BRFSS

2013

Behavioral Risk Factor Surveillance System Questionnaire

GEORGIA

#5784

December 5, 2012

Behavioral Risk Factor Surveillance System
2013 Questionnaire – Georgia #5784

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SAMPLE READ-IN: FRAME

1. Landline

2. Cell Phone

Interviewer's Script

HELLO, I am calling for the **Georgia Department of Public Health.** My name is _____**(name)**____. We are gathering information about the health of **Georgia** 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.

CATI NOTE: Don't Know and Refused answer codes should be present only where specified in this script; do not add codes for Don't Know or Refused.

IF FRAME=2 (CELL PHONE) ASK SAFE, IF FRAME=1 SKIP TO CTELENUM
SAFE Is this a safe time to talk with you?

> Yes **[Go to CTELENUM]**
> No **CALLBACK**

CTELENUM Is this ___**(phone number)**___?

> 1. Yes **GO TO PVTRESID**
> 2. No
> 7. (VOL) Don't Know/Not Sure
> 9. (VOL) Refused

> > **If "No", "Don't Know", "Refused"**
> > **SOCTEL** 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**

PVTRESID
IF FRAME=1, ASK: Is this a private residence?
IF FRAME=2, ASK: Do you live in a private residence?

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

> 1. Yes **GO TO STATERES**
> 2. No **GO TO COLHOS**
> 3. No, business phone only **THANK & END**

COLHOS Do you live in college housing?

Read only if necessary: "By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangements provided by a college or university"

> 1. Yes **GO TO STATERES**
> 2. No

> > **If "No,"**
> > **SOPVTRES** Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time. **STOP**

STATERES Do you reside in **Georgia**?

Yes   **[Go to CELLPH]**
No   **[Go to state]**

IF FRAME=1 (landline) SCREEN-OUT AT 'STATE'. IF FRAME=2 (cell phone), GO TO RSPSTATE.

STATE   Thank you very much, but we are only interviewing persons who live in the state of
           __(state)_____ at this time. **STOP**

RSPSTATE   In what state do you live?

   _____   ENTER STATE
   99   REFUSED   **[THANK & END]**

Qualified Level 1

CELLPH 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."

    1. Yes
    2. No

CATI DUMMY QUESTION: AUTOPUNCH RESPONSE TO 'CELLFON'. IF CELLPH=1 (YES), CELLFON=2 (YES). IF CELLPH=2 (NO), CELLFON=1 (NO).

CELLFON
    1   No, not a cellular telephone.
    2   Yes

CATI: **IF FRAME=1 (landline) and CELLFON=1 (not a cell phone), GO TO RESPONDENT SELECTION.**
        IF FRAME=1 (landline) and CELLFON=2 (yes cell phone), THANK & END.
        IF FRAME=2 (cell phone) and CELLFON=1 (not a cell phone), THANK & END.
        IF FRAME=2 (cell phone) and CELLFON=2 (yes cell phone), ASK LANDLINE.

LANDLINE   Do you also have a landline telephone in your home that is used to make and receive calls?

    READ ONLY IF NECESSARY: "By landline telephone, we mean a "regular" telephone in your home that is connected to outside telephone lines through a cable or cord and is used for making or receiving calls. Please include landline phones used for both business and personal use."

    Interviewer Note: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services.).

    PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

    1   YES   **Go to PCTCELL**
    2   NO   **Go to RESPONDENT SELECTION**

7 DON'T KNOW / NOT SURE
9 REFUSED

IF "No", GO TO THE RESPONDENT SELECTION
IF "Don't Know" or "Refused", GO TO TERMINATION

PCTCELL Thinking about all the phone calls that you receive on your landline or cell phone, what percent, between 0 and 100, are received on your cell phone?

  _ _ _ Enter Percent (1 to 100)
  8 8 8 Zero
  7 7 7 Don't know/Not sure
  9 9 9 Refused

IF PCTCELL=90-100, GO TO RESPONDENT SELECTION.
IF PCTCELL=1-89, 777, 888, 999, GO TO TERMINATION.

 TERMINATION
  Thank you very much. Those are all the questions that I have for you today.

Qualified Level 2

RESPONDENT SELECTION

CATI NOTE:
- **IF CELLPH=1 (is a cell phone) or COLHOS=1 (College Housing = Yes) continue;**
- **Otherwise go to Adult Random Selection**

CADULT Are you 18 years of age or older?

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY. ASK GENDER IF NECESSARY.

  1 YES, Male Respondent **[Go to Core Section Introduction]**
  2 YES, Female Respondent **[Go to Core Section Introduction]**
  3 NO
  7 DON'T KNOW / NOT SURE
  9 REFUSED

 SOCOLAD 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?

NUMADULT __ Number of adults

If NUMADULT = 1, ASK:
NMADLT1 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).

If "no,"
Is the adult a man or a woman? Enter 1 man (in NUMMEN) or 1 woman (in NUMWOMEN) below. May I speak with **[fill in (him/her) from previous question]**? **Go to "correct respondent".**

Qualified Level 3

- **IF NUMADULT=2, 3, or 4, GO TO NUMMEN**

- **IF NUMADULT>4, ASK**

  PNMADULT
  Are they all 18 years of age or older, and all are currently living in the household, and the household is not a group home or institution.

1 Yes	**GO TO NUMMEN**
2 No	**GO BACK TO NUMADULT AND RE-ASK IT**
9 (VOL) Refused	**GO TO NUMMEN**

NUMMEN   How many of these adults are men?

__   Number of men

NUMWOMEN   How many of these adults are women?

__   Number of women

Qualified Level 4

IF NUMMEN+NUMWOMEN DOES NOT EQUAL NUMADULT, WE NEED TO RE-ASK THE QUESTIONS. DISPLAY THE FOLLOWING TEXT SCREEN, THEN GO BACK TO NUMMEN:

[INTERVIEWER: THE TOTAL NUMBER OF ADULTS IS NOT EQUAL TO NUMBER OF MEN AND WOMEN. PLEASE RE-ASK QUESTIONS.]

1. Continue   **GO BACK TO NUMMEN**

- **IF NUMADULT<5 AND NUMWOMEN<3 AND NUMMEN<3, RANDOMLY SELECT ONE OF THE HOUSEHOLD ADULTS, THEN SAY:**

  RNAME The person in your household that I need to speak with is the (first/second) (male/female) adult.

    [CATI: this should display as a text screen and then go to INTRO1]

- **IF NUMADULT>4 OR NUMMEN>2 OR NUMWOMEN>2, ASK "ALLNA" TO GET THE NAMES OF EACH ADULT IN THE HOUSEHOLD. REFER TO NUMMEN AND NUMWOMEN TO DETERMINE HOW MANY OF EACH SEX TO ASK FOR A NAME (0 TO 10).**

  (IF NUMMEN=1-10) ASK FOR THE NAME OF THE "OLDEST MALE", THEN THE "SECOND OLDEST MALE, THEN "THIRD OLDEST MALE", ETC.

  (IF NUMWOMEN=1-10) ASK FOR THE NAME OF THE "OLDEST FEMALE", THEN THE "SECOND OLDEST FEMALE, THEN "THIRD OLDEST FEMALE", ETC.

ALLNA Could you please name all the (male/female) members of the household from oldest to youngest?

[ENTER NAME OF ___ OLDEST (MALE/FEMALE) ADULT]

AFTER ALL NAMES HAVE BEEN ENTERED, RANDOMLY SELECT ONE OF THE HOUSEHOLD ADULTS, THEN SAY:

RNAME The person in your household that I need to speak with is (display name of selected adult).
[CATI: this should display as a text screen and then go to INTRO1]

INTRO1 May I speak with (him/her)?

1	Continue
2	Callback
3	(VOL) Refused
4	Not available duration
5	Language barrier / not Spanish
6	Physical / Mental incapacity / health / deaf
7	Screen out location

To the correct respondent:

HELLO, I am calling for the **Georgia Department of Public Health.** My name is ____**(name)**___. We are gathering information about the health of **Georgia** 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 **1-888-968-0456**.

Section 1: Health Status

CATI: IF CELLPH=1 (is a cell phone) OR COLHOS=1 (College Housing = Yes), SET NUMADULT=1.

GENHLTH   Would you say that in general your health is—

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

Qualified Level 5

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

PHYSHLTH   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

MENTHLTH   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 PHYSHLTH and MENTHLTH = 88 (None), go to next section]**
7 7   Don't know / Not sure
9 9   Refused

POORHLTH   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

Section 3: Health Care Access

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

1	Yes	**ASK M4.1**
2	No	**GO TO PERSDOC2**
7	Don't know / Not sure	**GO TO PERSDOC2**
9	Refused	**GO TO PERSDOC2**

Module 4: Health Care Access

M4.1   Do you have Medicare?

()

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

Note: Medicare is a coverage plan for people age 65 or over and for certain disabled people.

M4.2   Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans?   [SELECT ALL THAT APPLY]

Please Read:

01   Your employer
02   Someone else's employer
03   A plan that you or someone else buys on your own
04   Medicaid or Medical Assistance [or substitute state program name]
05   The military, CHAMPUS, or the VA [or CHAMP-VA]
06   The Indian Health Service [or the Alaska Native Health Service]
07   Some other source
88   None
77   Don't know/Not sure
99   Refused

PERSDOC2   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?"

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

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

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

M4.3 Other than cost, there are many other reasons people delay getting needed medical care.

Have you delayed getting needed medical care for any of the following reasons in the past 12 months? Select the most important reason.

Please read

1 You couldn't get through on the telephone.
2 You couldn't get an appointment soon enough.
3 Once you got there, you had to wait too long to see the doctor.
4 The (clinic/doctor's) office wasn't open when you got there.
5 You didn't have transportation.

Do not read:
6 Other (specify) _____
8 No, I did not delay getting medical care/did not need medical care
7 Don't know/Not sure
9 Refused

CHECKUP1 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

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

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

CATI Note: If HLTHPLAN = 1 (Yes) continue, else go to M4.4b

M4.4a   In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage?

       1   Yes   **Go to M4.5**
       2   No   **Go to M4.5**
       7   Don't know/Not sure   **Go to M4.5**
       9   Refused   **Go to M4.5**

CATI Note: If HLTHPLAN = 2, 7, or 9 continue, else go to next question M4.5
M4.4b   About how long has it been since you last had health care coverage?

       1   6 months or less
       2   More than 6 months, but not more than 1 year ago
       3   More than 1 year, but not more than 3 years ago
       4   More than 3 years
       5   Never
       7   Don't know/Not sure
       9   Refused

M4.5   How many times have you been to a doctor, nurse, or other health professional in the past 12 months?

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

M4.6   Was there a time in the past 12 months when you did not take your medication as prescribed because of cost? Do not include over-the-counter (OTC) medication.

       1   Yes
       2   No

       Do not read:
       3   No medication was prescribed.
       7   Don't know/Not sure
       9   Refused

M4.7   In general, how satisfied are you with the health care you received? Would you say—

       1   Very satisfied
       2   Somewhat satisfied
       3   Not at all satisfied

       Do not read
       8   Not applicable
       7   Don't know/Not sure
       9   Refused

M4.8　　　　Do you currently have any medical bills that are being paid off over time?

INTERVIEWER NOTE:
This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year.

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

Section 4: Inadequate Sleep

I would like to ask you about your sleep pattern.

SLEPTIME2　　On average, how many hours of sleep do you get in a 24-hour period?

INTERVIEWER NOTE: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.

　　　　_ _　　Number of hours [01-24]
　　　　7 7　　Don't know / Not sure
　　　　9 9　　Refused

Section 5: Hypertension Awareness

BPHIGH3　　Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?

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]**

BPMEDS　　Are you currently taking medicine for your high blood pressure?

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

Section 6: Cholesterol Awareness

BLOODCHO   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**]

CHOLCHK   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

TOLDHI2   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

Section 7: 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."

CVDINFR4   (Ever told) you that you had a heart attack also called a myocardial infarction?

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

CVDCRHD4   (Ever told) you had angina or coronary heart disease?

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

CVDSTRK3   (Ever told) you had a stroke?

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

ASTHMA2   (Ever told) you had asthma?

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

ASTHNOW   Do you still have asthma?

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

CHCSNCR   (Ever told) you had skin cancer?

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

CHCOCNCR (Ever told) you had any other types of cancer?

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

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

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

HAVARTH2 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

    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)

ADDEPEV2 (Ever told) you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?

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

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

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

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

DIABETE2   (Ever told) 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.

        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 DIABETE2 = 1 (Yes), go to Diabetes Optional Module (if used). If any other response to DIABETE2, go to Pre-Diabetes Optional Module (if used), otherwise, go to next section.

Module 2: Diabetes

To be asked following DIABETE2; if response is "Yes" (code = 1)
IF DIABETE2 = 1 CONTINUE; ELSE GO TO next section.

DIABAGE2   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

CATI: IF DIABAGE2>52 AND DIABAGE2<98, CONFIRM; ELSE GO TO INSULIN
CNFDBAG   INTERVIEWER: Is [DISPLAY RESPONSE TO DIABAGE2] the correct age when respondent was diagnosed with diabetes?

        1 Yes, age is correct **GO TO INSULIN**
        2 No   **GO TO DIABAGE2**

INSULIN   Are you now taking insulin?

         1   Yes

2   No
        9   Refused

BLDSUGAR   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

FEETCHK2   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

DOCTDIAB   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

CHKHEMO3   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 FEETCHK2 = 555 (No feet), go to EYEEXAM.

FEETCHK   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

EYEEXAM 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

DIABEYE 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

DIABEDU 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 8: Demographics

AGE What is your age?

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

{CATI: if (DIABAGE2 = 01-97 and AGE = 18-99) AND (DIABAGE2 > AGE), continue; else go to INSULIN}

UPDTAGDI   I'm sorry, you indicated you were **{CATI: fill-in response from AGE}** years old, and were first diagnosed with Diabetes at age **{CATI: fill-in response from DIABAGE2}**. What was your age when you were FIRST diagnosed with diabetes?

Update age   **GO TO AGE**
Update diabetes age   **GO TO DIABAGE2**

HISPANC3   Are you Hispanic, Latino/a, or Spanish origin?

If yes, ask: Are you…

Interviewer Note: *One or more categories may be selected.*

1   No, not of Hispanic, Latino/a, or Spanish origin
2   Yes, Mexican, Mexican American, Chicano/a
3   Yes, Puerto Rican
4   Yes, Cuban
5   Yes, Another Hispanic, Latino/a, or Spanish origin

Do not read:
8   No additional choices (DP code only)
7   Don't know / Not sure
9   Refused

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

Interviewer Note: Select all that apply.

Please read:
10   White
20   Black or African American
30   American Indian or Alaska Native
40   Asian
50   Pacific Islander

Do not read:
60   Other
88   No additional choices (DP code only)
77   Don't know / Not sure
99   Refused

IF MRACEA=40 OR 50, ASK MRACEB. ELSE SKIP TO MRACE2
CATI: IF MRACEA=40, SHOW CODES 41-47, 99. IF MRACEA=50, SHOW CODES 51-54, 99.
MRACEB   Would you say you are . . . [READ LIST, MULTIPLE RECORD]?

41   Asian Indian
42   Chinese
43   Filipino
44   Japanese
45   Korean
46   Vietnamese
47   Other Asian
51   Native Hawaiian
52   Guamanian or Chamorro

                53   Samoan
                54   Other Pacific Islander

                99   (VOL) Refused

MRACE2: CATI dummy variable to hold the respondent race.
CATI CODE RESPONSES FROM MRACEA AND MRACEB. IF MRACEA=40 AND MRACEB=99, CODE MRACE2=40. IF MRACEA=0 AND MRACEB=90, CODE MRACE2=50.
                10   White
                20   Black or African American
                30   American Indian or Alaska Native
                40   Asian
                50   Pacific Islander
                60   Other
                77   (VOL) Don't know/Not sure
                88   No additional choices (DP code only)
                99   (VOL) Refused
                41   Asian Indian
                42   Chinese
                43   Filipino
                44   Japanese
                45   Korean
                46   Vietnamese
                47   Other Asian
                51   Native Hawaiian
                52   Guamanian or Chamorro
                53   Samoan
                54   Other Pacific Islander

CATI note: If more than one response to MRACE2; continue. Otherwise, go to VETERAN3.

SHOW RESPONSES IN MRACE2
ORACE3   Which one of these groups would you say best represents your race?

                Please read:
                10   White
                20   Black or African American
                30   American Indian or Alaska Native
                40   Asian
                41   Asian Indian
                42   Chinese
                43   Filipino
                44   Japanese
                45   Korean
                46   Vietnamese
                47   Other Asian

                50   Pacific Islander
                51   Native Hawaiian
                52   Guamanian or Chamorro
                53   Samoan
                54   Other Pacific Islander

                60   Other
                77   (VOL) Don't know/Not sure

88   No additional choices (DP code only)
99   (VOL) Refused

VETERAN3   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.

1   Yes
2   No

Do not read:
7   Don't know / Not sure
9   Refused

MARITAL   Are you…?

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

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

_ _   Number of children
8 8   None
9 9   Refused

EDUCA   What is the highest grade or year of school you completed?

Read only if necessary:

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

Do not read:

9   Refused

EMPLOY2   Are you currently…?

Please read:
1   Employed for wages
2   Self-employed
3   Out of work for 1 year or more
4   Out of work for less than 1 year
5   A Homemaker
6   A Student
7   Retired
Or
8   Unable to work

Do not read:
9   Refused

INCOME2   Is your annual household income from all sources—

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

WEIGHT2   About how much do you weigh without shoes?

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

HEIGHT3   About how tall are you without shoes?

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

CTYCODE   What county do you live in?

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

ZIPCODE   What is the ZIP Code where you live?

_ _ _ _ _   ZIP Code [RANGE: 30002-31999, 39901]
7 7 7 7 7   Don't know / Not sure
9 9 9 9 9   Refused

NUMHHOL2   Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

1   Yes
2   No   **[Go to CPDEMO1]**
7   Don't know / Not sure   **[Go to CPDEMO1]**
9   Refused   **[Go to CPDEMO1]**

Qualified Level 6

NUMPHON2   How many of these telephone numbers are residential numbers?

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

CPDEMO1   Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.

1   Yes
2   No   **[Go to S8.19]**
7   Don't know / Not sure   **[Go to S8.19]**
9   Refused   **[Go to S8.19]**

CPDEMO4   Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone?

_ _ _   Enter percent (1 to 100)
8 8 8   Zero
7 7 7   Don't know / Not sure
9 9 9   Refused

S8.19   Have you used the internet in the past 30 days?

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

RENTHOM1   Do you own or rent your home?

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.

SEX   Indicate sex of respondent. **Ask only if necessary.**

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

PREGNANT   To your knowledge, are you now pregnant?

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

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

QLACTLM2   Are you limited in any way in any activities because of physical, mental, or emotional problems?

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

USEEQUIP   Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

    NOTE: Include occasional use or use in certain circumstances.

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

S8.24   Are you blind or do you have serious difficulty seeing, even when wearing glasses?

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

S8.25   Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

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

S8.26   Do you have serious difficulty walking or climbing stairs?

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

S8.27   Do you have difficulty dressing or bathing?

    1   Yes
    2   No

7   Don't know / Not sure
9   Refused

S8.28   Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

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

Section 9: Tobacco Use

SMOKE100   Have you smoked at least 100 cigarettes in your entire life?

NOTE: 5 packs = 100 cigarettes

1   Yes
2   No   **[Go to USENOW3]**
7   Don't know / Not sure   **[Go to USENOW3]**
9   Refused   **[Go to USENOW3]**

SMOKDAY2   Do you now smoke cigarettes every day, some days, or not at all?

1   Every day
2   Some days
3   Not at all   **[Go to LASTSMK1]**
7   Don't know / Not sure   **[Go to USENOW3]**
9   Refused   **[Go to USENOW3]**

STOPSMK2   During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

1   Yes   **[Go to USENOW3]**
2   No   **[Go to USENOW3]**
7   Don't know / Not sure   **[Go to USENOW3]**
9   Refused   **[Go to USENOW3]**

LASTSMK1   How long has it been since you last smoked a cigarette, even one or two puffs?

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	

USENOW3 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.

1	Every day
2	Some days
3	Not at all

Do not read:
7	Don't know / Not sure
9	Refused

Section 10: Alcohol Consumption

ALCDAY5 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?

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]**

AVEDRNK2 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

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

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

DRNK3GE5 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

MAXDRNKS   During the past 30 days, what is the largest number of drinks you had on any occasion?

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

CATI: IF DRNK3GE5=88 AND SEX=1, MAXDRNKS CANNOT BE 5-76. IF DRNK3GE5=88 AND SEX=2, MAXDRNKS CANNOT BE 4-76.

Section 11: 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?"

FRUITJU2   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.

> 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 VEGOTHER.

DO include 100% pure juices including orange, mango, papaya, pineapple, apple, grape (white or red), or grapefruit. Only count cranberry juice if the respondent's 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.

FRUIT2   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

        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.).

BEANS   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.

        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.

DARKGRNV 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?

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.

ORANGEV 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?

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).

VEGOTHER 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.

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 12: 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.

EXERANY3   During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

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

EXERACT3   What type of physical activity or exercise did you spend the most time doing during the past month?

_ _	(Specify)	**[See Physical Activity Coding List]**
9 7	Don't know / Not Sure	**[Go to EXOFTSTR]**

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

EXEROFT1 How many times per week or per month did you take part in this activity during the past month?

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

EXERHMM1 And when you took part in this activity, for how many minutes or hours did you usually keep at it?

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

EXERACT4 What other type of physical activity gave you the next most exercise during the past month?

_ _ (Specify) **[See Physical Activity Coding List]**
88 No other activity **[Go to EXOFTSTR]**
97 Don't know / Not sure **[Go to EXOFTSTR]**
99 Refused **[Go to EXOFTSTR]**

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

EXEROFT2 How many times per week or per month did you take part in this activity during the past month?

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

EXERHMM2 And when you took part in this activity, for how many minutes or hours did you usually keep at it?

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

EXOFTSTR   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.

        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 13: Arthritis Burden

If HAVARTH2 = 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.

LMTJOIN2   Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

        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: ARTHDIS2 should be asked of all respondents regardless of employment. status.

ARTHDIS2   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?

        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."

ARTHSOCL`   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?

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."

JOINPAIN   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.*

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

Section 14: Seatbelt Use

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

Please read:
1   Always
2   Nearly always
3   Sometimes
4   Seldom
5   Never

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

Section 15: 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™.

FLUSHOT6 During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?

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 Q15.3]**
7	Don't know / Not sure	**[Go to Q15.3]**
9	Refused	**[Go to Q15.3]**

FLSHTMY2 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?

_ _ / _ _ _ _	Month / Year
7 7 / 7 7 7 7	Don't know / Not sure
9 9 / 9 9 9 9	Refused

S15.3 Since 2005, have you had a tetanus shot?

(If yes, ask: "Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?")

1 Yes, received Tdap
2 Yes, received tetanus shot, but not Tdap
3 Yes, received tetanus shot but not sure what type
4 No, did not receive any tetanus since 2005
7 Don't know/Not sure
9 Refused

PNEUVAC3 A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

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

Section 16: 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.

HIVTST5   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.

          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]**

HIVTSTD2   Not including blood donations, in what month and year was your last HIV test?

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

CATI NOTE: If HIVTSTD2 = within last 12 months continue, else go to module section.

WHRTST9   Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, **emergency room**, as an inpatient a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?

          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

Transition to Modules and State-Added Questions

Now I have some questions about other health topics.

Optional Modules

Module 1: Pre-Diabetes

NOTE: Only asked of those not responding "Yes" (code = 1) to DIABETE2 (Diabetes awareness question).

PDIABTST   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 DIABETE2 = 4 (No, pre-diabetes or borderline diabetes); answer PREDIAB1 "Yes" (code = 1).

PREDIAB1   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

Module 5: Sugar Drinks

Now I would like to ask you some questions about sugary beverages.

SUGRSODA   During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.

Please read:
You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.

        1 _ _ Times per day
        2 _ _ Times per week
        3 _ _ Times per month

        Do not read:

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

SGRDRNK2   During the past 30 days, how often did you drink sugar-sweetened fruit drinks, such as Kool-aid and lemonade, sweet tea, and sports or energy drinks (such as Gatorade and Red Bull)? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks.

Please read: You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.

1 _ _ Times per day
2 _ _ Times per week
3 _ _ Times per month

Do not read:
8 8 8   None
7 7 7   Don't know / Not sure
9 9 9   Refused

Module 6: 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.

M6.1.   Are you currently watching or reducing your sodium or salt intake?

1	Yes	
2	No	**Go to M6.3**
7	Don't know/not sure	**Go to M6.3**
9	Refused	**Go to M6.3**

M6.2.   How many days, weeks, months, or years have you been watching or reducing your sodium or salt intake?"

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

M6.3.   Has a doctor or other health professional ever advised you to reduce sodium or salt intake?

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

Module 7: Adult Asthma History

CATI note: If "Yes" to Core ASTHMA2; continue. Otherwise, go to next module.

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

ASTHMAGE   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: if (ASTHMAGE = 01-97 and AGE = 18-99) AND (ASTHMAGE > AGE), continue; else go to conditional prior to ASATTACK}

UPDTAGAS   I'm sorry, you indicated you were **{CATI: fill-in response from AGE}** years old, and were first diagnosed with asthma at age **{CATI: fill-in response from ASTHMAGE}**. What was your age when you were FIRST diagnosed with asthma?

        Update age   **GO TO AGE**
        Update asthma age   **GO TO ASTHMAGE**

CATI note: If "Yes" to ASTHNOW, continue. Otherwise, go to next module.

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

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

ASERVIST   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

ASDRVIST   **[If one or more visits to ASERVIST, 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

ASRCHKUP   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

ASACTLIM   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

ASYMPTOM   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 ASTHMED3]**
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

ASNOSLEP   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

ASTHMED3   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

ASINHALR   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

Module 8: Cardiovascular Health

I would like to ask you a few more questions about your cardiovascular or heart health.

CATI note: If Core CVDINFR4 = 1 (Yes), ask HAREHAB1. If Core CVDINFR4 = 2, 7, or 9 (No, Don't know, or Refused), skip HAREHAB1.
HAREHAB1   Following your heart attack, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."

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

CATI note: If Core CVDSTRK3 = 1 (Yes), ask STREHAB1. If Core CVDSTRK3 = 2, 7, or 9 (No, Don't know, or Refused), skip STREHAB1.
STREHAB1   Following your stroke, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."

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

CVDASPRN is asked of all respondents.
CVDASPRN   Do you take aspirin daily or every other day?

Interviewer Note: Aspirin can be prescribed by a health care provider or obtained as an over-the-counter (OTC) medication.

        1   Yes   **Go to question M8.5**
        2   No
        7   Don't know / Not sure
        9   Refused

ASPUNSAF   Do you have a health problem or condition that makes taking aspirin unsafe for you?

        If "Yes," ask "Is this a stomach condition?" Code upset stomach as stomach problems.

        1   Yes, not stomach related   **[Go to next module]**
        2   Yes, stomach problems   **[Go to next module]**
        3   No   **[Go to next module]**
        7   Don't know / Not sure   **[Go to next module]**
        9   Refused   **[Go to next module]**

M8.5.   Do you take aspirin to relieve pain?

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

M8.6.   Do you take aspirin to reduce the chance of a heart attack?

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

M8.7.   Do you take aspirin to reduce the chance of a stroke?

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

Module 12: Breast and Cervical Cancer Screening

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

The next questions are about breast and cervical cancer.

HADMAM   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 PROFEXAM]**
7   Don't know / Not sure   **[Go to PROFEXAM]**
9   Refused   **[Go to PROFEXAM]**

HOWLONG   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

PROFEXAM   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 HADPAP2]**
7   Don't know / Not sure   **[Go to HADPAP2]**
9   Refused   **[Go to HADPAP2]**

LENGEXAM   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

HADPAP2   A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?

1   Yes
2   No   **[Go to HADHYST2]**
7   Don't know / Not sure   **[Go to HADHYST2]**
9   Refused   **[Go to HADHYST2]**

LASTPAP2   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 PREGNANT = 1 (is pregnant); then go to next section.
HADHYST2   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

Module 13: Colorectal Cancer Screening

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

The next questions are about colorectal cancer screening.

BLDSTOOL   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 HADSIGM3]**
7   Don't know / Not sure   **[Go to HADSIGM3]**
9   Refused   **[Go to HADSIGM3]**

LSTBLDS3   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

HADSIGM3   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]**

HADSGCO1   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

LASTSIG3   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

Module 18: Industry and Occupation

If Core EMPLOY = 1 or 4 (Employed for wages or employed 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.

M18.1. **What kind of work do you do?** (for example, registered nurse, janitor, cashier, auto mechanic)

INTERVIEWER NOTE: If respondent is unclear, ask "What is your job title?"

INTERVIEWER NOTE: If respondent has more than one job then ask, "What is your main job?"

        [Record answer] _____
        99 Refused

M18.2. What kind of business or industry do you work in? (for example, hospital, elementary school, clothing manufacturing, restaurant)

        [Record answer] _____
        99 Refused

GA State-Added 2: Occupational Health

IF Core EMPLOY2=1 (Employed for wages), 2 (Self-employed), OR 4 (Out of work for less than 1 year), CONTINUE. ELSE, GO TO NEXT MODULE

Next I will ask you about the type of work you (IF EMPLOY2=1 OR 2, DISPLAY "do" / IF EMPLOY2=4, DISPLAY "did").

GA4_3.   About how long (IF EMPLOY2=1 OR 2, DISPLAY "have you been working" / IF EMPLOY2=4, DISPLAY "did you work") at this job or business?

        1   Less than 1 year
        2   1-2 years
        3   3-5 years
        4   6-10 years
        5   11-19 years
        6   20 years or longer
        7   Don't Know
        9   Refused

GA4_4.   During the past 12 months, that is since {one year before today's date} were you injured seriously enough while performing your job that you got medical advice or treatment?

        1   Yes
        2   No   [**Go to next module**]
        7   Don't know/Not Sure   [**Go to next module**]
        8   Refused   [**Go to next module**]

GA4_5. For your most recent work-related injury, who paid for your treatment?

01 Workers compensation
02 Private Insurance.
03 Medicare, Medicaid.
04 Indian Health Service/Alaska Native Health Service.
05 The military, Veterans Administration or Champus
06 Federal government (OWCP program)
07 You or your family; out of pocket.
08 Your employer through a workers compensation claim
09 Your employer without a workers compensation claim.
10 Your employer without a workers compensation claim and through on-site medical treatment.
11 The union.
12 Other source. [Specify:_____]
13 Workers' compensation claim filed, still in process or not resolved

Do not read these responses
88 No one paid; no treatment
77 Don't know/not sure
99 Refused

Module 19: Social Context

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

If RENTHOM1 = 1 or 2 (own or rent) continue, else go to SCNTMEAL

SCNTMONY 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

SCNTMEAL 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 EMPLOY = 1 (Employed for wages) or 2 (Self-employed), go to SCNTPAID and SCNTWORK.

If EMPLOY = 3 (Out of work for more than 1 year), 4 (Out of work for less than 1 year), or 7 (Retired), go to SCNTLPAD and SCNTLWRK.

If EMPLOY = 5 (A homemaker), 6 (A student), 8 (Unable to work), or 9 (Refused), go to SCNTLWRK.

SCNTPAID   At your main job or business, how are you generally paid for the work you do. Are you:

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).

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

_ _   Hours (01-96 or more)   **Go to SCNTVOTE**
9 7   Don't know / Not sure   **Go to SCNTVOTE**
9 8   Does not work   **Go to SCNTVOTE**
9 9   Refused   **Go to SCNTVOTE**

SCNTLPAD   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:

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

SCNTLWRK   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

SCNTVOTE   Did you vote in the last presidential election? The November 2012 election between Barack Obama and Mitt Romney.

      1   Yes
      2   No
      8   Not applicable (I did not register, I am not a U.S. citizen, or I am not eligible to vote)
      7   Don't know / Not sure
      9   Refused

Module 20: Random Child Selection

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

If CHILDREN = 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 RCSBIRTH]**

If CHILDREN is >1 and Core CHILDREN 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.

RCSBIRTH   What is the birth month and year of the "**Xth**" child?

      _ _ /_ _ _ _   Code month and year
      7 7/ 7 7 7 7   Don't know / Not sure
      9 9/ 9 9 9 9   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).

RCSGENDR   Is the child a boy or a girl?

        1   Boy
        2   Girl
        9   Refused

RCHISLAT2   Is the child Hispanic or Latino/a?

        1   No, not of Hispanic, Latino/a, or Spanish origin

If yes, ask: Are they…

Interviewer Note: *One or more categories may be selected*

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

        Do not read:
        8   No additional choices (DP code only)
        7   Don't know / Not sure
        9   Refused

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

        (Select all that apply)

        Please read:
        10   White
        20   Black or African American
        30   American Indian or Alaska Native
        40   Asian
        50   Pacific Islander

        Do not read:
        60   Other
        88   No additional choices (DP code only)
        77   Don't know / Not sure
        99   Refused

IF RCSRACEA=40 OR 50, ASK RCSRACEB. ELSE SKIP TO RCSRACE2
CATI: IF RCSRACEA=40, SHOW CODES 41-47, 99. IF RCSRACEA=50, SHOW CODES 51-54, 99.
RCSRACEB   Would you say the child is . . . [READ LIST, MULTIPLE RECORD]?

        41   Asian Indian
        42   Chinese
        43   Filipino
        44   Japanese
        45   Korean
        46   Vietnamese

47   Other Asian
                51   Native Hawaiian
                52   Guamanian or Chamorro
                53   Samoan
                54   Other Pacific Islander

                99   (VOL) Refused

RCSRACE2: CATI dummy variable to hold the selected child's race.
CATI CODE RESPONSES FROM RCSRACEA AND RCSRACEB.   IF RCSRACEA=40 AND RCSRACEB=99, CODE RCSRACE2=40.   IF RCSRACEA=50 AND RCSRACEB=99, CODE RCSRACE2=50.
                10   White
                20   Black or African American
                30   American Indian or Alaska Native
                40   Asian
                50   Pacific Islander
                60   Other
                70   (VOL) Don't know/Not sure
                88   No additional choices (DP code only)
                99   (VOL) Refused
                41   Asian Indian
                42   Chinese
                43   Filipino
                44   Japanese
                45   Korean
                46   Vietnamese
                47   Other Asian
                51   Native Hawaiian
                52   Guamanian or Chamorro
                53   Samoan
                54   Other Pacific Islander

CATI note: If more than one response to RCSRACE2; continue. Otherwise, go to RCSRLTN2.

SHOW RESPONSES IN RCSRACE2
RCSBRACE2   Which one of these groups would you say best represents the child's race?

                Please read:
                10   White
                20   Black or African American
                30   American Indian or Alaska Native
                40   Asian
                41   Asian Indian
                42   Chinese
                43   Filipino
                44   Japanese
                45   Korean
                46   Vietnamese
                47   Other Asian

                50   Pacific Islander
                51   Native Hawaiian
                52   Guamanian or Chamorro

53   Samoan
54   Other Pacific Islander

60   Other
77   (VOL) Don't know/Not sure
88   No additional choices (DP code only)
99   (VOL) Refused

RCSRLTN2   How are you related to the child?

Please read:

1   Parent (include biologic, step, or adoptive parent)
2   Grandparent
3   Foster parent or guardian
4   Sibling (include biologic, step, and adoptive sibling)
5   Other relative
6   Not related in any way

Do not read:
7   Don't know / Not sure
9   Refused

Module 21: Childhood Asthma Prevalence

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

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

CASTHDX2   Has a doctor, nurse or other health professional EVER said that the child has asthma?

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

CASTHNO2   Does the child still have asthma?
1   Yes
2   No
7   Don't know / Not sure
9   Refused

GA State-Added 1: Cognitive Impairment

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. This **refers to** things like confusion or memory loss that are happening more often or getting worse. **We want to know how these difficulties impact you or someone in your household.**

CIMEMLOS   During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?

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

CATI note: If number of adults > 1, go to CINOADLT.

CATI note: If 1 adult in household and CIMEMLOS= 1 (Yes), go to CIHOWOFT; otherwise, go to next module.

CINOADLT   **[If CIMEMLOS=1);** Not including yourself}, how many adults 18 or older in your household experienced confusion or memory loss that is happening more often or is getting worse during the past 12 months?

          _   Number of people [6 = 6 or more]
          8   None
          7   Don't know / Not sure
          8   Refused

CATI: If CINOADLT <7 and CINOADLT > NUMADULT, CONFIRM RESPONSE.

CNFM18.2   INTERVIEWER: Number of household adults experiencing **confusion or memory loss** [DISPLAY RESPONSE TO **CINOADLT**] cannot exceed total number of adults in household [DISPLAY RESPONSE TO NUMADULT].

          1 Correct CINOADLT   **GO TO CINOADLT**

CATI NOTE: If CIMEMLOS = 1, go to CIHOWOFT.
CATI note: If CIMEMLOS ≠ 1 and CINOADLT < 7; go to CIRBIAGE.
IF CIMEMLOS ≠ 1 and CINOADLT > 6, go to next module.

CIRBIAGE   Of these people, please select the person who had the most recent birthday. How old is this person?

          Read only if necessary:

          0 1   Age 18-29
          0 2   Age 30-39
          0 3   Age 40-49
          0 4   Age 50-59
          0 5   Age 60-69
          0 6   Age 70-79
          0 7   Age 80-89
          0 8   Age 90 +

          Do not read:
          7 7   Don't know / Not sure

9 9   Refused

CATI note: If CIMEMLOS ≠ 1 (Yes); read: "For the next set of questions we will refer to the person you identified as 'this person'."

INTERVIEWER NOTE: Repeat definition only as needed: "For these questions, please think about confusion or memory loss that is happening more often or getting worse**."**

CIHOWOFT   During the past 12 months, how often **[If CIMEMLOS=1 (Yes): insert "have you;" otherwise, insert "has this person"] given up household activities or chores [If CIMEMLOS=1 (Yes): insert "you;" otherwise, insert "they"] used to do, because of** confusion or memory loss that is happening more often or is getting worse**?**

Please read:
1   Always
2   Usually
3   Sometimes
4   Rarely
5   Never

Do not read:
7   Don't know / Not sure
9   Refused

CIASSIST   As a result of [If CIMEMLOS = 1 (Yes): insert "your;" otherwise, insert "this person's"] confusion or memory loss, in which of the following four areas [If CIMEMLOS = 1 (Yes): insert "do you;" otherwise, insert "does this person"] need the MOST assistance?

1   Safety [read only if necessary: such as forgetting to turn off the stove or falling]
2   Transportation [read only if necessary: such as getting to doctor's appointments]
3   Household activities [read only if necessary: such as managing money or housekeeping]
4   Personal care [read only if necessary: such as eating or bathing]

Do not read:
5   Needs assistance, but not in those areas
6   Doesn't need assistance in any area
7   Don't know / Not sure
9   Refused

CIINTFER   During the past **12 months**, how often has **confusion or memory loss** interfered with [If CIMEMLOS = 1 (Yes): insert "your;" otherwise, insert "this person's"] ability to work, volunteer, or engage in social activities?

Please read:
1   Always
2   Usually
3   Sometimes
4   Rarely
5   Never

Do not read:
7   Don't know / Not sure
9   Refused

CIFAMCAR   During the past 30 days, how often [If CIMEMLOS = 1 (Yes): insert "has;" otherwise, insert   "have you,"] a family member or friend provided any care or assistance for [If CIMEMLOS = 1 (Yes): "you;" otherwise, insert "this person"] because of confusion or memory loss?

Please read:
1   Always
2   Usually
3   Sometimes
4   Rarely
5   Never

Do not read:
7   Don't know / Not sure
9   Refused

CIHCPROF   Has anyone discussed with a health care professional, increases in [If CIMEMLOS = 1 (Yes): insert "your;" otherwise, insert "this person's"] confusion or memory loss?

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

CIMEDS   [If CIMEMLOS = 1 (Yes): insert "Have you;" otherwise, insert "Has this person"] received treatment such as therapy or medications for confusion or memory loss?

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

CIDIAGAZ   Has a health care professional ever said that [If CIMEMLOS = 1 (Yes): insert "you have;" otherwise, insert "this person has"] Alzheimer's disease or some other form of dementia?

1   Yes, Alzheimer's Disease
2   Yes, some other form of dementia but not Alzheimer's disease
3   No diagnosis has been given
7   Don't know / Not sure
9   Refused

Asthma Call-Back Permission Script

CATI: IF ASTHMA2 = 1 or CASTHDX2 = 1, continue; Else go to REPRODUCTIVE HEALTH SCRIPT/CLOSING

CALLBACK   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 **Georgia**. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you or others may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

       1   Yes
       2   No

DUMMY VARIABLE: Asthma Call-Back Selection
IF ASTHMA1=1 AND CASTHDX2 NE 1, SELECT ADULT.
IF ASTHMA1 NE 1 AND CASTHDX2= 1, SELECT CHILD.
IF ASTHMA2 = 1 AND CASTHDX2 = 1, CONTINUE;.
      CATI IF SEQNO IS AN EVEN NUMBER, SELECT CHILD
      CATI IF SEQNO IS AN ODD NUMBER, SELECT ADULT

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

       1   Adult
       2   Child

Pre CHILDName: If CASTHDX2 = 1; ask CHILDName; else go to ADULTName.

CHILDName   **Can I please have your child's first name, initials or nickname so we can ask about the right child when we call back? This is the *{CHILDAGE}* year old child which is the {AGESEL.} CHILD.**

    [CATI: If more than one child, show child age *{#}*and which child was selected (*FIRST, SECOND, ETC.*) from child selection module]

    Enter child's first name, initials or nickname: _____
    Refused...99

Pre ADULTName: ASTHMA2 = 1 or CASTHDX2 = 1 ASK ADULTName, else go to CLOSING.
ADULTName   **Can I please have your first name, initials or nickname so we know who to ask for when we call back*?***

    Enter respondent's first name, initials or nickname: _____
    Refused...99

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 **Georgia**. Thank you very much for your time and cooperation.

Language Indicator

[INTERVIEWER: DO NOT READ THIS TO RESPONDENT]

Lang1.   In what language was this interview completed?

 1   English
 2   Spanish

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

Code Description (Physical Activity, Questions EXERACT3 and EXERACT4 above)

0 1 Active Gaming Devices (Wii Fit,
   Dance Dance revolution)
0 2 Aerobics video or class
0 3 Backpacking
0 4 Badminton
0 5 Basketball
0 6 Bicycling machine exercise
0 7 Bicycling
0 8 Boating (Canoeing, rowing, kayaking,
   sailing for pleasure or camping)
0 9 Bowling
1 0 Boxing
1 1 Calisthenics
1 2 Canoeing/rowing in competition
1 3 Carpentry
1 4 Dancing-ballet, ballroom, Latin, hip hop, zumba, etc
1 5 Elliptical/EFX machine exercise
1 6 Fishing from river bank or boat
1 7 Frisbee
1 8 Gardening (spading, weeding, digging, filling)
1 9 Golf (with motorized cart)
2 0 Golf (without motorized cart)
2 1 Handball
2 2 Hiking – cross-country
2 3 Hockey
2 4 Horseback riding
2 5 Hunting large game – deer, elk
2 6 Hunting small game – quail
2 7 Inline Skating
2 8 Jogging
2 9 Lacrosse
3 0 Mountain climbing
3 1 Mowing lawn
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

4 1 Rugby
4 2 Scuba diving
4 3 Skateboarding
4 4 Skating – ice or roller
4 5 Sledding, tobogganing
4 6 Snorkeling
4 7 Snow blowing
4 8 Snow shoveling by hand
4 9 Snow skiing
5 0 Snowshoeing
5 1 Soccer
5 2 Softball/Baseball
5 3 Squash
5 4 Stair climbing/Stair master
5 5 Stream fishing in waders
5 6 Surfing
5 7 Swimming
5 8 Swimming in laps
5 9 Table tennis
6 0 Tai Chi
6 1 Tennis
6 2 Touch football
6 3 Volleyball
6 4 Walking
6 6 Waterskiing
6 7 Weight lifting
6 8 Wrestling
6 9 Yoga

7 1 Childcare
7 2 Farm/Ranch Work (caring for livestock, stacking
   hay, etc.)
7 3 Household Activities (vacuuming, dusting,
   home repair, etc.)
7 4 Karate/Martial Arts
7 5 Upper Body Cycle (wheelchair sports, ergometer,
   etc.)
7 6 Yard work (cutting/gathering wood, trimming hedges
   etc.)
97 Don't know
9 8 Other_____
9 9 Refused