
- 99 Refused

4. Have you ever been told that you snore loudly?

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

5. Has anyone ever observed that you stop breathing during your sleep?

INTERVIEWER NOTE: ALSO ENTER "YES" IF RESPONDENT MENTIONS HAVING A MACHINE OR CPAP THAT RECORDS THAT BREATHING SOMETIMES STOPS DURING THE NIGHT.

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

Module 11: Alcohol Screening & Brief Intervention (ASBI)

CATI NOTE: IF CORE Q3.4 = 1, OR 2 (HAD A CHECKUP WITHIN THE PAST 2 YEARS) CONTINUE, ELSE GO TO NEXT MODULE.

Healthcare providers may ask during routine checkups about behaviors like alcohol use, whether you drink or not. We want to know about their questions.

1. You told me earlier that your last routine checkup was [within the past year/within the past 2 years]. At that checkup, were you asked in person or on a form if you drink alcohol?

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

2. Did the health care provider ask you in person or on a form how much you drink?

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

3. Did the healthcare provider specifically ask whether you drank [5 FOR MEN /4 FOR WOMEN] or more alcoholic drinks on an occasion?

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

4. 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

[CATI NOTE: IF QUESTION 1, 2, OR 3 = 1 (YES) CONTINUE, ELSE GO TO NEXT MODULE.]

5. 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

Module 12: Cancer Survivorship

[CATI NOTE: IF CORE Q6.6 OR Q6.7 = 1 (YES) CONTINUE, ELSE GO TO NEXT MODULE.]

You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.

1. How many different types of cancer have you had?

Do not read:

- 1 Only one
- 2 Two
- 3 Three or more
- 7 Don't know / Not sure **[GO TO NEXT MODULE]**
- 9 Refused **[GO TO NEXT MODULE]**

2. At what age were you told that you had cancer?

- __ Code age in years **(INTERVIEWER NOTE: 97 = 97 and older)**
- 98 Don't know / Not sure
- 99 Refused

[CATI NOTE: IF Q1= 2 (TWO) OR 3 (THREE OR MORE), ASK: "AT WHAT AGE WERE YOU FIRST DIAGNOSED WITH CANCER?"]

INTERVIEWER NOTE: THIS QUESTION REFERS TO THE FIRST TIME THEY WERE TOLD ABOUT THEIR FIRST CANCER.

[CATI NOTE: IF CORE Q6.6 = 1 (YES) AND Q1 = 1 (ONLY ONE): ASK "WAS IT "MELANOMA" OR "OTHER SKIN CANCER"? THEN CODE 21 IF "MELANOMA" OR 22 IF "OTHER SKIN CANCER"]

3. What type of cancer was it?

[CATI NOTE: IF Q1 = 2 (TWO) OR 3 (THREE OR MORE), ASK: "WITH YOUR MOST RECENT DIAGNOSES OF CANCER, WHAT TYPE OF CANCER WAS IT?"]

INTERVIEWER NOTE: PLEASE READ LIST ONLY IF RESPONDENT NEEDS PROMPTING FOR CANCER TYPE (I.E., NAME OF CANCER) [1-30]:

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

Do not read:

77 Don't know / Not sure

99 Refused

4. Are you currently receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.

Read if necessary:

- | | | |
|---|---------------------------------|---------------------|
| 1 | Yes | [GO TO NEXT MODULE] |
| 2 | No, I've completed treatment | |
| 3 | No, I've refused treatment | [GO TO NEXT MODULE] |
| 4 | No, I haven't started treatment | [GO TO NEXT MODULE] |
| 5 | Treatment was not needed | [GO TO NEXT MODULE] |
| 7 | Don't know / Not sure | [GO TO NEXT MODULE] |
| 9 | Refused | [GO TO NEXT MODULE] |

5. **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 |

Do not read:

- | | |
|----|-----------------------|
| 77 | Don't know / Not sure |
| 99 | Refused |

6. 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 |

7. 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 | [GO TO Q9] |
| 7 | Don't know / Not sure | [GO TO Q9] |
| 9 | Refused | [GO TO Q9] |

8. Were these instructions written down or printed on paper for you?
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
9. With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

INTERVIEWER NOTE: "HEALTH INSURANCE" ALSO INCLUDES MEDICARE, MEDICAID, OR OTHER TYPES OF STATE HEALTH PROGRAMS.

10. 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
11. 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
12. Do you currently have physical pain caused by your cancer or cancer treatment?
- 1 Yes
 - 2 No [GO TO NEXT MODULE]
 - 7 Don't know / Not sure [GO TO NEXT MODULE]
 - 9 Refused [GO TO NEXT MODULE]

13. 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)
- Do not read:**
- 7 Don't know / Not sure
 - 9 Refused

Module 16: Preconception Health/Family Planning

[CATI NOTE: IF RESPONDENT IS FEMALE AND GREATER THAN 49 YEARS OF AGE, HAS HAD A HYSTERECTOMY, IS PREGNANT, OR IF RESPONDENT IS MALE GO TO THE NEXT MODULE.]

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

1. Did you or your partner do anything the last time you had sex to keep you from getting pregnant?
 - 1 Yes
 - 2 No [GO TO Q3]
 - 3 No partner/not sexually active [GO TO NEXT MODULE]
 - 4 Same sex partner [GO TO NEXT MODULE]
 - 5 Has had a Hysterectomy [GO TO NEXT MODULE]
 - 7 Don't know/Not sure [GO TO Q3]
 - 9 Refused [GO TO Q3].

2. What did you or your partner do the last time you had sex to keep you from getting pregnant?

INTERVIEWER NOTE: IF RESPONDENT REPORTS USING MORE THAN ONE METHOD, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST.

INTERVIEWER NOTE: IF RESPONDENT REPORTS USING "CONDOMS," PROBE TO DETERMINE IF "FEMALE CONDOMS" OR MALE CONDOMS."

INTERVIEWER NOTE: IF RESPONDENT REPORTS USING AN "IUD" PROBE TO DETERMINE IF "LEVONORGESTREL IUD" OR "COPPER-BEARING IUD."

INTERVIEWER NOTE: IF RESPONDENT REPORTS "OTHER METHOD," ASK RESPONDENT TO "PLEASE BE SPECIFIC" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.

Read only if necessary:

- 01 Female sterilization (ex. Tubal ligation, Essure, Adiana) [GO TO NEXT MODULE]
- 02 Male sterilization (vasectomy) [GO TO NEXT MODULE]
- 03 Contraceptive implant (ex. Implanon) [GO TO NEXT MODULE]
- 04 Levonorgestrel (LEE-voe-nor-JES-trel) (LNG) or hormonal IUD (ex. Mirena) [GO TO NEXT MODULE]
- 05 Copper-bearing IUD (ex. ParaGard) [GO TO NEXT MODULE]
- 06 IUD, type unknown [GO TO NEXT MODULE]
- 07 Shots (ex. Depo-Provera) [GO TO NEXT MODULE]
- 08 Birth control pills, any kind [GO TO NEXT MODULE]
- 09 Contraceptive patch (ex. Ortho Evra) [GO TO NEXT MODULE]
- 10 Contraceptive ring (ex. NuvaRing) [GO TO NEXT MODULE]
- 11 Male condoms [GO TO NEXT MODULE]
- 12 Diaphragm, cervical cap, sponge [GO TO NEXT MODULE]
- 13 Female condoms [GO TO NEXT MODULE]

- 14 Not having sex at certain times (rhythm or natural family planning) **[GO TO NEXT MODULE]**
- 15 Withdrawal (or pulling out) **[GO TO NEXT MODULE]**
- 16 Foam, jelly, film, or cream **[GO TO NEXT MODULE]**
- 17 Emergency contraception (morning after pill) **[GO TO NEXT MODULE]**
- 18 Other method **[GO TO NEXT MODULE]**

Do not read:

- 77 Don't know/Not sure
- 99 Refused

Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.

- 3. What was your main reason for not doing anything the last time you had sex to keep you from getting pregnant?

INTERVIEWER NOTE: IF RESPONDENT REPORTS "OTHER REASON," ASK RESPONDENT TO "PLEASE SPECIFY" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.

Read only if necessary:

- 01 You didn't think you were going to have sex/no regular partner
- 02 You just didn't think about it
- 03 Don't care if you get pregnant
- 04 You want a pregnancy
- 05 You or your partner don't want to use birth control
- 06 You or your partner don't like birth control/side effects
- 07 You couldn't pay for birth control
- 08 You had a problem getting birth control when you needed it
- 09 Religious reasons
- 10 Lapse in use of a method
- 11 Don't think you or your partner can get pregnant (infertile or too old)
- 12 You had tubes tied (sterilization)
- 13 You had a hysterectomy
- 14 Your partner had a vasectomy (sterilization)
- 15 You are currently breast-feeding
- 16 You just had a baby/postpartum
- 17 You are pregnant now
- 18 Same sex partner
- 19 Other reasons

- 77 Don't know/Not sure
- 99 Refused

Module 25: Industry and Occupation

IF CORE Q8.15 = 1 OR 4 (EMPLOYED FOR WAGES OR OUT OF WORK FOR LESS THAN 1 YEAR) OR 2 (SELF-EMPLOYED), CONTINUE ELSE GO TO NEXT MODULE.

Now I am going to ask you about your work.

[CATI NOTE: IF CORE Q8.15 = 1 (EMPLOYED FOR WAGES) OR 2 (SELF-EMPLOYED) ASK,]

1. What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic.

INTERVIEWER NOTE: IF RESPONDENT IS UNCLEAR, ASK "WHAT IS YOUR JOB TITLE?"

INTERVIEWER NOTE: IF RESPONDENT HAS MORE THAN ONE JOB THEN ASK, "WHAT IS YOUR MAIN JOB?"

[Record answer]
99

_____ Refused

[IF CORE Q8.15 = 4 (OUT OF WORK FOR LESS THAN 1 YEAR) ASK,]

What kind of work did you do? For example, registered nurse, janitor, cashier, auto mechanic.

INTERVIEWER NOTE: IF RESPONDENT IS UNCLEAR, ASK "WHAT WAS YOUR JOB TITLE?"

INTERVIEWER NOTE: IF RESPONDENT HAS MORE THAN ONE JOB THEN ASK, "WHAT WAS YOUR MAIN JOB?"

[Record answer]
99

_____ Refused

[IF CORE Q8.15 = 1 (EMPLOYED FOR WAGES) OR 2 (SELF-EMPLOYED) ASK,]

2. What kind of business or industry do you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.

[Record answer]
99

_____ Refused

[CATI NOTE: IF CORE Q8.15 = 4 (OUT OF WORK FOR LESS THAN 1 YEAR) ASK,]

What kind of business or industry did you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.

[Record answer]
99

_____ Refused

Module 28: Random Child Selection

[CATI NOTE: IF CORE Q8.16 = 88, OR 99 (NO CHILDREN UNDER AGE 18 IN THE HOUSEHOLD, OR REFUSED), GO TO NEXT MODULE.]

CATI NOTE: IF CORE Q8.16 = 1, INTERVIEWER PLEASE READ: “PREVIOUSLY, YOU INDICATED THERE WAS ONE CHILD AGE 17 OR YOUNGER IN YOUR HOUSEHOLD. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THAT CHILD.” [GO TO Q1]

[CATI NOTE: IF CORE Q8.16 IS >1 AND CORE Q8.16 DOES NOT EQUAL 88 OR 99, INTERVIEWER PLEASE READ: “PREVIOUSLY, YOU INDICATED THERE WERE [NUMBER] CHILDREN AGE 17 OR YOUNGER IN YOUR HOUSEHOLD. THINK ABOUT THOSE [NUMBER] CHILDREN IN ORDER OF THEIR BIRTH, FROM OLDEST TO YOUNGEST. THE OLDEST CHILD IS THE FIRST CHILD AND THE YOUNGEST CHILD IS THE LAST. PLEASE INCLUDE CHILDREN WITH THE SAME BIRTH DATE, INCLUDING TWINS, IN THE ORDER OF THEIR BIRTH.”]

[CATI NOTE: RANDOMLY SELECT ONE OF THE CHILDREN. THIS IS THE “XTH” CHILD. PLEASE SUBSTITUTE “XTH” CHILD’S NUMBER IN ALL QUESTIONS BELOW.]

Please read:

I have some additional questions about one specific child. The child I will be referring to is the “Xth” [CATI NOTE: PLEASE FILL IN CORRECT NUMBER] CHILD IN YOUR HOUSEHOLD. ALL FOLLOWING QUESTIONS ABOUT CHILDREN WILL BE ABOUT THE “XTH” [CATI NOTE: PLEASE FILL IN] CHILD.]

1. What is the birth month and year of the “Xth” child?

__/____	Code month and year
77/7777	Don’t know / Not sure
99/9999	Refused

CATI NOTE: CALCULATE THE CHILD’S AGE IN MONTHS (CHLDAGE1=0 TO 216) AND ALSO IN YEARS (CHLDAGE2=0 TO 17) BASED ON THE INTERVIEW DATE AND THE BIRTH MONTH AND YEAR USING A VALUE OF 15 FOR THE BIRTH DAY. IF THE SELECTED CHILD IS < 12 MONTHS OLD ENTER THE CALCULATED MONTHS IN CHLDAGE1 AND 0 IN CHLDAGE2. IF THE CHILD IS ≥ 12 MONTHS ENTER THE CALCULATED MONTHS IN CHLDAGE1 AND SET CHLDAGE2=TRUNCATE (CHLDAGE1/12).

2. Is the child a boy or a girl?

1	Boy
2	Girl
9	Refused

3. Is the child Hispanic, Latino/a, or Spanish origin?

INTERVIEWER INSTRUCTION: IF YES, ASK: "ARE THEY..."

INTERVIEWER NOTE: SELECT ALL THAT APPLY

Please read:

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish origin

Do not read:

- 5 No
- 7 Don't know / Not sure
- 9 Refused

4. Which one or more of the following would you say is the race of the child?

INTERVIEWER NOTE: SELECT ALL THAT APPLY

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

Do not read:

- 60 Other
- 88 No additional choices
- 77 Don't know / Not sure
- 99 Refused

5. 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

Do not read:

- 60 Other
- 77 Don't know / Not sure
- 99 Refused

6. 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

Do not read:

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

Module 29: Childhood Asthma Prevalence

[CATI NOTE: IF RESPONSE TO CORE Q8.16 = 88 (NONE) OR 99 (REFUSED), GO TO NEXT MODULE.]

The next two questions are about the "Xth" [CATI NOTE: PLEASE FILL IN CORRECT NUMBER] child.

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

- 1 Yes
- 2 No [GO TO NEXT MODULE]
- 7 Don't know / Not sure [GO TO NEXT MODULE]
- 9 Refused [GO TO NEXT MODULE]

2. Does the child still have asthma?

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

Asthma Call-Back Permission Script

We would like to call you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in <STATE>. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you or others 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?

- 1 Yes
- 2 No

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

_____ Enter first name or initials.

Asthma Call-Back Selection

Which person in the household was selected as the focus of the asthma call-back?

- 1 Adult
- 2 Child

CLOSING STATEMENT

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

State Added Questions

State Added 1: Injured at Work - Path A

SA1.1 In the past 12 months have you been injured while performing your job or has a doctor or other medical professional told you that you have a work-related illness?

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

State Added 2: Colorectal Cancer Screening - Path A & B

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

The next questions are about colorectal cancer screening.

SA2.1 A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

- 1 Yes
- 2 No [Go to QSA2.3]
- 7 Don't know / Not sure [Go to QSA2.3]
- 9 Refused [Go to QSA2.3]

SA2.2 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

Do not read:

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

SA2.3 Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

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

SA2.4 For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy?

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

SA2.5 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

Do not read:

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

State Added 3: Blood Pressure Screening - Path A

SA3.1 During the past 12 months, have you had your blood pressure taken by a doctor, nurse, pharmacist, dentist, eye doctor, or other health professional?

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

SA3.2 Thinking about the last time you had your blood pressure checked by a doctor, nurse, pharmacist, dentist, eye doctor, or other health professional, do you recall being told that your blood pressure was normal, borderline high, or high (mark one response)

Please read:

- 1 Told it was low
- 2 Told it was normal
- 3 Told it was borderline high
- 4 Told it was high
- 5 Was not told what my blood pressure was

Do not read:

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

State Added 4: Smoking Inside Home - Path A

SA4.1 Which statement best describes the rules about smoking inside your home? Do not include decks, garages or porches.

Please read:

- 1 Smoking is not allowed anywhere inside your home
- 2 Smoking is allowed in some places or at some times
- 3 Smoking is allowed anywhere inside the home

Do not read:

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

SA4.2 Which statement best describes the rules about smoking inside your family vehicle?

Please read:

- 1 Smoking is not allowed at any time in family vehicle
- 2 Smoking is allowed only when children 17 and younger are not present
- 3 Smoking is allowed at all times in family vehicle
- 4 Do not have a car

Do not read:

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

State Added 5: Walking - Path A

SA5.1 In a usual week do you walk for at least 10 minutes at a time for recreation, exercise, to get to and from places, or for any other reason?

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

Now I would like to ask you a question about your neighborhood. A neighborhood is defined as an area within ONE-HALF MILE OR A TEN MINUTE walk from your home.

SA5.2 In your NEIGHBORHOOD do you have access to any sidewalks, shoulders of the road, trails, or parks where you can safely walk?

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

State Added 6: Wearable Devices - Path A

SA6.1 Do you track your nutrition, sleep, or physical activity using a wearable device or a mobile application (such as Fitbit, Samsung Gear Fit, Apple fitness app or other consumer application).

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

SA6.2 What types of health information do you track using your mobile app or wearable device?

- 1 Physical activity
- 2 Nutrition/ calories
- 3 Sleep
- 4 Chronic indicator (blood sugar, blood pressure)
- 5 I enter multiple health indicators
- 7 Don't know / Not sure
- 9 Refused

SA6.3 How often do you enter information on your mobile app or wearable device?

- 1 It is automatically entered by the app
- 2 Multiple times per day
- 3 Daily
- 4 At least once per week
- 5 At least once per month
- 6 Less frequently than once per month
- 7 Don't know / Not sure
- 9 Refused

SA6.4 Would you be willing to share information stored on your mobile device or app for use by a public health agency, such as the CDC or state health department?

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

State Added 7: Health Literacy - Path A & B

SA7.1 How difficult is it for you to get advice or information about health or medical topics if you need it? Would you say it is ...

Please read:

- 1 Very easy
- 2 Somewhat easy
- 3 Somewhat difficult
- 4 Very difficult
- 5 I don't look for health information

Do not read:

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

INTERVIEWER NOTE: Respondent can answer based on any source of health or medical advice or information. If the respondent asks what is meant by advice or information, interviewer re-reads the question to the respondent. If the respondent still doesn't understand, interviewer can say, "You can think about any source of health or medical advice or information."

SA7.2 How difficult is it for you to understand information that doctors, nurses and other health professionals tell you? Would you say it is ...

Please read:

- 1 Very easy
- 2 Somewhat easy
- 3 Somewhat difficult
- 4 Very difficult

Do not read:

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

SA7.3 You can find written information about health on the Internet, in newspapers and magazines, and in brochures in the doctor's office and clinic. In general, how difficult is it for you to understand written health information? Would you say it is ...

Please read:

- 1 Very easy
- 2 Somewhat easy
- 3 Somewhat difficult
- 4 Very difficult
- 5 I don't pay attention to written health information

Do not read:

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

State Added 8: Visual Impairment and Access to Eye Care - Path A & B

[CATI NOTE: IF RESPONDENT IS LESS THAN 40 YEARS OF AGE, GO TO NEXT MODULE.]

I would like to ask you questions about how much difficulty, if any, you have doing certain activities. If you usually wear glasses or contact lenses, please rate your ability to do them while wearing glasses or contact lenses.

SA8.1 How much difficulty, if any, do you have in recognizing a friend across the street? Would you say—

Please read:

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

Do not read:

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

SA8.2 How much difficulty, if any, do you have reading print in newspapers, magazines, recipes, menus, or numbers on the telephone? Would you say—

Please read:

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

Do not read:

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

SA8.3 When was the last time you had your eyes examined by any doctor or eye care provider?

Read only if necessary:

- 1 Within the past month (anytime less than 1 month ago) **[Go to QSA8.5]**
- 2 Within the past year (1 month but less than 12 months ago) **[Go to QSA8.5]**
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago
- 5 Never

Do not read:

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

[CATI NOTE: ASK QSA8.4 ONLY IF QSA8.3=3-7 OR 9.]

SA8.4 What is the main reason you have not visited an eye care professional in the past 12 months?

Read only if necessary:

- 01 Cost/insurance
- 02 Do not have/know an eye doctor
- 03 Cannot get to the office/clinic (too far away, no transportation)
- 04 Could not get an appointment
- 05 No reason to go (no problem)
- 06 Have not thought of it
- 07 Other

Do not read:

- 77 Don't know / Not sure
- 08 Not Applicable (Blind) **[Go to next section]**
- 99 Refused

[CATI NOTE: IF THE PERSON IS DIABETIC, "YES" TO CORE Q6.12; SKIP QSA8.5.]

SA8.5 When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

Read only if necessary:

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

Do not read:

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

SA8.6 Do you have any kind of health insurance coverage for eye care?

- 1 Yes
- 2 No
- 8 Not applicable (Blind)
- 7 Don't know/Not sure
- 9 Refused

State Added 9: Binge Drinking - Path B

CATI Note: If Q11.3 is ≥ 1 ; but < 77 , continue. Otherwise, go to next module.

Previously, you answered that you drank **[5 or more for men, 4 or more for women]** alcoholic beverages on at least one occasion in the past 30 days. The next questions are **about the most recent occasion** when this happened. For these questions, **one drink equals 12 ounces of beer, 5 ounces of wine, or one and one-half ounces (one shot) of liquor**. So, a 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

INTERVIEWER NOTE: If asked, “occasion” means in a row or within a few hours.

SA9.1 During the **most** recent occasion when you had **[5 or more for men, 4 or more for women]** alcoholic beverages, about **how many beers**, including malt liquor, did you drink?

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

SA9.2 During the same occasion, about **how many glasses of wine** did you drink?

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

SA9.3 During the same occasion, about **how many drinks of liquor**, including cocktails, did you have?

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

SA9.4 During the same occasion, about **how many other pre-mixed, flavored** drinks did you have? By that, we mean drinks such as hard lemonade, wine coolers, or Smirnoff Ice.

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

SA9.5 During this most recent occasion, **where were you** when you did **most** of your drinking?

Read only if necessary:

- 1 At your home, for example, your house, apartment, or dorm room
- 2 At another person's home
- 3 At a restaurant or banquet hall
- 4 At a bar or club
- 5 At a public place, such as at a park, concert, or sporting event

Do not read:

- 6 Other (specify)
- 7 Don't know / Not sure
- 9 Refused

SA9.6 Did you drive a motor vehicle such as a car, truck, or motorcycle **during or within a couple of hours after** this occasion?

INTERVIEWER NOTE: For those with concerns about this question, answering "Yes" is not meant to imply they were drunk driving or breaking the law.

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

CATI note: Ask QSA9.7 only if response to QSA9.5 = 3 (At a restaurant or banquet hall) or 4 (At a bar or club). Otherwise, go to next module.

SA9.7 During this most recent occasion, approximately how much did **you pay** for the alcohol which **you drank**?

INTERVIEWER NOTE: If anyone asks, they do not need to include the amount spent on tips.

- — Total amount
- 8 8 8 Paid nothing - all drinks free or paid for by others
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

State Added 10: Prescription Drug Use - Path B

SA10.1 In the past year, did you use any pain medications that were prescribed to you by a doctor?

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

SA10.2 The last time you filled a prescription for pain medication, was there any medication leftover?

INTERVIEWER NOTE: If the respondent indicates they are currently taking pain medication mark accordingly.

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 8 Currently taking pain medication
- 9 Refused

State Added 11: Distracted Driving - Path B

SA11.1 During the past 30 days, on how many days did you text or e-mail while driving a car or other vehicle?

INTERVIEWER NOTE: Include voice activated texting and emailing while driving using a phone directly or through a Bluetooth or hands-free device within a car or other vehicle.

- 00-30 (specify)
- 77 Don't know / Not sure
- 88 Do not drive
- 99 Refused

SA11.2 During the past 30 days, on how many days did you talk on a cell phone while driving a car or other vehicle?

INTERVIEWER NOTE: Include talking on a cell phone while driving using a Bluetooth or hands-free device within a car or other vehicle.

- 00-30 (specify)
- 77 Don't know / Not sure
- 88 Do not drive
- 99 Refused

State Added 12: Reaction to Race - Path B

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

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

SA12.1 Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races?

Please read:

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

Do not read:

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

SA12.2 Within the past 12 months, when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races?

Please read:

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

Do not read:

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

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

SA12.3 Within the past 30 days, have you experienced any physical symptoms, for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race?

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

SA12.4 Within the past 30 days, have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race?

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

State Added 13: Race - Path B

CATI Note: If African American (Q8.4 = 20), continue. Otherwise, go to QSA12.2.

SA13.1 Which black or African American group do you consider yourself to be?

Please read:

- 1 African (born)
- 2 African American
- 3 Black-Caribbean
- 4 Other background [specify] _____

Do not read:

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

SA13.2 Where were you born?

Please read:

- 1 In the United States **[Go to QSA13.7]**
- 2 Outside the United States

Do not read:

- 7 Don't know / Not sure **[Go to QSA13.7]**
- 9 Refused **[Go to QSA13.7]**

SA13.3 In what Country were you born? _____

SA13.4 Did you come to America as a refugee?

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

SA13.5 From what country did you come to America? _____

SA13.6 In what year did you come to America?

- ____ (year)
- 7777 Don't know / Not sure
- 9999 Refused

SA13.7 Do you speak a Language other than English at home?

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

SA13.8 What languages do you speak at home?

Read only if necessary:

- 1 Spanish
- 2 German
- 3 Vietnamese
- 4 French
- 5 Czech
- 6 Chinese
- 7 Arabic
- 8 Russian
- 9 Italian
- 10 Polish
- 11 Other [specify] _____

Do not read:

- 77 Don't know / Not sure
- 99 Refused

SA13.9 How well do you speak English?

Please read:

- 1 Very well
- 2 Well
- 3 Not well
- 4 Not at all

Do not read:

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

2017 Nebraska BRFSS Question Order for Path A and Path B

Survey Path A

(following Core Question 6.13):

Optional Module 1: Pre-Diabetes

Optional Module 2: Diabetes

(following Core Question 8.15):

Optional Module 25: Industry and Occupation

State Added 1: Injured at Work

Optional Module 12: Cancer Survivorship

State Added 2: Colorectal Cancer Screening

State Added 3: Blood Pressure Screening

State Added 4: Smoking Inside Home

State Added 5: Walking

State Added 6: Wearable Devices

State Added 7: Health Literacy

State Added 8: Visual Impairment and Access to Eye Care

Optional Module 3: Respiratory Health (COPD Symptoms)

Optional Module 28: Random Child Selection

Optional Module 29: Childhood Asthma Prevalence

Survey Path B:

Optional Module 12: Cancer Survivorship

State Added 2: Colorectal Cancer Screening

State Added 7: Health Literacy

Optional Module 11: Alcohol Screening and Brief Intervention

State Added 9: Binge Drinking

State Added 10: Prescription Drug Use

State Added 11: Distracted Driving

State Added 12: Reaction to Race

State Added 13: Race

State Added 8: Visual Impairment and Access to Eye Care

Optional Module 9: Sleep Disorder

Optional Module 16: Preconception Health/Family Planning

Optional Module 28: Random Child Selection

Optional Module 29: Childhood Asthma Prevalence

Activity List for Common Leisure Activities (To be used for Section 13: Physical Activity)

Code Description (Physical Activity, Questions 13.2 and 13.5 above)

- | | |
|--|---|
| 01 Active Gaming Devices (Wii Fit, Dance, Dance revolution) | 40 Rowing machine exercises |
| 02 Aerobics video or class | 41 Rugby |
| 03 Backpacking | 42 Scuba diving |
| 04 Badminton | 43 Skateboarding |
| 05 Basketball | 44 Skating - ice or roller |
| 06 Bicycling machine exercise | 45 Sledding, tobogganing |
| 07 Bicycling | 46 Snorkeling |
| 08 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping) | 47 Snow blowing |
| 09 Bowling | 48 Snow shoveling by hand |
| 10 Boxing | 49 Snow skiing |
| 11 Calisthenics | 50 Snowshoeing |
| 12 Canoeing/rowing in competition | 51 Soccer |
| 13 Carpentry | 52 Softball/Baseball |
| 14 Dancing-ballet, ballroom, Latin, hip hop, Zumba, etc. | 53 Squash |
| 15 Elliptical/EFX machine exercise | 54 Stair climbing/Stair master |
| 16 Fishing from river bank or boat | 55 Stream fishing in waders |
| 17 Frisbee | 56 Surfing |
| 18 Gardening (spading, weeding, digging, filling) | 57 Swimming |
| 19 Golf (with motorized cart) | 58 Swimming in laps |
| 20 Golf (without motorized cart) | 59 Table tennis |
| 21 Handball | 60 Tai Chi |
| 22 Hiking – cross-country | 61 Tennis |
| 23 Hockey | 62 Touch football |
| 24 Horseback riding | 63 Volleyball |
| 25 Hunting large game – deer, elk | 64 Walking |
| 26 Hunting small game – quail | 66 Waterskiing |
| 27 Inline Skating | 67 Weight lifting |
| 28 Jogging | 68 Wrestling |
| 29 Lacrosse | 69 Yoga |
| 30 Mountain climbing | 71 Childcare |
| 31 Mowing lawn | 72 Farm/Ranch Work (caring for livestock, stacking hay, etc.) |
| 32 Paddleball | 73 Household Activities (vacuuming, dusting, home repair, etc.) |
| 33 Painting/papering house | 74 Karate/Martial Arts |
| 34 Pilates | 75 Upper Body Cycle (wheelchair sports, ergometer) |
| 35 Racquetball | 76 Yard work (cutting/gathering wood, trimming, etc.) |
| 36 Raking lawn/trimming hedges | 98 Other _____ |
| 37 Running | 99 Refused |
| 38 Rock climbing | |
| 39 Rope skipping | |