



2010

**Behavioral Risk Factor Surveillance System
Questionnaire
For
Communities Putting Prevention to Work**

July 22, 2010

Behavioral Risk Factor Surveillance System 2010 BRFSS CPPW Questionnaire

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NOTE: Added Sections 2, 3, and 18 are from the 2009 BRFSS instrument. Added Section 15 is a non-BRFSS question. All other Added Questions are from their respective 2010 BRFSS sections/modules.



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 in (state) ?

If "no,"

Thank you very much, but we are only interviewing private residences in (state). **STOP**

Is this a cellular telephone?

[Read only if necessary: "By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood."]

If "yes,"

Thank you very much, but we are only interviewing land line telephones and private residences. **STOP**

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 5.**

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 5



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 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—? (73)
- 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

Added Section 1: Healthy Days — Health-Related Quality of Life

- HD1.1** 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?
- — Number of days
 - 8 8 None
 - 7 7 Don't know / Not sure
 - 9 9 Refused
- HD1.2** 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?
- — Number of days
 - 8 8 None **[If HD1.1 and HD1.2 = 88 (None), go to next section]**
 - 7 7 Don't know / Not sure
 - 9 9 Refused

HD1.3 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?

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

Added Section 2: Cholesterol Awareness

CA1.1 Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked?

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

CA1.2 About how long has it been since you last had your blood cholesterol checked?

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

CA1.3 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?

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

Added Section 3: Hypertension Awareness

HA1.1 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?

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

- | | | |
|---|--|-----------------------------|
| 1 | Yes | |
| 2 | Yes, but female told only during pregnancy | [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] |

HA1.2 Are you currently taking medicine for your high blood pressure?

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

Section 2: Health Care Access

2.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

Please read:

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

Do not read:

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

(74)

2.2 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?”

Please read:

- | | |
|---|---------------|
| 1 | Yes, only one |
| 2 | More than one |
| 3 | No |

Do not read:

- | | |
|---|-----------------------|
| 7 | Don't know / Not sure |
|---|-----------------------|

(75)

9 Refused

2.3 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

(76)

Please read:

- 1 Yes, only one
- 2 More than one
- 3 No

Do not read:

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

2.4 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.

(77)

Please read:

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

8 Never

Do not read:

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

Section 3: Cardiovascular Disease Prevalence

Now I would like to ask you some questions about cardiovascular disease.

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.”

3.1 (Ever told) you had a heart attack, also called a myocardial infarction? (78)

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

3.2 (Ever told) you had angina or coronary heart disease? (79)

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

3.3 (Ever told) you had a stroke? (80)

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

Section 4: Diabetes

4.1 Have you ever been told by a doctor that you have diabetes?

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.

(81)

- 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

Added Section 4: Pre-Diabetes

NOTE: Only asked of those not responding “Yes” (code = 1) to Core Q4.1 (Diabetes awareness question).

PD1.1 Have you had a test for high blood sugar or diabetes within the past three years?

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

CATI note: If Core Q4.1 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 “Yes” (code = 1).

PD1.2 Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

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

- 1 Yes
- 2 Yes, during pregnancy
- 3 No
- 7 Don't know / Not sure
- 9 Refused

Added Section 5: Diabetes

To be asked following Core Q4.1; if response is "Yes" (code = 1)

DB1.1 How old were you when you were told you have diabetes?

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

DB1.2 Are you now taking insulin?

- 1 Yes
- 2 No
- 9 Refused

DB1.3 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.

- 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

DB1.4 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.

- 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

DB1.5 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**]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

DB1.6 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**]
- 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 DB1.4 = 555 (No feet), go to DB1.8.

DB1.7 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**]
8 8 None
7 7 Don't know / Not sure
9 9 Refused

DB1.8 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

DB1.9 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

DB1.10 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

Section 5: Tobacco Use

5.1 Have you smoked at least 100 cigarettes in your entire life?

(82)

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No [Go to Q5.5]
- 7 Don't know / Not sure [Go to Q5.5]
- 9 Refused [Go to Q5.5]

5.2 Do you now smoke cigarettes every day, some days, or not at all? (83)

- 1 Every day
- 2 Some days
- 3 Not at all [Go to Q5.4]
- 7 Don't know / Not sure [Go to Q5.5]
- 9 Refused [Go to Q5.5]

5.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (84)

- 1 Yes [Go to Q5.5]
- 2 No [Go to Q5.5]
- 7 Don't know / Not sure [Go to Q5.5]
- 9 Refused [Go to Q5.5]

5.4 How long has it been since you last smoked a cigarette, even one or two puffs? (85-86)

- 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

5.5 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.

(87)

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

Do not read:

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

Section 6: 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?"

6.1 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.

(88-90)

- 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.

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.

6.2 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 (91-93)

- 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 since 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.).

6.3 During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, and garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans. (94-96)

- 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, garbanzo beans, 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, garbanzo, 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.

6.4 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?

(97-99)

- 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, arugula, 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.

6.5 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?

(100-102)

- 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).

6.6 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.

(103-105)

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

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.

Section 7: Sugar Sweetened Beverages and Menu Labeling

7.1. During the past month, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.

(106-108)

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

7.2. During the past month, how often did you drink sugar-sweetened fruit drinks (such as Kool-aid and lemonade), sweet tea, sports or energy drinks (such as Red Bull and Gatorade)? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks. (109-111)

- 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

7.3. The next question is about eating out at fast food and chain restaurants. When calorie information is available in the restaurant, how often does this information help you decide what to order? (112)

Please read:

- 1 Always
- 2 Most of the time
- 3 About half the time
- 4 Sometimes
- 5 Never

Do not read:

- 6 Never noticed or never looked for calorie information
- 8 Usually cannot find calorie information
- 7 Don't know / Not sure
- 9 Refused

Section 8: Disability

8.1 Are you limited in any way in any activities because of physical, mental, or emotional problems? (113)

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

Section 9: Demographics

9.1 What is your age? (116-117)

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

- 9.2** Are you Hispanic or Latino? (118)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- 9.3** Which one or more of the following would you say is your race? (119-124)

(Check all that apply)

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native

Or

- 6 Other [specify] _____

Do not read:

- 8 No additional choices
- 7 Don't know / Not sure
- 9 Refused

CATI note: If more than one response to Q9.3; continue. Otherwise, go to Q9.5.

- 9.4** Which one of these groups would you say best represents your race? (125)
- 1 White
 - 2 Black or African American
 - 3 Asian
 - 4 Native Hawaiian or Other Pacific Islander
 - 5 American Indian or Alaska Native
 - 6 Other [specify] _____

- 9.5** Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. (126)

If "Yes", please read:

- 1 Yes, now on active duty
- 2 Yes, on active duty during the last 12 months, but not now
- 3 Yes, on active duty in the past, but not during the last 12 months

If “No”, please read:

- 4 No, training for Reserves or National Guard only
- 5 No, never served in the military

Do not read:

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

9.6 Are you...? (127)

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

9.7 How many children less than 18 years of age live in your household? (128-129)

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

9.8 What is the highest grade or year of school you completed? (130)

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

9.9 Are you currently...? (131)

Please read:

- 1 Employed for wages
- 2 Self-employed

- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired, or
- 8 Unable to work

Do not read:

- 9 Refused

9.10 Is your annual household income from all sources—

(132-133)

**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

9.11 About how much do you weigh without shoes?

(134-137)

NOTE: If respondent answers in metrics, put "9" in column ().

Round fractions up

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

9.12 About how tall are you without shoes? (138-141)

NOTE: If respondent answers in metrics, put "9" in column ().

Round fractions down

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

9.13 What county do you live in? (142-144)

_ _ _ FIPS county code
 7 7 7 Don't know / Not sure
 9 9 9 Refused

9.14 What is your ZIP Code where you live? (145-149)

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

9.15 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. (150)

1 Yes
 2 No **[Go to Q9.17]**
 7 Don't know / Not sure **[Go to Q9.17]**
 9 Refused **[Go to Q9.17]**

9.16 How many of these telephone numbers are residential numbers? (151)

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

9.17 During the past 12 months, has your household been without landline telephone service for 1 week or more? Do not include interruptions of landline telephone service because of weather or natural disasters. (152)

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

9.18 Indicate sex of respondent. Ask only if necessary. (153)

- 1 Male [Go to next section]
- 2 Female [If respondent is 45 years old or older, go to next section]

- 9.19** To your knowledge, are you now pregnant? (154)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 10: 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.

- 10.1** During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (171)
- 1 Yes
 - 2 No [Go to next section]
 - 7 Don't know / Not sure [Go to next section]
 - 9 Refused [Go to next section]

- 10.2.** What type of physical activity or exercise did you spend the most time doing during the past month?
 _____ (Specify) [See Coding List A]
- 9 9 Refused [Go to next section]
 - 8 8 No other physical activity

INTERVIEWER INSTRUCTION: If the respondent’s activity is yoga, Pilates, Tai Chi, or weight lifting please repeat the question to respondent using the following lead-in, “Other than [respondent’s activity],” what type of physical activity or exercise did you spend the most time doing during the past month?

INTERVIEWER INSTRUCTION: If the respondent’s activity is not included in the Coding List A, choose the option listed as “Other _____” and specify the respondent’s activity as the respondent has indicated.

INTERVIEWER NOTE: Housework may be included as a physical activity or exercise spent and can be coded as “Other_____”. and specify the respondent’s activity as the respondent has indicated.

10.3 How many times per week or per month did you take part in this activity during the past month? (174-176)

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

10.4 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (177-179)

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

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

_____ (Specify) **[See Coding List A]**
9 9 Refused **[Go to next section]**
88 No other physical activity

INTERVIEWER INSTRUCTION: If the respondent's activity is yoga, Pilates, Tai Chi, or weight lifting please repeat the question to respondent using the following lead-in, "Other than [respondent's activity]," what type of physical activity or exercise did you spend the most time doing during the past month?

INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Coding List A, choose the option listed as "Other _____" and specify the respondent's activity as the respondent has indicated.

INTERVIEWER NOTE: Housework may be included as a physical activity or exercise spent and can be coded as "Other _____". and specify the respondent's activity as the respondent has indicated.

10.6 How many times per week or per month did you take part in this activity during the past month? (174-176)

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

10.7 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (177-179)

: Hours and minutes
 7 7 7 Don't know / Not sure
 9 9 9 Refused

10.8 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**, or push-ups and those using weight machines, free weights, or elastic bands. (188-190)
 sit-ups

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

Section 11: Secondhand Smoke

The next questions are about exposure to secondhand smoke.

If Q9.9 = 1 (Employed) or = 2 (Self-employed); continue. Otherwise, go to Q 11.2.

11.1. Now I'm going to ask you about smoke you might have breathed at work because someone else was smoking **indoors**. During the past 7 days, that is, since last **[TODAY'S DAY OF THE WEEK]**, on how many days did you breathe the smoke at your workplace from **someone other than you** who was smoking tobacco? (175-176)

_ _ Number of days [01-07]
 8 8 None
 7 7 Don't know / Not sure
 9 9 Refused

11.2 Not counting decks, porches, or garages, during the past 7 days, that is, since last **[TODAY'S DAY OF WEEK]**, on how many days did **someone other than you** smoke tobacco inside your home while you were at home? (177-178)

_ _ Number of days [01-07]
 8 8 None
 7 7 Don't know / Not sure
 9 9 Refused

11.3 During the past 7 days, that is, since last **[TODAY'S DAY OF WEEK]**, on how many days did you ride in a vehicle where **someone other than you** was smoking tobacco? (179-180)

_ _ Number of days [01-07]
 8 8 None

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

The next question asks about tobacco use in indoor public places. Examples of indoor public places are the indoor areas of stores, restaurants, bars, casinos, clubs, and sports arenas.

- 11.4** [If Q9.9 = 1 (Employed) or Q9.9 = 2 (Self-employed); say "Not counting times while you were at work,"]during the past 7 days, that is, since last [TODAY'S DAY OF WEEK], on how many days did you breathe the smoke from **someone else** who was smoking in an indoor public place? (181-182)

- Number of days [01-07]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

- 11.5** Not counting decks, porches, or garages, inside your home, is smoking... (183)

INTERVIEWER NOTE: The order of the response categories for this question is being randomly reversed.

- 1 Always allowed
- 2 Allowed only at some times or in some places
- 3 Never allowed

Do not read:

- 6 Family does not have a smoking policy
- 7 Don't know / Not sure
- 9 Refused

- 11.6** Not counting motorcycles, in the vehicles that you or family members who live with you own or lease, is smoking... (184)

INTERVIEWER NOTE: The order of the response categories for this question is being randomly reversed.

Please read:

- 1 Always allowed in all vehicles
- 2 Sometimes allowed in at least one vehicle
- 3 Never allowed in any vehicle

Do not read:

- 6 Family does not have a vehicle smoking policy
- 8 Respondent's family does not own or lease a vehicle
- 7 Don't know / Not sure
- 9 Refused

11.7 At workplaces, do you think smoking indoors should be...

INTERVIEWER NOTE: The order of the response categories for this question is being randomly reversed.

(185)

Please read:

- 1 Always allowed
- 2 Allowed only at some times or in some places
- 3 Never allowed

Do not read:

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

Section 12: Smoking Cessation

Now, I would like to ask you some questions about programs available to help quit smoking.

12.1 A telephone quitline is a free telephone-based service that connects people who smoke cigarettes with someone who can help them quit. Are you aware of any telephone quitline services that are available to help **[If Q5.2 = 1 or 2, say "you", if Q5.2 = 3, say people"]** quit smoking?

(186)

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

CATI note: If (Q5.4 = 1-4, 77, 99) continue. If (Q5.4 = 5-7) go to next section. If (Q5.3 = 1), go to Q12.3. If (Q5.3 = 2); go to Q12.7. If (Q4.1=2) go to next section.

12.2 You last smoked more than **[last two words of Q5.4 SMOKLAST response category – 1]** ago. Is that because you are trying to quit smoking for good?

(187)

CATI note: Last two words of (Q5.4 SMOKLAST response category – 1)] means fill in with the last two words of the last category that the respondent said "No" to. (This is relevant only to responses 01-04 in Q5.4). For example, if the respondent says they last smoked within the past 6 months (response category 03), the first sentence of Q12.2 would be "You last smoked more than 3 months ago."

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

CATI note: If (Q5.4 = ≥5); go to next section. If (Q12.2 = 2); go to Q12.7.

Previously, you mentioned you **(If Core Q5.3 = 1)**; say, “tried to quit smoking in the past year.”
(If Q5.4 = 1-4 and Q12.2 = 1); say, “quit smoking in the past year. The next few questions ask about your most recent attempt to quit smoking.

CATI note: If Q12.1 = 2 then go to Q12.4, else continue

12.3. **(If Q5.4 = 1-4 and Q12.2 = 1):** When you quit smoking...
(If Q5.2 = 1 or 2 and Q5.3 = 1): The last time you tried to quit smoking... did you call a telephone quitline to help you quit? (188)

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

12.4 **(If Q5.4 = 1-4 and Q12.2 = 1):** When you quit smoking...
(If Q5.2 = 1 or 2 and Q5.3 = 1): The last time you tried to quit smoking... did you use a program to help you quit? (189)

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

12.5 **(If Q5.4 = 1-4 and Q12.2 = 1):** When you quit smoking...
(If Q5.2 = 1 or 2 and Q5.3 = 1): The last time you tried to quit smoking... did you receive one-on-one counseling from a health professional to help you quit? (190)

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

12.6 **(If Q5.4 = 1-4 and Q12.2 = 1):** When you quit smoking...
(If Q5.2 = 1 or 2 and Q5.3 = 1): The last time you tried to quit smoking... did you use any of the following medications: a nicotine patch, nicotine gum, nicotine lozenges, nicotine nasal spray, a nicotine inhaler, or pills such as Wellbutrin®, Zyban®, bupropion, Chantix®, or varenicline to help you quit?
NOTE: Pronounce “Wellbutrin” as Well-BYOU-TRIN, “Zyban” as Z-EYE BAN, “bupropion” as BYO PRO PRI ON, “Chantix” as SHAN TIX, and “varenicline” as VAR EN IH CLEAN]. Please read list slowly. (191)

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

CATI note: If (Q5.2 = 1 or 2) or (Q12.2 = 2); continue. Otherwise, go to Next Section.

The next few questions are about plans to quit smoking in the future.

12.7 Do you have a time frame in mind for quitting? (192)

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

12.8 Do you plan to quit smoking cigarettes for good... (193)

Please read:

- 1 In the next 7 days
- 2 In the next 30 days
- 3 In the next 6 months
- 4 In the next 1 year
- 5 More than 1 year from now

Do not read:

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

Section 13: Emotional Support and Life Satisfaction

13.1 How often do you get the social and emotional support you need?

INTERVIEWER NOTE: If asked, say "please include support from any source." (194)

Please read:

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

Do not read:

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

Section 14: Mental Illness and Stigma

Now, I am going to ask you some questions about how you have been feeling during the **past 30 days...**

14.1 About how often during the past 30 days did you feel **nervous**? Would you say... (195)

Please read:

- 1 All of the time
- 2 Some of the time
- 3 A little of the time
- 4 None of the time

Do not read:

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

14.2 During the past 30 days, about how often did you feel **hopeless**. Would you say... (196)

Please read:

- 1 All of the time
- 2 Some of the time
- 3 A little of the time
- 4 None of the time

Do not read:

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

14.3 During the past 30 days, about how often did you feel **restless** or **fidgety**? Would you say... (197)

Please read:

- 1 All of the time
- 2 Some of the time
- 3 A little of the time
- 4 None of the time

Do not read:

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

14.4 During the past 30 days, about how often did you feel **so depressed** that nothing could cheer you up? Would you say... (198)

Please read:

- 1 All of the time
- 2 Some of the time
- 3 A little of the time
- 4 None of the time

Do not read:

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

14.5 During the past 30 days, about how often did you feel that **everything was an effort?** Would you say... (199)

Please read:

- 1 All of the time
- 2 Some of the time
- 3 A little of the time
- 4 None of the time

Do not read:

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

14.6 During the past 30 days, about how often did you feel **worthless?** Would you say... (200)

Please read:

- 1 All of the time
- 2 Some of the time
- 3 A little of the time
- 4 None of the time

Do not read:

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

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

Closing statement

Please read:

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

Or

Transition to modules and/or state-added questions

Please read:

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

Optional Modules

Module 1: Food Assistance

1. [In the **last 12 months**], were {you/you or any members of your household} authorized to receive benefits from the WIC program, that is, the Women, Infants and Children program or Food Stamps [which include a food stamp card or voucher, or cash grants from the state for food]?

NOTE: (AN AUTHORIZED PERSON IS ONE WHOSE NAME APPEARS ON A CERTIFICATION CARD)

(211)

- 1 Yes
2 No

Do not read:

- 7 Don't Know/ Not Sure
9 Refused

Module 2: Neighborhood Perception and Environment

The following questions are about your neighborhood. A neighborhood is defined as an area within one-half mile or a ten minute walk from your home.

1. Overall, how would you rate your neighborhood as a place to walk? Would you say...

(212)

Please read:

- 1 Very pleasant
- 2 Somewhat pleasant
- 3 Not very pleasant
- 4 Not at all pleasant

Do not read:

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

2. During the past 30 days, for about how many days did you walk in your neighborhood for leisure or as a way to get to your destination?

(213-214)

- __ Number of days **(If 5 or less go to Q3; ELSE GO TO Q4)**
- 88 None **(Go to Q4)**
- 77 Don't know / Not sure **(Go to Q4)**
- 99 Refused **(Go to Q4)**

3. What is the number one reason that you did not walk more frequently in your neighborhood?

(DO NOT READ RESPONSES)

(215-216)

- 01 Weather
- 02 Lack of time
- 03 Nowhere to go
- 04 No sidewalks
- 05 Too much traffic
- 06 Medical conditions
- 07 Lack of energy/ motivation
- 08 Exercise elsewhere
- 09 Safety (crime)
- 10 Other
- 77 Don't know/Not sure
- 99 Refused

4. How safe from crime do you consider your neighborhood to be? Would you say...

Please read:

(217)

- 1 Extremely safe
- 2 Quite safe
- 3 Slightly safe
- 4 Not at all safe

Do not read:

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

Module 3: Perceived Nutrition Environment and Policy Survey Questions

1. To what degree would you agree with the statement, "It is easy to purchase healthy foods in my neighborhood such as whole grain foods, low fat options, and fruits and vegetables." Would you...

(218)

Please read:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree (neutral)
- 4 Disagree
- 5 Strongly disagree

Do not read:

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

Module 4: Tobacco

CATI Note: (If Q5.2=1 or 2 continue; Otherwise go to next module) “Current” smoking: std. question: every day/some days during last month.

Interviewer Note: This question refers only to tobacco products.

1. About how often do you take advantage of promotional offers such as “dollar off”, or “two-packs-for-the-price-of-one”? Would you say...

(219)

Please read:

- 1 Never
- 2 Sometimes
- 3 Often
- 4 Every time you see one

Do not read:

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

Module 5: Water Consumption

1. During the past 7 days, how many times did you drink an 8 ounce bottle or glass of plain **water**? Count tap, bottled, and unflavored sparkling water.

(220)

Please read:

- 1 I did not drink water during the past 7 days
- 2 1 to 3 times during the past 7 days
- 3 4 to 6 times during the past 7 days
- 4 1 time per day
- 5 2 times per day
- 6 3 times per day
- 7 4 or more times per day

Do not read:

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

Added Section 6: Colorectal Cancer Screening

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

The next questions are about colorectal cancer screening.

CC1.1 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 CC1.3]
- 7 Don't know / Not sure [Go to CC1.3]
- 9 Refused [Go to CC1.3]

CC1.2 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

CC1.3 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]

CC1.4 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

CC1.5 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

Added Section 7: Prostate Cancer Screening

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

Now, I will ask you some questions about prostate cancer screening.

PC1.1 A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test?

- 1 Yes
- 2 No **[Go to PC1.3]**
- 7 Don't Know / Not sure **[Go to PC1.3]**
- 9 Refused **[Go to PC1.3]**

PC1.2 How long has it been since you had your last PSA test?

Read only if necessary:

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

Do not read:

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

PC1.3 A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam?

- 1 Yes
- 2 No **[Go to PC1.5]**
- 7 Don't know / Not sure **[Go to PC1.5]**
- 9 Refused **[Go to PC1.5]**

PC1.4 How long has it been since your last digital rectal exam?

Read only if necessary:

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

Do not read:

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

PC1.5 Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer?

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

Added Section 8: Women's Health

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

The next questions are about breast and cervical cancer.

WH1.1 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

- 1 Yes
- 2 No **[Go to WH1.3]**
- 7 Don't know / Not sure **[Go to WH1.3]**
- 9 Refused **[Go to WH1.3]**

WH1.2 How long has it been since you had your last mammogram?

Read only if necessary:

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

Do not read:

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

WH1.3 A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam?

- 1 Yes
- 2 No **[Go to WH1.5]**
- 7 Don't know / Not sure **[Go to WH1.5]**
- 9 Refused **[Go to WH1.5]**

WH1.4 How long has it been since your last breast exam?

Read only if necessary:

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

Do not read:

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

WH1.5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?

- 1 Yes
- 2 No **[Go to WH1.7]**
- 7 Don't know / Not sure **[Go to WH1.7]**
- 9 Refused **[Go to WH1.7]**

WH1.6 How long has it been since you had your last Pap test?

Read only if necessary:

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

Do not read:

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

CATI note: If response to Core Q9.19 = 1 (is pregnant); then go to next section.

WH1.7 Have you had a hysterectomy?

Read only if necessary: A hysterectomy is an operation to remove the uterus (womb).

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

Added Section 9: Asthma

AP1.1 Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

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

AP1.2 Do you still have asthma?

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

Added Section 10: Adult Asthma History

CATI note: If "Yes" to Core AP1.1; continue. Otherwise, go to next module.

Previously you said you were told by a doctor, nurse or other health professional that you had asthma.

AH1.1 How old were you when you were first told by a doctor, nurse, or other health professional that you had asthma?

- – Age in years 11 or older [**96 = 96 and older**]
- 9 7 Age 10 or younger
- 9 8 Don't know / Not sure
- 9 9 Refused

CATI note: If "Yes" to Core AP1.2, continue. Otherwise, go to next module.

AH1.2 During the past 12 months, have you had an episode of asthma or an asthma attack?

- 1 Yes
- 2 No [**Go to AH1.5**]
- 7 Don't know / Not sure [**Go to AH1.5**]
- 9 Refused [**Go to AH1.5**]

AH1.3 During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma?

- – Number of visits [**87 = 87 or more**]
- 8 8 None
- 9 8 Don't know / Not sure
- 9 9 Refused

AH1.4 [**If one or more visits to AH1.3, fill in "Besides those emergency room or urgent care center visits,"**] During the past 12 months, how many times did you see a doctor, nurse or other health professional for urgent treatment of worsening asthma symptoms?

- – Number of visits [**87 = 87 or more**]
- 8 8 None
- 9 8 Don't know / Not sure
- 9 9 Refused

AH1.5 During the past 12 months, how many times did you see a doctor, nurse, or other health professional for a routine checkup for your asthma?

- — Number of visits [**87 = 87 or more**]
8 8 None
9 8 Don't know / Not sure
9 9 Refused

AH1.6 During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma?

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

AH1.7 Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don't have a cold or respiratory infection. During the past 30 days, how often did you have any symptoms of asthma? Would you say —

NOTE: Phlegm ('flem')

Please read:

- 8 Not at any time **[Go to AH1.9]**
1 Less than once a week
2 Once or twice a week
3 More than 2 times a week, but not every day
4 Every day, but not all the time

Or

- 5 Every day, all the time

Do not read:

- 7 Don't know / Not sure
9 Refused

AH1.8 During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep? Would you say —

Please read:

- 8 None
1 One or two
2 Three to four
3 Five
4 Six to ten

Or

- 5 More than ten

Do not read:

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

AH1.9 During the past 30 days, how many days did you take a prescription asthma medication to PREVENT an asthma attack from occurring?

Please read:

- 8 Never
- 1 1 to 14 days
- 2 15 to 24 days
- 3 25 to 30 days

Do not read:

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

AH1.10 During the past 30 days, how often did you use a prescription asthma inhaler DURING AN ASTHMA ATTACK to stop it?

INTERVIEWER INSTRUCTION: How often (number of times) does NOT equal number of puffs. Two to three puffs are usually taken each time the inhaler is used.

Read only if necessary:

- 8 Never (include no attack in past 30 days)
- 1 1 to 4 times (in the past 30 days)
- 2 5 to 14 times (in the past 30 days)
- 3 15 to 29 times (in the past 30 days)
- 4 30 to 59 times (in the past 30 days)
- 5 60 to 99 times (in the past 30 days)
- 6 100 or more times (in the past 30 days)

Do not read:

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

Added Section 11: Alcohol Consumption

AC1.1 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?

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

Added Section 12: Oral Health

OH1.1 How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.

Read only if necessary:

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

Do not read:

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

Added Section 13: Inadequate Sleep

IS1.1 On average, how many hours of sleep do you get in a 24-hour period? Think about the time you actually spend sleeping or napping, not just the amount of sleep you think you should get.

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

Added Section 14: Reactions to Race

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

RR1.1 How do other people usually classify you in this country? Would you say: White, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or some other group?

- 1 White
- 2 Black or African American
- 3 Hispanic or Latino
- 4 Asian
- 5 Native Hawaiian or Other Pacific Islander
- 6 American Indian or Alaska Native
- 8 Some other group (please specify) _____
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: If the respondent requests clarification of this question, say: "We want to know how OTHER people usually classify you in this country, which might be different from how you classify yourself."

RR1.2 How often do you think about your race? Would you say never, once a year, once a month, once a week, once a day, once an hour, or constantly?

- 1 Never
- 2 Once a year
- 3 Once a month
- 4 Once a week
- 5 Once a day
- 6 Once an hour
- 8 Constantly
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER INSTRUCTION: The responses can be interpreted as meaning "at least" the indicated time frequency. If a respondent cannot decide between two categories, check the response for the lower frequency. For example, if a respondent says that they think about their race between once a week and once a month, check "once a month" as the response.

[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."]

RR1.3 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?

- 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

RR1.4 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?

- 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."

RR1.5 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

RR1.6 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

Added Section 15: Sexual Orientation

SO1.1 Do you consider yourself to be...?

- 1 Heterosexual or straight;
- 2 Gay or lesbian; or
- 3 Bisexual?

Do not read:

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

Added Section 16: Social Context

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

SC1.1 Do you own or rent your home?

Please read:

- 1 Own
- 2 Rent
- 3 Other arrangement **[Go to SC1.3]**

Do not read:

- 7 Don't know / Not sure **[Go to SC1.3]**
- 9 Refused **[Go to SC1.3]**

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

SC1.2 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 you were worried or stressed---

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

SC1.3 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 you were worried or stressed---

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 Q9.9 = 1 (Employed for wages) or 2 (Self-employed), go to SC1.4.

If Core Q9.9 = 3 (Out of work for more than 1 year), 4 (Out of work for less than 1 year), 5 (A homemaker), 6 (A student), 7 (Retired), or 8 (Unable to work), go to SC1.5.

SC1.4 About how many hours do you work per week at all of your jobs and businesses combined?

- | | | |
|-----|-----------------------|-----------------------------|
| — — | Hours (01-96 or more) | [Go to Next Section] |
| 9 7 | Don't know / Not sure | [Go to Next Section] |
| 9 8 | Does not work | [Go to Next Section] |
| 9 9 | Refused | [Go to Next Section] |

SC1.5 Thinking about the last time you worked, about how many hours did you work per week at all of your jobs and businesses combined?

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

Added Section 17: General Preparedness

The next question asks about how prepared you are for a large-scale disaster or emergency. By large-scale disaster or emergency we mean any event that leaves you isolated in your home **or** displaces you from your home for at least 3 days. This might include natural disasters such as hurricanes, tornados, floods, and ice storms, or man-made disasters such as explosions, terrorist events, or blackouts.

GP1.1 How well prepared do you feel your household is to handle a large-scale disaster or emergency? Would you say...

Please read:

- 1 Well prepared
- 2 Somewhat prepared
- 3 Not prepared at all

Do not read:

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

Added Section 18: Carbon Monoxide Detectors

CO1.1 A carbon monoxide or CO detector checks the level of carbon monoxide in your home. It is different than a smoke detector. Do you have a carbon monoxide detector in your home?

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

Section 10: Physical Activity

Activity List for Common Leisure Activities (To be used for Section 10: Physical Activity)

Code Description (Physical Activity, Questions 10.2 and 10.5 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, 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 0 Other_____
3 0 Mountain climbing	
3 1 Mowing lawn	9 9 Refused
3 2 Paddleball	
3 3 Painting/papering house	
3 4 Pilates	
3 5 Racquetball	
3 6 Raking lawn	
3 7 Running	
3 8 Rock Climbing	
3 9 Rope skipping	
4 0 Rowing machine exercise	