

FL
BRFSS

2011



English Questionnaire
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**Behavioral Risk Factor
Surveillance System 2011 Draft
Questionnaire**

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Intro

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

WRONGNUM		Key
Ask If		INTROQST = 2
Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.		
		INTROQST

PRIVRES		Select
Ask If		INTROQST = 1
Is this a private residence in {STTEXT}?		
1	YES, CONTINUE	ISCELL
2	NO, NON-RESIDENTIAL	NONRES

NONRES		Key
Ask If		PRIVRES = 2
Thank you very much, but we are only interviewing private residences in {STTEXT}.		
		DISPOS 420

ISCELL	Select
Ask If	PRIVRES = 1
Is this a cellular telephone?	
READ ONLY IF NECESSARY:	
"By cellular (or cell) telephone we mean a telephone that is mobile and usable outside of your neighborhood."	
1	NO, NOT A CELLULAR TELEPHONE, CONTINUE ADULTS
2	YES, A CELLULAR TELEPHONE CELLYES

CELLYES	Key
Ask If	ISCELL = 2
Thank you very much, but we are only interviewing land line telephones and private residences.	
DISPOS 435	

ADULTS	Numeric
Ask If	
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

MEN	Numeric
Ask If	ADULTS > 1
How many of these adults are men?	
__	NUMBER OF MEN

WOMEN	Numeric
Ask If	ADULTS > 1
How many of these adults are women?	
__	NUMBER OF WOMEN

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

	Number of Adults	- {ADULTS}
1	CORRECT THE NUMBER OF MEN	MEN
2	CORRECT THE NUMBER OF WOMEN	WOMEN
3	CORRECT THE NUMBER OF ADULTS	ADULTS

SELECTED		Select
Ask If	ADULTS > 1 AND (MEN + WOMEN) = ADULTS	
The person in your household I need to speak with is the {SRESP}.		
Are you the {SRESP}?		
1	YES	YOURTHE1
2	NO	GETNEWAD

ONEADULT		Select
Ask If	ADULTS = 1	
Are you the adult?		
INTERVIEWER NOTE: ASK GENDER IF NECESSARY.		
1	YES AND THE RESPONDENT IS A MALE.	YOURTHE1
2	YES AND THE RESPONDENT IS A FEMALE.	YOURTHE1
3	NO	

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

GETADULT	Select
Ask If	ONEADULT = 3
May I speak with...	
{IF ASKGENDR = 1, ...him?, ...her?}	
1	YES, ADULT IS COMING TO THE PHONE NEWADULT
2	NO, GO TO NEXT SCREEN, PRESS F3 TO SCHEDULE A CALL-BACK NEWADULT

YOURTHE1	Select
Ask If	SELECTED = 1 OR ONEADULT < 3
Then you are the person I need to speak with.	
1	PERSON INTERESTED, CONTINUE INTROSCR
2	GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED ADULTS

GETNEWAD	Select
Ask If	SELECTED = 2
May I speak with the {SRESP}?	
1	YES, SELECTED RESPONDENT COMING TO THE PHONE NEWADULT
2	NO, GO TO NEXT SCREEN, PRESS F3 TO SCHEDULE A CALL-BACK NEWADULT
3	GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED ADULTS

NEWADULT	Select
Ask If	GETADULT = 1 OR GETADULT = 2 OR GETNEWAD = 1
HELLO, I am calling for the {CDEPT}. My name is [Interviewer Name].	
We are gathering information about the health of {STTEXT} 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.	
1	PERSON INTERESTED, CONTINUE INTROSCR
2	GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED ADULTS

Core Sections

INTROSCR	Select
Ask If	
I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call {CPHONE}.	
1 PERSON INTERESTED, CONTINUE	C01INTRO
2 GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED	ADULTS

Section 01: Health Status

C01INTRO	Pause
Ask If	

C01Q01	Select	73
Ask If		
Would you say that in general your health is...		
PLEASE READ:		
1	Excellent	
2	Very good	
3	Good	
4	Fair or	
5	Poor	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C01END	Pause
Ask If	

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

C02INTRO	Pause
Ask If	

C02Q01	Numeric	74-75
Ask If		
Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?		
—	NUMBER OF DAYS	
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
1	MIN	CONTROL
30	MAX	CONTROL

C02Q02	Numeric	76-77
Ask If		
Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?		
—	NUMBER OF DAYS	
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
1	MIN	CONTROL
30	MAX	CONTROL

If C02Q01 and C02C02 = 88(none), go to next section

C02Q03	Numeric	
Ask If	NOT(C02Q01=88 AND C02Q02=88)	78-79
During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?		
—	NUMBER OF DAYS	
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
1	MIN	CONTROL
30	MAX	CONTROL

CO2END	Pause
Ask If	

Section 03: Health Care Access

C03INTRO	Pause
Ask If	

C03Q01	Select	80
Ask If		
Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Indian Health Services?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C03Q02	Select	81
Ask If		
Do you have one person you think of as your personal doctor or health care provider?		
INTERVIEWER NOTE: IF "NO" ASK:		
"Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"		
1	YES, ONLY ONE	
2	MORE THAN ONE	
3	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C03Q03	Select	82
Ask If		
Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C03Q04	Select	83
Ask If		
About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.		
1	Within 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	
7	DON'T KNOW/NOT SURE	
8	NEVER	
9	REFUSED	

C03END	Pause
Ask If	

Section 04: Hypertension Awareness

C04INTRO	Pause
Ask If	

C04Q01	Select	84
Ask If		
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.		
INTERVIEWER NOTE: IF "YES" AND RESPONDENT IS FEMALE, ASK:		
"Was this only when you were pregnant?"		
1	YES	
2	YES, BUT FEMALE TOLD ONLY DURING PREGNANCY	
3	NO	C04END
4	TOLD BORDERLINE HIGH OR PRE-HYPERTENSIVE	C04END
7	DON'T KNOW/NOT SURE	C04END
9	REFUSED	C04END

C04Q01V	Select	
Ask If	RESPGEND=1 AND C04Q01=2	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS TOLD BY A DOCTOR DURING PREGNANCY THAT SHE HAD HIGH BLOOD PRESSURE. ARE YOU SURE?		
THE RESPONDENT SELECTED WAS THE		
{SRESP}		
IS THE PREVIOUS ANSWER CORRECT?		
1	YES	
2	NO	C04Q01

C04Q02	Select	85
Ask If	C04Q01=1	
Are you currently taking medicine for your high blood pressure?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C04END	Pause
Ask If	

Section 05: Cholesterol Awareness

C05INTRO	Pause
Ask If	

C05Q01	Select	86
Ask If		
Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked?		
1	YES	
2	NO	C05END
7	DON'T KNOW/NOT SURE	C05END
9	REFUSED	C05END

C05Q02	Select	87
Ask If	C05Q01=1	
About how long has it been since you last had your blood cholesterol checked?		
READ ONLY IF NECESSARY:		
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	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C05Q03	Select	88
Ask If		
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	

C05END	Pause
Ask If	

Section 06: Chronic Health Conditions

C06INTRO	Pause
Ask If	

C06Q01	Select	89
Ask If		
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."		
(Ever told) you that you had a heart attack also called a myocardial infarction?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06Q02	Select	90
Ask If		
(Ever told) you had angina or coronary heart disease?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06Q03	Select	91
Ask If		
(Ever told) you had a stroke?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06Q04	Select	92
Ask If		
(Ever told) you had asthma?		
1	YES	
2	NO	C06Q06
7	DON'T KNOW/NOT SURE	C06Q06
9	REFUSED	C06Q06

C06Q05	Select	93
Ask If C06Q04=1		
Do you still have asthma?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06Q06	Select	94
Ask If		
(Ever told) you had skin cancer?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06Q07	Select	95
Ask If		
(Ever told) you had any other types of cancer?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06Q08	Select	96
Ask If		
(Ever told) you have COPD chronic obstructive pulmonary disease, emphysema, or chronic bronchitis?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06Q09	Select	97
Ask If		
(Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?		
INTERVIEWER NOTE: ARTHRITIS DIAGNOSES INCLUDE:		
<ul style="list-style-type: none"> - rheumatism, polymyalgia rheumatica - osteoarthritis (not osteoporosis) - tendonitis, bursitis, bunion, tennis elbow - carpal tunnel syndrome, tarsal tunnel syndrome - joint infection, Reiter's syndrome - ankylosing spondylitis; spondylosis - rotator cuff syndrome - connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome - vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis), - polyarteritis nodosa 		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06Q10	Select	98
Ask If		
(Ever told) you have a depressive disorder including depression, major depression, dysthymia, or minor depression?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06Q11	Select	99
Ask If		
(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	

C06Q12	Select	100
Ask If		
(Ever told) you have vision or eye problems?		
1	YES	
2	NO	
3	RESPONDENT IS BLIND	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06Q13	Select	101
Ask If		
(Ever told) you have diabetes?		
INTERVIEWER NOTE: IF "YES" AND RESPONDENT IS FEMALE, ASK:		
"Was this only when you were pregnant?"		
IF RESPONDENT SAYS PRE-DIABETES OR BORDERLINE DIABETES, USE RESPONSE CODE 4.		
1	YES	
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	

C06Q13V	Select
Ask If	RESPGEND=1 AND C06Q13=2
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS TOLD BY A DOCTOR DURING PREGNANCY THAT SHE HAD DIABETES. ARE YOU SURE? THE RESPONDENT SELECTED WAS THE	
{SRESP}	
IS THE PREVIOUS ANSWER CORRECT?	
1	YES
2	NO
	C06Q13

C06END	Pause
Ask If	

CATI note: If C06Q13 = 1 (Yes), go to Diabetes Optional Module (if used). If any other response to C06Q13, go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.

Module 01: Pre-Diabetes

CATI NOTE: Insert after SECTION C06

CATI NOTE: Only asked of those not responding "Yes" (code = 1) to Core C06Q13 (Diabetes awareness question).

M01INTRO	Pause
Ask If	C06Q13>1

M01Q01	Select	245
Ask If	C06Q13>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 C06Q13 = 4 (No, pre-diabetes or borderline diabetes); answer M01Q02 = Yes

M01Q02	Select	246
Ask If	(C06Q13>1 AND C06Q13<4) OR C06Q13>4	
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	

M01Q02V	Select
Ask If	RESPGEND=1 AND M01Q02=2
<p>INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS TOLD BY A DOCTOR DURING PREGNANCY THAT SHE HAD PRE-DIABETES OR BORDERLINE DIABETES. ARE YOU SURE?</p> <p>THE RESPONDENT SELECTED WAS THE</p> <p>{SRESP}</p> <p>IS THE PREVIOUS ANSWER CORRECT?</p>	
1	YES
2	NO
	M01Q02

M01END	Pause
Ask If	

Module 02: Diabetes

CATI NOTE: Insert after SECTION C06

CATI NOTE: Only asked of those responding "Yes" (code = 1) to Core C06Q13 (Diabetes awareness question).

M02INTRO	Pause
Ask If	C06Q13=1

M02Q01	Numeric	247-248
Ask If	C06Q13=1	
How old were you when you were told you have diabetes?		
___ CODE AGE IN YEARS [97= 97 or older]		
98	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
97	MAX	CONTROL

M02Q02	Select	249
Ask If	C06Q13=1	
Are you now taking insulin?		
1	YES	
2	NO	
9	REFUSED	

M02Q03	Numeric	250-252
Ask If	C06Q13=1	
About how often do you check your blood for glucose or sugar? Include times when checked by a family or friend, but do NOT include times when checked by a health professional.		
101-199 = PER DAY 301-399 = PER MONTH		
201-299 = PER WEEK 401-499 = PER YEAR		
___ TIMES		
888	NEVER	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
101	MIN	CONTROL
499	MAX	CONTROL

M02Q03V	Select	
Ask If	(M02Q03>105 AND M02Q03<200) OR (M02Q03>235 AND M02Q03<300)	
INTERVIEWER YOU RECORDED THE RESPONDENT CHECKS BLOOD {M02Q03} TIMES PER DAY/WEEK/MONTH/YEAR IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	M02Q03

M02Q04	Numeric	253-255
Ask If	C06Q13=1	
About how often do you check your feet for any sores or irritations? Include times when checked by a family or friend, but do NOT include times when checked by a health professional.		
101-199 = PER DAY 301-399 = PER MONTH		
201-299 = PER WEEK 401-499 = PER YEAR		
___	TIMES	
555	NO FEET	
888	NEVER	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
101	MIN	CONTROL
499	MAX	CONTROL

M02Q04V	Select	
Ask If	(M02Q04>105 AND M02Q04<200) OR (M02Q04>235 AND M02Q04<300)	
INTERVIEWER YOU RECORDED THE RESPONDENT CHECKS THEIR FEET {M02Q04} TIMES PER DAY/WEEK/MONTH/YEAR IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	M02Q04

M02Q05	Numeric	256-257
Ask If	C06Q13=1	
About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?		
___ NUMBER OF TIMES [76= 76 or more]		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

M02Q05V	Select	
Ask If	M02Q05>52 AND M02Q05<77	
INTERVIEWER YOU RECORDED THE RESPONDENT HAS SEEN A HEALTH PROFESSIONAL {M02Q05} TIMES IN THE PAST 12 MONTHS. IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	M02Q05

M02Q06	Numeric	258-259
Ask If	C06Q13=1	
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"?		
___ NUBMER OF TIMES [76= 76 or more]		
88	NONE	
98	NEVER HEARD OF "A ONE C" TEST	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

M02Q06V	Select	
Ask If	M02Q06>52 AND M02Q06<77	
INTERVIEWER YOU RECORDED THE RESPONDENT HAS BEEN CHECKED FOR "A ONE C" BY A HEALTH PROFESSIONAL {M02Q06} TIMES IN THE PAST 12 MONTHS. IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	M02Q06

CATI NOTE: If M02Q04=555 "No feet", go to M02Q08.

M02Q07	Numeric	260-261
Ask If	C06Q13=1 AND M02Q04<>555	
About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?		
___ NUMBER OF TIMES [76= 76 or more]		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

M02Q07V	Select	
Ask If	M02Q07>52 AND M02Q07<77	
INTERVIEWER YOU RECORDED THE RESPONDENT HAS HAD THEIR FEET CHECKED BY A HEALTH PROFESSIONAL {M02Q07} TIMES IN THE PAST 12 MONTHS.		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	M02Q07

M02Q08	Select	262
Ask If	C06Q13=1	
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	
7	DON'T KNOW/NOT SURE	
8	NEVER	
9	REFUSED	

M02Q09	Select	263
Ask If	C06Q13=1	
Has a doctor ever told you that diabetes has affected you eyes or that you had retinopathy?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M02Q10	Select	264
Ask If	C06Q13 = 1	
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	

M02END	Pause	
Ask If		

Section 07: Tobacco Use

C07INTRO	Pause	
Ask If		

C07Q01	Select	102
Ask If		
Have you smoked at least 100 cigarettes in your entire life?		
INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES		
1	YES	
2	NO	C07Q05
7	DON'T KNOW/NOT SURE	C07Q05
9	REFUSED	C07Q05

C07Q02	Select	103
Ask If	C07Q01=1	
Do you now smoke cigarettes every day, some days, or not at all?		
1	Everyday	
2	Somedays	
3	Not at all	C07Q04
7	DON'T KNOW/NOT SURE	C07Q05
9	REFUSED	C07Q05

C07Q03	Select	104
Ask If	C07Q02=1 OR C07Q02=2	
During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?		
1	YES	
2	NO	C07Q05
7	DON'T KNOW/NOT SURE	C07Q05
9	REFUSED	C07Q05

C07Q04	Select	105-106
Ask If	C07Q02>2 AND C07Q02<10	
How long has it been since you last smoked a cigarette, even one or two puffs?		
01	Within the past month (less than 1 month ago)	
02	Within the past 3 months (1 month but less than 3 months ago)	
03	Within the past 6 months (3 months but less than 6 months ago)	
04	Within the past year (6 months but less than 1 year ago)	
05	Within the past 5 years (1 year but less than 5 years ago)	
06	Within the past 10 years (5 years but less than 10 years ago)	
07	10 years or more	
08	Never smoked regularly	
77	DON'T KNOW/NOT SURE	
99	REFUSED	

C07Q05	Select	107
Ask If		
Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?		
INTERVIEWER NOTE: SNUS (RHYMES WITH 'GOOSE')		
SNUS (SWEDISH FOR SNUFF) IS A MOIST SMOKELESS TOBACCO, USUALLY SOLD IN SMALL POUCHES THAT ARE PLACED UNDER THE LIP AGAINST THE GUM.		
1	Everyday	
2	Somedays	
3	Not at all	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C07END	Pause
Ask If	

Section 08: Demographics

C08INTRO	Pause
Ask If	

C08Q01	Numeric	108-109
Ask If		
What is your age?		
___ CODE AGE IN YEARS [99=99 years or older]		
07	DON'T KNOW/NOT SURE	
09	REFUSED	
18	MIN	CONTROL
99	MAX	CONTROL

C08Q01V	Select
Ask If	M02Q01>C08Q01 AND M02Q01<98
INTERVIEWER: THE RESPONDENT INDICATED THEIR AGE TO BE {C08Q01} YEARS OLD! YOU INDICATED EARLIER THEY WERE TOLD THEY HAD DIABETES AT AGE {M02Q01}! PLEASE VERIFY THAT THIS IS THE CORRECT ANSWER AND CHANGE THE AGE OF THE RESPONDENT OR MAKE A NOTE TO CORRECT THE AGE THE RESPONDENT WAS DIAGNOSED AS A DIABETIC.	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION C08Q01

C08Q02	Select	110
Ask If		
Are you Hispanic or Latino?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C08Q03	Multiple Select	111-116
Ask If		
Which one or more of the following would you say is your race?		
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]	OTHER
8	NO ADDITIONAL CHOICES	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C08Q04	Select	117
Ask If		
	C08Q03<7 AND C08Q03.2>0 AND C08Q03.2<>8	
Which one of these groups would you say best represents your race?		
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]	OTHER
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C08Q05	Select	118
Ask If		
Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.		
1	Yes	
2	No	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C08Q06	Select	119
Ask If		
Are you...?		
PLEASE READ:		
1	Married	
2	Divorced	
3	Widowed	
4	Separated	
5	Never married Or	
6	A member of an unmarried couple	
9	REFUSED	

C08Q07	Numeric	120-121
Ask If		
How many children less than 18 years of age live in your household?		
— NUMBER OF CHILDREN		
88	NONE	
99	REFUSED	
01	MIN	CONTROL
87	MAX	CONTROL

C08Q08	Select	122
Ask If		
What is the highest grade or year of school you completed?		
READ ONLY IF NECESSARY:		
1	Never attended school or only attended kindergarten	
2	Grades 1 through 8 (Elementary)	
3	Grades 9 through 11 (Some high school)	
4	Grade 12 or GED (High school graduate)	
5	College 1 year to 3 years (Some college or technical school)	
6	College 4 years or more (College graduate)	
9	REFUSED	

C08Q09	Select	123
Ask If		
Are you currently...?		
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	
9	REFUSED	

C08Q10d	Select	
Ask If		
Is your annual household income from all sources: Less than \$25,000?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	C08Q10i
9	REFUSED	C08Q10i

C08Q10c	Select	
Ask If	C08Q10d = 1	
(Is your annual household income from all sources:)		
Less than \$20,000?		
1	YES	
2	NO	C08Q10i
7	DON'T KNOW/NOT SURE	C08Q10i
9	REFUSED	C08Q10i

C08Q10b	Select	
Ask If	C08Q10c = 1	
(Is your annual household income from all sources:)		
Less than \$15,000?		
1	YES	
2	NO	C08Q10i
7	DON'T KNOW/NOT SURE	C08Q10i
9	REFUSED	C08Q10i

C08Q10a	Select	
Ask If	C08Q10b = 1	
(Is your annual household income from all sources:)		
Less than \$10,000?		
1	YES	C08Q10i
2	NO	C08Q10i
7	DON'T KNOW/NOT SURE	C08Q10i
9	REFUSED	C08Q10i

C08Q10e	Select	
Ask If	C08Q10d = 2	
(Is your annual household income from all sources:)		
Less than \$35,000?		
1	YES	C08Q10i
2	NO	
7	DON'T KNOW/NOT SURE	C08Q10i
9	REFUSED	C08Q10i

C08Q10f		Select
Ask If	C08Q10e = 2	
(Is your annual household income from all sources:)		
Less than \$50,000?		
1	YES	C08Q10i
2	NO	
7	DON'T KNOW/NOT SURE	C08Q10i
9	REFUSED	C08Q10i

C08Q10g		Select
Ask If	C08Q10f = 2	
(Is your annual household income from all sources:)		
Less than \$75,000?		
1	YES	C08Q10i
2	NO	C08Q10i
7	DON'T KNOW/NOT SURE	C08Q10i
9	REFUSED	C08Q10i

C08Q10i		Select
Ask If		
ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES IS:		
{If C08Q10g = 2, More than \$75,000?}		
{If C08Q10g = 1, \$50,000 to less than \$75,000}		
{If C08Q10f = 1, \$35,000 to less than \$50,000}		
{If C08Q10e = 1, \$25,000 to less than \$35,000}		
{If C08Q10c = 2, \$20,000 to less than \$25,000}		
{If C08Q10b = 2, \$15,000 to less than \$20,000}		
{If C08Q10a = 2, \$10,000 to less than \$15,000}		
{If C08Q10a = 1, Less than \$10,000}		
{Default, REFUSED/DON'T KNOW/NOTSURE}		
IS THIS CORRECT?		
1	YES	
2	NO	C08Q10d
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C08Q11	Numeric	126-129
Ask If		
About how much do you weigh without shoes?		
NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FRONT (EX. 65 KILOGRAMS IS "965").		
ROUND FRACTIONS UP		
_____	WEIGHT (pounds/kilograms)	
7777 DON'T KNOW/NOT SURE		
9999 REFUSED		

C08Q11V	Select	
Ask If (C08Q11<9000 AND (C08Q11<80 OR C08Q11>350)) OR (C08Q11>9000 AND (C08Q11<9035 OR C08Q11>9159))		
INTERVIEWER YOU INDICATED THE RESPONDENT WEIGHS {C08Q11} IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C08Q11

C08Q12	Numeric	130-133
Ask If		
About how tall are you without shoes?		
NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FRONT (EX. 165 CENTIMETERS IS "9165").		
ROUND FRACTIONS DOWN		
___/___	Ft/inches/meters/centimeters	
77/77 DON'T KNOW/NOT SURE		
99/99 REFUSED		

C08Q12V	Select	
Ask If (C08Q12<9000 AND (C08Q12>608 OR C08Q12<407)) OR (C08Q12>9000 AND (C08Q12>9206 OR C08Q12<9139))		
INTERVIEWER YOU INDICATED THE RESPONDENT IS {C08Q12} IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C08Q12

ASKCNTY	Numeric	134-136
Ask If		
What county do you live in?		
ENTER FIRST LETTER OF COUNTY NAME		
_____	ANSI COUNTY CODE (FORMERLY FIPS COUNTY CODE)	
888	OTHER	OTHER
777	DON'T KNOW/NOT SURE	
999	REFUSED	
001	MIN	CONTROL
775	MAX	CONTROL

CATI NOTE: SET MIN AND MAX BASED ON STATE ZIP RANGE

C08Q14	Numeric	137-141
Ask If		
What is the ZIP Code where you live?		
_____	ZIP Code	
77777	DON'T KNOW/NOT SURE	
99999	REFUSED	

C08Q15	Select	142
Ask If		
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	C08Q17
7	DON'T KNOW/NOT SURE	C08Q17
9	REFUSED	C08Q17

C08Q16	Select	143
Ask If	C08Q15=1	
How many of these telephone numbers are residential numbers?		
1	One	
2	Two	
3	Three	
4	Four	
5	Five	
6	Six [6 = 6 or more]	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C08Q17	Select	144
Ask If		
Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.		
1	YES	C08Q19
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C08Q18	Select	145
Ask If	C08Q17>1	
Do you share a cell phone for personal use (at least one-third of the time) with other adults?		
1	YES	C08Q20
2	NO	C08Q21
7	DON'T KNOW/NOT SURE	C08Q21
9	REFUSED	C08Q21

C08Q19	Select	146
Ask If	C08Q17=1	
Do you usually share this cell phone (at least one-third of the time) with any other adults?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C08Q20	Numeric	147-149
Ask If	C08Q17=1 OR C08Q18=1	
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)		
888	ZERO	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
001	MIN	CONTROL
100	MAX	CONTROL

C08Q21	Select	150
Ask If		
Do you own or rent your home?		
INTERVIEWER NOTE: "OTHER ARRANGEMENT" MAY INCLUDE GROUP HOME, STAYING WITH FRIENDS OR FAMILY WITHOUT PAYING RENT.		
INTERVIEWER NOTE: HOME IS DEFINED AS THE PLACE WHERE YOU LIVE MOST OF THE TIME/THE MAJORITY OF THE YEAR.		
1	OWN	
2	RENT	
3	OTHER ARRANGEMENT	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C08Q22	Select	151
Ask If		
INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY		
1	MALE	
2	FEMALE	

C08Q22V	Select	
Ask If	RESPGEND<>C08Q22	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS {C08Q22}. ARE YOU SURE?		
THE RESPONDENT SELECTED WAS THE		
{SRESP}		
IS THE PREVIOUS ANSWER CORRECT?		
1	YES	
2	NO	C08Q22

C08Q23	Select	152
Ask If	C08Q01<45 AND C08Q22=2	
To your knowledge, are you now pregnant?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C08END	Pause
Ask If	

Section 09: Fruits and Vegetables

C09INTRO	Key
Ask If	
<p>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.</p> <p>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.</p> <p>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?"</p>	

C09Q01	Numeric	153-155
Ask If		
<p>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.</p> <p>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.</p> <p>DO NOT INCLUDE VEGETABLE JUICE SUCH AS TOMATO AND V8 IF RESPONDENT PROVIDES BUT INCLUDE IN "OTHER VEGETABLES" QUESTION.</p> <p>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.</p> <p>101-199 = PER DAY 201-299 = PER WEEK 300-399= PER MONTH</p>		
_____	TIMES	
555	NEVER	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
001	MIN	CONTROL
399	MAX	CONTROL

C09Q01V	Select
Ask If	(C09Q01>105 AND C09Q01<200) OR (C09Q01>235 AND C09Q01<300)
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT DRINKS 100% PURE FRUIT JUICES {C09Q01 SHOWTIME}	
IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION
	C09Q01

C09Q02	Numeric	156-158
Ask If		
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.		
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, CARABOLA, LONGANS, LYCHEES, AKEE, RAMBUTAN, ETC.).		
101-199 = PER DAY 201-299 = PER WEEK 300-399= PER MONTH		
___	TIMES	
555	NEVER	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
001	MIN	CONTROL
399	MAX	CONTROL

C09Q02V	Select	
Ask If	(C09Q02>105 AND C09Q02<200) OR (C09Q02>235 AND C09Q02<300)	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS FRUIT {C09Q02 SHOWTIME}		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C09Q02

C09Q03	Numeric	159-161
Ask If		
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.		
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.		
101-199 = PER DAY 201-299 = PER WEEK 300-399= PER MONTH		
___	TIMES	
555	NEVER	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
001	MIN	CONTROL
399	MAX	CONTROL

C09Q03V	Select	
Ask If	(C09Q03>105 AND C09Q03<200) OR (C09Q03>235 AND C09Q03<300)	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS COOKED OR CANNED BEANS {C09Q03 SHOWTIME}		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C09Q03

C09Q04	Numeric	162-164
Ask If		
<p>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?</p> <p>INTERVIEWER NOTE: EACH TIME A VEGETABLE IS EATEN IT COUNTS AS ONE TIME.</p> <p>INTERVIEWER NOTE: INCLUDE ALL RAW LEAFY GREEN SALADS INCLUDING SPINACH, MESCLUN, ROMAINE LETTUCE, BOK CHOY, DARK GREEN LEAFY LETTUCE, DANDELIONS, KOMATSUNA, WATERCRESS, AND ARUGULA.</p> <p>DO NOT INCLUDED ICEBERG (HEAD) LETTUCE IF SPECIFICALLY TOLD TYPE OF LETTUCE. INCLUDE ALL COOKED GREENS INCLUDING KALE, COLLARD GREENS, CHOYS, TURNIP GREENS, MUSTARD GREENS.</p> <p>101-199 = PER DAY 201-299 = PER WEEK 300-399= PER MONTH</p>		
_____	TIMES	
555	NEVER	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
001	MIN	CONTROL
399	MAX	CONTROL

C09Q04V	Select	
Ask If	(C09Q04>105 AND C09Q04<200) OR (C09Q04>235 AND C09Q04<300)	
<p>INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS DARK GREEN VEGETABLES {C09Q04 SHOWTIME}</p> <p>IS THIS CORRECT?</p>		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C09Q04

C09Q05	Numeric	165-167
Ask If		
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?		
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).		
101-199 = PER DAY 201-299 = PER WEEK 300-399= PER MONTH		
___	TIMES	
555	NEVER	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
001	MIN	CONTROL
399	MAX	CONTROL

C09Q05V	Select	
Ask If	(C09Q05>105 AND C09Q05<200) OR (C09Q05>235 AND C09Q04<300)	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS ORANGE COLORED VEGETABLES {C09Q05 SHOWTIME}		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C09Q05

C09Q06	Numeric	168-170
Ask If		
<p>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.</p> <p>READ ONLY IF NEEDED:</p> <p>“Do not count vegetables you have already counted and do not include fried potatoes.”</p> <p>INTERVIEWER NOTE: INCLUDE CORN, PEAS, TOMATOES, OKRA, BEETS, CAULIFLOWER, BEAN SPROUTS, AVACADO, 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, FROZEN).</p> <p>DO NOT INCLUDE PRODUCTS CONSUMED USUALLY AS CONDIMENTS INCLUDNG KETCHUP, CATSUP, SALSA, CHUTNEY, RELISH.</p> <p>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.).</p> <p>DO NOT INCLUDE RICE OR OTHER GRAINS.</p> <p>101-199 = PER DAY 201-299 = PER WEEK 300-399= PER MONTH</p> <p>_____ TIMES</p>		
555	NEVER	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
001	MIN	CONTROL
399	MAX	CONTROL

C09Q06V	Select	
Ask If	(C09Q06>105 AND C09Q06<200) OR (C09Q06>235 AND C09Q06<300)	
<p>INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS OTHER VEGETABLES {C09Q06 SHOWTIME}</p> <p>IS THIS CORRECT?</p>		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C09Q06

C09END	Pause
Ask If	

Section 10: Exercise (Physical Activity)

C10INTRO	Pause
Ask If	

C10Q01	Select	171
Ask If		
<p>The next few questions are about exercise, recreation, or physical activities other than your regular job duties.</p> <p>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?</p> <p>INTERVIEWER NOTE: IF RESPONDENT DOES NOT HAVE A "REGULAR JOB DUTY" OR IS RETIRED, THEY MAY COUNT THE PHYSICAL ACTIVITY OR EXERCISE THEY SPEND MOST OF THE TIME DOING IN A REGULAR MONTH.</p>		
1	YES	
2	NO	C10Q08
7	DON'T KNOW/NOT SURE	C10Q08
9	REFUSED	C10Q08

C10Q02	Numeric	172-173
Ask If	C10Q01=1	
<p>What type of physical activity or exercise did you spend the most time doing during the past month?</p> <p>INTERVIEWER NOTE: IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED IN THE CODING LIST A, CHOOSE THE OPTION LISTED AS "OTHER".</p> <p>INTERVIEWER NOTE: HOUSEWORK MAY BE INCLUDED AS A PHYSICAL ACTIVITY OR EXERCISE SPENT AND CAN BE CODED AS "OTHER".</p>		
__	(Specify) [See Coding List A]	
77	DON'T KNOW/NOT SURE	C10Q08
99	REFUSED	C10Q08

Activity List	
Ask If	

01	Active Gaming Devices (Wii Fit, Dance Dance Revolution)	
02	Aerobics video or class	
03	Backpacking	
04	Badminton	
05	Basketball	
06	Bicycling machine exercise	
07	Bicycling	
08	Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)	
09	Bowling	
10	Boxing	
11	Calisthenics	
12	Canoeing/rowing in competition	
13	Carpentry	
14	Dancing-ballet, ballroom, Latin, hip hop, etc	
15	Elliptical/EFX machine exercise	
16	Fishing from river bank or boat	
17	Frisbee	
18	Gardening (spading, weeding, digging, filling)	
19	Golf (with motorized cart)	
20	Golf (without motorized cart)	
21	Hadnball	
22	Hiking - cross-country	
23	Hockey	
24	Horseback riding	
25	Hunting large game - deer, elk	
26	Hunting small game - quail	
27	Inline Skating	
28	Jogging	
29	Lacrosse	
30	Mountain climbing	
31	Mowing lawn	
32	Paddleball	
33	Painting/papering house	
34	Pilates	
35	Racquetball	
36	Raking lawn	
37	Running	
38	Rock climbing	
39	Rope skipping	
40	Rowing machine exercise	
41	Rugby	
42	Scuba diving	
43	Skateboarding	
44	Skating - ice or roller	
45	Sledding, tobogganing	
46	Snorkeling	

47	Snow blowing	
48	Snow shoveling by hand	
49	Snow skiing	
50	Snowshoeing	
51	Soccer	
52	Softball/Baseball	
53	Squash	
54	Stair climbing/stair master	
55	Stream fishing in waders	
56	Surfing	
57	Swimming	
58	Swimming in laps	
59	Table tennis	
60	Tai Chi	
61	Tennis	
62	Touch football	
63	Volleyball	
64	Walking	
66	Waterskiing	
67	Weight lifting	
68	Wrestling	
69	Yoga	
70	Other	
99	Refused	

C10Q03	Numeric	174-176
Ask If	C10Q02>0 AND C10Q02<77	
How many times per week or per month did you take part in this physical activity or exercise during the past month?		
101-199 = PER WEEK 201-299 = PER MONTH		
___	TIMES	
777	DON'T KNOW/NOT SURE	
999	REFUSED	

C10Q03V	Select	
Ask If	(C10Q03>107 AND C10Q03<200) OR (C10Q03>231 AND C10Q03<300)	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE ACTIVITY RECORDED IN C10Q03 {C10Q03 SHOWTIME}		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C10Q03

C10Q04	Numeric	177-179
Ask If	C10Q02>0 AND C10Q02<77	
And when you took part in this activity, for how many minutes or hours did you usually keep at it?		
EXAMPLE 1 HOUR 30 MINUTES ENTER AS "130"		
____ HOURS AND MINUTES		
777	DON'T KNOW/NOT SURE	
999	REFUSED	

C10Q04V	Select	
Ask If	C10Q04>430 AND C10Q04<777	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT KEEPS AT THIS ACTIVITY FOR {C10Q04 HOURMIN}		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C10Q04

C10Q05	Numeric	180-181
Ask If	C10Q02>0 AND C10Q02<77	
What other type of physical activity gave you the next most exercise during the past month?		
INTERVIEWER NOTE: IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED IN THE CODING LIST A, CHOOSE THE OPTION LISTED AS "OTHER".		
INTERVIEWER NOTE: HOUSEWORK MAY BE INCLUDED AS A PHYSICAL ACTIVITY OR EXERCISE SPENT AND CAN BE CODED AS "OTHER".		
____ (Specify) [See Coding List A]		
88	NO OTHER ACTIVITY	C10Q08
77	DON'T KNOW/NOT SURE	C10Q08
99	REFUSED	C10Q08

C10Q05V	Select
Ask If	C10Q02=C10Q05
<p>INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE SAME ACTIVITY RECORDED IN C10Q02.</p> <p>FIRST ACTIVITY (C10Q02)= {C10Q02}</p> <p>SECOND ACTIVITY (C10Q05)= {C10Q05}</p> <p>IS THIS CORRECT?</p>	
1	NO, CHANGE ACTIVITY IN QUESTION C10Q05 C10Q05
2	NO, CHANGE ACTIVITY IN QUESTION C10Q02 C10Q02
3	YES, CORRECT AS IS, CONTINUE

Activity List		
Ask	If	
01	Active Gaming Devices (Wii Fit, Dance Dance Revolution)	
02	Aerobics video or class	
03	Backpacking	
04	Badminton	
05	Basketball	
06	Bicycling machine exercise	
07	Bicycling	
08	Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)	
09	Bowling	
10	Boxing	
11	Calisthenics	
12	Canoeing/rowing in competition	
13	Carpentry	
14	Dancing-ballet, ballroom, Latin, hip hop, etc	
15	Elliptical/EFX machine exercise	
16	Fishing from river bank or boat	
17	Frisbee	
18	Gardening (spading, weeding, digging, filling)	
19	Golf (with motorized cart)	
20	Golf (without motorized cart)	
21	Hadnball	
22	Hiking - cross-country	
23	Hockey	
24	Horseback riding	
25	Hunting large game - deer, elk	
26	Hunting small game - quail	
27	Inline Skating	
28	Jogging	
29	Lacrosse	
30	Mountain climbing	
31	Mowing lawn	
32	Paddleball	
33	Painting/papering house	
34	Pilates	
35	Racquetball	
36	Raking lawn	
37	Running	
38	Rock climbing	
39	Rope skipping	
40	Rowing machine exercise	
41	Rugby	
42	Scuba diving	

43	Skateboarding	
44	Skating - ice or roller	
45	Sledding, tobogganing	
46	Snorkeling	
47	Snow blowing	
48	Snow shoveling by hand	
49	Snow skiing	
50	Snowshoeing	
51	Soccer	
52	Softball/Baseball	
53	Squash	
54	Stair climbing/stair master	
55	Stream fishing in waders	
56	Surfing	
57	Swimming	
58	Swimming in laps	
59	Table tennis	
60	Tai Chi	
61	Tennis	
62	Touch football	
63	Volleyball	
64	Walking	
66	Waterskiing	
67	Weight lifting	
68	Wrestling	
69	Yoga	
70	Other	
99	Refused	

C10Q06	Numeric	182-184
Ask If	C10Q05>0 AND C10Q05<77	
How many times per week or per month did you take part in this activity during the past month?		
101-199 = PER WEEK 201-299 = PER MONTH		
___ TIMES		
777	DON'T KNOW/NOT SURE	
999	REFUSED	
101	MIN	CONTROL
299	MAX	CONTROL

C10Q06V	Select
Ask If	(C10Q06>107 AND C10Q06<200) OR (C10Q06>231 AND C10Q06<300)
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE ACTIVITY RECORDED IN C10Q06 {C10Q06 SHOWTIME}	
IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION C10Q06

C10Q07	Numeric	185-187
Ask If	C10Q02>0 AND C10Q02<77	
And when you took part in this activity, for how many minutes or hours did you usually keep at it?		
EXAMPLE 1 HOUR 30 MINUTES ENTER AS "130"		
___	HOURS AND MINUTES	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
001	MIN	CONTROL
659	MAX	CONTROL

C10Q07V	Select
Ask If	C10Q07>430 AND C10Q07<777
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT KEEPS AT THIS ACTIVITY FOR {C10Q07 HOURMIN}	
IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION C10Q07

C10Q08	Numeric	188-190
Ask If		
<p>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.</p> <p>101-199 = PER WEEK 201-299 = PER MONTH</p>		
___	TIMES	
888	NEVER	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
101	MIN	CONTROL
299	MAX	CONTROL

C10Q08V	Select	
Ask If	(C10Q08>107 AND C10Q08<200) OR (C10Q08>231 AND C10Q08<300)	
<p>INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN STRENGTHENING EXERCISES {C10Q08 SHOWTIME}</p> <p>IS THIS CORRECT?</p>		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C10Q08

C10END	Pause	
Ask If		

Section 11: Disability

C11INTRO	Pause
Ask If	

C11Q01	Select	191
Ask If		
The following questions are about health problems or impairments you may have.		
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	

C11Q02	Select	192
Ask If		
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?		
INTERVIEWER NOTE: INCLUDE OCCASIONAL USE OR USE IN CERTAIN CIRCUMSTANCES.		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C11END	Pause
Ask If	

Section 12: Arthritis Burden

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

C12INTRO	Pause
Ask If	C06Q09=1

C12Q01	Select	193
Ask If	C06Q09=1	
<p>Next I will ask you about your arthritis.</p> <p>Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint.</p> <p>Are you limited in any way in any of your usual activities because of arthritis or joint symptoms?</p> <p>INTERVIEWER NOTE: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN SAY:</p> <p>“Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”</p>		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C12Q02 SHOULD BE ASKED OF ALL RESPONDENTS REGARDLESS OF EMPLOYMENT

C12Q02	Select	194
Ask If	C06Q09=1	
<p>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?</p> <p>INTERVIEWER NOTE: IF RESPONDENT GIVES AN ANSWER TO EACH ISSUE (WHETHER 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:</p> <p>“Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”</p>		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C12Q03	Select	195
Ask If	C06Q09=1	
<p>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?</p> <p>IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN THE INTERVIEWER SHOULD SAY:</p> <p>"Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."</p> <p>PLEASE READ:</p>		
1	A lot	
2	A little	
3	Not at all	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C12Q04	Numeric	196-197
Ask If	C06Q09=1	
<p>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.</p> <p>__ ENTER NUMBER [00-10]</p>		
88	ZERO	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
10	MAX	CONTROL

C12END	Pause	
Ask If		

Section 13: Seatbelt Use

C13INTRO	Pause
Ask If	

C13Q01	Select	198
Ask If		
How often do you use seat belts when you drive or ride in a car? Would you say-		
PLEASE READ:		
1	Always	
2	Nearly always	
3	Sometimes	
4	Seldom	
5	Never	
7	DON'T KNOW/NOT SURE	
8	NEVER DRIVE OR RIDE IN A CAR	
9	REFUSED	

C13END	Pause
Ask If	

Section 14: Immunization

C14INTRO	Pause
Ask If	

C14Q01	Select	199
Ask If		
Now I will ask you questions about seasonal flu vaccine. There are two ways to get the seasonal flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist. During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?		
1	YES	
2	NO	C14Q04
7	DON'T KNOW/NOT SURE	C14Q04
9	REFUSED	C14Q04

C14Q02	Numeric	200-205
Ask If	C14Q01=1	
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	
77/7777	DON'T KNOW/NOT SURE	
99/9999	REFUSED	
01/1900	MIN	CONTROL
99/2011	MAX	CONTROL

C14Q03	Select	206-207
Ask If		
At what kind of place did you get your last flu shot/vaccine?		
01	A doctor's office or health maintenance organization (HMO)	
02	A health department	
03	Another type of clinic or health center (Example: a community health center)	
04	A senior, recreation, or community center	
05	A store (Examples: supermarket, drug store)	
06	A hospital (Example: inpatient)	
07	An emergency room	
08	Workplace	
09	Some other kind of place	
10	RECEIVED VACCINATION IN CANADA/MEXICO (VOLUNTEERED - DO NOT READ)	
11	At school	
77	DON'T KNOW/NOT SURE (PROBE: "HOW WOULD YOU DESCRIBE THE PLACE WHERE YOU WENT TO GET YOUR MOST RECENT FLU VACCINE?")	
99	REFUSED	

C14Q04	Select	208
Ask If		
A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C14END	Pause
Ask If	

Section 15: Alcohol Consumption

C15INTRO	Pause
Ask If	

C15Q01	Numeric	209-211
Ask If		
During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?		
101-107 = DAYS PER WEEK 201-230 = DAYS PER MONTH		
___	DAYS	
888	NO DRINKS IN THE PAST 30 DAYS	C15END
777	DON'T KNOW/NOT SURE	C15END
999	REFUSED	C15END
101	MIN	CONTROL
230	MAX	CONTROL

C15Q02	Numeric	212-213
Ask If	C15Q01<777	
One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?		
NOTE: A 40 OUNCE BEER WOULD COUNT AS 3 DRINKS, OR A COCKTAIL DRINK WITH 2 SHOTS WOULD COUNT AS 2 DRINKS.		
___	NUMBER OF DRINKS	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

C15Q02V	Select
Ask If	C15Q02>15 AND C15Q02<77
INTERVIEWER YOU INDICATED {C15Q02} DRINKS PER DAY IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION C15Q02

C15Q03	Numeric	214-215
Ask If	C15Q01<777	
Considering all types of alcoholic beverages, how many times during the past 30 days did you have {IF C08Q22=1, 5, 4} or more drinks on an occasion?		
—	NUMBER OF TIMES	
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

C15Q03V	Select	
Ask If	C15Q03>15 AND C15Q03<77	
INTERVIEWER YOU INDICATED {C15Q03} OCCASIONS WHEN THE RESPONDENT HAD 4/5 OR MORE DRINKS.		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C15Q03

C15Q04	Numeric	216-217
Ask If	C15Q01<777	
During the past 30 days, what is the largest number of drinks you had on any occasion?		
—	Number of drinks	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

C15Q04V	Select
Ask If	C15Q04<77 AND ((C08Q22=1 AND C15Q04>=5 AND (C15Q03=88 OR C15Q03<5)) OR (C08Q22=2 AND C15Q04>=4 AND (C15Q03=88 OR C15Q303<4)))
INTERVIEWER YOU INDICATED {C15Q04} DRINKS IS THE LARGEST NUMBER OF DRINKS THE RESPONDENT HAD ON ANY OCCASION BUT THE NUMBER OF TIMES THE RESPONDENT HAD {IF C08Q22=1, 5, 4} IS {C15Q03}.	
IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION C15Q04

C15END	Pause
Ask If	

Section 16: HIV/AIDS

C16INTRO	Pause
Ask If	

C16Q01	Select	218
Ask If		
<p>The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.</p> <p>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.</p>		
1	YES	
2	NO	C16Q03
7	DON'T KNOW/NOT SURE	C16Q03
9	REFUSED	C16Q03

C16Q02	Numeric	219-224
Ask If	C16Q01=1	
<p>Not including blood donations, in what month and year was your last HIV test?</p> <p>NOTE: IF RESPONSE IS BEFORE JANUARY 1985, CODE "DON'T KNOW."</p> <p>CATI INSTRUCTION: IF THE RESPONDENT REMEMBERS THE YEAR BUT CANNOT REMEMBER THE MONTH, CODE THE FIRST TWO DIGITS 77 AND THE LAST FOUR DIGITS FOR THE YEAR.</p>		
___/___	CODE MONTH AND YEAR	
777777	DON'T KNOW/NOT SURE	
999999	REFUSED	

C16Q03	Select	225
Ask If		
<p>I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You do not need to tell me which one.</p> <ul style="list-style-type: none"> - You have used intravenous drugs in the past year. - You have been treated for a sexually transmitted or venereal disease in the past year. - You have given or received money or drugs in exchange for sex in the past year. - You had anal sex without a condom in the past year. <p>Do any of these situations apply to you?</p>		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C16END	Pause
Ask If	

Transition to Modules and/or State-Added Questions

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

Module 05: Preconception Health/Family Planning

If respondent is female and 45 years of age or older, or male, go to next module.

M05INTRO	Pause
Ask If	C08Q22=2 AND C08Q01<45

M05Q01	Select	281
Ask If	C08Q22=2 AND C08Q01<45	
The next question is about discussions that occurred as part of a routine health care visit. DO NOT include visits while pregnant, also called prenatal care visits.		
Has a doctor, nurse, or other health care worker ever talked with you about ways to prepare for a healthy pregnancy and baby?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

State Added 01: Preconception Health/Family Planning

Cati Note: insert after M05Q01 if M05Q01 = 1

FL01INTRO	Pause
Ask If	

FL01Q01	Multiple Select		
Ask If	M05Q01 = 1		
Did the doctor, nurse, or other health care worker talk with you about the following ways to prepare for a healthy pregnancy and baby?			
CHECK ALL THAT APPLY			
01	Taking vitamins with folic acid before pregnancy		
02	Being a healthy weight before pregnancy		
03	Using birth control methods to plan when you want to become pregnant		
04	Getting your vaccines updated before pregnancy		
05	Visiting a dentist or dental hygienist before pregnancy		
06	Getting counseling for any genetic diseases that run in your family		
07	Controlling any medical conditions such as diabetes and high blood pressure		
08	Getting counseling or treatment for depression or anxiety		
09	Safety of using prescription or over-the-counter medicines during pregnancy		
10	How smoking during pregnancy can affect a baby		
11	How drinking alcohol during pregnancy can affect a baby		
12	How using illegal drugs during pregnancy can affect a baby		
88	A doctor, nurse, or other care worker did not discuss any of these topics with me		EXCLUSIVE
77	DON'T KNOW/NOT SURE		DK
99	REFUSED		REFUSED

FL01END	Pause
Ask If	

M05Q02	Select	282
Ask If	C08Q22=2 AND C08Q01<45	
The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.		
Have you ever been pregnant?		
NOTE: IF RESPONDENT IS CURRENTLY PREGNANT, CODE YES.		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M05Q03	Select	283
Ask If	C08Q22=2 AND C08Q01<45	
Did you or your husband/partner do anything the LAST TIME YOU HAD SEX to keep you from getting pregnant?		
1	YES	
2	NO	M05Q05
3	NO PARTNER/NOT SEXUALLY ACTIVE	M05Q06
4	SAME SEX PARTNER	M05Q06
7	DON'T KNOW/NOT SURE	M05Q06
9	REFUSED	M05Q06

M05Q04	Select	284-285
Ask If	M05Q03 = 1	
What did you or your husband/partner do the LAST TIME YOU HAD SEX to keep you from getting pregnant?		
INTERVIEWER NOTE: IF RESPONDENT REPORTS USING MORE THAN ONE METHOD, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST.		
INTERVIEWER NOTE: IF RESPONDENT REPORTS USING "CONDOMS," PROBE TO DETERMINE IF "FEMALE CONDOMS" OR "MALE CONDOMS."		
INTERVIEWER NOTE: IF RESPONDENT REPORTS USING AN "IUD" PROBE TO DETERMINE IF "LEVONORGESTREL IUD" OR "COPPER-BEARING IUD."		
INTERVIEWER NOTE: IF RESPONDENT REPORTS "OTHER METHOD," ASK RESPONDENT TO "PLEASE SPECIFY" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.		
READ ONLY IF NECESSARY:		
01	Female sterilization (ex. Tubal ligation, Essure, Adiana)	M05Q07
02	Male sterilization (vasectomy)	M05Q07
03	Contraceptive implant(ex. Implanon)	M05Q06
04	Levonorgestrel(LNG) or hormonal IUD(ex. Mirena)	M05Q06
05	Copper-bearing IUD (ex. ParaGard)	M05Q06
06	IUD, type unknown	M05Q06
07	Shots (ex. Depo-Provera)	M05Q06
08	Birth control pills, any kind	M05Q06
09	Contraceptive patch (ex. Ortho Evra)	M05Q06
10	Contraceptive ring (ex. NuvaRing)	M05Q06
11	Male condoms	M05Q06
12	Diaphragm, cervical cap, sponge	M05Q06
13	Female condoms	M05Q06
14	Not having sex at certain times (rhythm or natural family planning)	M05Q06
15	Withdrawal (or pulling out)	M05Q06
16	Foam, jelly, film, or cream	M05Q06
17	Emergency contraception (morning after pill)	M05Q06
18	Other method	M05Q06
77	DON'T KNOW/NOT SURE	M05Q06
99	REFUSED	M05Q06

M05Q05	Select	286-287
Ask If	M05Q03=2	
<p>Some reasons for not doing anything to keep from getting pregnant the LAST TIME YOU HAD SEX might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.</p> <p>What was your main reason for not doing anything the LAST TIME YOU HAD SEX to keep you from getting pregnant?</p> <p>INTERVIEWER NOTE: IF RESPONDENT REPORTS "OTHER REASON," ASK RESPONDENT TO "PLEASE SPECIFY" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.</p> <p>READ ONLY IF NECESSARY:</p>		
01	You didn't think you were going to have sex/no regular partner	
02	You just didn't think about it/don't care if you get pregnant	
03	You want a pregnancy	
04	You or your partner don't want to use birth control	
05	You or your partner don't like birth control/side effects	
06	You couldn't pay for birth control	
07	You had a problem getting birth control when you needed it	
08	Religious reasons	
09	Lapse in use of a method	
10	Don't think you or your partner can get pregnant (infertile or too old)	
11	You had tubes tied (sterilization)	M05Q07
12	You had a hysterectomy	M05Q07
13	Your partner had a vasectomy (sterilization)	M05Q07
14	You are currently breast-feeding	
15	You just had a baby/postpartum	
16	You are pregnant now	M05Q07
17	Same sex partner	
18	Other reason	
77	DON'T KNOW/NOT SURE	
99	REFUSED	

M05Q06	Select	288
Ask If	M05Q03>2 OR M05Q04>2 OR (M05Q05>0 AND M05Q05<11) OR (M05Q05>13 AND M05Q05<16) OR M05Q05>16	
How do you feel about having a child now or sometime in the future? Would you say:		
PLEASE READ:		
1 You don't want to have one.		
2 You do want to have one, less than 12 months from now		
3 You do want to have one, between 12 months to less than 2 years from now		
4 You do want to have one, between 2 years to less than 5 years from now		
5 You do want to have one, 5 or more years from now		
7 DON'T KNOW/NOT SURE		
9 REFUSED		

M05Q07	Select	289
Ask If	C08Q22=2 AND C08Q01<45	
How many times a week do you currently take a multivitamin, a prenatal vitamin, or a folic acid vitamin?		
1 0 times a week		
2 1 to 3 times a week		
3 4 to 6 times a week		
4 Every day of the week		
7 DON'T KNOW/NOT SURE		
9 REFUSED		

M05END	Pause
Ask If	

Module 10: Actions to Control High Blood Pressure

CATI note: If Core Q4.1= 1(Yes); continue. Otherwise, go to next module.

M10INTRO	Pause
Ask If	C04Q01=1

M10Q01	Select	316
Ask If	C04Q01=1	
Earlier you stated that you had been diagnosed with high blood pressure.		
Are you now doing any of the following to help lower or control your high blood pressure?		
(Are you) changing your eating habits (to help lower or control your high blood pressure)?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M10Q02	Select	317
Ask If	C04Q01=1	
(Are you) cutting down on salt (to help lower or control your high blood pressure)?		
1	YES	
2	NO	
3	DO NOT USE SALT	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M10Q03	Select	318
Ask If	C04Q01=1	
(Are you) reducing alcohol use (to help lower or control your high blood pressure)?		
1	YES	
2	NO	
3	DO NOT DRINK	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M10Q04	Select	319
Ask If	C04Q01=1	
(Are you) exercising (to help lower or control your high blood pressure)?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M10Q05	Select	320
Ask If	C04Q01=1	
Has a doctor or other health professional ever advised you to do any of the following to help lower or control your high blood pressure?		
(Ever advised you to) changing your eating habits (to help lower or control your high blood pressure)?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M10Q06	Select	321
Ask If	C04Q01=1	
(Ever advised you to) cut down on salt (to help lower or control your high blood pressure)?		
1	YES	
2	NO	
3	DO NOT USE SALT	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M10Q07	Select	322
Ask If	C04Q01=1	
(Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)?		
1	YES	
2	NO	
3	DO NOT DRINK	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M10Q08	Select	323
Ask If	C04Q01=1	
(Ever advised you to) exercise (to help lower or control your high blood pressure)?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M10Q09	Select	324
Ask If	C04Q01=1	
(Ever advised you to) take medication (to help lower or control your high blood pressure)?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M10Q10	Select	325
Ask If	C04Q01=1	
Were you told on TWO OR MORE DIFFERENT VISITS by a doctor or other health professional that you had 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	
3	No	
4	Told borderline or pre-hypertensive	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M10Q10V	Select
Ask If	C08Q22=1 AND M10Q10=2
<p>INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS TOLD BY A DOCTOR DURING PREGNANCY THAT SHE HAD HIGH BLOOD PRESSURE. ARE YOU SURE?</p> <p>THE RESPONDENT SELECTED WAS THE</p> <p>{SRESP}</p> <p>IS THE PREVIOUS ANSWER CORRECT?</p>	
1	YES
2	NO
	M10Q10

M10END	Pause
Ask If	

Module 18: Arthritis Management

CATI note: If "Yes" to Core Q6.9= 1 (Yes), continue. Otherwise, go to next module.

M18INTRO	Pause
Ask If	C06Q09=1

M18Q01	Select	394
Ask If	C06Q09=1	
Earlier you indicated that you had arthritis or joint symptoms. Thinking about your arthritis or joint symptoms, which of the following best describes you TODAY ?		
PLEASE READ:		
1	I can do everything I would like to do	
2	I can do most things I would like to do	
3	I can do some things I would like to do	
4	I can hardly do anything I would like to do	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M18Q02	Select	395
Ask If	C06Q09=1	
Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms?		
1	Yes	
2	No	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M18Q03	Select	396
Ask If	C06Q09=1	
Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?		
NOTE: IF THE RESPONDENT IS UNCLEAR ABOUT WHETHER THIS MEANS AN INCREASE OR DECREASE IN PHYSICAL ACTIVITY, THIS MEANS INCREASE.		
1	Yes	
2	No	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M18Q04	Select	397
Ask If	C06Q09=1	
Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?		
1	Yes	
2	No	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M18END	Pause
Ask If	

Module 22: Chronic Obstructive Pulmonary Disease (COPD)

May be inserted if funding is approved, module turned off until notification of funding.

CATI note: If core Q6.8 = 1 (Yes) then continue, else go to next module.

M22INTRO	Pause
Ask If	C06Q08=1

M22Q01	Select	
Ask If	C06Q08=1	405
Earlier you said that you had been diagnosed with Chronic Obstructive Pulmonary Disease (COPD).		
Have you ever been given a breathing test to diagnose your COPD, chronic bronchitis, or emphysema?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M22Q02	Select	
Ask If	C06Q08=1	406
Would you say that shortness of breath affects the quality of your life?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M22Q03	Select	
Ask If	C06Q08=1	407
Other than a routine visit, have you had to see a doctor in the past 12 months for symptoms related to shortness of breath, bronchitis, or other COPD, or emphysema flare?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M22Q04	Select	408
Ask If	C06Q08=1	
Did you have to visit an emergency room or be admitted to the hospital in the past 12 months because of your COPD, chronic bronchitis, or emphysema?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M22Q05	Numeric	409-410
Ask If	C06Q08=1	
How many different medications do you currently take each day to help with your COPD, chronic bronchitis, or emphysema?		
__	Number (01-76)	
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

M22Q05V	Select	
Ask If	M22Q05>12 AND M22Q05<77	
INTERVIEWER: YOU INDICATED {M22Q05}		
DIFFERENT MEDICATIONS THE RESPONDENT CURRENTLY TAKES EACH DAY.		
IS THIS CORRECT ?		
1	YES, CORRECT AS IS	
2	NO, RE-ASK QUESTION	M22Q05

M22END	Pause	
Ask If		

Module 27: Cognitive Impairment

M27INTRO	Pause
Ask If	

M27Q01	Select	453
Ask If		
<p>The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This DOES NOT REFER to occasionally forgetting your keys or the name of someone you recently met. 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.</p> <p>During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?</p>		
1	Yes	
2	No	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

CATI note: If 1 adult in household and M27Q01= 1 (Yes), go to M27Q04; otherwise, go to next module.

CATI note: If number of adults > 1, go to M27Q02.

M27Q02	Select	454
Ask If	ADULTS>1	
<p>{If M27Q01=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?</p>		
1	One	
2	Two	
3	Three	
4	Four	
5	Five	
6	Six [6= 6 or more]	
8	NONE	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

CATI NOTE: If Q1 = 1 and Q2 > 6, go to Q4.

CATI note: If number of adults > 1 and M27Q02 < 7; continue. Otherwise, go to next module.

CATI note: If M27Q02 < 7; go to M27Q03. Otherwise, go to next module.

M27Q03	Numeric	455-456
Ask If	ADULTS>1 AND M27Q02<7	
Of these people, please select the person who had the most recent birthday. How old is this person?		
READ ONLY IF NECESSARY:		
01	Age 18-29	
02	Age 30-39	
03	Age 40-49	
04	Age 50-59	
05	Age 60-69	
06	Age 70-79	
07	Age 80-89	
08	Age 90+	
77	DON'T KNOW/NOT SURE	
99	REFUSED	

M27Q04	Select	457
Ask If	M27Q01=1 OR (ADULTS>1 AND M27Q02<7)	
{M27Q01>1, For the next set of questions we will refer to the person you identified as 'this person.'}		
During the past 12 months, how often {M27Q011=1, have you, has this person} given up household activities or chores {M27Q01=1, you, they} used to do, because of confusion or memory loss that is happening more or is getting worse?		
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."		
PLEASE READ:		
1	Always	
2	Usually	
3	Sometimes	
4	Rarely	
5	Never	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M27Q05	Select	458
Ask If	M27Q01=1 OR (ADULTS>1 AND M27Q02<7)	
As a result of { M27Q01= 1, your, this person's } confusion or memory loss, in which of the following four areas { M27Q01= 1, do you, does this person } need the MOST assistance?		
1	Safety (such as forgetting to turn off the stove or falling)	
2	Transportation (such as getting to doctor's appointments)	
3	Household activities (Such as managing money or housekeeping)	
4	Personal care (such as eating or bathing)	
5	NEEDS ASSISTANCE, BUT NOT IN THOSE AREAS	
6	DOESN'T NEED ASSISTANCE IN ANY AREAS	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M27Q06	Select	459
Ask If	M27Q01=1 OR (ADULTS>1 AND M27Q02<7)	
During the past 12 months, how often has confusion or memory loss interfered with { M27Q01=1, your, this person's } ability to work, volunteer, or engage in social activities?		
PLEASE READ:		
1	Always	
2	Usually	
3	Sometimes	
4	Rarely	
5	Never	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M27Q07	Select	460
Ask If	M27Q01=1 OR (ADULTS>1 AND M27Q02<7)	
During the past 30 days, how often {If M27Q01=1, has, have you,} a family member or friend provided any care or assistance for {If M27Q01=1, you, this person} because of confusion or memory loss?		
PLEASE READ:		
1	Always	
2	Usually	
3	Sometimes	
4	Rarely	
5	Never	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M27Q08	Select	461
Ask If	M27Q01=1 OR (ADULTS>1 AND M27Q02<7)	
Has anyone discussed with a health care professional, increases in {M27Q01=1, your, this person's} confusion or memory loss?		
1	YES	
2	NO	M27END
7	DON'T KNOW/NOT SURE	M27END
9	REFUSED	M27END

M27Q09	Select	462
Ask If	M27Q08=1	
{IF M27Q01=1, Have you, 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	

M27Q10	Select	463
Ask If	M27Q08=1	
Has a health care professional ever said that {M27Q01=1, you have, 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	

M27END	Pause
Ask If	

State Added 03: Occupational Health

FL03INTRO	Pause
Ask If	

FL03Q01	Select
Ask If	C08Q09 = 1 OR C08Q09 = 2
During the past 12 months, that is since {one year before today date} were you injured seriously enough while performing your job that you got medical advice or treatment?	
1	Yes
2	No
	FL03END
7	DON'T KNOW/NOT SURE
	FL03END
9	REFUSED
	FL03END

FL03Q02		Multiple Select		
Ask If		FL03Q01 = 1		
For your most recent work-related injury, who paid for your treatment?				
PLEASE READ				
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		OTHER	
13	Workers' compensation claim filed, still in process or not resolved			
88	NO ONE PAID; NO TREATMENT			
77	DON'T KNOW/NOT SURE			
99	REFUSED			

FLO3END		Pause		
Ask If				

State Added 04: Oral Health

FL04INTRO	Pause
Ask If	

FL04Q01	Select
Ask If	
If you visited the dentist in the past 12 months, what was the main reason you last visited the dentist?	
PLEASE READ	
01	I did not visit the dentist in the past 12 months
02	Went in for check-up, examination or cleaning
03	Went for treatment of a condition that dentist discovered at earlier check-up or examination
04	I want to become pregnant or I am pregnant
05	Toothache
06	Broke tooth or other injury to mouth
07	Trouble with gums - gums swollen, bleeding or painful
08	Appearance
09	Other
	OTHER
77	DON'T KNOW/NOT SURE
99	REFUSED

FL04Q02		Select		
Ask If		FL04Q01 = 1		
What is the main reason you have not visited the dentist in the last year?				
*time off work, hours not convenient)				
READ IF NECESSARY				
01 Fear, apprehension, nervousness, pain, dislike going				
02 Cost				
03	Dentist does not accept Medicaid/insurance plan			
04	Dentist not competent/qualified to handle my condition/needs			
05	Can't get to the office/clinic (too far away, no transportation,*)			
06	I was/am pregnant			
07	Language/cultural issues			
08	Dental care is not important			
09	No reason to go (no problems)			
10	No reason to go (no teeth)			
11	Other		OTHER	
77	DON'T KNOW/NOT SURE			
99	REFUSED			

FL04END		Pause		
Ask If				

State Added 05: DCF - Substance Perceptions and Mental Health

FL05INTRO	Pause
Ask If	

FL05Q01	Select
Ask If	
How much do people risk harming themselves physically and in other ways when they smoke marijuana regularly?	
1	No risk (none)
2	Slight risk (a little)
3	Moderate risk (some)
4	Great risk (a lot)
7	DON'T KNOW/NOT SURE
9	REFUSED

FL05Q02	Select
Ask If	C15Q03 > 0 AND C15Q03 < 77
During the past 30 days, when you had {IF C08Q22=1, 5, 4} or more drinks on an occasion, where did you usually drink?	
1	At my home
2	At another person's home
3	At a restaurant, bar, or club
4	In a car or other vehicle
5	At a park, beach, or parking lot
6	At a concert or sports game
7	DON'T KNOW/NOT SURE
9	REFUSED

FL05Q03	Select
Ask If	
During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?	
1	0 times
2	1 time
3	2 or 3 times
4	4 or 5 times
5	6 or more times
7	DON'T KNOW/NOT SURE
9	REFUSED

FL05Q04		Select		
Ask If				
How much do you agree or disagree that people who are addicted to alcohol or other drugs could stop using if they had enough willpower? Please use a scale of 1 to 5, where 1 means strongly disagree and 5 means strongly agree.				
PLEASE READ				
1 Strongly disagree				
2 Disagree				
3	Neither disagree nor agree			
4	Agree			
5	Strongly agree			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

FL05Q05		Select		
Ask If				
How much do you approve or disapprove of sharing your unused prescription medications with someone else? Please use a scale of 1 to 5, where 1 means strongly disapprove and 5 means strongly approve.				
INTERVIEWER NOTE: IF ASKED ABOUT SHARING SAY:				
"Giving unused portions away to someone else"				
PLEASE READ				
1 Strongly disapprove				
2 Disapprove				
3	Neither disapprove or approve			
4	Approve			
5	Strongly approve			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

FL05Q06		Select		
Ask If				
If you or someone you know needed help for a drug or alcohol problem, would you know where to go or who to contact for help?				
1 Yes				
2 No				
7	DON'T KNOW/NOT SURE			
9	REFUSED			

FL05END	Pause
Ask If	

State Added 06: UF Visability

FL06INTRO	Pause
Ask If	

FL06Q01	Select			
Ask If				
In what type of house or building do you live?				
PLEASE READ				
1 A detached, single-family home				
2 A trailer or mobile home				
3	An attached home like a townhouse or duplex			
4	A multi-story building like a condominium or apartment			
5	Other		OTHER	
7	DON'T KNOW/NOT SURE			
9	REFUSED			

FL06Q02	Select			
Ask If				
Is there at least one entrance to your home that does not have a step or ledge?				
1 Yes				
2 No				
7	DON'T KNOW/NOT SURE			
9	REFUSED			

FL06Q03	Select			
Ask If				
Is there a level, firm path from the road to your home's entrance?				
1 Yes				
2 No				
7	DON'T KNOW/NOT SURE			
9	REFUSED			

FL06Q04	Select
Ask If	
Is there at least one bathroom on the main floor of your home that someone using a wheelchair could enter and turn around?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

FL06Q05	Select
Ask If	
Are doorways on the main floor of your home wide enough for a wheelchair to fit through? This would be 32 inches wide or enough space for an average refrigerator to go through.	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

FL06END	Pause
Ask If	

State Added 07: Emotional Support and Life Satisfaction

FL07INTRO	Pause
Ask If	

FL07Q01	Select	475
Ask If		
How often do you get the social and emotional support you need?		
INTERVIEWER NOTE: IF ASKED, SAY		
"Please include support from any source."		
PLEASE READ:		
1 Always		
2 Usually		
3 Sometimes		
4 Rarely		
5 Never		
7 DON'T KNOW/NOT SURE		
9 REFUSED		

FL07END	Pause
Ask If	

Asthma Call-Back Permission Script

AFUINTRO	Pause
Ask If	

ADLTPERM	Select	515
Ask If		
<p>We would like to call you again within the next 2 weeks to talk in more detail about {ADLTCHILD=1, your, your child's} experiences with asthma. The information will be used to help develop and improve the asthma programs in <STATE>. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?</p>		
1	Yes	
2	No	AFUEND

FNAME	Select
Ask If ADLTPERM=1	
Can I please have your first name, initials or nickname so we will know who to ask for when we call back?	
1	ENTER FIRST NAME, INITIALS,OR NICKNAME OTHER
7	DON'T KNOW/NOT SURE
9	REFUSED

CNAME	Select
Ask If ADLTCHILD=2 AND ADLTPERM=1	
Can I please have your child's first name, initials or nickname so we can ask about that child's asthma history.	
1	ENTER FIRST NAME, INITIALS,OR NICKNAME OTHER
7	DON'T KNOW/NOT SURE
9	REFUSED

MOSTKNOW	Select
Ask If	ADLTCHILD=2 AND ADLTPERM=1
Are you the parent or guardian in the household who knows the most about {CNAME}'s asthma?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

OTHNAME	Select
Ask If	MOSTKNOW=2
You said someone else was more knowledgeable about the child's asthma. Can I please have this adult's first name, initials or nickname so we will know who to ask for when we call back regarding your child.	
1	ENTER FIRST NAME, INITIALS,OR NICKNAME OTHER
7	DON'T KNOW/NOT SURE
9	REFUSED

CBTIME	Select
Ask If	ADLTPERM=1
{If MOSTKNOW=2, What is a good time to call back and speak with {OTHNAME}, What is a good time to call you back?}	
For example, evenings, days or weekends?	
1	ENTER CALLBACK TIME OTHER
7	DON'T KNOW/NOT SURE
9	REFUSED

AFUEND	Pause
Ask If	

Closing Statement

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

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)

01 Active Gaming Devices (Wii Fit, Dance Dance revolution)	21 Handball	46 Snorkeling
02 Aerobics video or class	22 Hiking – cross-country	47 Snow blowing
03 Backpacking	23 Hockey	48 Snow shoveling by hand
04 Badminton	24 Horseback riding	49 Snow skiing
05 Basketball	25 Hunting large game – deer, elk	50 Snowshoeing
06 Bicycling machine exercise	26 Hunting small game – quail	51 Soccer
07 Bicycling	27 Inline Skating	52 Softball/Baseball
08 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)	28 Jogging	53 Squash
09 Bowling	29 Lacrosse	54 Stair climbing/Stair master
10 Boxing	30 Mountain climbing	55 Stream fishing in waders
11 Calisthenics	31 Mowing lawn	56 Surfing
12 Canoeing/rowing in competition	32 Paddleball	57 Swimming
13 Carpentry	33 Painting/papering house	58 Swimming in laps
14 Dancing-ballet, ballroom, Latin, hip hop, etc	34 Pilates	59 Table tennis
15 Elliptical/EFX machine exercise	35 Racquetball	60 Tai Chi
16 Fishing from river bank or boat	36 Raking lawn	61 Tennis
17 Frisbee	37 Running	62 Touch football
18 Gardening (spading, weeding, digging, filling)	38 Rock Climbing	63 Volleyball
19 Golf (with motorized cart)	39 Rope skipping	64 Walking
20 Golf (without motorized cart)	40 Rowing machine exercise	66 Waterskiing
	41 Rugby	67 Weight lifting
	42 Scuba diving	68 Wrestling
	43 Skateboarding	69 Yoga
	44 Skating – ice or roller	70 Other
	45 Sledding, tobogganing	99 Refused