





**Behavioral Risk Factor Surveillance System  
2015 Questionnaire  
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## Interviewer's Script

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

Is this  (phone number)  ?

**If "No"**

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

**Is this a private residence?**

**READ ONLY IF NECESSARY: "By private residence, we mean someplace like a house or apartment."**

Yes                    [Go to state of residence]  
No                     [Go to college housing]

**No, business phone only**

**If "No, business phone only".**

**Thank you very much but we are only interviewing persons on residential phones lines at this time.**

**STOP**

### **College Housing**

**Do you live in college housing?**

**READ ONLY IF NECESSARY: "By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university."**

Yes                    [Go to state of residence]  
No

**If "No",**

**Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time. STOP**

**State of Residence**

Do you reside in \_\_\_\_ (state) \_\_\_\_?

Yes                      [Go to Cellular Phone]  
No

**If "No"**

Thank you very much, but we are only interviewing persons who live in the state of \_\_\_\_\_ at this time. **STOP**

**Cellular Phone**

Is this a cellular 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 cellular (or cell) telephone we mean a telephone that is mobile and usable outside of your neighborhood."**

**If "Yes"**

Thank you very much, but we are only interviewing by land line telephones and for private residences or college housing. **STOP**

**No**

**CATI NOTE: IF (College Housing = Yes) continue; otherwise go to Adult Random Selection Adult**

Are you 18 years of age or older?

- |          |                                  |                       |
|----------|----------------------------------|-----------------------|
| <b>1</b> | <b>Yes, respondent is male</b>   | <b>[Go to Page 6]</b> |
| <b>2</b> | <b>Yes, respondent is female</b> | <b>[Go to Page 6]</b> |
| <b>3</b> | <b>No</b>                        |                       |

**If "No",**

Thank you very much, but we are only interviewing persons aged 18 or older at this time. **STOP**

"

### **Adult Random Selection**

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

\_\_\_ Number of adults

**If "1,"**

Are you the adult?

**If "yes,"**

Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary). **Go to page 6.**

**If "no,"**

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

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

\_\_\_ Number of men

\_\_\_ Number of women

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

**If "you," go to page 7.**

"



**To the correct respondent:**

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

"

## Core Sections

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

### Section 1: Health Status

---

1.1            Would you say that in general your health is— (90)

**Please read:**

- 1      Excellent
- 2      Very good
- 3      Good
- 4      Fair

**Or**

- 5      Poor

**Do not read:**

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

### Section 2: Healthy Days — Health-Related Quality of Life

---

2.1            Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (91–92)

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

"

**2.2** Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

(93–94)

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

**2.3** During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

(95-96)

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

### Section 3: Health Care Access

---

**3.1** Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service?

(97)

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

**3.2** Do you have one person you think of as your personal doctor or health care provider?

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

(98)

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

"



**3.3** Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (99)

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

**3.4** About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. (100)

- 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

## Section 4: Hypertension Awareness

---

**4.1** Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (101)

**Read only if necessary:** By "other health professional" we mean a nurse practitioner, a physician's assistant, or some other licensed health professional.

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

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

"

4.2 Are you currently taking medicine for your high blood pressure? (102)

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

## Section 5: Cholesterol Awareness

---

5.1 Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (103)

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

5.2 About how long has it been since you last had your blood cholesterol checked? (104)

**Read only if necessary:**

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

**Do not read:**

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

5.3 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (105)

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

"

## Section 6: Chronic Health Conditions

---

Now I would like to ask you some questions about general health conditions.

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.”

**6.1** (Ever told) you that you had a heart attack also called a myocardial infarction? (106)

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

**6.2** (Ever told) you had angina or coronary heart disease? (107)

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

**6.3** (Ever told) you had a stroke? (108)

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

**6.4** (Ever told) you had asthma? (109)

1	Yes	
2	No	[Go to Q6.6]
7	Don't know / Not sure	[Go to Q6.6]
9	Refused	[Go to Q6.6]

**6.5** Do you still have asthma? (110)

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

"

**6.6** (Ever told) you had skin cancer? (111)

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

**6.7** (Ever told) you had any other types of cancer? (112)

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

**6.8** (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis? (113)

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

**6.9** (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (114)

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

**INTERVIEWER NOTE:** Arthritis diagnoses include:

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

"

**6.10** (Ever told) you have a depressive disorder, including depression, major depression, dysthymia, or minor depression? (115)

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

**6.11** (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence. (116)

**INTERVIEWER NOTE:** Incontinence is not being able to control urine flow.

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

**6.12** (Ever told) you have diabetes? (117)

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

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

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

**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.

**6.13** How old were you when you were told you have diabetes? (118-119)

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

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

"

## Section 7: Demographics

---

**7.1** Indicate sex of respondent. **Ask only if necessary.** (120)

- 1 Male
- 2 Female

**7.2** What is your age? (121-122)

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

**7.3** Are you Hispanic, Latino/a, or Spanish origin? (123-126)

**If yes, ask: Are you...**

**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

**Do not read:**

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

"

7.4 Which one or more of the following would you say is your race?

(127-154)

**INTERVIEWER NOTE: Select all that apply.**

**INTERVIEWER NOTE: 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.**

**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

**Do not read:**

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

**CATI NOTE: If more than one response to Q7.4; continue. Otherwise, go to Q7.6.**

"

**7.5** 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 subcategory underneath major heading.**

(155-156)

- 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

**7.6** Are you...?

(157)

**Please read:**

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married

**Or**

"



6 A member of an unmarried couple

**Do not read:**

9 Refused

7.7 What is the highest grade or year of school you completed? (158)

**Read only if necessary:**

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)

**Do not read:**

9 Refused

7.8 Do you own or rent your home? (159)

- 1 Own
- 2 Rent
- 3 Other arrangement
- 7 Don't know / Not sure
- 9 Refused

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

**NOTE: Home is defined as the place where you live most of the time/the majority of the year.**

**INTERVIEWER NOTE: We ask this question in order to compare health indicators among people with different housing situations.**

"

**7.9** What county do you live in? (160-162)

\_\_\_\_\_ ANSI County Code (formerly FIPS county code)  
 7 7 7 Don't know / Not sure  
 9 9 9 Refused

**7.10** What is the ZIP Code where you live? (163-167)

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

**CATI NOTE: If cellular telephone interview skip to 7.14 (QSTVER GE 20)**

**7.11** 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. (168)

1 Yes  
 2 No [Go to Q7.13]  
 7 Don't know / Not sure [Go to Q7.13]  
 9 Refused [Go to Q7.13]

**7.12** How many of these telephone numbers are residential numbers? (169)

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

**7.13** Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (170)

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

"

**7.14** Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

**INTERVIEWER NOTE: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.** (171)

- 1 Yes
- 2 No

**Do not read:**

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

**7.15** Are you currently...?

(172)

**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

**Do not read:**

- 9 Refused

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

(173-174)

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

"

**7.17** Is your annual household income from all sources—

(175-176)

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

**Read only if necessary:**

- 0 4 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**  
(\$20,000 to less than \$25,000)
- 0 3 Less than \$20,000 **If "no," code 04; if "yes," ask 02**  
(\$15,000 to less than \$20,000)
- 0 2 Less than \$15,000 **If "no," code 03; if "yes," ask 01**  
(\$10,000 to less than \$15,000)
- 0 1 Less than \$10,000 **If "no," code 02**
- 0 5 Less than \$35,000 **If "no," ask 06**  
(\$25,000 to less than \$35,000)
  
- 0 6 Less than \$50,000 **If "no," ask 07**  
(\$35,000 to less than \$50,000)
- 0 7 Less than \$75,000 **If "no," code 08**  
(\$50,000 to less than \$75,000)
- 0 8 \$75,000 or more

**Do not read:**

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

**7.18** Have you used the internet in the past 30 days?

(177)

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

"

**7.19** About how much do you weigh without shoes? (178-181)

**NOTE: If respondent answers in metrics, put "9" in column 178.**

**Round fractions up**

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

**7.20** About how tall are you without shoes? (182-185)

**NOTE: If respondent answers in metrics, put "9" in column 182.**

**Round fractions down**

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

**If male, go to 7.22, If female respondent is 45 years old or older, go to Q7.22**

**7.21** To your knowledge, are you now pregnant? (186)

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

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

**7.22** Are you limited in any way in any activities because of physical, mental, or emotional problems? (187)

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

"

**7.23** Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (188)

**NOTE: Include occasional use or use in certain circumstances.**

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

**7.24** Are you blind or do you have serious difficulty seeing, even when wearing glasses? (189)

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

**7.25** Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (190)

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

**7.26** Do you have serious difficulty walking or climbing stairs? (191)

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

**7.27** Do you have difficulty dressing or bathing? (192)

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

**7.28** Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (193)

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

"

## Section 8: Tobacco Use

---

8.1 Have you smoked at least 100 cigarettes in your entire life? (194)

**NOTE: 5 packs = 100 cigarettes**

- |   |                       |              |
|---|-----------------------|--------------|
| 1 | Yes                   |              |
| 2 | No                    | [Go to Q8.5] |
| 7 | Don't know / Not sure | [Go to Q8.5] |
| 9 | Refused               | [Go to Q8.5] |

**INTERVIEWER NOTE: "For cigarettes, do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana."**

8.2 Do you now smoke cigarettes every day, some days, or not at all? (195)

- |   |                       |              |
|---|-----------------------|--------------|
| 1 | Every day             |              |
| 2 | Some days             |              |
| 3 | Not at all            | [Go to Q8.4] |
| 7 | Don't know / Not sure | [Go to Q8.5] |
| 9 | Refused               | [Go to Q8.5] |

8.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (196)

- |   |                       |              |
|---|-----------------------|--------------|
| 1 | Yes                   | [Go to Q8.5] |
| 2 | No                    | [Go to Q8.5] |
| 7 | Don't know / Not sure | [Go to Q8.5] |
| 9 | Refused               | [Go to Q8.5] |

8.4 How long has it been since you last smoked a cigarette, even one or two puffs? (197-198)

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

"

8.5 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

**Snus (rhymes with 'goose')**

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

(199)

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

**Do not read:**

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

## Section 9: Alcohol Consumption

---

9.1 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?

(200-202)

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

9.2 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?

(203-204)

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

- \_ \_ Number of drinks
- 7 7 Don't know / Not sure
- 9 9 Refused

"



**9.3** Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X [CATI X = 5 for men, X = 4 for women]** or more drinks on an occasion?  
(205-206)

- \_\_ \_\_ Number of times
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

**9.4** During the past 30 days, what is the largest number of drinks you had on any occasion?  
(207-208)

- \_\_ \_\_ Number of drinks
- 7 7 Don't know / Not sure
- 9 9 Refused

## Section 10: Fruits and Vegetables

---

These next questions are about the fruits and vegetables **you** ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home.

I will be asking how often **you** ate or drank each one: for example, once a day, twice a week, three times a month, and so forth.

**INTERVIEWER NOTE: If respondent responds less than once per month, put "0" times per month. If respondent gives a number without a time frame, ask: "Was that per day, week, or month?"**

**10.1** During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice.  
(209-211)

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

**INTERVIEWER NOTE: Do not include fruit drinks with added sugar or other added sweeteners like Kool-Aid, Hi-C, lemonade, cranberry cocktail, Tampico, Sunny Delight, Snapple, Fruitopia, Gatorade, Power-Ade, or yogurt drinks.**

**Do not include fruit juice drinks that provide 100% daily vitamin C but include added sugar.**

**Do not include vegetable juices such as tomato and V8 if respondent provides but include in "other vegetables" question 10.6.**

"

**DO include 100% pure juices including orange, mango, papaya, pineapple, apple, grape (white or red), or grapefruit. Only count cranberry juice if the R perception is that it is 100% juice with no sugar or artificial sweetener added. 100% juice blends such as orange-pineapple, orange-tangerine, cranberry-grape are also acceptable as are fruit-vegetable 100% blends. 100% pure juice from concentrate (i.e., reconstituted) is counted.**

**10.2** During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit. (212-214)

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

**Read only if necessary: “Your best guess is fine. Include apples, bananas, applesauce, oranges, grape fruit, fruit salad, watermelon, cantaloupe or musk melon, papaya, lychees, star fruit, pomegranates, mangos, grapes, and berries such as blueberries and strawberries.”**  
**INTERVIEWER NOTE: Do not count fruit jam, jelly, or fruit preserves.**

**Do not include dried fruit in ready-to-eat cereals.**

**Do include dried raisins, cran-raisins if respondent tells you - *but due to their small serving size they are not included in the prompt.***

**Do include cut up fresh, frozen, or canned fruit added to yogurt, cereal, jello, and other meal items.**

**Include culturally and geographically appropriate fruits that are not mentioned (e.g. genip, soursop, sugar apple, figs, tamarind, bread fruit, sea grapes, carambola, longans, lychees, akee, rambutan, etc.).**

**10.3** During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans. (215-217)

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

**Read only if necessary: “Include round or oval beans or peas such as navy, pinto, split peas, cow peas, hummus, lentils, soy beans and tofu. Do NOT include long green beans such as string beans, broad or winged beans, or pole beans.”**

**INTERVIEWER NOTE: Include soybeans also called edamame, TOFU (BEAN CURD MADE FROM SOYBEANS), kidney, pinto, hummus, lentils, black, black-eyed peas, cow peas, lima beans and**

"

**white beans.**

**Include bean burgers including garden burgers and veggie burgers.**

**Include falafel and tempeh.**

**10.4** During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach?

(218-220)

1 \_\_ Per day  
2 \_\_ Per week  
3 \_\_ Per month  
5 5 5 Never  
7 7 7 Don't know / Not sure  
9 9 9 Refused

**INTERVIEWER NOTE: Each time a vegetable is eaten it counts as one time.**

**INTERVIEWER NOTE: Include all raw leafy green salads including spinach, mesclun, romaine lettuce, bok choy, dark green leafy lettuce, dandelions, komatsuna, watercress, and arugula.**

**Do not include iceberg (head) lettuce if specifically told type of lettuce. Include all cooked greens including kale, collard greens, choys, turnip greens, mustard greens.**

**10.5** During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?

(221-223)

1 \_\_ Per day  
2 \_\_ Per week  
3 \_\_ Per month  
5 5 5 Never  
7 7 7 Don't know / Not sure  
9 9 9 Refused

**Read only if needed: "Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash."**

**FOR INTERVIEWER: Include all forms of carrots including long or baby-cut.**

**Include carrot-slaw (e.g. shredded carrots with or without other vegetables or fruit).**

**Include all forms of sweet potatoes including baked, mashed, casserole, pie, or sweet potatoes fries.**

**Include all hard-winter squash varieties including acorn, autumn cup, banana, butternut, buttercup, delicate, hubbard, kabocha (Also known as an Ebisu, Delica, Hoka, Hokkaido, or Japanese Pumpkin; blue kuri), and spaghetti squash. Include all forms including soup.**

"

**Include pumpkin, including pumpkin soup and pie. Do not include pumpkin bars, cake, bread or other grain-based desert-type food containing pumpkin (i.e. similar to banana bars, zucchini bars we do not include).**

**10.6** Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.

(224-226)

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

**Read only if needed: "Do not count vegetables you have already counted and do not include fried potatoes."**

**INTERVIEWER NOTE: Include corn, peas, tomatoes, okra, beets, cauliflower, bean sprouts, avocado, cucumber, onions, peppers (red, green, yellow, orange); all cabbage including American-style cole-slaw; mushrooms, snow peas, snap peas, broad beans, string, wax-, or pole-beans.**

**Include any form of the vegetable (raw, cooked, canned, or frozen).**

**Do include tomato juice if respondent did not count in fruit juice.**

**Include culturally and geographically appropriate vegetables that are not mentioned (e.g. daikon, jicama, oriental cucumber, etc.).**

**Do not include rice or other grains.**

**Do not include products consumed usually as condiments including ketchup, catsup, salsa, chutney, relish.**

"

## Section 11: Exercise (Physical Activity)

---

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

**INTERVIEWER INSTRUCTION: If respondent does not have a “regular job duty” or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.**

**11.1** During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (227)

- |   |                       |               |
|---|-----------------------|---------------|
| 1 | Yes                   |               |
| 2 | No                    | [Go to Q11.8] |
| 7 | Don't know / Not sure | [Go to Q11.8] |
| 9 | Refused               | [Go to Q11.8] |

**11.2.** What type of physical activity or exercise did you spend the most time doing during the past month? (228-229)

- |                   |                       |                                     |
|-------------------|-----------------------|-------------------------------------|
|                   | (Specify)             | [See Physical Activity Coding List] |
| $\bar{7} \bar{7}$ | Don't know / Not Sure | [Go to Q11.8]                       |
| 9 9               | Refused               | [Go to Q11.8]                       |

**INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Physical Activity Coding List, choose the option listed as “Other “.**

**11.3** How many times per week or per month did you take part in this activity during the past month? (230-232)

- |       |                       |
|-------|-----------------------|
| 1__   | Times per week        |
| 2__   | Times per month       |
| 7 7 7 | Don't know / Not sure |
| 9 9 9 | Refused               |

**11.4** And when you took part in this activity, for how many minutes or hours did you usually keep at it? (233-235)

- |                           |                       |
|---------------------------|-----------------------|
| .:__                      | Hours and minutes     |
| $\bar{7} \bar{7} \bar{7}$ | Don't know / Not sure |
| 9 9 9                     | Refused               |

"

**11.5** What other type of physical activity gave you the next most exercise during the past month?

(236-237)

- |     |                       |  |
|-----|-----------------------|--|
| __  | (Specify)             | <b>[See Physical Activity Coding List]</b> |
| 8 8 | No other activity     | <b>[Go to Q11.8]</b>                       |
| 7 7 | Don't know / Not Sure | <b>[Go to Q11.8]</b>                       |
| 9 9 | Refused               | <b>[Go to Q11.8]</b>                       |

**INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Coding Physical Activity List, choose the option listed as "Other".**

**11.6** How many times per week or per month did you take part in this activity during the past month?

(238-240)

- |       |                       |
|-------|-----------------------|
| 1__   | Times per week        |
| 2__   | Times per month       |
| 7 7 7 | Don't know / Not sure |
| 9 9 9 | Refused               |

**11.7** And when you took part in this activity, for how many minutes or hours did you usually keep at it?

(241-243)

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

**11.8** During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.

(244-246)

- |       |                       |
|-------|-----------------------|
| 1__   | Times per week        |
| 2__   | Times per month       |
| 8 8 8 | Never                 |
| 7 7 7 | Don't know / Not sure |
| 9 9 9 | Refused               |

## Section 12: Arthritis Burden

---

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

Next, I will ask you about your arthritis.

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

"

- 12.1** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (247)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**INTERVIEWER INSTRUCTION:** If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

**INTERVIEWER NOTE:** Q12.2 should be asked of all respondents regardless of employment status.

- 12.2** In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do? (248)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**INTERVIEWER INSTRUCTION:** If respondent gives an answer to each issue (whether respondent works, type of work, or amount of work), then if any issue is "yes" mark the overall response as "yes."

If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

- 12.3** During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings? (249)
- Please read [1-3]:**
- 1 A lot
  - 2 A little
  - 3 Not at all

**Do not read:**

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

"

**INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."**

**12.4** Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? *Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.*

(250-251)

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

## Section 13: Seatbelt Use

---

**13.1** How often do you use seat belts when you drive or ride in a car? Would you say—

(252)

**Please read:**

1 Always  
2 Nearly always  
3 Sometimes  
4 Seldom  
5 Never

**Do not read:**

7 Don't know / Not sure  
8 Never drive or ride in a car  
9 Refused

"



## Section 14: Immunization

---

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™.

- 14.1** During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose? (253)

**READ IF NECESSARY:**

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.

- |   |                       |               |
|---|-----------------------|---------------|
| 1 | Yes                   |               |
| 2 | No                    | [Go to Q14.4] |
| 7 | Don't know / Not sure | [Go to Q14.4] |
| 9 | Refused               | [Go to Q14.4] |

- 14.2** 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? (254-259)

- |           |                       |
|-----------|-----------------------|
| __ / __   | Month / Year          |
| 77 / 7777 | Don't know / Not sure |
| 99 / 9999 | Refused               |

- 14.3** At what kind of place did you get your last flu shot/vaccine? (260-261)

**Note: Read only if necessary**

- |     |  |
|-----|--|
| 0 1 | A doctor's office or health maintenance organization (HMO)   |
| 0 2 | A health department  |
| 0 3 | Another type of clinic or health center (Example: a community health center)   |
| 0 4 | A senior, recreation, or community center  |
| 0 5 | A store (Examples: supermarket, drug store)  |
| 0 6 | A hospital (Example: inpatient)  |
| 0 7 | An emergency room  |
| 0 8 | Workplace  |
| 0 9 | Some other kind of place   |
| 1 0 | Received vaccination in Canada/Mexico (Volunteered – Do not read)  |
| 1 1 | A school   |
| 7 7 | Don't know / Not sure ( <b>Probe: "How would you describe the place where you went to get your most recent flu vaccine?"</b> ) |

**Do not read:**

- |     |         |
|-----|---------|
| 9 9 | Refused |
|-----|---------|

"

- 14.4** 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? (262)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Section 15: HIV/AIDS

---

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.

- 15.1** Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (263)
- 1 Yes
  - 2 No [Go to optional module transition]
  - 7 Don't know / Not sure [Go to optional module transition]
  - 9 Refused [Go to optional module transition]

- 15.2** Not including blood donations, in what month and year was your last HIV test? (264-269)

**NOTE: If response is before January 1985, code "Don't know."**

**CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.**

__ / __ __ __ __	Code month and year
77 / 77 77	Don't know / Not sure
99 / 99 99	Refused / Not sure

**15.3** Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at an emergency room, as an inpatient in a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else? (270-271)

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

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

**Please read:**

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

"

## Optional Modules

### Module 2: Diabetes

---

**NOTE: To be asked following Core Q6.13; if response is "Yes" (code = 1) and Core Q6.12 is "Yes" (code = 1).**

1. Are you now taking insulin? (289)

1 Yes  
2 No  
9 Refused

2. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (290-292)

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

**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. (293-295)

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

"

4. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (296-297)

- — Number of times [76 = 76 or more]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 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"? (298-299)

- — Number of times [76 = 76 or more]
- 8 8 None
- 9 8 Never heard of "A one C" test
- 7 7 Don't know / Not sure
- 9 9 Refused

**CATI NOTE: If 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? (300-301)

- — Number of times [76 = 76 or more]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 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. (302)

**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? (303)

- 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? (304)

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

## Module 4: Caregiver

---

People may provide regular care or assistance to a friend or family member who has a health problem or disability.

1. During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability? (313)

**INTERVIEWER INSTRUCTIONS: If caregiving recipient has died in the past 30 days, say "I'm so sorry to hear of your loss." and code 8.**

- 1. Yes
- 2. No [Go to Question 9]
- 7 Don't know/Not sure [Go to Question 9]
- 8 Caregiving recipient died in past 30 days [Go to next module]
- 9 Refused [Go to Question 9]

"

2. What is his or her relationship to you? For example is he or she your (mother or daughter or father or son)?

**INTERVIEWER NOTE: If more than one person, say: "Please refer to the person to whom you are giving the most care."**

(314-315)

**[DO NOT READ; CODE RESPONSE USING THESE CATEGORIES]**

- 01 Mother
- 02 Father
- 03 Mother-in-law
- 04 Father-in-law
- 05 Child
- 06 Husband
- 07 Wife
- 08 Same-sex partner
- 09 Brother or brother-in-law
- 10 Sister or sister-in-law
- 11 Grandmother
- 12 Grandfather
- 13 Grandchild
- 14 Other relative
- 15 Non-relative/Family friend
  
- 77 Don't know/Not sure
- 99 Refused

3. For how long have you provided care for that person? Would you say... (316)

- 1 Less than 30 days
- 2 1 month to less than 6 months
- 3 6 months to less than 2 years
- 4 2 years to less than 5 years
- 5 More than 5 years
  
- 7 Don't Know/ Not Sure
- 9 Refused

4. In an average week, how many hours do you provide care or assistance? Would you say... (317)

- 1 Up to 8 hours per week
- 2 9 to 19 hours per week
- 3 20 to 39 hours per week
- 4 40 hours or more
  
- 7 Don't know/Not sure
- 9 Refused

"

5. What is the main health problem, long-term illness, or disability that the person you care for has? (318-319)

**IF NECESSARY: Please tell me which one of these conditions would you say is the *major* problem?**

**[DO NOT READ: RECORD ONE RESPONSE]**

- 1 Arthritis/Rheumatism
- 2 Asthma
- 3 Cancer
- 4 Chronic respiratory conditions such as Emphysema or COPD
- 5 Dementia and other Cognitive Impairment Disorders
- 6 Developmental Disabilities such as Autism, Down's Syndrome, and Spina Bifida
- 7 Diabetes
- 8 Heart Disease, Hypertension
- 9 Human Immunodeficiency Virus Infection (HIV)
- 10 Mental Illnesses, such as Anxiety, Depression, or Schizophrenia
- 11 Other organ failure or diseases such as kidney or liver problems
- 12 Substance Abuse or Addiction Disorders
- 13 Other
  
- 77 Don't know/Not sure
- 99 Refused

6. In the past 30 days, did you provide care for this person by... (320)

**Managing personal care such as giving medications, feeding, dressing, or bathing?**

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

7. In the past 30 days, did you provide care for this person by... (321)

**Managing household tasks such as cleaning, managing money, or preparing meals?**

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

"



8. Of the following support services, which one do you MOST need, that you are not currently getting? (322)

**[INTERVIEWER NOTE: IF RESPONDENT ASKS WHAT RESPITE CARE IS]:** Respite care means short-term or long-term breaks for people who provide care.

**[READ OPTIONS 1 – 6]**

- 1 Classes about giving care, such as giving medications
- 2 Help in getting access to services
- 3 Support groups
- 4 Individual counseling to help cope with giving care
- 5 Respite care
- 6 You don't need any of these support services

**[DO NOT READ]**

- 7 Don't Know /Not Sure
- 9 Refused

**[If Q1 = 1 or 8, GO TO NEXT MODULE]**

9. In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability? (323)
- 1 Yes
  - 2 No
  
  - 7 Don't know/Not sure
  - 9 Refused

## Module 6: Cognitive Decline

---

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

**Introduction:** 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.

1. During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse? (334)
- 1 Yes
  - 2 No [Go to next module]
  
  - 7 Don't know [Go to Q2]
  - 9 Refused [Go to next module]

"

2. 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? (335)

**Please read:**

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never
  
- 7 Don't know
- 9 Refused

3. As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? (336)

**Please read:**

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely [Go to Q5]
- 5 Never [Go to Q5]
  
- 7 Don't know [Go to Q5]
- 9 Refused [Go to Q5]

**CATI NOTE: If Q3 = 1, 2, or 3, continue. If Q3 = 4, 5, 7, or 9 go to Q5.**

4. When you need help with these day-to-day activities, how often are you able to get the help that you need? (337)

**Please read:**

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never
  
- 7 Don't know
- 9 Refused

"

5. 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? (338)

**Please read:**

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never
  
- 7 Don't know
- 9 Refused

6. Have you or anyone else discussed your confusion or memory loss with a health care professional? (339)

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

## Module 7: Sodium or Salt-Related Behavior

---

Now I would like to ask you some questions about sodium or salt intake.

Most of the sodium or salt we eat comes from processed foods and foods prepared in restaurants. Salt also can be added in cooking or at the table.

1. Are you currently watching or reducing your sodium or salt intake? (340)

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

2. How many days, weeks, months, or years have you been watching or reducing your sodium or salt intake?" (341-343)

- 1\_\_ Day(s)
- 2\_\_ Week(s)
- 3\_\_ Month(s)
- 4\_\_ Year(s)
- 5 5 5 All my life
- 7 7 7 Don't know/not sure
- 9 9 9 Refused

"

3. Has a doctor or other health professional ever advised you to reduce sodium or salt intake? (344)
- 1 Yes
  - 2 No
  - 7 Don't know/not sure
  - 9 Refused

## Module 16: Colorectal Cancer Screening

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

The next questions are about colorectal cancer screening.

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? (386)
- 1 Yes
  - 2 No [Go to Q3]
  - 7 Don't know / Not sure [Go to Q3]
  - 9 Refused [Go to Q3]
2. How long has it been since you had your last blood stool test using a home kit? (387)
- Read only if necessary:**
- 1 Within the past year (anytime less than 12 months ago)
  - 2 Within the past 2 years (1 year but less than 2 years ago)
  - 3 Within the past 3 years (2 years but less than 3 years ago)
  - 4 Within the past 5 years (3 years but less than 5 years ago)
  - 5 5 or more years ago
- Do not read:**
- 7 Don't know / Not sure
  - 9 Refused
3. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? (388)
- 1 Yes
  - 2 No [Go to next module]
  - 7 Don't know / Not sure [Go to next module]
  - 9 Refused [Go to next module]

"

4. For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy? (389)
- 1 Sigmoidoscopy
  - 2 Colonoscopy
  - 7 Don't know / Not sure
  - 9 Refused

5. How long has it been since you had your last sigmoidoscopy or colonoscopy? (390)

**Read only if necessary:**

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

**Do not read:**

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

## Module 19: Industry and Occupation

---

**If Core Q7.15 = 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.

**If Core Q7.15 = 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) (402-501)

**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

Or

**If Core Q7.15 = 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) (429-453)

**INTERVIEWER NOTE: If respondent is unclear, ask “What was your job title?”**

**INTERVIEWER NOTE: If respondent had more than one job then ask, “What was your main job?”**

[Record answer] \_\_\_\_\_  
99 Refused

**If Core Q7.15 = 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) (502-601)

[Record answer] \_\_\_\_\_  
99 Refused

Or

**If Core Q7.15 = 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 20: Social Context

---

Now, I am going to ask you about several factors that can affect a person's health.

**If Core Q7.8 = 1 or 2 (own or rent) continue, else go to Q2.**

1. How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent/mortgage? Would you say--- (602)

**Please read:**

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

**Do not read:**

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

2. How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? Would you say--- (603)

**Please read:**

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

**Do not read:**

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

**If Core Q7.15 = 1 (Employed for wages) or 2 (Self-employed), go to Q3 and Q4.**

**If Core Q7.15 = 3 (Out of work for 1 year or more), 4 (Out of work for less than 1 year), or 7 (Retired), go to Q5 and Q6.**

**If Core Q7.15 = 5 (A homemaker), 6 (A student), or 8 (Unable to work), go to Q6.**

3. At your main job or business, how are you generally paid for the work you do. Are you: (604)

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

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

4. About how many hours do you work per week at all of your jobs and businesses combined? (605-606)

- |     |                       |                            |
|-----|-----------------------|----------------------------|
| – – | Hours (01-96 or more) | <b>[Go to next module]</b> |
| 9 7 | Don't know / Not sure | <b>[Go to next module]</b> |
| 9 8 | Does not work         | <b>[Go to next module]</b> |
| 9 9 | Refused               | <b>[Go to next module]</b> |

5. Thinking about the last time you worked, at your main job or business, how were you generally paid for the work you did? Were you: (607)

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

6. Thinking about the last time you worked, about how many hours did you work per week at all of your jobs and businesses combined? (608-609)

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



## Module 22: Random Child Selection

---

**CATI NOTE:** If Core Q7.16 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

**If Core Q7.16 = 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]**

**If Core Q7.16 is >1 and Core Q7.16 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 INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the “Xth” child.**

**Please substitute “Xth” child’s number in all questions below.**

**INTERVIEWER PLEASE READ:**

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

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

(612-617)

$\bar{\bar{7}} \bar{\bar{7}} / \bar{\bar{7}} \bar{\bar{7}} \bar{\bar{7}} \bar{\bar{7}}$	Code month and year
$\bar{\bar{9}} \bar{\bar{9}} / \bar{\bar{9}} \bar{\bar{9}} \bar{\bar{9}} \bar{\bar{9}}$	Don’t know / Not sure
	Refused

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

2. Is the child a boy or a girl?

(618)

1	Boy
2	Girl
9	Refused

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

(619-622)

If yes, ask: Are they...

**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

**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?

(623-652)

**(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? (653-654)

**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? (655)

**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 23: Childhood Asthma Prevalence

---

**CATI NOTE: If response to Core Q7.16 = 88 (None) or 99 (Refused), go to next module.**

The next two questions are about the “Xth” **[CATI: please fill in correct number]** child.

1. Has a doctor, nurse or other health professional EVER said that the child has asthma? (656)
- |   |                       |                            |
|---|-----------------------|----------------------------|
| 1 | Yes                   |                            |
| 2 | No                    | <b>[Go to next module]</b> |
| 7 | Don't know / Not sure | <b>[Go to next module]</b> |
| 9 | Refused               | <b>[Go to next module]</b> |
2. Does the child still have asthma? (657)
- |   |                       |  |
|---|-----------------------|--|
| 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?

(678)

- 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?

(679)

- 1 Adult
- 2 Child

## State Added Questions

### State Added 1: Diabetes Self-Management Education - Path A

---

**CATI Note:** These questions will follow **Optional Module 2: Diabetes Q9**.

**CATI Note:** If **Optional Module 2: Diabetes Q9 = 1**, continue. If **Optional Module 2: Diabetes Q9 = 2** go to **QSA1.2**. Otherwise, go to next module.

- SA1.1** Did a health care provider refer you to this course or class?
- |   |                       |                      |
|---|-----------------------|----------------------|
| 1 | Yes                   | [Go to next section] |
| 2 | No                    | [Go to next section] |
| 7 | Don't know / Not sure | [Go to next section] |
| 9 | Refused               | [Go to next section] |

- SA1.2** Has a health care provider ever referred you to a course or class in how to manage your diabetes yourself?
- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

### State Added 2: Injured at Work - Path A

---

- SA2.1** 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 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                    | <b>[Go to next section]</b> |
| 7 | Don't know / Not sure | <b>[Go to next section]</b> |
| 9 | Refused               | <b>[Go to next section]</b> |

**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: Walking - Path A

---

**SA4.1** 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.

**SA4.2** 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 5: Health Literacy - Path A & B

---

Now I would like to ask you some questions about health forms that you fill out and health information that you read.

**SA.5.1** Health forms include insurance forms, questionnaires, doctor's office forms, and other forms related to health and healthcare. In general, how confident are you in your ability to fill out health forms yourself? Would you say...

**Please read:**

- 1 Extremely Confident
- 2 Somewhat Confident
- 3 Not at all Confident

**Do not read:**

- 7 Don't know / Not sure
- 8 Do not fill out health forms
- 9 Refused

**SA.5.2** You can find written health information on the internet, in newspapers and magazines, on medications, at the doctor's office, in clinics, and many other places. How often is health information written in a way that is easy for you to understand? Would you say...

**Please read:**

- 1 Always
- 2 Nearly Always
- 3 Sometimes
- 4 Seldom
- 5 Never

**Do not read:**

- 7 Don't know / Not sure
- 8 Have not gotten or read health information
- 9 Refused

**SA.5.3** People who might help you read health information include family members, friends, caregivers, doctors, nurses, or other health professionals. How often do you have someone help you read health information? Would you say...

**Please read:**

- 1 Always
- 2 Nearly Always
- 3 Sometimes
- 4 Seldom
- 5 Never

**Do not read:**

- 7 Don't know / Not sure
- 8 Have not gotten or read health information
- 9 Refused



## State Added 6: Co-Sleeping with a Child - Path B

---

**SA6.1** Do you have any children less than 1 year of age?

- 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** For your child less than 1 year of age: How often does this child sleep in the same bed with you or anyone else?

**Please read:**

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

**Do not read:**

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

## State Added 7: Prescription Drug Use - Path B

---

**SA7.1** 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]

**SA7.2** 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 8: Binge Drinking - Path B

---

**CATI Note: If Q9.3 is  $\geq 1$ ; 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.**

**SA8.1** 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

**SA8.2** 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

**SA8.3** 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

**SA8.4** 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

**SA8.5** 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

**SA8.6** 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 Q8.7 only if response to Q8.5 = 3 (At a restaurant or banquet hall) or 4 (At a bar or club). Otherwise, go to next module.**

**SA8.7** 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 9: Smoking Inside Home - Path B

---

**SA9.1** 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

## State Added 10: Distracted Driving - Path B

---

**SA10.1** 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

**SA10.2** 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 11: 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.”]**

**SA11.1** 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

**SA11.2** 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.”

**SA11.3** 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

**SA11.4** 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 12: Race - Path B**

---

**CATI Note: If African American (Q7.4 = 20), continue. If American Indian (Q7.4 = 30) go to QSA12.2. Otherwise, go to QSA12.3.**

**SA12.1** Which black or African American group do you consider yourself to be?

**Please read:**

- 1 African (born) [Go to QSA12.3]
- 2 African American [Go to QSA12.3]
- 3 Black-Caribbean [Go to QSA12.3]
- 4 Other background [specify] \_\_\_\_\_ [Go to QSA12.3]

**Do not read:**

- 7 Don't know / Not sure [Go to QSA12.3]
- 9 Refused [Go to QSA12.3]

**SA12.2** Are you an enrolled member of any Federally Recognized Tribe?

**Read only if necessary:**

- 01 Yes, Iowa Tribe of Kansas and Nebraska
- 02 Yes, Oglala Sioux Tribe
- 03 Yes, Omaha Tribe of Nebraska, Iowa
- 04 Yes, Ponca Tribe of Nebraska
- 05 Yes, Sac and Fox Nation of Missouri in Kansas and Nebraska
- 06 Yes, Santee Sioux Nation, Nebraska
- 07 Yes, Winnebago Tribe of Nebraska, Iowa
- 08 Yes, Rosebud Sioux Tribe
- 09 Yes, Other Tribe [specify] \_\_\_\_\_
- 10 No

**Do not read:**

- 77 Don't Know/ Not Sure
- 99 Refused

**SA12.3** Where were you born?

**Please read:**

- 1 In the United States [Go to QSA12.8]
- 2 Outside the United States

**Do not read:**

- 7 Don't know / Not sure [Go to QSA12.8]
- 9 Refused [Go to QSA12.8]

**SA12.4** In what Country were you born? \_\_\_\_\_

**SA12.5** Did you come to America as a refugee?

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

**SA12.6** From what country did you come to America? \_\_\_\_\_

**SA12.7** In what year did you come to America?

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

**SA12.8** 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]

**SA12.9** 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

**SA12.10** 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

## State Added 13: Adverse Childhood Experience - Path B

---

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

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

**SA13.1** Did you live with anyone who was depressed, mentally ill, or suicidal?

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

**SA13.2** Did you live with anyone who was a problem drinker or alcoholic?

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

**SA13.3** Did you live with anyone who used illegal street drugs or who abused prescription medications?

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



**SA13.4** Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

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

**SA13.5** Were your parents separated or divorced?

- 1 Yes
- 2 No
- 8 Parents not married
- 7 Don't know / Not sure
- 9 Refused

**SA13.6** How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?

**Please read:**

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

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

**Activity List for Common Leisure Activities (To be used for Section 11: Physical Activity)**

**Code Description (Physical Activity, Questions 11.2 and 11.5 above)**

0 1 Active Gaming Devices (Wii Fit, Dance Dance revolution)	4 1 Rugby
0 2 Aerobics video or class	4 2 Scuba diving
0 3 Backpacking	4 3 Skateboarding
0 4 Badminton	4 4 Skating – ice or roller
0 5 Basketball	4 5 Sledding, tobogganing
0 6 Bicycling machine exercise	4 6 Snorkeling
0 7 Bicycling	4 7 Snow blowing
0 8 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)	4 8 Snow shoveling by hand
0 9 Bowling	4 9 Snow skiing
1 0 Boxing	5 0 Snowshoeing
1 1 Calisthenics	5 1 Soccer
1 2 Canoeing/rowing in competition	5 2 Softball/Baseball
1 3 Carpentry	5 3 Squash
1 4 Dancing-ballet, ballroom, Latin, hip hop, zumba, etc	5 4 Stair climbing/Stair master
1 5 Elliptical/EFX machine exercise	5 5 Stream fishing in waders
1 6 Fishing from river bank or boat	5 6 Surfing
1 7 Frisbee	5 7 Swimming
1 8 Gardening (spading, weeding, digging, filling)	5 8 Swimming in laps
1 9 Golf (with motorized cart)	5 9 Table tennis
2 0 Golf (without motorized cart)	6 0 Tai Chi
2 1 Handball	6 1 Tennis
2 2 Hiking – cross-country	6 2 Touch football
2 3 Hockey	6 3 Volleyball
2 4 Horseback riding	6 4 Walking
2 5 Hunting large game – deer, elk	6 6 Waterskiing
2 6 Hunting small game – quail	6 7 Weight lifting
2 7 Inline Skating	6 8 Wrestling
2 8 Jogging	6 9 Yoga
2 9 Lacrosse	7 1 Childcare
3 0 Mountain climbing	7 2 Farm/Ranch Work (caring for livestock, stacking hay, etc.)
3 1 Mowing lawn	7 3 Household Activities (vacuuming, dusting, home repair, etc.)
3 2 Paddleball	7 4 Karate/Martial Arts
3 3 Painting/papering house	7 5 Upper Body Cycle (wheelchair sports, ergometer, etc.)
3 4 Pilates	7 6 Yard work (cutting/gathering wood, trimming hedges etc.)
3 5 Racquetball	
3 6 Raking lawn	
3 7 Running	
3 8 Rock Climbing	
3 9 Rope skipping	9 8 Other _____
4 0 Rowing machine exercise	9 9 Refused

## **2015 Nebraska BRFSS Question Order for Path A and Path B**

### **Survey Path A**

***(following Core Question 6.13):***

Optional Module 2: Diabetes

State Added 1: Diabetes Self-Management Education

***(following Core Question 7.15):***

Optional Module 19: Industry and Occupation

State Added 2: Injured at Work

***(following Core Section 15):***

State Added 3: Blood Pressure Screening

Optional Module 7: Sodium or Salt-Related Behavior

State Added 4: Walking

Optional Module 4: Caregiver

Optional Module 6 Cognitive Decline

Optional Module 16: Colorectal Cancer Screening

State Added 5: Health Literacy

State Added 6: Co-Sleeping With a Child

Optional Module 22: Random Child Selection

Optional Module 23: Childhood Asthma Prevalence

### **Survey Path B:**

***(following Core Section 15):***

Optional Module 16: Colorectal Cancer Screening

Optional Module 20: Social Context

State Added 5: Health Literacy

State Added 7: Prescription Drug Use

State Added 8: Binge Drinking

State Added 9: Smoking Inside Home

State Added 10: Distracted Driving

State Added 11: Reaction to Race

State Added 12: Race

State Added 13: Adverse Childhood Experiences

Optional Module 22: Random Child Selection

Optional Module 23: Childhood Asthma Prevalence