



2019

**Behavioral Risk Factor Surveillance System
Questionnaire**

FLORIDA

English

December 10, 2018

Behavioral Risk Factor Surveillance System FL 2019 Questionnaire

Table of Contents

Interviewer’s Script Sample	4
Interviewer’s Script	5
Landline Sample Screener	5
Cell Phone Sample Screener	11
Core Sections	15
Section 1: Health Status	15
Section 2: Healthy Days — Health-Related Quality of Life	15
Section 3: Health Care Access	16
Module 14: Healthcare Access	16
Section 4: Hypertension Awareness.....	18
Section 5: Cholesterol Awareness.....	18
Section 6: Chronic Health Conditions.....	19
Module 1: Pre-Diabetes	21
Section 7: Arthritis.....	22
Section 8: Demographics.....	24
Section 9: Tobacco Use.....	32
Section 10: Alcohol Consumption.....	33
Section 11: Exercise (Physical Activity).....	34
Section 12: Fruits and Vegetables.....	37
Section 13: Immunization	40
Section 14: HIV/AIDS	41
Optional Modules	43
Module 15: Aspirin for CVD Prevention.....	43
Module 16: Home/ Self-measured Blood Pressure	43
Module 20: Cognitive Decline	44
Module 22: Adverse Childhood Experience	46
Module 23 Family Planning	49
Module 26: Industry and Occupation.....	29
Module 29: Sexual Orientation and Gender Identity	50
Module 30: Random Child Selection	52
Module 31: Childhood Asthma Prevalence	56
Florida State-Added 1: Cancer Screening\2019, module 9\.....	56
Florida State-Added 2: E-Cigarettes.....	57
Florida State-Added 3: Child Car Seat Use \FL STATE ADDED 2, 2018//.....	57
Florida State-Added 4: Social Determinants of Health /FL STATE-ADDED 8, 2018/.....	58
Florida State-Added 5: Preconception Health //FL STATE-ADDED 10, 2018\.....	60
FL State-Added 6: Caregiver //Module 21, 2019//.....	61
Florida State-Added 7: Health Care Experience //NEW\.....	62
Florida State-Added 8: Epilepsy //FL STATE-ADDED 7, 2018\.....	63
Florida State-Added 9: Diabetes Self-Management Education.....	63
Florida State-Added 10: Sickle Cell //NEW\.....	64
Florida State-Added 11: Cross-Streets \FL STATE-ADDED 15, 2018\.....	64
County Added Questions	65
MO: Monroe County //NEW\.....	65
MD: Miami-Dade County //NEW\.....	67

NA: Nassau County //NEW\\.....	70
Asthma Survey Continuation Script.....	73
CLOSING STATEMENT	131

Interviewer's Script Sample

Form Approved

OMB No. 0920-1061

Exp. Date 3/31/2021

Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).

NOTE: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at ivk7@cdc.gov.

Interviewer's Script

HELLO, I am calling for the Florida department of health. My name is (name). We are gathering information about the health of Florida 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.

ABT SRBI MASTER QUESTIONNAIRE NOTE (remove from state questionnaires): For 2019, We will ask the screener questions in the order the CDC has set for each frame.

Landline Sample Screener

**CATI: (ASK LANDLINE SAMPLE SCREENER IF FRAME=1);
IF FRAME=2; GO TO CELL PHONE SCREENER**

CTELENUM1 Is this (phone number) ?
(LL.1)

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. Is this a private residence?
(LL.2)

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

INTERVIEWER NOTE: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.

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

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

College Housing

COLGHOUS Do you live in college housing?
(LL.3)

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

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**

State of Residence

STATERES Do you currently live in ___Florida___?
(LL.4)

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

IF FRAME=1 (landline) SCREEN-OUT AT 'STATE' .

STATE Thank you very much, but we are only interviewing persons who live in ___Florida___ at this time. **STOP**

Cellular Phone

CELLPH Is this a cell phone?
(LL.5)

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 cell phone 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.
THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING BY LAND LINE
TELEPHONES FOR PRIVATE RESIDENCES OR COLLEGE HOUSING AT THIS TIME.
(STOP)**

CATI VARIABLE, SET BRF3200=1.

CATI NOTE:

- **IF COLGHOUS=1 (College Housing = Yes) continue;**
- **Otherwise go to Adult Random Selection**

LADULT Are you 18 years of age or older?
(LL.6)

- 1 Yes
- 2 No [TERMINATE]

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

LL7 Are you male or female?
(LL.7)

- 1 Male
- 2 Female
- 7 Don't know/Not sure [TERMINATE]
- 9 Refused [TERMINATE]

TERMINATE. Thank you for your time, your number may be selected for another survey in the future.

Adult Random Selection

CATI NOTE:

- **IF COLGHOUS=1, Set NUMADULT=1 and Skip to [Core Section Introduction]**

IF FRAME=1, ASK: I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older?

NUMADULT ___ Number of adults
(LL.8)

[INTERVIEWER: NUMBER OF ADULTS CANNOT BE ZERO IF RESPONDENT IS 18 OR OLDER: PLEASE RE-ASK QUESTIONS.]

If NUMADULT = 1, ASK:
NMADLT1 Are you the adult?

If "yes,"
Then you are the person I need to speak with.

If "no,"
May I speak with [fill in (him/her) from previous question]? **Go to LL9.**

- **IF NUMADULT=2 or more, GO TO NUMMEN**

CATI VARIABLE, SET BRF2111=1.

CATI NOTE: IF NUMADULT=1, Ask LL09, otherwise skip to NUMMEN

LL9 Are you male or female?

- | | | |
|---|---------------------|-------------|
| 1 | Male | |
| 2 | Female | |
| 7 | Don't know/Not sure | [TERMINATE] |
| 9 | Refused | [TERMINATE] |

TERMINATE. Thank you for your time, your number may be selected for another survey in the future.

NUMMEN How many of these adults are men?
(LL10)

___ Number of men

NUMWOMEN So, the number of women in the household is [NUMADULT – NUMMEN]. Is that correct?
(LL11)

[INTERVIEWER: ENTER NUMBER IF RESPONDENT AGREES IT IS CORRECT]

___ Number of women

CATI VARIABLE, SET BRF2112=1.

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<7 AND NUMWOMEN<4 AND NUMMEN<4, RANDOMLY SELECT ONE OF THE HOUSEHOLD ADULTS, THEN SAY:**

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

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

- IF NUMADULT>6 OR NUMMEN>3 OR NUMWOMEN>3, 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

To the correct respondent:

HELLO, I am calling for the Florida department of health. My name is (name). We are gathering information about the health of Florida 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: IF (NUMADULT>1 AND INTRO1=1), Ask LL12, otherwise skip to NUMMEN

LL12 Are you male or female?

- 1 Male
- 2 Female

7	Don't know/Not sure	[TERMINATE]
9	Refused	[TERMINATE]

TERMINATE. Thank you for your time, your number may be selected for another survey in the future.

Cell Phone Sample Screener

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CATI: (ASK CELL PHONE SAMPLE SCREENER IF FRAME=2); IF FRAME=1; GOTO CORE

IF FRAME=2 (CELL PHONE) ASK SAFE

SAFE Is this a safe time to talk with you?
(CP.1)

Yes [GO TO CTELNUM1]
No CALLBACK

[CATI NOTE: IF "NO" : THANK YOU VERY MUCH. WE WILL CALL YOU BACK AT A MORE CONVENIENT TIME. ([SET APPOINTMENT IF POSSIBLE]) STOP]

Phone

CTELNUM1 Is this (phone number) ?
(CP.2)

1 Yes [GO TO CELLPH]
2 No INTERVIEWER NOTE: CONFIRM TELEPHONE NUMBER
7 (VOL) Don't Know/Not Sure
9 (VOL) Refused

[CATI NOTE: IF "NO", "Don't Know" or "REFUSED": 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]

CATI VARIABLE, SET BRF3200=1.

Cellular Phone

CELLPH Is this a cell phone?
(CP.3)

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 cell (or cellular) 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).

[CATI NOTE: IF "NO" : THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING CELLULAR TELEPHONES. STOP]

CELLFON

- 1 No, not a cellular telephone.
- 2 Yes

**CATI: 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 CADULT.**

Adult

CADULT Are you 18 years of age or older?
(CP.4)

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

- 1 Yes, [GO TO PRIVATE RESIDENCE]
- 2 No [GO TO SOCOLAD]

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

CATI VARIABLE, SET BRF2210=1.

CP5 Are you male or female?

- 1 Male
- 2 Female
- 7 Don't know/Not sure [TERMINATE]
- 9 Refused [TERMINATE]

TERMINATE. Thank you for your time, your number may be selected for another survey in the future.

PVTRESID3 . Is this a private residence?
(CP.6)

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

INTERVIEWER NOTE: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 DAYS INCLUDING VACATION HOMES, RVS OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.

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

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

CATI VARIABLE, SET BRF2210=1.

College Housing

COLGHOUS Do you live in college housing?
(CP.7)

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

- 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**

State of Residence

STATERES Do you currently live in ____ Florida ____?
(CP.8)

Yes **[Go to LANDLINE]**

No [Go to RSPSTATE]

RSPSTATE In what state do you currently live?
(CP.9)

_____ ENTER STATE
99 REFUSED [THANK & END]

LANDLINE Do you also have a landline telephone in your home that is used to make and receive
(CP.10) calls?

READ ONLY IF NECESSARY: “By landline telephone, we mean a “regular” telephone in your home that 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.).

1 YES
2 NO
7 DON'T KNOW / NOT SURE
9 REFUSED

[CATI NOTE: IF COLLEGE HOUSING = “YES”, DO NOT ASK NUMBER OF ADULTS QUESTIONS, GO TO CORE.]

NUMADULT. How many members of your household, including yourself, are 18 years of age or older?

(CP.11)

___ Number of adults

[CATI NOTE: IF COLLEGE HOUSING = “YES” THEN NUMBER OF ADULTS IS AUTOMATICALLY SET TO 1.]

Core Sections

[INTERVIEWER NOTE: ITEMS IN PARENTHESES ANYWHERE THROUGHOUT THE QUESTIONNAIRE DO NOT NEED TO BE READ]

**CATI: SET SEX=1 IF LL7=1 or LL9=1 or LL12=1 or CP5=1,
SET SEX=2 IF IF LL7=2 or LL9=2 or LL12=2 or CP5=2**

CATI: START CORE TIMER

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 not be connected to any personal information. If you have any questions about the survey, please call 866-779-6122.

Section 1: Health Status

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

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 1

CATI VARIABLE, SET BRF2120=1.

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

PHYSHLTH Now thinking about your physical health, which includes physical illness and injury, for
(2.1) 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

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?

(2.2)

__	Number of days
88	None [If PHYSHLTH and MENTHLTH = 88 (None), go to next section]
77	Don't know / Not sure
99	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?

(2.3)

__	Number of days
88	None
77	Don't know / Not sure
99	Refused

Section 3: Health Care Access

HLTHPLN1 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?

(3.1)

1	Yes	If PPHF state, ASK HLTHCVRG
2	No	GO TO PERSDOC2
7	Don't know / Not sure	GO TO PERSDOC2
9	Refused	GO TO PERSDOC2

Module 14: Healthcare Access

CATI NOTE: ASKED OF FLORIDA RESIDENTS ONLY (STATERES=1)

HLTHCVRG What is the PRIMARY source of your health care coverage?

Read if necessary:

- 01 A plan purchased through an employer or union **(includes plans purchased through another person's employer)**
- 02 A plan that you or another family member buys on your own
- 03 Medicare
- 04 Medicaid or other state program
- 05 TRICARE (formerly CHAMPUS), VA, or Military
- 06 Alaska Native, Indian Health Service, Tribal Health Services
- Or**
- 07 Some other source
- 08 None (no coverage)

Do not read:

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

INTERVIEWER NOTE: If the respondent indicates that they purchased health insurance through the Health Insurance Marketplace (**//insert name of state Marketplace//**), ask if it was a private health insurance plan purchased on their own or by a family member (private) or if they received Medicaid (**//insert name of state plan//**)? If purchased on their own (or by a family member), select 02, if Medicaid select 04.

Section 3: Health Care Access Continued

PERSDOC2. Do you have one person you think of as your personal doctor or health care provider?

(3.2)

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

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

(3.3)

- 1 Yes
- 2 No
- 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?
(3.4)

INTERVIEWER NOTE: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

READ IF NECESSARY:

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

Do not read:

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

Section 4: 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 prescription medicine for your high blood pressure?

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

Section 5: Cholesterol Awareness

5_1 About how long has it been since you last had your blood cholesterol checked?

Interviewer note: Blood cholesterol is a fatty substance found in the blood.

Read only if necessary:

- 1 Never **[GO TO NEXT SECTION]**
- 2 Within the past year (anytime less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 Within the past 3 years (2 years but less than 3 years ago)
- 3 Within the past 4 years (3 years but less than 4 years ago)
- 4 Within the past 5 years (4 years but less than 5 years ago)
- 8 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused **[GO TO NEXT SECTION]**

TOLDHI2 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?

Interviewer note: By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.

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

5_3 Are you currently taking medicine prescribed by your doctor for your blood cholesterol?

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

Section 6: Chronic 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 (6.1) (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 (6.2) (Ever told) you had angina or coronary heart disease?

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

CVDSTRK3 (6.3) (Ever told) you had a stroke?

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

ASTHMA3 (6.4) (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?
(6.5)

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

CHCSCNCR (Ever told) you had skin cancer?
(6.6)

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

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

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

CHCCOPD (Ever told) you had Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis?
(6.8)

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

ADDEPEV2 (Ever told) you had a depressive disorder, (including depression, major depression, dysthymia or minor depression)?
(6.9)

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

CHCKIDNY Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease?
(6.10)

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

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

DIABETE3 (Ever told) you had diabetes?
(6.11)

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

INTERVIEWER NOTE: 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 **DIABETE3 = 1 (Yes)**, go to next question (**DIABAGE2**). If any other response to **DIABETE3**, go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.

DIABAGE2 How old were you when you were told you have diabetes?
(6.12)

- 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 Diabetes Optional Module (if used). Otherwise, go to next section

CNFD BAG INTERVIEWER: Is [**DISPLAY RESPONSE TO DIABAGE2**] the correct age when respondent was diagnosed with diabetes?

- 1 Yes, age is correct **GO TO next section**
- 2 No **GO TO DIABAGE2**

Module 1: Pre-Diabetes

NOTE: Only asked of those not responding “Yes” (code = 1) to DIABETE3 (Diabetes awareness question) and Florida state residents only (stateres=1).

PDIABTST (M1.1) 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 DIABETE3 = 4 (No, pre-diabetes or borderline diabetes); answer PREDIAB1 “Yes” (code = 1).

PREDIAB1 (M1.2) Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

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

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

Section 7: Arthritis

2017, Section 6, HAVARTH3

HAVARTH3 (7.1) (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

**[GO TO NEXT SECTION]
[GO TO NEXT SECTION]
[GO TO NEXT SECTION]**

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)

ARTHEXER Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?

(7.2)

INTERVIEW

INTERVIEWER NOTE: If the respondent is unclear about whether this means increase or decrease in physical activity, this means increase.

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

ARTHEDU Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

(7.3)

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

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

(7.4)

- 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."

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?

(7.5)

- 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."

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 on a scale of 0 to 10 where 0 is no pain 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 8: Demographics

AGE What is your age?
(8.1)

— — 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 HISPANC3}

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?
(8.2)

If yes, ask: Are you...

INTERVIEWER NOTE: One or more categories may be selected.

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

Do not read:

5 No
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?
(8.3)

Interviewer Note: Select all that apply.

INTERVIEWER NOTE: IF 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. **(NOTE FOR TESTERS: THIS IS CORRECT THAT IT IS NOT IN THE PROGRAM)**

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
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 MARITAL.

SHOW RESPONSES IN MRACE2

ORACE3 Which one of these groups would you say best represents your race?
(8.4)

READ LIST

- 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

MARITAL Are you...?
(8.6)

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

EDUCA (8.7) 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

RENTHOM1 (8.8) 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.

INTERVIEWER NOTE: IF RESPONDENT ASKS ABOUT WHY WE ARE ASKING THIS QUESTION: We ask this question in order to compare health indicators among people with different housing situations.

Read only if necessary:

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

CTYCODE1 (8.9) In what county do you currently live?

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

ZIPCODE (8.10) What is the ZIP Code where you currently live?

- ZIP Code **[RANGE 32002 TO 34999]**
- 7 7 7 7 7 Don't know / Not sure

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

Module 26: Industry and Occupation

CATI: START MOD26 TIMER

CATI NOTE: If **EMPLOY1**= 1 or 4 (Employed for wages or out of work for less than 1 year) or 2 (Self-employed) AND Florida state residents only (stateres=1), continue else go to **CHILDREN**.

Now I am going to ask you about your work.

[CATI NOTE: IF CORE EMPLOY1 = 1 (EMPLOYED FOR WAGES) OR 2 (SELF-EMPLOYED) ASK,]

TYPEWORK What kind of work **[IF EMPLOY1=1 or 2, READ “do”./ IF EMPLOY1=4, READ “did”]** you do? For example, registered nurse, janitor, cashier, auto mechanic.
(M26.1)

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

INTERVIEWER NOTE: If respondent has more than one job then ask, “What [is/was] your main job?”

[Record answer] _____
99 Refused

TYPEINDS What kind of business or industry **[IF EMPLOY1=1 or 2, READ “do”./ IF EMPLOY1=4, READ “did”]** you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.
(M26.2)

[Record answer] _____
99 Refused

CHILDREN How many children less than 18 years of age live in your household?
(8.16)

— —	Number of children
8 8	None
9 9	Refused

CATI VARIABLE, SET BRF1200=1.

Qualified Level 2

INCOME2 Is your annual household income from all sources—
(8.17)

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

- 04 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**
(\$20,000 to less than \$25,000)
 - 03 Less than \$20,000 **If "no," code 04; if "yes," ask 02**
(\$15,000 to less than \$20,000)
 - 02 Less than \$15,000 **If "no," code 03; if "yes," ask 01**
(\$10,000 to less than \$15,000)
 - 01 Less than \$10,000 **If "no," code 02**
 - 05 Less than \$35,000 **If "no," ask 06**
(\$25,000 to less than \$35,000)
 - 06 Less than \$50,000 **If "no," ask 07**
(\$35,000 to less than \$50,000)
 - 07 Less than \$75,000 **If "no," code 08**
(\$50,000 to less than \$75,000)
 - 08 \$75,000 or more
- Do not read:**
- 77 Don't know / Not sure
 - 99 Refused

WEIGHT2 About how much do you weigh without shoes?
(8.18)

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN COLUMN 183. (NOTE FOR TESTER: THIS WILL NOT BE IN THE PROGRAM)

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?
(8.19)

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN COLUMN 187. (NOTE FOR TESTER: THIS WILL NOT BE IN THE PROGRAM)

ROUND FRACTIONS DOWN

$\frac{_}{_} / \frac{_}{_}$	Height
(ft / inches/meters/centimeters)	
7 7 / 7 7	Don't know / Not sure
9 9 / 9 9	Refused

If SEX=1, go to S8.22, if female respondent is 50 years old or older, go to text screen prior to S8.21]

PREGNANT To your knowledge, are you now pregnant?
(8.20)

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

Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone.

S8.22 Are you deaf or do you have serious difficulty hearing?
(8.21/DEAF)

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

BLIND Are you blind or do you have serious difficulty seeing, even when wearing glasses?
(8.22)

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

DECIDE Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
(8.23)

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

9 Refused

DIFFWALK (8.24) Do you have serious difficulty walking or climbing stairs?

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

DIFFDRES (8.25) Do you have difficulty dressing or bathing?

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

DIFFALON (8.26) 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 (9.1) Have you smoked at least 100 cigarettes in your entire life?

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

INTERVIEWER 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 (9.2) 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 LASTSMK2]
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?
(9.3)

- | | | |
|---|-----------------------|-----------------|
| 1 | Yes | [GO TO USENOW3] |
| 2 | No | [GO TO USENOW3] |
| 7 | Don't know / Not sure | [GO TO USENOW3] |
| 9 | Refused | [GO TO USENOW3] |

LASTSMK2 How long has it been since you last smoked a cigarette, even one or two puffs?
(9.4)

Read only if necessary:

- | | |
|----|--|
| 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 |

Do not read:

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

USENOW3 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?
(9.5)

INTERVIEWER NOTE: Snus (rhymes with 'goose')

INTERVIEWER 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 |
| 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?
(10.1)

Interviewer note: One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of 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?

(10.2)

Read if necessary: 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

[if AVEDRNK2 > 9 AND < 77 ASK:]

CHKAVEDRNK2 I would like to confirm that during the past 30 days, on the days you drank, you drank on average [insert # from AVEDRNK2] drinks. Is that correct?

1 Yes [Go to DRNK3GE5]
2 No [Go back to AVEDRNK2]

DRNK3GE5 Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI NOTE: X = 5 FOR MEN, X = 4 FOR WOMEN] or more drinks on an occasion?

(10.3)

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

MAXDRNKS (10.4) 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.

[if MAXDRNKS > 9 AND < 77 ASK:]

CHKMXDRNKS I would like to confirm that during the past 30 days, the largest number of drinks you had was //INSERT # FROM MAXDRNKS// drinks. Is that correct?

1 Yes [Go to NEXT SECTION]
2 No [Go back to MAXDRNKS]

Section 11: Exercise (Physical Activity)

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?

(11.1)

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.

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?

(11.2)

__	(Specify)	[See Physical Activity Coding List]
7 7	Don't know / Not Sure	[GO TO EXOFTSTR]
9 9	Refused	[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?

(11.3)

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

[if (EXROFT1W > 6 AND < 76) OR (EXROFT1M > 37 AND < 76) ASK:]

DUM_EXROFT1 I would like to confirm you took part in this activity [insert # from EXROFT1W/EXROFT1M] times per [week/month]. Is that correct?

1	Yes	[Go to EXERHMM1]
2	No	[Go to EXROFT1W/EXROFT1M]

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

(11.4)

._	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?

(11.5)

__	(Specify)	[See Physical Activity Coding List]
88	No other activity	[GO TO EXOFTSTR]
77	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?

(11.6)

1__	Times per week
2__	Times per month
777	Don't know / Not sure
999	Refused

[if (EXROFT2W > 6 AND < 76) OR (EXROFT2M > 37 AND < 76) ASK:]

DUM_EXROFT2 I would like to confirm you took part in this activity [insert # from EXROFT2W/EXROFT2M] times per [week/month]. Is that correct?

1	Yes	[Go to EXERHMM2]
2	No	[Go to EXROFT2W/EXROFT2M]

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

(11.7)

:__	Hours and minutes
777	Don't know / Not sure
999	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?

(11.8)

Interviewer note: 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
888	Never

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

[if (EXROFTSW > 6 AND < 76) OR (EXROFTSM > 37 AND < 76) ASK:]

DUM_EXROFTSW I would like to confirm you took part in this activity **[insert # from EXROFTSW/EXROFTSM]** times per **[week/month]**. Is that correct?

1 Yes **[Go to next section]**
2 No **[Go to EXROFTSW/EXROFTSM]**

Section 12: Fruits and Vegetables

Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.

INTERVIEWER INSTRUCTIONS: IF A RESPONDENT INDICATES THAT THEY CONSUME A FOOD ITEM EVERY DAY THEN ENTER THE NUMBER OF TIMES PER DAY. IF THE RESPONDENT INDICATES THAT THEY EAT A FOOD LESS THAN DAILY, THEN ENTER TIMES PER WEEK OR TIMES PER MONTH. DO NOT ENTER TIMES PER DAY UNLESS THE RESPONDENT REPORTS THAT HE/SHE CONSUMED THAT FOOD ITEM EACH DAY DURING THE PAST MONTH.

12_1 Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month.

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"

READ IF RESPONDENT ASKS WHAT TO INCLUDE OR SAYS 'I DON'T KNOW': INCLUDE FRESH, FROZEN OR CANNED FRUIT. DO NOT INCLUDE DRIED FRUITS.

1__ Day
2__ Week
3__ Month
300 Less than once a month
555 Never
7 7 7 Don't Know
9 9 9 Refused

[if (12_1D > 5 AND < 76) OR (12_1W > 38 AND <76) ASK:]

DUM_12_1 I would like to confirm you eat **[insert # from 12_1D/12_1W]** servings of fruit per **[day/week]**. Is that correct?

1 Yes **[Go to 12_2]**
2 No **[Go to 12_1D/12_1W]**

12_2 Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"

READ IF RESPONDENT ASKS ABOUT EXAMPLES OF FRUIT-FLAVORED DRINKS: “DO NOT INCLUDE FRUIT-FLAVORED DRINKS WITH ADDED SUGAR LIKE CRANBERRY COCKTAIL, HI-C, LEMONADE, KOOL-AID, GATORADE, TAMPICO, AND SUNNY DELIGHT. INCLUDE ONLY 100% PURE JUICES OR 100% JUICE BLENDS.”

- 1__ Day
- 2__ Week
- 3__ Month
- 300 Less than once a month
- 555 Never
- 7 7 7 Don't Know
- 9 9 9 Refused

[if (12_2D > 5 AND < 76) OR (12_2W > 38 AND <76) ASK:]

DUM_12_2 I would like to confirm you drink [insert # from 12_2D/12_2W] servings of fruit juice per [day/week]. Is that correct?

- 1 Yes [Go to 12_3]
- 2 No [Go to 12_2D/12_2W]

12_3 How often did you eat a green leafy or lettuce salad, with or without other vegetables?

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?”

READ IF RESPONDENT ASKS ABOUT SPINACH: “INCLUDE SPINACH SALADS.”

- 1__ Day
- 2__ Week
- 3__ Month
- 300 Less than once a month
- 555 Never
- 7 7 7 Don't Know
- 9 9 9 Refused

[if (12_3D > 5 AND < 76) OR (12_3W > 38 AND <76) ASK:]

DUM_12_3 I would like to confirm you eat [insert # from 12_3D/12_3W] servings of green leafy or lettuce salad per [day/week]. Is that correct?

- 1 Yes [Go to 12_4]
- 2 No [Go to 12_3D/12_3W]

12_4 How often did you eat any kind of fried potatoes, including French fries, home fries, or hash browns?

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?”

READ IF RESPONDENT ASKS ABOUT POTATO CHIPS: “DO NOT INCLUDE POTATO CHIPS.”

- 1__ Day
- 2__ Week
- 3__ Month
- 300 Less than once a month
- 555 Never
- 7 7 7 Don't Know
- 9 9 9 Refused

[if (12_4D > 5 AND < 76) OR (12_4W > 38 AND <76) ASK:]

DUM_12_4 I would like to confirm you eat [insert # from 12_4D/12_4W] servings of fried potatoes per [day/week]. Is that correct?

- 1 Yes [Go to 12_5]
- 2 No [Go to 12_4D/12_4W]

12_5 How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?”

READ IF RESPONDENT ASKS ABOUT WHAT TYPES OF POTATOES TO INCLUDE: “INCLUDE ALL TYPES OF POTATOES EXCEPT FRIED. INCLUDE POTATOES AU GRATIN, SCALLOPED POTATOES.”

- 1__ Day
- 2__ Week
- 3__ Month
- 300 Less than once a month
- 555 Never
- 7 7 7 Don't Know
- 9 9 9 Refused

[if (12_5D > 5 AND < 76) OR (12_5W > 38 AND <76) ASK:]

DUM_12_5 I would like to confirm you eat [insert # from 12_5D/12_5W] servings of any other kind of potatoes or sweet potatoes per [day/week]. Is that correct?

- 1 Yes [Go to 12_6]
- 2 No [Go to 12_4D/12_5W]

12.6 Not including lettuce salads and potatoes, how often did you eat other vegetables?

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?”

READ IF RESPONDENT ASKS ABOUT WHAT TO INCLUDE: “INCLUDE TOMATOES, GREEN BEANS, CARROTS, CORN, CABBAGE, BEAN SPROUTS, COLLARD GREENS, AND BROCCOLI. INCLUDE RAW, COOKED, CANNED, OR FROZEN VEGETABLES. DO NOT INCLUDE RICE.”

- 1__ Day
- 2__ Week
- 3__ Month
- 300 Less than once a month
- 555 Never
- 7 7 7 Don't Know
- 9 9 9 Refused

[if (12_6D > 5 AND < 76) OR (12_6W > 38 AND <76) ASK:]

DUM_12_6 I would like to confirm you eat [insert # from 12_6D/12_6W] servings of other vegetables per [day/week]. Is that correct?

- 1 Yes **[Go to next section]**
- 2 No **[Go to 12_6D/12_6W]**

Section 13: Immunization

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

(13.1)

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

FLSHTMY2 During what month and year did you receive your most recent flu vaccine that was sprayed into your nose or flu shot injected into your arm?

(13.2)

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

TETANUS. Have you received a tetanus shot in the past 10 years?

(13.3)

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 shot in the past 10 years
- 7 Don't know/Not sure
- 9 Refused

PNEUVAC3 (13.4) Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

INTERVIEWER NOTE: If respondent is confused read: There are two types of pneumonia shots: Polysaccharide (poly-sack-ah-ride), also known as Pneumovax, and conjugate, also known as prevnar.

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

Section 14: 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.

HIVTST6 (14.1) Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for H.I.V.?

- 1 Yes
- 2 No **[Go to HIVRISK3]**
- 7 Don't know / Not sure **[Go to HIVRISK3]**
- 9 Refused **[Go to HIVRISK3]**

HIVTSTD3 (14.2) 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

HIVRISK3 I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.
(14.3/hivrisk5)

- You have injected any drug other than those prescribed for you in the past year
- You have been treated for a sexually transmitted disease or STD 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.
- You had four or more sex partners in the past year.

Do any of these situations apply to you?

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

CATI: END CORE TIMER

IF STATERES=1 (Florida resident) CONTINUE, ELSE SKIP TO CLOSING STATEMENT.

Transition to Modules and/or State-Added Questions

Optional Modules

Module 15: Aspirin for CVD Prevention

CATI: START MOD15 TIMER

M15_1 How often do you take an aspirin to prevent or control heart disease, heart attacks or stroke? Would you say....

Please read:

- 1 Daily
- 2 Some days
- 3 Used to take it but had to stop due to side effects, or
- 4 Do not take it

Do not read:

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

Module 16: Home/ Self-measured Blood Pressure

CATI: START MOD16 TIMER

M16_1 Has your doctor, nurse, or other healthcare professional recommended you check your blood pressure outside of the office or at home?

Interviewer note: By other healthcare professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.

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

M16_2 Do you regularly check your blood pressure outside of your healthcare professional's office or at home?

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

M16_3 Do you take it mostly at home or on a machine at a pharmacy, grocery or similar location?

- 1 At home
- 2 On a machine at a pharmacy, grocery or similar location

- 3 Do not check it
- 7 Don't know / Not sure
- 9 Refused

M16_4 How do you share your blood pressure numbers that you collected with your healthcare professional? Is it mostly by telephone, other methods such as emails, internet portal or fax, or in person?

Do not read:

- 1 Telephone
- 2 Other methods such as email, internet portal, or fax, or
- 3 In person
- 4 Do not share information
- 7 Don't know / Not sure
- 9 Refused

Module 20: Cognitive Decline

CATI: START MOD20 TIMER

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

The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things you've always done or forgetting things that you would normally know. We want to know how these difficulties impact you.

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

(M20.1)

- 1 Yes
- 2 No **[Go to next module]**
- 7 Don't know **[Go to CDHOUSE]**
- 9 Refused **[Go to next module]**

CDHOUSE During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills? Would you say it is....

(M20.2)

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes

- 4 Rarely
- 5 Never
- Do not read:**
- 7 Don't know
- 9 Refused

CDASSIST As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? Would you say it is...
(M20.3)

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely **[Go to CDSOCIAL]**
- 5 Never **[Go to CDSOCIAL]**

- 7 Don't know **[Go to CDSOCIAL]**
- 9 Refused **[Go to CDSOCIAL]**

CATI NOTE: If CDASSIST = 1, 2, or 3, continue. If CDASSIST = 4, 5, 7, or 9 go to CDSOCIAL.

CDHELP When you need help with these day-to-day activities, how often are you able to get the help that you need? Would you say it is...
(M20.4)

Please read:

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

- 7 Don't know
- 9 Refused

CDSOCIAL During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home? Would you say it is....
(M20.5)

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely

- 5 Never
- 7 Don't know
- 9 Refused

CDDISCUS Have you or anyone else discussed your confusion or memory loss with a health care professional?
(M20.6)

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

Module 22: Adverse Childhood Experience

CATI: START MOD22 TIMER

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

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

M22_1 Did you live with anyone who was depressed, mentally ill, or suicidal?

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

M22_2 Did you live with anyone who was a problem drinker or alcoholic?

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

M22_3 Did you live with anyone who used illegal street drugs or who abused prescription medications?

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

M22_4 Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

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

M22_5 Were your parents separated or divorced?

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

M22_6 How often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up? Was it--

Please read:

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

M22_7 Not including spanking, (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Was it--

Please read:

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

M22_8 How often did a parent or adult in your home ever swear at you, insult you, or put you down? Was it--

Please read:

- 1 Never
- 2 Once

3 More than once

Do not read:

7 Don't know / Not sure

9 Refused

M22_9 How often did anyone at least 5 years older than you or an adult touch you sexually? Was it....

Please read:

1 Never

2 Once

3 More than once

Do not read:

7 Don't know / Not sure

9 Refused

M22_10 How often did anyone at least 5 years older than you or an adult try to make you touch them sexually? Was it....

Please read:

1 Never

2 Once

3 More than once

Do not read:

7 Don't know / Not sure

9 Refused

M22_11 How often did anyone at least 5 years older than you or an adult force you to have sex? Was it....

Please read:

1 Never

2 Once

3 More than once

Do not read:

7 Don't know / Not sure

9 Refused

As I mentioned when we started this section, I will give you a phone number for an organization that can provide information and referral for these issues. You can dial 1-800-4-A-CHILD (1-800-422-4453) to reach a referral service to locate an agency in your area.

Module 23 Family Planning

CATI: START MOD23 TIMER

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

CATI NOTE: IF RESPONDENT HAS HAD A HYSTERECTOMY (HADHYST2=1), THEN GO TO NEXT MODULE.

M23_1 The last time you had sex with a man, did you or your partner do anything to keep you from getting pregnant?

- | | | |
|---|--------------------------------|---------------------|
| 1 | Yes | |
| 2 | No | [GO TO M23_4] |
| 3 | No partner/not sexually active | [GO TO NEXT MODULE] |
| 4 | Same sex partner | [GO TO NEXT MODULE] |
| 7 | Don't know/Not sure | [GO TO NEXT MODULE] |
| 9 | Refused | [GO TO NEXT MODULE] |

M23_2 The last time you had sex with a man, what did you or your partner do to keep you from getting pregnant?

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

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

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

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

Read only if necessary:

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

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

Do not read:

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

M23_4 Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant. What was your main reason for not using a method to prevent pregnancy the last time you had sex with a man?

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

Read only if necessary:

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

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

Module 29: Sexual Orientation and Gender Identity

CATI: START MOD28 TIMER

The next two questions are about sexual orientation and gender identity.

(CATI NOTE: ASK SOMALE IF SEX=1)

SOMALE Which of the following best represents how you think of yourself?
(M28.1a)

INTERVIEWER NOTE: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.

INTERVIEWER NOTE: Please say the number before the text response. Respondent can answer with either the number or the text/word.

PLEASE READ:

- 1 1 - Gay
- 2 2 - Straight, that is, not gay
- 3 3 - Bisexual
- 4 Something else
- 7 Don't know/Not sure
- 9 Refused

(CATI NOTE: ASK SOMALE IF SEX=2)

SOFEMALE Which of the following best represents how you think of yourself?
(M28.1b)

INTERVIEWER NOTE: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.

INTERVIEWER NOTE: Please say the number before the text response. Respondent can answer with either the number or the text/word.

Please read:

- 1 1 - Lesbian or Gay
- 2 2 - Straight, that is, not gay
- 3 3 - Bisexual

Do not read:

- 4 Something else
- 7 Don't know/Not sure
- 9 Refused

SOG12 Do you consider yourself to be transgender?
(M28.3)

If yes, ask "Do you consider yourself to be 1. male-to-female, 2. female-to-male, or 3. gender non-conforming?"

INTERVIEWER NOTE: Please say the number before the "yes" text response. Respondent can answer with either the number or the text/word.

Please read:

- 1 1 - Yes, Transgender, male-to-female
- 2 2 - Yes, Transgender, female to male
- 3 3 - Yes, Transgender, gender nonconforming
- 4 4 - No

Do not read:

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

INTERVIEWER NOTE: If asked about definition of transgender: Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.

INTERVIEWER NOTE: If asked about definition of gender non-conforming: Some people think of themselves as gender **non-conforming** when they do not identify only as a man or only as a woman.

Module 30: Random Child Selection

CATI: START MOD29 TIMER

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 (M29.1) What is the birth month and year of the “Xth” child?

$\frac{_}{7} \frac{_}{7} / \frac{_}{7} \frac{_}{7} \frac{_}{7} \frac{_}{7}$ Code month and year
 Don't know / Not sure

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?
(M29.2)

- 1 Boy
- 2 Girl
- 9 Refused

RCHISLAT1 Is the child Hispanic, Latino/a, or Spanish origin?
(M29.3)

If yes, ask: Are they...

INTERVIEWER NOTE: *One or more categories may be selected*

Please read:

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

Do not read:

- 5 No
- 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?
(M29.4)

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

(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 (specify)
- 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?
(M29.5)

¿Cuál de los siguientes grupos diría usted que es el más representativo de la raza del niño?

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

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian
- 50 Pacific Islander
- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander
- 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? Are you a...
(M29.6)

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 31: Childhood Asthma Prevalence

CATI: START MOD30 TIMER

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 NOTE: PLEASE FILL IN CORRECT NUMBER]** child.

CASTHDX2 (M30.1) Has a doctor, nurse or other health professional EVER said that the child has asthma?

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

CASTHNO2 (M30.2) Does the child still have asthma?

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

Florida State-Added 1: Cancer Screening \\2019, module 9\\

2019, Module 9 HADMAM and HOWLONG

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

FL01Q01 Have you ever had a mammogram?

INTERVIEWER NOTE: A mammogram is an x-ray of each breast to look for breast cancer.

- | | | |
|---|-----------------------|------------------------|
| 1 | Yes | |
| 2 | No | [Go to FL01Q02] |
| 7 | Don't know / Not sure | [Go to FL01Q02] |
| 9 | Refused | [Go to FL01Q02] |

FL01Q02 How long has it been since you had your last mammogram?

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

Florida State-Added 2: E-Cigarettes **\\2018, module 6**

2018, Module 6 FL2_1 AND FL2_2

FL02Q01 Have you ever used an e-cigarette or other electronic “vaping” product, even just one time, in your entire life?

Read if necessary: Electronic cigarettes (e-cigarettes) and other electronic “vaping” products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

INTERVIEWER NOTE: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.

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

FL02Q02 Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Don't know / Not sure
- 9 Refused

CATI NOTE: To be asked of current smokers (**SMOKDAY2=1 or 2**)

FL02Q03 The last time you tried to quit smoking, did you switch to e-cigarettes or other electronic ‘vaping’ products?

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

Florida State-Added 3: Child Car Seat Use **\\2018, FL STATE ADDED 2**

CATI NOTE: If Core CHILDREN>0 and not 88 (none) or 99 (refused), continue, if not, go to next module.

FL03Q01 How many children under 9 years old live in the household?

¿Cuántos niños menores de 9 años viven en el hogar?

— number of children

8 Zero/None

9 Refused

CATI NOTE: FL03Q02 should loop for each child based on answer from FL03Q01. Only four children at maximum. Use (xth child) to indicate each child.

CATI NOTE: Continue to FL03Q02 if FL03Q01=1-7. If not, then go to next module.

FL03Q02 In the past 30 days, how often would you say the youngest child in the household used a child safety seat, booster seat, or seat belt when riding in a car, van, sports utility vehicle, or truck?

INTERVIEWER NOTE: If there is more than one child in the household, repeat the question with specific reference to the next youngest child between the ages of newborn to 8. Repeat as appropriate for up to four children in household aged 0-8 years.

Please read:

1 Always

2 Nearly always

3 Sometimes

4 Seldom

5 Never

Do not read:

7 Don't know / Not sure

9 Refused

Florida State-Added 4: Social Determinants of Health **\\2018, FL STATE ADDED 8**

FL04Q01 During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?

1 Yes

2 No

7 Don't know/not sure

9 Refused

FL04Q02 In the last 12 months, how many times have you moved from one home to another?

__ Number of moves in past 12 months [Range: 01-52]
88 None (Did not move in past 12 months)
77 Don't know/Not sure
99 Refused

FL04Q03 How safe from crime do you consider your neighborhood to be? Would you say...

Please read:

1 Extremely safe
2 Safe
3 Unsafe
4 Extremely unsafe

Do not read:

7 Don't know/Not sure
9 Refused

For the next two statements, please tell me whether the statement was often true, sometimes true, or never true for you in the last 12 months (that is, since last [CATI NOTE: NAME OF CURRENT MONTH])

FL04Q04 The first statement is, "The food that I bought just didn't last, and I didn't have money to get more." Was that often, sometimes, or never true for you in the last 12 months?

1 Often true,
2 Sometimes true, or
3 Never true

Do not read:

7 Don't Know/Not sure
9 Refused

FL04Q05 "I couldn't afford to eat balanced meals." Was that often, sometimes, or never true for you in the last 12 months?

1 Often true,
2 Sometimes true, or
3 Never true

Do not read:

7 Don't Know/Not sure
9 Refused

FL04Q06 In general, how do your finances usually work out at the end of the month? Do you find that you usually:

Please read:

- 1 End up with some money left over,
- 2 Have just enough money to make ends meet, or
- 3 Do not have enough money to make ends meet

Do not read:

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

FL04Q07 Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because his/her mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress?

Please read:

- 1 None of the time,
- 2 A little of the time,
- 3 Some of the time,
- 4 Most of the time, or
- 5 All of the time

Do not read:

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

Florida State-Added 5: Preconception Health **\\2018, FL STATE ADDED 10**

CATI NOTE: If AGE <45 and respondent is female (SEX=2), continue, else go to next module

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.

FL05Q01 Did the 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 **[GO TO NEXT MODULE]**
- 7 Don't know/not sure **[GO TO NEXT MODULE]**
- 9 Refused **[GO TO NEXT MODULE]**

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

FL05Q02 Did the doctor, nurse, other health care worker talk with you about the following ways to prepare for a healthy pregnancy and baby?

CATI NOTE: Respondent CAN CHOOSE MULTIPLE RESPONSES

Please read:

- 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

Do not read:

- 88 Did not discuss any of these topics with me
- 77 Don't know/Not sure
- 99 Refused

FL State-Added 6: Caregiver \\2019, Module 21

2019, Module 21 CAREGIVE AND CRGVREL1

FL06Q01 During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?

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

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

FL06Q02 What is his or her relationship to you?

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

DO NOT READ

- 01 Mother
- 02 Father
- 03 Mother-in-law
- 04 Father-in-law
- 05 Child
- 06 Husband
- 07 Wife

- 08 Live in partner
- 09 Brother or brother-in-law
- 10 Sister or sister-in-law
- 11 Grandmother
- 12 Grandfather
- 13 Grandchild
- 14 Other relative
- 15 Non-relative/Family friend

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

Florida State-Added 7: Health Care Experience **NEW**

These questions ask about YOUR OWN health care. Please do NOT include care you got when you stayed overnight in a hospital or the times you went for dental care visits.

FL07Q01 In the last 6 months, how often did your personal doctor EXPLAIN THINGS in a way that was easy to understand?

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes, or
- 4 Never

Do not read:

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

FL07Q02 In the last 6 months, how often did your personal doctor SHOW RESPECT for what you had to say?

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes, or
- 4 Never

Do not read:

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

FL07Q03 In the last 6 months, how often did your personal doctor LISTEN CAREFULLY to you?

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes, or
- 4 Never

Do not read:

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

Florida State-Added 8: Epilepsy **\\2018, FL STATE ADDED 7**

FL08Q01. Have you ever been told by a doctor that you have a seizure disorder or epilepsy?

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

FL08Q02. Today is (insert today's date). Think back to last year about the same time. About how many seizures of any type have you had in the past year?

Read if necessary: Some people may call it "convulsion," "fit," "falling out spell," "episode," "attack," "drop attack," "staring spell," or "out-of-touch".

Instructions to interviewer: If the respondent mentions and counts "auras" as seizures accept the response. If a respondent indicates that he/she has had nothing more than an aura and is unsure about counting the aura(s), do NOT count auras as seizures.

- 1. None
- 2. One
- 3. Two or three
- 4. Between four and ten
- 5. More than 10
- 7. Don't know / Not sure
- 9. Refused

FL08Q03. In the past year have you seen a neurologist or epilepsy specialist for your epilepsy or seizure disorder?

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

Florida State-Added 9: Diabetes Self-Management Education

CATI NOTE: If **DIABETE3=1**, continue, if not then go to next module.

(BRFSS 2019, Module 2, INSULIN)

FL09Q01 Are you now taking insulin?

- 1 Yes

- 2 No [GO TO NEXT MODULE]
- 9 Refused

(BRFSS 2018, FL BRFSS STATE-ADDED 9, FL09Q01)

FL09Q02 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

Florida State-Added 10: Sickle Cell **\\NEW**

The next question is about sickle cell trait sickle cell disease and thalassemia which are inherited blood disorders that can be diagnosed by a blood test at birth or later in life.

FL10Q01 Have you ever been told by a doctor, nurse, or other health professional that you had sickle cell trait, sickle cell disease or thalassemia?

- 1 Yes, sickle cell trait
- 2 Yes, sickle cell disease
- 3 Yes, thalassemia
- 4 No
- 7 Don't know/not sure
- 9 Refused

Florida State-Added 11: Cross-Streets **\\2018, FL STATE ADDED 15**

FL11Q01. In order to help us learn more about environmental factors in your area, we would like to know what the nearest intersection, or corner, to your home is. For example, you might live closest to the intersection of Main Street and Orange Lane. This information will only be used to group your responses with others from your neighborhood. Your identity and privacy are protected. Please name the two nearest cross-streets (intersection).

(Interviewer Note: Be sure to confirm street spelling and directionals (N, S, E, W, NW, NE, SW, SE))

ENTER FIRST STREET NAME: _____

ENTER SECOND STREET NAME: _____

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

County Added Questions

MO: Monroe County **\\NEW**

CATI note: IF COUNTY=Monroe (CTYCODE=87), continue, else skip to closing statement.

Hurricane Irma had a direct impact on residents of Monroe County, Florida. The next few questions are about how you and your family were affected by this hurricane."

MO01Q01 How much damage was done to the place where you live?

Please read:

- 1 None
- 2 Minor damage (livable, less than \$500 damage) 3=Moderate damage (livable, no more than \$1,000 damage)
- 3 Moderate damage (livable, no more than \$1,000 damage)
- 4 Severe damage (more than \$1,000 damage; difficult to live there during repairs)
- 5 Catastrophic damage (residence not livable; requires extensive repairs)

Do not read:

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

MO01Q02 Since Hurricane Irma, has depression, stress, or grief interfered with your ability to function on a daily basis ...a great deal, some, moderately, a little, or not at all?

- 1 A great deal
- 2 Some
- 3 Moderately
- 4 A little
- 5 Not at all **[GO TO MO01Q05]**

Do not read:

- 7 Don't know/not sure **[GO TO MO01Q05]**
- 9 Refused **[GO TO MO01Q05]**

MO01Q03 Did you seek any type of help for your depression, stress, or grief?

- 1 Yes
- 2 No **[GO TO MO01Q05]**
- 7 Don't know/not sure **[GO TO MO01Q05]**
- 9 Refused **[GO TO MO01Q05]**

MO01Q04 Did you receive the help that you required?

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

The next four questions ask about your risk for possible suicide. To be able to develop helpful suicide interventions, we need to understand how many people in our county are at risk. Although this is a sensitive topic, we ask that you answer the following questions to the best of your ability. We also want to assure you again that the answers to these questions are completely confidential.

MO01Q05 Have you seriously thought about trying to kill yourself?

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

MO01Q06 Have you attempted to kill yourself?

- 1 Yes, I have attempted to kill myself, but did not want to die
- 2 Yes, I have attempted to kill myself, and really hoped to die
- 3 Never
- 7 Don't know/not sure
- 9 Refused

MO01Q07 How often have you thought about killing yourself in the past year?

Please read:

- 1 Never
- 2 Rarely (1 time)
- 3 Sometimes (2 times)
- 4 Often (3-4 times)
- 5 Very often (5 or more times)

Do not read:

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

MO01Q08 How likely is it that you will attempt suicide someday?

Please read:

- 1 Never
- 2 Unlikely
- 3 Likely
- 4 Very likely

Do not read:

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

Next, please answer the following two questions using the scale of strongly disagree, disagree, undecided, agree, or strongly agree.

MO01Q09 Treatment can help people with mental illness lead normal lives. Do you...

Please read:

- 1 Strongly disagree
- 2 Disagree
- 3 Undecided
- 4 Agree
- 5 Strongly agree

Do not read:

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

MO01Q10 People are generally caring and sympathetic to people with mental illness. Do you ...

Please read:

- 1 Strongly disagree
- 2 Disagree
- 3 Undecided
- 4 Agree
- 5 Strongly agree

Do not read:

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

MO01Q11 Was there a time in the past 12 months when you needed to see a mental health professional for care, but could not because of cost?

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

MD: Miami-Dade County **\\NEW**

CATI note: IF COUNTY=Miami-Dade County (CTYCODE=86), continue, else skip to closing statement.

Hurricane Irma had a direct impact on residents of Miami-Dade County, Florida. The next few questions are about how you and your family were affected by this hurricane."

MD01Q01 How much damage was done to the place where you live?

Please read:

- 1 None
- 2 Minor damage (livable, less than \$500 damage) 3=Moderate damage (livable, no more than \$1,000 damage)
- 3 Moderate damage (livable, no more than \$1,000 damage)
- 4 Severe damage (more than \$1,000 damage; difficult to live there during repairs)
- 5 Catastrophic damage (residence not livable; requires extensive repairs)

Do not read:

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

MD01Q02 Since Hurricane Irma, has depression, stress, or grief interfered with your ability to function on a daily basis ...a great deal, some, moderately, a little, or not at all?

Please read:

- 1 A great deal
- 2 Some

- 3 Moderately
 - 4 A little
 - 5 Not at all [GO TO MD01Q05]
- Do not read:**
- 7 Don't know/not sure [GO TO MD01Q05]
 - 9 Refused [GO TO MD01Q05]

MD01Q03 Did you seek any type of help for your depression, stress, or grief?

- 1 Yes
- 2 No [GO TO MD01Q05]
- 7 Don't know/not sure [GO TO MD01Q05]
- 9 Refused [GO TO MD01Q05]

MD01Q04 Did you receive the help that you required?

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

The next four questions ask about your risk for possible suicide. To be able to develop helpful suicide interventions, we need to understand how many people in our county are at risk. Although this is a sensitive topic, we ask that you answer the following questions to the best of your ability. We also want to assure you again that the answers to these questions are completely confidential.

MD01Q05 Have you seriously thought about trying to kill yourself?

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

MD01Q06 Have you attempted to kill yourself?

- 1 Yes, I have attempted to kill myself, but did not want to die
- 2 Yes, I have attempted to kill myself, and really hoped to die
- 3 Never
- 7 Don't know/not sure
- 9 Refused

MD01Q07 How often have you thought about killing yourself in the past year?

- Please read:**
- 1 Never
 - 2 Rarely (1 time)
 - 3 Sometimes (2 times)
 - 4 Often (3-4 times)
 - 5 Very often (5 or more times)

Do not read:

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

MD01Q08 How likely is it that you will attempt suicide someday?

Please read:

- 1 Never
- 2 Unlikely
- 3 Likely
- 4 Very likely

Do not read:

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

Next, please answer the following two questions using the scale of strongly disagree, disagree, undecided, agree, or strongly agree.

MD01Q09 Treatment can help people with mental illness lead normal lives. Do you...

Please read:

- 1 Strongly disagree
- 2 Disagree
- 3 Undecided
- 4 Agree
- 5 Strongly agree

Do not read:

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

MD01Q10 People are generally caring and sympathetic to people with mental illness. Do you...

Please read:

- 1 Strongly disagree
- 2 Disagree
- 3 Undecided
- 4 Agree
- 5 Strongly agree

Do not read:

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

MD01Q11 Was there a time in the past 12 months when you needed to see a mental health professional for care, but could not because of cost?

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

NA: Nassau County **\\NEW**

CATI note: IF COUNTY=Nassau County (CTYCODE=89), continue, else skip to closing statement.

Hurricane Irma had a direct impact on residents of Nassau County, Florida. The next few questions are about how you and your family were affected by this hurricane."

NA01Q01 How much damage was done to the place where you live?

Please read:

- 1 None
- 2 Minor damage (livable, less than \$500 damage) 3=Moderate damage (livable, no more than \$1,000 damage)
- 3 Moderate damage (livable, no more than \$1,000 damage)
- 4 Severe damage (more than \$1,000 damage; difficult to live there during repairs)
- 5 Catastrophic damage (residence not livable; requires extensive repairs)

Do not read:

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

NA01Q02 Since Hurricane Irma, has depression, stress, or grief interfered with your ability to function on a daily basis ...a great deal, some, moderately, a little, or not at all?

Please read:

- 1 A great deal
- 2 Some
- 3 Moderately
- 4 A little
- 5 Not at all **[GO TO NA01Q05]**

Do not read:

- 7 Don't know/not sure **[GO TO NA01Q05]**
- 9 Refused **[GO TO NA01Q05]**

NA01Q03 Did you seek any type of help for your depression, stress, or grief?

- 1 Yes
- 2 No **[GO TO NA01Q05]**
- 7 Don't know/not sure **[GO TO NA01Q05]**
- 9 Refused **[GO TO NA01Q05]**

NA01Q04 Did you receive the help that you required?

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

The next four questions ask about your risk for possible suicide. To be able to develop helpful suicide interventions, we need to understand how many people in our county are at risk. Although this is a sensitive topic, we ask that you answer the following questions to the best of your ability. We also want to assure you again that the answers to these questions are completely confidential.

NA01Q05 Have you seriously thought about trying to kill yourself?

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

NA01Q06 Have you attempted to kill yourself?

- 1 Yes, I have attempted to kill myself, but did not want to die
- 2 Yes, I have attempted to kill myself, and really hoped to die
- 3 Never
- 7 Don't know/not sure
- 9 Refused

NA01Q07 How often have you thought about killing yourself in the past year?

Please read:

- 1 Never
- 2 Rarely (1 time)
- 3 Sometimes (2 times)
- 4 Often (3-4 times)
- 5 Very often (5 or more times)

Do not read:

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

NA01Q08 How likely is it that you will attempt suicide someday?

Please read:

- 1 Never
- 2 Unlikely
- 3 Likely
- 4 Very likely

Do not read:

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

Next, please answer the following two questions using the scale of strongly disagree, disagree, undecided, agree, or strongly agree.

NA01Q09 Treatment can help people with mental illness lead normal lives. Do you...

Please read:

- 1 Strongly disagree
- 2 Disagree
- 3 Undecided
- 4 Agree
- 5 Strongly agree

Do not read:

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

NA01Q10 People are generally caring and sympathetic to people with mental illness. Do you...

Please read:

- 1 Strongly disagree
- 2 Disagree
- 3 Undecided
- 4 Agree
- 5 Strongly agree

Do not read:

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

NA01Q11 Was there a time in the past 12 months when you needed to see a mental health professional for care, but could not because of cost?

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

Asthma Call-Back Permission Script

Asthma Survey Continuation Script

CATI: IF ASTHMA3 = 1 or CASTHDX2 = 1, continue; Else go to ZRHR CALL BACK PERMISSION SCRIPT.

Qualified Level 3

DUMMY VARIABLE: Asthma Selection

IF ASTHMA3=1 AND CASTHDX2 NE 1, SELECT ADULT.

IF ASTHMA3 NE 1 AND CASTHDX2= 1, SELECT CHILD.

IF ASTHMA3 = 1 AND CASTHDX2 = 1, SELECT CHILD;.

ALL RESPONDENTS SELECTED FOR THE ADULT OR CHILD ASTHMA INTERVIEW CONTINUE

ASTELIG = 1

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

1 Adult

2 Child

RECRUIT Thank you for your participation. You qualify for a follow-up survey that is being conducted to better understand **(your/your child's)** experiences with asthma. The information will be used to help develop and improve the asthma programs in **[Florida]**. Again your answers are completely confidential and used only for statistical purposes.

If you don't have any questions we can get started now.

1 Yes - Continue now **[Go to Pre CHILDName]**

2 No **[Go to CALLBACK]**

CALLBACK **[INTERVIEWER, SAY IF NECESSARY: I understand your time is valuable and you may be tired from having completed the first interview.]**

If you prefer, we could call you again within the next 2 weeks and ask the additional asthma-related questions at that time. 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 at a later time?

1 Yes

2 No

ASTCB = 1 (IF CALLBACK=1)

ASTCB = 2 (IF CALLBACK=2)

ASTSTAT = 3 (IF CALLBACK=2)

STAT = 2 (IF ASTELIG=1)

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

CHILDName Can I please have your child's first name, initials or nickname [IF CALLBACK=1 display "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: ASTHMA3 = 1 or CASTHDX2 = 1 ASK ADULTName, else go to CLOSING.

ADULTName Can I please have your first name, initials or nickname [IF CALLBACK=1 display "so we know who to ask for when we call back"?]

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

BRFSSTAT (BRFSCOMP) = 1

CATI: IF RECRUIT=1, Go to CATI instruction prior to 1.5

CATI: IF CALLBACK=1, THEN READ BELOW:

ASTCLBK Thank you very much for your time and cooperation. We will be in touch regarding [your/the child's] asthma within the next several days. Is there specific day and time that would be best for you?

[INTERVIEWER NOTE: Upon call back, select option 3 to continue survey]

- 1. Yes **CALLBACK MENU**
- 2. No (schedule for one week from today, current time) **CALLBACK MENU**
- 3. CONTINUE SURVEY **GO TO Section 1: Introduction**

Closing Statement

Please read:

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

BRFSS/ASTHMA SURVEY ADULT & CHILD QUESTIONNAIRE - 2017 CATI SPECIFICATIONS

ASTSTAT = 2

SAMPLE ELEMENTS

PATIENT TYPE

1. Adult
2. Child

ADULT NAME

ADULT SEX

1. Male
2. Female

CHILD NAME

CHILD SEX

1. Male
2. Female

BRFSS 'ASTHNOW'

1. Yes
2. No
5. SYSTEM MISSING
7. Don't Know
9. Refused

BRFSS 'CASTHNO2'

1. Yes
2. No
5. SYSTEM MISSING
7. Don't Know
9. Refused

CATI Programmers: IF INTERVIEW BREAKS OFF AT ANY POINT LEAVE REMAINING FIELDS BLANK. DO NOT FILL WITH ANY VALUE.]

MISDIAGNOSIS NOTE: If, during the survey, the interviewer discovers that the respondent never really had asthma because it was a misdiagnosis, then assign disposition code "4471 Respondent was misdiagnosed; never had asthma" as a final code and terminate the interview.

Section 1. Introduction

INTRODUCTION TO THE BRFSS Asthma call back for Adult respondents with asthma:

Hello, my name is _____. I'm calling on behalf of the **Florida Department of Health** and the Centers for Disease Control and Prevention about an asthma {ALTERNATE: a health} study we are doing in your State. During a recent phone interview {sample person first name or initials} indicated {he/she} would be willing to participate in this study [if child selected: about //child's name//].

IF CONTINUATION SKIP TO Q1.1

IF FRAME=2 (CELL PHONE) ASK SAFE, IF FRAME=1 SKIP TO Q1.1

SAFE Is this a safe time to talk with you?

- Yes [Go to 1.1]
No CALLBACK

1.1 Are you {ADULT name}?

1. Yes (go to Pre-1.5)
2. No

IF PATIENT TYPE=1 ADULT ASK 1.2, IF PATIENT TYPE=2 CHILD ASK C1.2

1.2 May I speak with {ADULT name}?

1. Yes (go to 1.4 when sample person comes to phone)
2. No, not available now
If not available set time for return call in 1.3
3. No, not at this number (GET NEW NUMBER)

IF PATIENT TYPE=1 ADULT ASK 1.2, IF PATIENT TYPE=2 CHILD ASK C1.2

C1.2 May I speak with {ADULT name}?

1. Yes (go to 1.4 when sample person comes to phone)
2. Person not available now If not available set time for return call in 1.3
- (7) DON'T KNOW/NOT SURE
- (9) REFUSED

1.3 Enter time/date for return call _____

1.4 Hello, my name is _____. I'm calling on behalf of the **Florida Department of Health and the Centers for Disease Control and Prevention about an asthma study we are doing in your State. During a recent phone interview you indicated that (you/child's name) had asthma and would be able to complete the follow-up interview on asthma at this time.**

CATI: IF PATIENT TYPE=2 (CHILD), CONTINUE; ELSE GO TO SECTION 2: Informed Consent.

1.5 READ: [IF CALLBACK=1 display During a recent phone interview] you gave us permission to ask some questions about {CHILDName}'s asthma.

ALTERNATE (no reference to asthma):

During a recent phone interview you gave us permission to call again to ask some questions about {CHILDName}'s health.

KNOWMOST: Are you the parent or guardian in the household who knows the most about {CHILDName}'s asthma?

- (1) YES (GO TO SECTION 2: Informed consent)
- (2) NO
- (7) DON'T KNOW/NOT SURE
- (9) REFUSED

ALTPRESENT: If the parent or guardian who knows the most about {CHILDName}'s asthma is present, may I speak with that person now?

- (1) YES [respondent transfers phone to alternate] GO TO READ ALTERNATE ADULT:
- (2) Person is not available
- (7) DON'T KNOW/NOT SURE
- (9) REFUSED

ALTName Can I please have the first name, initials or nickname of the person so we can call back and ask for them by name?

- (1) Alternate's Name: _____
- (7) DON'T KNOW/NOT SURE [SET TIME FOR RETURN CALL]
- (9) REFUSED [SET TIME FOR RETURN CALL]

ALTCBTime:

When would be a good time to call back and speak with {ALTName}. For example, evenings, days, weekends?

Enter day/time: _____ [CATI: AT NEXT CALL START AT 1.6]

READ ALTERNATE ADULT:

Hello, my name is _____. I'm calling on behalf of the **Florida Department of Health** and the Centers for Disease Control and Prevention about an asthma study we are doing in **Florida**. During a recent phone interview {ADULTName} indicated {he/she} would be willing to participate in this study about {CHILDName}'s asthma. {ADULTName} has now indicated that you are more knowledgeable about {CHILDName}'s asthma. It would be better if you would complete this interview. {Should we allow the alternate to hand it back to the original person or even someone else? We could find ourselves in an infinite loop.}

I will not ask for your name, address, or other personal information that can identify you or *{CHILDName}*. Any information you give me will be confidential. If you have any questions, I can provide a telephone number for you to call to get more information.

[GO TO SECTION 2]

1.6 Hello, my name is _____. I'm calling on behalf of the **Florida Department of Health** and the Centers for Disease Control and Prevention about an asthma study we are doing in your State.

1.7 Are you *{ALTName}*?

- (1) Yes (go to 1.10 READ ALT 1)
- (2) No

1.8 May I speak with *{ALTName}*?

- (1) Yes (go to 1.11 READ ALT 2 when person comes to phone)
- (2) Person not available

1.9 When would be a good time to call back and speak with *{ALTName}*. For example, evenings, days, weekends?

Enter day/time: _____

READ: Thank you we will call again later to speak with *{ALTName}*.

[CATI: Start over at 1.6 at next call.]

1.10 READ ALT 1

During a recent phone interview *{ADULTName}* indicated *{CHILDName}* had asthma and that you were more knowledgeable about *{his/her}* asthma. It would be better if you would complete this interview about *{CHILDName}*.

I will not ask for your name, address, or other personal information that can identify you or *{CHILDName}*. Any information you give me will be confidential. If you have any questions, I will provide a telephone number for you to call to get more information.

[GO TO SECTION 2]

1.11 READ ALT 2:

Hello, my name is _____. I'm calling on behalf of the **Florida Department of Health** and the Centers for Disease Control and Prevention about an asthma study we are doing in your State. During a recent phone interview *{ADULTName}* indicated *{CHILDName}* had asthma and that you were more knowledgeable about *{his/her}* asthma. It would be better if you would complete this interview about *{CHILDName}*.

I will not ask for your name, address, or other personal information that can identify you or *{CHILDName}*. Any information you give me will be confidential. If you have any questions, I will provide a telephone number for you to call to get more information.

[GO TO SECTION 2]

Section 2: Informed Consent

INFORMED CONSENT

[CATI: IF RECRUIT=1, READ: “I know we have already discussed (your/the child's) asthma, but as part of this continuation, I will need to validate some of your earlier answers.”]

Before we continue, I'd like you to know that this survey is authorized by the U.S. Public Health Service Act

You were selected to participate in this study about asthma because of your earlier responses to questions about Asthma.

ADULT CONSENT

IF PATIENT TYPE=1 (ADULT), CONTINUE; ELSE GO TO CHILD CONSENT

[If “yes” to lifetime and “no” to still in Core BRFSS survey, read:]

S1. Your answers to the asthma questions during the earlier survey indicated that a doctor or other health professional told you that you had asthma sometime in your life, but you do not have it now. Is that correct?

1. Yes **CONTINUE**
2. No **GO TO REPEAT**

Since you no longer have asthma, your interview will be very brief (about 5 minutes). You may choose not to answer any question you don't want to answer or stop at any time. In order to evaluate my performance, my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions. **[GO TO PRE-PERMISS (2.3)]**

[If “yes” to lifetime and “yes” to still in Core BRFSS survey, read:]

S2. Your answers to the asthma questions in the earlier survey indicated that a doctor or other health professional told you that you had asthma sometime in your life, and that you still have asthma. Is that correct?

1. Yes **CONTINUE**
2. No **GO TO REPEAT**

Since you have asthma now, your interview will last about 15 minutes. You may choose not to answer any question you don't want to answer or stop at any time. In order to evaluate my performance, my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions. **[GO TO PRE-PERMISS (2.3)]**

CHILD CONSENT

[If responses for sample child were “yes” (1) to CASTHDX2 and “no” (2) to CASTHNO2 in core BRFSS interview:]

Q2.0A The answers to asthma questions during the earlier survey indicated that a doctor or other health professional said that {*CHILDName*} had asthma sometime in {his/her} life, but does not have it

now. Is that correct?

- 1. Yes **CONTINUE**
- 2. No **GO TO REPEAT**

- (7) DON'T KNOW/NOT SURE **GO TO REPEAT**
- (9) REFUSED **GO TO REPEAT**

Since {*CHILDName*} no longer has asthma, your interview will be very brief (about 5 minutes).
[GO TO Pre-PERMISS (2.3)]

[If responses for sample child were “yes” (1) CASTHDX2 to and “yes” (1) to CASTHNO2 in core BRFSS survey:]

Q2.0B Answers to the asthma questions in the earlier survey indicated that that a doctor or other health professional said that {*CHILDName*} had asthma sometime in his or her life, and that {*CHILDName*} still has asthma. Is that correct?

- 1. Yes **CONTINUE**
- 2. No **GO TO REPEAT**

- (7) DON'T KNOW/NOT SURE **GO TO REPEAT**
- (9) REFUSED **GO TO REPEAT**

Since {child's name} has asthma now, your interview will last about 15 minutes. **[GO TO Pre-PERMISS (2.3)]**

THE FOLLOWING QUESTIONS ARE ASKED IF THE RESPONDENT DID NOT AGREE WITH THE STATUS OF HIS/HER/THE CHILD'S ASTHMA

IF PATIENT TYPE=1 (ADULT), ASK REPEAT. IF PATIENT TYPE=2 (CHILD), GO TO EVER_ASTH (2.1)

REPEAT (2.0) (Respondent did not agree with previously BRFSS recorded asthma status so double check if correct person from core survey is on phone.)

Ask:

Is this {sample person's name} and are you {sample person's age} years old?

- 1. Yes **[continue to EVER_ASTH (2.1)]**
- 2. No
 - 1. Correct person is available and can come to phone **[return to question 1.1]**
 - 2. Correct person is not available [return to question 1.3 to set call date/time]
 - 3. Correct person unknown, interview ends [disposition code 4306 is assigned **[GO TO CLOSING STATEMENT]**]

EVER_ASTH (2.1) I would like to repeat the questions from the previous survey now to make sure you qualify for this study.

Have you ever been told by a doctor or other health professional that [IF PATIENT TYPE=ADULT “you have” / PATIENT TYPE=CHILD “Child Name has

] asthma?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

CUR_ASTH (2.2) IF PATIENT TYPE=ADULT: Do you still have asthma?

IF PATIENT TYPE=CHILD: Does {he/she} still have asthma?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

IF PATIENT TYPE=2 (CHILD), ASK RELATION; IF PATIENT TYPE=2 (ADULT), GO TO "READ".

RELATION (2.3) What is your relationship to {CHILName}?

- (1) MOTHER (BIRTH/ADOPTIVE/STEP) **[go to READ]**
- (2) FATHER (BIRTH/ADOPTIVE/STEP) **[go to READ]**
- (3) BROTHER/SISTER (STEP/FOSTER/HALF/ADOPTIVE)
- (4) GRANDPARENT (FATHER/MOTHER)
- (5) OTHER RELATIVE
- (6) UNRELATED

- (7) DON'T KNOW
- (9) REFUSED

GUARDIAN (2.4) Are you the legal guardian for {CHILName}?

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

READ: You do qualify for this study, I'd like to continue unless you have any questions.

You may choose not to answer any question you don't want to answer or stop at any time. In order to evaluate my performance, my supervisor may listen as I ask the questions.

[If YES to 2.2 read:]

Since [IF PATIENT TYPE=ADULT "you" / IF PATIENT TYPE=CHILD "Child Name does"] have asthma now, your interview will last about 15 minutes. **[Go to Pre-PERMISS (2.3)]**

[If NO to 2.2 read:]

Since [IF PATIENT TYPE=ADULT "you do" / IF PATIENT TYPE=CHILD "Child Name does"] not have asthma now, your interview will last about 5 minutes. **[Go to Pre-PERMISS (2.3)]**

[If Don't know or refused to 2.2 read:]

Since you are not sure if [IF PATIENT TYPE=ADULT "you" / IF PATIENT TYPE=CHILD "Child Name does"] have asthma now, your interview will probably last about 10 minutes. **[Go to Pre-PERMISS (2.3)]**

Some States may require the following section before going to section 3:

READ: Some of the information that you shared with us [IF CALLBACK=1 display: when we called you before] could be useful in this study.

PERMISS (2.3) May we combine your answers to this survey with your answers from the prior survey?

(1) YES (**Skip to Section 3**)

(2) NO

(7) DON'T KNOW

(9) REFUSED

TERMINATE:

Upon survey termination, READ:

Those are all the questions I have. I'd like to thank you on behalf of the **Florida Department of Health** and the Centers for Disease Control and Prevention for answering these questions. If you have any questions about this survey, you may call my supervisor toll-free at 877-551-6138. Thanks again. Goodbye

Note: Disposition code is automatically assigned here by CATI as "2211 Sel. Resp. ref. combine ans." **Selected Respondent refused combining responses with BRFSS** and the survey will end. This disposition code will only be needed if the optional question PERMISS (2.3) is asked.

Qualified Level 4

Section 3. Recent History

AGEDX (3.1)

IF PATIENT TYPE=ADULT: How old were you when you were first told by a doctor or other health professional that you had asthma?

IF PATIENT TYPE=CHILD: How old was {child's name} when a doctor or other health professional first said {he/she} had asthma?

[INTERVIEWER: ENTER 888 IF LESS THAN ONE YEAR OLD]

_____ (ENTER AGE IN YEARS)

[RANGE CHECK: 001-115, 777, 888, 999]

(777) DON'T KNOW

(888) under one year old

(999) REFUSED

[CATI CHECK: AGEDX LESS THAN OR EQUAL TO AGE OF RESPONDENT FROM CORE SURVEY]

[CATI CHECK:

**IF RESPONSE = 77, 99 VERIFY THAT 777 AND 999 WERE NOT THE INTENT
IF RESPONSE = 88 VERIFY THAT 88 IS 88 YEARS OLD AND 888 IS UNDER 1]**

INCIDENT (3.2)

How long ago was that? Was it ..." **READ CATEGORIES**

(1) Within the past 12 months

(2) 1-5 years ago

(3) more than 5 years ago

(7) DON'T KNOW

(9) REFUSED

LAST_MD (3.3)

How long has it been since you last talked to a doctor or other health professional about [your/Child name's] asthma? This could have been in a doctor's office, the hospital, an emergency room or urgent care center.

[INTERVIEWER: READ RESPONSE OPTIONS IF NECESSARY]

[INTERVIEWER: OTHER PROFESSIONAL INCLUDES HOME NURSE]

(88) NEVER

(04) WITHIN THE PAST YEAR

(05) 1 YEAR TO LESS THAN 3 YEARS AGO

(06) 3 YEARS TO 5 YEARS AGO

(07) MORE THAN 5 YEARS AGO

(77) DON'T KNOW

(99) REFUSED

LAST_MED (3.4) How long has it been since [you/ he/she] last took asthma medication?
[INTERVIEWER: READ RESPONSE OPTIONS IF NECESSARY]

- (88) NEVER
- (01) LESS THAN ONE DAY AGO
- (02) 1-6 DAYS AGO
- (03) 1 WEEK TO LESS THAN 3 MONTHS AGO
- (04) 3 MONTHS TO LESS THAN 1 YEAR AGO
- (05) 1 YEAR TO LESS THAN 3 YEARS AGO
- (06) 3 YEARS TO 5 YEARS AGO
- (07) MORE THAN 5 YEARS AGO

- (77) DON'T KNOW
- (99) REFUSED

INTRODUCTION FOR LASTSYMP:

READ: Symptoms of asthma include coughing, wheezing, shortness of breath, chest tightness or phlegm production when **[YOU DO/CHILD NAME DOES]** NOT have a cold or respiratory infection.

LASTSYMP (3.5) How long has it been since [you / he/she] last had any symptoms of asthma?
[INTERVIEWER: READ RESPONSE OPTIONS IF NECESSARY]

- (88) NEVER
- (01) LESS THAN ONE DAY AGO
- (02) 1-6 DAYS AGO
- (03) 1 WEEK TO LESS THAN 3 MONTHS AGO
- (04) 3 MONTHS TO LESS THAN 1 YEAR AGO
- (05) 1 YEAR TO LESS THAN 3 YEARS AGO
- (06) 3 YEARS TO 5 YEARS AGO
- (07) MORE THAN 5 YEARS AGO

- (77) DON'T KNOW
- (99) REFUSED

Section 4. History of Asthma (Symptoms & Episodes in past year)

IF LAST SYMPTOMS (LASTSYMP 3.5) WERE WITHIN THE PAST 3 MONTHS (1, 2 OR 3) CONTINUE. IF LAST SYMPTOMS (LASTSYMP 3.5) WERE 3 MONTHS TO 1 YEAR AGO (4), SKIP TO EPISODE INTRODUCTION (EPIS_INT - BETWEEN 4.4 AND 4.5); IF LAST SYMPTOMS (LASTSYMP 3.5) WERE 1-5+ YEARS AGO (05, 06 OR 07), SKIP TO SECTION 5; IF NEVER HAD SYMPTOMS (88), SKIP TO SECTION 5, IF DK/REF (77, 99) CONTINUE.

**IF LASTSYMP = 1, 2, 3 then continue
IF LASTSYMP = 4 SKIP TO EPIS_INT (between 4.4 and 4.5)
IF LASTSYMP = 88, 05, 06, 07 SKIP TO INS1 (Section 5)
IF LASTSYMP = 77, 99 then continue**

SYMP_30D (4.1) During the past 30 days, on how many days did [you / Child name] have any symptoms of asthma?

___ DAYS
[RANGE CHECK: (01-30, 77, 88, 99)]

CLARIFICATION: [1-29, 77, 99] [SKIP TO 4.3 ASLEEP30]

(88) NO SYMPTOMS IN THE PAST 30 DAYS [SKIP TO EPIS_INT]
(30) EVERY DAY [CONTINUE]

(77) DON'T KNOW [SKIP TO 4.3 ASLEEP30]
(99) REFUSED [SKIP TO 4.3 ASLEEP30]

DUR_30D (4.2)

[Do you/ Does he/she] have symptoms all the time? "All the time" means symptoms that continue throughout the day. It does not mean symptoms for a little while each day.

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

ASLEEP30 (4.3)

During the past 30 days, on how many days did symptoms of asthma make it difficult for [you / him/her] to stay asleep?

___ DAYS/NIGHTS
[RANGE CHECK: (01-30, 77, 88, 99)]

(88) NONE
(30) EVERY DAY (Added 1/24/08)

(77) DON'T KNOW
(99) REFUSED

SYMPFREE (4.4)

During the past two weeks, on how many days [were you / was Child name] completely symptom-free, that is no coughing, wheezing, or other symptoms of asthma?

___ Number of days
[RANGE CHECK: (01-14, 77, 88, 99)]

(88) NONE
(77) DON'T KNOW
(99) REFUSED

EPIS_INT

IF LAST SYMPTOMS WAS 3 MONTHS TO 1 YEAR AGO (LASTSYMP (3.5) = 4) PICK UP HERE, SYMPTOMS WITHIN THE PAST 3 MONTHS PLUS DK AND REFUSED (LASTSYMP (3.5) = 1, 2, 3, 77, 99) CONTINUE HERE AS WELL
7/7/2009

READ: Asthma attacks, sometimes called episodes, refer to periods of worsening asthma symptoms that make you limit your activity more than you usually do, or make you seek medical care.

EPIS_12M (4.5)

During the past 12 months, [have you / has Child name] had an episode of asthma or an asthma attack?

(1) YES

(2) NO

[SKIP TO INS1 (section 5)]

(7) DON'T KNOW

(9) REFUSED

[SKIP TO INS1 (section 5)]

[SKIP TO INS1 (section 5)]

EPIS_TP (4.6)

During the past three months, how many asthma episodes or attacks [have you / has he/she] had?

[RANGE CHECK: (001-100, 777, 888, 999)]

(888) NONE

(777) DON'T KNOW

(999) REFUSED

[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]

DUR_ASTH (4.7)

How long did [your / his/her] MOST RECENT asthma episode or attack last?

1__ Minutes

2__ Hours

3__ Days

4__ Weeks

5 5 5 Never

7 7 7 Don't know / Not sure

9 9 9 Refused

Interviewer note:

If answer is #.5 to #.99 round up

If answer is #.01 to #.49 ignore fractional part

ex. 1.5 should be recorded as 2

1.25 should be recorded as 1

COMPASTH (4.8)

Compared with other episodes or attacks, was this most recent attack shorter, longer, or about the same?

- (1) SHORTER
- (2) LONGER
- (3) ABOUT THE SAME
- (4) THE MOST RECENT ATTACK WAS ACTUALLY THE FIRST ATTACK

- (7) DON'T KNOW
- (9) REFUSED

Section 5. Health Care Utilization

All respondents continue here:

INS1 (5.01) [Do you / Does Child name] have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Medicaid?

- (1) YES **[continue]**
- (2) NO **[SKIP TO PRE- C5.4]**

- (7) DON'T KNOW **[SKIP TO PRE- C5.4]**
- (9) REFUSED **[SKIP TO PRE- C5.4]**

ASK C5.2 IF PATIENT TYPE=2 (CHILD); ELSE GO TO INS2.

INS_TYP (C5.2) What kind of health care coverage does {he/she} have? Is it paid for through the parent's employer, or is it Medicaid, Medicare, Children's Health Insurance Program (CHIP), or some other type of insurance?

- (1) Parent's employer
- (2) Medicaid/Medicare
- (3) CHIP {replace with State specific name}
- (4) Other

- (7) DON'T KNOW
- (9) REFUSED

INS2 (5.02) During the past 12 months was there any time that [you / he/she] did not have any health insurance or coverage?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

ASK C5.4 IF PATIENT TYPE=2 (CHILD); ELSE GO TO LOGIC BELOW.

FLU_SHOT (C5.4) A flu shot is an influenza vaccine injected in your arm. During the past 12 months, did {CHILD'S NAME} have a flu shot?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

FLU_SPRAY (C5.5) A flu vaccine that is sprayed in the nose is called FluMist. During the past 12 months, did {he/she} have a flu vaccine that was sprayed in {his/her} nose?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

[IF SAMPLED PERSON DOES NOT CURRENTLY HAVE ASTHMA AND THEY ANSWERED "NEVER" (88) OR "MORE THAN ONE YEAR AGO" (05, 06 or 07) TO SEEING A DOCTOR ABOUT ASTHMA (LAST_MD (3.3)), TAKING ASTHMA MEDICATION (LAST_MED (3.4)), AND SHOWING SYMPTOMS OF ASTHMA (LASTSYMP (3.5)), SKIP TO SECTION 6]

The best known value for whether or not the adult "still has asthma" is used in the skip below. It can be the previously answered BRFSS core value or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey. If the respondent confirms in the "Informed Consent" question that the previously answered BRFSS core (BRFSS ASTHNOW) value is correct then the value from the BRFSS core question (BRFSS ASTHNOW) is used. If the respondent does not agree with the previous BRFSS core value in "Informed Consent" then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR_ASTH (2.2) "Do you still have asthma?" is used.

IF respondent agrees 1 (Yes) with "Informed Consent":

IF BRFSS (PATIENT TYPE=ADULT: core value for ASTHNOW, "Do you still have asthma?" = 2 (No), 7 (DK), or 9 (Refused) / PATIENT TYPE=CHILD: CASTHNO2 "Does the child still have asthma?" = 2 (No), 7 (DK), or 9 (Refused))

AND

**(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND
(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND
(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)**

THEN SKIP TO Section 6; otherwise continue with Section 5.

The above "if" Statement can also be reStated in different words as:

IF BRFSS (PATIENT TYPE=ADULT: core value for ASTHNOW, "Do you still have asthma?" = 2 (No), 7 (DK), or 9 (Refused) / PATIENT TYPE=CHILD: CASTHNO2 "Does the child still have asthma?" = 2 (No), 7 (DK), or 9 (Refused))

AND

**((LAST_MD = 4) OR
(LAST_MED = 1, 2, 3 or 4) OR
(LASTSYMP = 1, 2, 3 or 4)**

THEN Continue with Section 5 otherwise skip to Section 6)

IF BRFSS (PATIENT TYPE=ADULT: core value for ASTHNOW, “Do you still have asthma?” = 1 (Yes) / PATIENT TYPE=CHILD: CASTHNO2 “Does the child still have asthma?” = 1 (Yes)) continue with Section 5.

IF respondent DOES NOT agree 2 (No) with “Informed Consent” REPEAT = 1:

**IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused) AND
(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND
(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND
(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)
THEN SKIP TO Section 6; otherwise continue with Section 5.**

The above “if” Statement can also be reStated in different words as:

**IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused) AND
((LAST_MD = 4) OR
(LAST_MED = 1, 2, 3 or 4) OR
(LASTSYMP = 1, 2, 3 or 4)
THEN Continue with Section 5; otherwise skip to Section 6)**

IF CUR_ASTH (2.2) = 1 (Yes) continue with section 5.

ASK ACT_DAYS30 (5.6) IF PATIENT TYPE=2 (CHILD); ELSE GO TO NER_TIME (5.1).

ACT_DAYS30 (5.6) During just the past 30 days, would you say {child’s name} limited {his/her} usual activities due to asthma not at all, a little, a moderate amount, or a lot?

- (1) NOT AT ALL
- (2) A LITTLE
- (3) A MODERATE AMOUNT
- (4) A LOT

- (7) DON’T KNOW
- (9) REFUSED

NER_TIME (5.1)

[IF LAST_MD (3.3) = 88, 05, 06, 07; SKIP TO MISS_DAY]

During the past 12 months how many times did [you / he/she] see a doctor or other health professional for a routine checkup for [your / his/her] asthma?

____ ENTER NUMBER

[RANGE CHECK: (001-365, 777, 888, 999)] [Verify any value >50]

[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]

(888) NONE

(777) DON'T KNOW

(999) REFUSED

ER_VISIT (5.2)

An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment. During the past 12 months, [have you / has Child name] had to visit an emergency room or urgent care center because of [your / his/her] asthma?

(1) YES

(2) NO

[SKIP TO URG_TIME]

(7) DON'T KNOW

(9) REFUSED

[SKIP TO URG_TIME]

[SKIP TO URG_TIME]

ER_TIMES (5.3)

During the past 12 months, how many times did [you / he/she] visit an emergency room or urgent care center because of [your / his/her] asthma?

____ ENTER NUMBER

[RANGE CHECK: (001-365, 777, 888, 999)] [Verify any entry >50]

(888) NONE (Skip back to 5.2)

(777) DON'T KNOW

(999) REFUSED

[CATI CHECK: IF RESPONSE = 77, 99 VERIFY THAT 777 AND 999 WERE NOT THE INTENT]

[CATI CHECK: IF RESPONSE TO 5.2 IS "YES" AND RESPONDENT SAYS NONE OR ZERO TO 5.3 ALLOW LOOPING BACK TO CORRECT 5.2 TO "NO"]

[HELP SCREEN: An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment.]

URG_TIME (5.4)

[IF ONE OR MORE ER VISITS (ER_TIMES (5.3)) INSERT "Besides those emergency room or urgent care center visits,"]

During the past 12 months, how many times did [you / Child name] see a doctor or other health professional for urgent treatment of worsening asthma symptoms or for an asthma episode or attack?

____ ENTER NUMBER
[RANGE CHECK: (001-365, 777, 888, 999)] [Verify any entry >50]

(888) NONE

(777) DON'T KNOW

(999) REFUSED

[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]

[HELP SCREEN: An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment.]

HOSP_VST (5.5)

[IF LASTSYMP ≥ 5 AND ≤ 7, SKIP TO MISS_DAY
IF LASTSYMP=88 (NEVER), SKIP TO MISS_DAY]

During the past 12 months, that is since [1 YEAR AGO TODAY], [have you / has Child name] had to stay overnight in a hospital because of [your / his/her] asthma? Do not include an overnight stay in the emergency room.

(1) YES

(2) NO [SKIP TO MISS_DAY]

(7) DON'T KNOW [SKIP TO MISS_DAY]

(9) REFUSED [SKIP TO MISS_DAY]

HOSP TIME (5.6A)

During the past 12 months, how many different times did [you / he/she] stay in any hospital overnight or longer because of [your / his/her] asthma?

____ TIMES
[RANGE CHECK: (001-365, 777, 999)] [Verify any entry >50]

(777) DON'T KNOW

(999) REFUSED

[CATI CHECK: IF RESPONSE = 77, 99 VERIFY THAT 777 AND 999 WERE NOT THE INTENT]

[CATI CHECK: IF RESPONSE TO 5.5 IS "YES" AND RESPONDENT SAYS NONE OR ZERO TO 5.6A ALLOW LOOPING BACK TO CORRECT 5.5 TO "NO"]

HOSP PLAN (5.7)

The last time {you /he/she} left the hospital, did a health professional TALK with you (IF PATIENT TYPE=CHILD, INSERT "or Child name") about how to prevent serious attacks in the future?

(1) YES

(2) NO

- (7) DON'T KNOW
- (9) REFUSED

[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators. This should not be coded yes if the respondent only received a pamphlet or instructions to view a website or video since the question clearly States "talk with you".]

IF PATIENT TYPE=1 (ADULT), CONTINUE; ELSE GO TO SECTION 6

MISS_DAY (5.8A) During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma?

[INTERVIEWER: If response is, "I don't work", emphasize USUAL ACTIVITIES"]

____ ENTER NUMBER DAYS
[3 NUMERIC-CHARACTER-FIELD, RANGE CHECK: (001-365, 777, 888, 999)]
[Verify any entry >50]

[DISPLAY THE THREE POSSIBILITIES BELOW ON THE CATI SCREEN FOR THIS QUESTION TO ASSIST THE INTERVIEWER]

(888) ZERO

- (777) DON'T KNOW
- (999) REFUSED

[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]

ACT_DAYS30 (5.9) During just the past 30 days, would you say you limited your usual activities due to asthma not at all, a little, a moderate amount, or a lot?

- (1) NOT AT ALL
- (2) A LITTLE
- (3) A MODERATE AMOUNT
- (4) A LOT

- (7) DON'T KNOW
- (9) REFUSED

Section 6. Knowledge of Asthma/Management Plan

TCH_SIGN (6.1) Has a doctor or other health professional ever taught you (IF PATIENT TYPE=CHILD, INSERT "or Child name") ...

- a. How to recognize early signs or symptoms of an asthma episode?

[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

TCH_RESP (6.2)

Has a doctor or other health professional ever taught you (IF PATIENT TYPE=CHILD, INSERT "or Child name")...

b. What to do during an asthma episode or attack?

[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

TCH_MON (6.3)

A peak flow meter is a hand held device that measures how quickly you can blow air out of your lungs. Has a doctor or other health professional ever taught you (IF PATIENT TYPE=CHILD, INSERT "or Child name") ...

c. How to use a peak flow meter to adjust {your / his/her} daily medications?

[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

MGT_PLAN (6.4)

An asthma action plan, or asthma management plan, is a form with instructions about when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room.

Has a doctor or other health professional EVER given you (IF PATIENT TYPE=CHILD, INSERT "or Child name") an asthma action plan?

[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

MGT_CLAS (6.5)

Have you (IF PATIENT TYPE=CHILD, INSERT "or Child name") ever taken a course or class on how to manage [your / his/her] asthma?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

Section 7. Modifications to Environment

HH_INT

READ: The following questions are about [your / Child name's] household and living environment. I will be asking about various things that may be related to experiencing symptoms of asthma.

AIRCLEANER (7.1)

An air cleaner or air purifier can filter out pollutants like dust, pollen, mold and chemicals. It can be attached to the furnace or free standing. It is not, however, the same as a normal furnace filter.

Is an air cleaner or purifier regularly used inside [your/ Child name's] home?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

- DEHUMID (7.2)** A dehumidifier is a small, portable appliance which removes moisture from the air.
- Is a dehumidifier regularly used to reduce moisture inside [your / Child name's] home?
- (1) YES
(2) NO
(7) DON'T KNOW
(9) REFUSED
- KITC_FAN (7.3)** Is an exhaust fan that vents to the outside used regularly when cooking in [your / Child name's] kitchen?
- (1) YES
(2) NO
(7) DON'T KNOW
(9) REFUSED
- COOK_GAS (7.4)** Is gas used for cooking (IF PATIENT TYPE=CHILD, INSERT "in {his/her} home)?
- (1) Yes
(2) NO
(7) DON'T KNOW
(9) REFUSED
- ENV_MOLD (7.5)** In the past 30 days, has anyone seen or smelled mold or a musty odor inside [your / his/her] home? Do not include mold on food.
- (1) YES
(2) NO
(7) DON'T KNOW
(9) REFUSED
- ENV_PETS (7.6)** Does [your / Child name's] household have pets such as dogs, cats, hamsters, birds or other feathered or furry pets that spend time indoors?
- (1) YES
(2) NO **(SKIP TO 7.8)**
(7) DON'T KNOW **(SKIP TO 7.8)**
(9) REFUSED **(SKIP TO 7.8)**
- PETBEDRM (7.7)** Are pets allowed in [your / his/her] bedroom?
- [SKIP THIS QUESTION IF ENV_PETS = 2, 7, 9]**

- (1) YES
- (2) NO
- (3) SOME ARE/SOME AREN'T

- (7) DON'T KNOW
- (9) REFUSED

C_ROACH (7.8) In the past 30 days, has anyone seen a cockroach inside [your / his/her] home?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

HELP SCREEN: Studies have shown that cockroaches may be a cause of asthma. Cockroach droppings and carcasses can also cause symptoms of asthma.

C_RODENT (7.9) In the past 30 days, has anyone seen mice or rats inside [your / his/her] home?
Do not include mice or rats kept as pets.

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

HELP SCREEN: Studies have shown that rodents may be a cause of asthma.

WOOD_STOVE (7.10) Is a wood burning fireplace or wood burning stove used in [your / Child name's] home?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

HELP SCREEN: OCCASIONAL USE SHOULD BE CODED AS "YES".

GAS_STOVE (7.11) Are unvented gas logs, unvented gas fireplaces, or unvented gas stoves used in [your / his/her] home?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

HELP SCREEN: "Unvented" means no chimney or the chimney flue is kept closed during operation.

S_INSIDE (7.12) In the past week, has anyone smoked inside [your / his/her] home?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

HELP SCREEN: "The intent of this question is to measure smoke resulting from tobacco products (cigarettes, cigars, pipes) or illicit drugs (cannabis, marijuana) delivered by smoking (inhaling intentionally). Do not include things like smoke from incense, candles, or fireplaces, etc."

MOD_ENV (7.13) **INTERVIEWER READ:** Now, back to questions specifically about [you / Child name].

Has a health professional ever advised you to change things in [your / his/her] home, school, or work to improve [your / his/her] asthma?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]

MATTRESS (7.14) [Do you / Does he/she] use a mattress cover that is made especially for controlling dust mites?

[INTERVIEWER: If needed: This does not include normal mattress covers used for padding or sanitation (wetting). These covers are for the purpose of controlling allergens (like dust mites) from inhabiting the mattress. They are made of special fabric, entirely enclose the mattress, and have zippers.]

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

E_PILLOW (7.15) [Do you / Does he/she] use a pillow cover that is made especially for controlling

dust mites?

[INTERVIEWER: If needed: This does not include normal pillow covers used for fabric protection. These covers are for the purpose of controlling allergens (like dust mites) from inhabiting the pillow. They are made of special fabric, entirely enclose the pillow, and have zippers.]

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

CARPET (7.16) [Do you / Does Child name] have carpeting or rugs in [your / his/her] bedroom? This does not include throw rugs small enough to be laundered.

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

HOTWATER (7.17) Are [your / his/her] sheets and pillowcases washed in cold, warm, or hot water?

- (1) COLD
- (2) WARM
- (3) HOT

- DO NOT READ**
- (4) VARIES

- (7) DON'T KNOW
- (9) REFUSED

BATH_FAN (7.18) In [your / Child name's] bathroom, do you regularly use an exhaust fan that vents to the outside?

- (1) YES
- (2) NO OR "NO FAN"

- (7) DON'T KNOW
- (9) REFUSED

HELP SCREEN: IF RESPONDENT INDICATES THEY HAVE MORE THAN ONE BATHROOM, THIS QUESTION REFERS TO THE BATHROOM THEY USE MOST FREQUENTLY FOR SHOWERING AND BATHING.

Section 8. Medications

OTC (8.1) **[IF LAST_MED = 88 (NEVER), SKIP TO SECTION 9. ELSE, CONTINUE.]**

The next set of questions is about medications for asthma. The first few

questions are very general, but later questions are very specific to [your / Child name's] medication use.

Over-the-counter medication can be bought without a doctor's order. [Have you / Has Child name] ever used over-the-counter medication for [your / his/her] asthma?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

INHALERE (8.2)

[Have you / Has he/she] ever used a prescription inhaler?

- (1) YES
- (2) NO **[SKIP TO SCR_MED1]**

- (7) DON'T KNOW **[SKIP TO SCR_MED1]**
- (9) REFUSED **[SKIP TO SCR_MED1]**

INHALERH (8.3)

Did a doctor or other health professional show [you / him/her] how to use the inhaler?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]

INHALERW (8.4)

Did a doctor or other health professional watch [you / him/her] use the inhaler?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

SCR_MED1 (8.5)

[IF LAST_MED = 4, 5, 6, 7, 77, or 99, SKIP TO SECTION 9] (88 removed)

Now I am going to ask questions about specific prescription medications [you / Child name] may have taken for asthma in the past 3 months. I will be asking for the names, amount, and how often [you take / he/she takes] each medicine. I will ask separately about medication taken in various forms: pill or syrup, inhaler, and Nebulizer.

It will help to get [your / Child name's] medicines so you can read the labels.

Can you please go get the asthma medicines while I wait on the phone?

- (1) YES
- (2) NO [SKIP TO INH_SCR]
- (3) RESPONDENT KNOWS THE MEDS [SKIP TO INH_SCR]

- (7) DON'T KNOW [SKIP TO INH_SCR]
- (9) REFUSED [SKIP TO INH_SCR]

SCR_MED3 (8.7) [when Respondent returns to phone:] Do you have all the medications?

[INTERVIEWER: Read if necessary]

- (1) YES I HAVE ALL THE MEDICATIONS
- (2) YES I HAVE SOME OF THE MEDICATIONS BUT NOT ALL
- (3) NO

- (7) DON'T KNOW
- (9) REFUSED

INH_SCR (8.8) **[IF INHALERE (8.2) = 2 (NO) SKIP TO PILLS]**
In the past 3 months [have you / has Child name] taken prescription asthma medicine using an inhaler?

- (1) YES
- (2) NO [SKIP TO PILLS]

- (7) DON'T KNOW [SKIP TO PILLS]
- (9) REFUSED [SKIP TO PILLS]

INH_MEDS (8.9)

For the following inhalers the respondent can choose up to eight medications; however, each medication can only be used once (in the past, errors such as 030303 were submitted in the data file). When 66 (Other) is selected as a response, the series of questions ILP01 (8.11) to ILP10 (8.19) is not asked for that response.

In the past 3 months, what prescription asthma medications did [you / he/she] take by inhaler? **[MARK ALL THAT APPLY. PROBE: Any other prescription asthma inhaler medications?]**

[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]

Note: CATI programmers, note that the top ten items (in bold below) should be highlighted in the CATI system if possible so they can be found more easily.

	Medication	Pronunciation
01	Advair (+ A. Diskus)	ăd-vâr (or add-vair)
02	Aerobid	â-rō'bīd (or air-row-bid)
03	Albuterol (+ A. sulfate or salbutamol)	ăl'-bu'ter-ōl (or al-BYOO-ter-ole) sāl-byū'tə-mōl'
04	Alupent	al-u-pent
43	Alvesco (+ Ciclesonide)	al-ves-co
40	Asmanex (twisthaler)	as-muh-neks twist-hey-ler
05	Atrovent	At-ro-vent
06	Azmacort	az-ma-cort
07	<u>Beclomethasone dipropionate</u>	bek"lo-meth'ah-son dī' pro'pe-o-nāt (or be-kloe-meth-a-sone)
08	Beclovent	be' klo-vent" (or be-klo-vent)
09	<u>Bitolterol</u>	bi-tōl'ter-ōl (or bye-tole-ter-ole)
10		
11	<u>Budesonide</u>	byoo-des-oh-nide
12	Combivent	com-bi-vent
13	<u>Cromolyn</u>	kro'mō-lin (or KROE-moe-lin)
44	Dulera	du-le-ra
14	Flovent	flow-vent
15	Flovent Rotadisk	flow-vent row-ta-disk
16	<u>Flunisolide</u>	floo-nis'o-līd (or floo-NISS-oh-lide)
17	<u>Fluticasone</u>	flue-TICK-uh-zone
34	Foradil	FOUR-a-dil
35	Formoterol	for moh' te rol
18		
19	<u>Ipratropium Bromide</u>	īp-rah-tro'pe-um bro'mīd (or ip-ra-TROE-pee-um)
37	<u>Levalbuterol tartrate</u>	lev-al-BYOU-ter-ohl
20	Maxair	măk-sâr
21	<u>Metaproteronol</u>	met"ah-pro-ter"ē-nōl (or met-a-proe-TER-e-nole)
39	<u>Mometasone furoate</u>	moe-MET-a-sone
22	<u>Nedocromil</u>	ne-DOK-roe-mil
23	<u>Pirbuterol</u>	pēr-bu'ter-ōl (or peer-BYOO-ter-ole)
41	Pro-Air HFA	proh-air HFA
24	Proventil	pro"ven-til" (or pro-vent-il)
25	Pulmicort Flexhaler	pul-ma-cort flex-hail-er

36	QVAR	q -vâr (or q-vair)
03	<u>Salbutamol (or Albuterol)</u>	säl-byū'tə-môl'
26	<u>Salmeterol</u>	sal-ME-te-role
27	Serevent	Sair -a-vent
42	<u>Symbicort</u>	sim -buh-kohrt
28	<u>Terbutaline (+ T. sulfate)</u>	ter-bu'tah-lēn (or ter-BYOO-ta-leen)
29		
30	<u>Tornalate</u>	tor -na-late
31	<u>Triamcinolone acetonide</u>	tri'am-sin'o-lōn as"ě-tō-nīd' (or trye-am-SIN-oh-lone)
32	<u>Vanceril</u>	van -sir-il
33	<u>Ventolin</u>	vent -o-lin
38	<u>Xopenex HFA</u>	ZOH-pen-ecks
66	Other, Please Specify	[SKIP TO OTH_I1]

[IF RESPONDENT SELECTS ANY ANSWER <66, SKIP TO ILP03]

(88) NO PRESCRIPTION INHALERS [SKIP TO PILLS]

(77) DON'T KNOW [SKIP TO PILLS]

(99) REFUSED [SKIP TO PILLS]

[100 ALPHANUMERIC CHARACTER LIMIT FOR 66]

**OTH_I1 (8.10) ENTER OTHER MEDICATION FROM (8.9) IN TEXT FIELD
IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE
LINE.**

CATI programmers note that the text for 66 (other) should be checked to make sure one of the medication names above was not entered. If the medication entered is on the list above, then an error message should be shown.

[LOOP BACK TO ILP03 AS NECESSARY TO ADMINISTER QUESTIONS ILP03 THRU ILP10 FOR EACH MEDICINE 01 – 44 REPORTED IN INH_MEDS, BUT NOT FOR 66 (OTHER).]

[FOR FILL [MEDICINE FROM INH_MEDS SERIES] FOR QUESTIONS ILP03 THROUGH ILP10]

SKIP before ILP03

IF [MEDICINE FROM INH_MEDS SERIES] IS ADVAIR (01) OR FLOVENT ROTADISK (15) OR MOMETASONE FUROATE (39) OR ASMANEX (40) OR FORADIL (34) OR MAXAIR (20) OR PULMICORT (25) OR SEREVENT (27) OR SYMBICORT (42) SKIP TO 8.14

ILP03 (8.13) A spacer is a small attachment for an inhaler that makes it easier to use. Do you / Does he/she use a spacer with [MEDICINE FROM INH_MEDS SERIES]?

- (1) YES
- (2) NO
- (3) Medication is a dry powder inhaler or disk inhaler, not a canister inhaler
- (4) Medication has a built-in spacer/does not need a spacer**
- (7) DON'T KNOW
- (9) REFUSED

[HELP SCREEN: A spacer is a device that attaches to a metered dose inhaler. It holds the medicine in its chamber long enough for you to inhale it in one or two slow, deep breaths. The spacer makes it easy to take the medicines the right way.]

[HELP SCREEN: The response category 3 (disk or dry powder) and 4 (built in spacer) are primarily intended for medications Beclomethosone (7) Beclovent (08), Budesonide (11) and QVAR (36), which are known to come in disk or breathe activated inhalers (which do not use a spacer). However, new medications may come on the market that will need either category, so 3 or 4 can be used for other medications as well.]

ILP04 (8.14) In the past 3 months, did [you / Child name] take [MEDICINE FROM INH_MEDS SERIES] when [you / he/she] had an asthma episode or attack?

- (1) YES
- (2) NO
- (3) NO ATTACK IN PAST 3 MONTHS
- (7) DON'T KNOW
- (9) REFUSED

ILP05 (8.15) In the past 3 months, did [you / he/she] take [MEDICINE FROM INH_MEDS SERIES] before exercising?

- (1) YES
- (2) NO
- (3) DIDN'T EXERCISE IN PAST 3 MONTHS
- (7) DON'T KNOW
- (9) REFUSED

ILP06 (8.16) In the past 3 months, did [you / he/she] take [MEDICINE FROM INH_MEDS SERIES] on a regular schedule everyday?

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

ILP08 (8.18) How many times per day or per week [did you / did he/she] use [MEDICINE

FROM INH_MEDS SERIES]?

3 __ Times per DAY [RANGE CHECK: (>10)]
4 __ Times per WEEK [RANGE CHECK: (>75)]
5 5 5 Never
6 6 6 LESS OFTEN THAN ONCE A WEEK
7 7 7 Don't know / Not sure
9 9 9 Refused

[RANGE CHECK: 301-399, 401-499, 555, 666, 777, 999]

[ASK ILP10 ONLY IF INH_MEDS = 3, 4, 9, 20, 21, 23, 24, 28, 30, 33, 37, 38, 41 OTHERWISE SKIP TO PILLS (8.20)]

ILP10 (8.19)

How many canisters of [MEDICINE FROM INH_MEDS SERIES] [have you / has Child name] used in the past 3 months?

[INTERVIEWER: IF RESPONDENT USED LESS THAN ONE FULL CANISTER IN THE PAST THREE MONTHS, CODE IT AS '88']

__ CANISTERS

(77) DON'T KNOW
(88) NONE
(99) REFUSED

[RANGE CHECK: (01-76, 77, 88, 99)]

[HELP SCREEN: IF RESPONDENT INDICATES HE/SHE HAS MULTIPLE CANISTERS, (I.E., ONE IN THE CAR, ONE IN PURSE, ETC.) ASK THE RESPONDENT TO ESTIMATE HOW MANY FULL CANISTERS HE/SHE USED. THE INTENT IS TO ESTIMATE HOW MUCH MEDICATION IS USED, NOT HOW MANY DIFFERNT INHALERS.]

PILLS (8.20)

In the past 3 months, [have you / has he/she] taken any prescription medicine in pill form for [your / his/her] asthma?

(1) YES
(2) NO

[SKIP TO SYRUP]

(7) DON'T KNOW
(9) REFUSED

[SKIP TO SYRUP]
[SKIP TO SYRUP]

PILLS_MD (8.21)

For the following pills the respondent can choose up to five medications; however, each medication can only be used once (in the past, errors such as 232723 were submitted in the data file).

What prescription asthma medications [do you / does Child name] take in pill form?

[MARK ALL THAT APPLY. PROBE: Any other prescription asthma pills?]

[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]

Note: the yellow numbered items below are new medications added in 2008. Also, CATI programmers, note that the top ten items (in bold below) should be highlighted in the CATI system if possible so they can be found more easily.

	Medication	Pronunciation
01	Accolate	ac-o-late
02	Aerolate	air-o-late
03	Albuterol	äl'-bu'ter-öl (or al-BYOO-ter-all)
04	Alupent	al-u-pent
49	Brethine	breth-een
05	Choledyl (oxtriphylline)	ko-led-il
07	Deltasone	del-ta-sone
08	Elixophyllin	e-licks-o-fil-in
11	Medrol	Med-rol
12	Metaprel	Met-a-prell
13	<u>Metaproteronol</u>	met"ah-pro-ter'ë-nöl (or met-a-proe-TER-e-nole)
14	<u>Methylprednisolone</u>	meth-ill-pred-niss-oh-lone (or meth-il-pred-NIS-oh-lone)
15	Montelukast	mont-e-lu-cast
17	Pediapred	Pee-dee-a-pred
18	Prednisolone	pred-NISS-oh-lone
19	Prednisone	PRED-ni-sone
21	Proventil	pro-ven-til
23	Respid	res-pid
24	Singulair	sing-u-lair
25	Slo-phyllin	slow- fil-in
26	Slo-bid	slow-bid
48	<u>Terbutaline (+ T. sulfate)</u>	ter byoo' ta leen
28	Theo-24	thee-o-24
30	Theochron	thee -o-kron
31	Theoclear	thee-o-clear
32	Theodur	thee-o-dur
33	Theo-Dur	thee-o-dur
35	Theophylline	thee-OFF-i-lin
37	Theospan	thee-o-span
40	T-Phyl	t-fil
42	Uniphyl	u-ni-fil
43	Ventolin	vent-o-lin
44	Volmax	vole-max
45	<u>Zafirlukast</u>	za-FIR-loo-kast

46	Zileuton	zye- loo -ton
47	Zyflo Filmtab	zye -flow film tab
66	Other, please specify	[SKIP TO OTH_P1]

[IF RESPONDENT SELECTS ANY ANSWER FROM 01-49 SKIP TO PILL01]

(88) NO PILLS **[SKIP TO SYRUP]**

(77) DON'T KNOW **[SKIP TO SYRUP]**
(99) REFUSED **[SKIP TO SYRUP]**

OTH_P1

[100 ALPHANUMERIC CHARACTER LIMIT FOR 66]

**ENTER OTHER MEDICATION IN TEXT FIELD
IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE
LINE.**

**CATI programmers note that the text for 66 (other) should be checked to make sure
one of the medication names above was not entered. If the medication entered is
on the list above, then an error message should be shown.**

**[REPEAT QUESTION PILL01 AS NECESSARY FOR EACH PILL 01-49 REPORTED IN
PILLS_MD, BUT NOT FOR 66 (OTHER).]**

FOR FILL [MEDICATION LISTED IN PILLS_MD] FOR QUESTION PILL01]

**PILL01 (8.22) In the past 3 months, did [you / child's name] take [MEDICATION LISTED
IN PILLS_MD] on a regular schedule every day?**

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

**SYRUP (8.23) In the past 3 months, [have you / has he/she] taken any prescription asthma
medication in syrup form?**

- (1) YES
- (2) NO **[SKIP TO NEB_SCR]**
- (7) DON'T KNOW **[SKIP TO NEB_SCR]**
- (9) REFUSED **[SKIP TO NEB_SCR]**

**SYRUP_ID (8.24) For the following syrups the respondent can choose up to four
medications; however, each medication can only be used once (in the past,
errors such as 020202 were submitted in the data file).**

What prescription asthma medications [have you / has Child name] taken as a

syrup? **[MARK ALL THAT APPLY. PROBE: Any other prescription syrup medications for asthma?]**

[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]

	Medication	Pronunciation
01	Aerolate	air -o-late
02	<u>Albuterol</u>	ăi'- bu 'ter-ōl (or al-BYOO-ter-ole)
03	Alupent	al -u-pent
04	<u>Metaproteronol</u>	met"ah-pro- ter 'ě-nōl (or met-a-proe-TER-e-nole)
05	<u>Prednisolone</u>	pred-NISS-oh-lone
06	Prelone	pre -loan
07	Proventil	Pro- ven -til
08	Slo-Phyllin	slow -fil-in
09	<u>Theophyllin</u>	thee-OFF-i-lin
10	Ventolin	vent -o-lin
66	Other, Please Specify:	[SKIP TO OTH_S1]

[IF RESPONDENT SELECTS ANY ANSWER FROM 01-10, SKIP TO NEB_SCR]

(88) NO SYRUPS **[SKIP TO NEB_SCR]**
 (77) DON'T KNOW **[SKIP TO NEB_SCR]**
 (99) REFUSED **[SKIP TO NEB_SCR]**

[100 ALPHANUMERIC CHARACTER LIMIT FOR 66]

OTH_S1

**ENTER OTHER MEDICATION.
 IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.**

CATI programmers note that the text for 66 (other) should be checked to make sure one of the medication names above was not entered. If the medication entered is on the list above, then an error message should be shown.

NEB_SCR (8. 25) **Read:** A nebulizer is a small machine with a tube and facemask or mouthpiece that you breathe through continuously. In the past 3 months, were any of [your / Child name's] prescription asthma medicines used with a nebulizer?

(1) YES **[SKIP TO Section 9]**
 (2) NO **[SKIP TO Section 9]**
 (7) DON'T KNOW **[SKIP TO Section 9]**
 (9) REFUSED **[SKIP TO Section 9]**

NEB_PLC (8.26) I am going to read a list of places where [you / your child] might have used a nebulizer. Please answer yes if [you have / your child has] used a nebulizer in the place I mention, otherwise answer no.

In the past 3 months did [you / Child name] use a nebulizer...

- (8.26a) AT HOME
(1) YES (2) NO (7) DK (9) REF
- (8.26b) AT A DOCTOR'S OFFICE
(1) YES (2) NO (7) DK (9) REF
- (8.26c) IN AN EMERGENCY ROOM
(1) YES (2) NO (7) DK (9) REF
- (8.26d) AT WORK OR AT SCHOOL
(1) YES (2) NO (7) DK (9) REF
- (8.26e) AT ANY OTHER PLACE
(1) YES (2) NO (7) DK (9) REF

NEB_ID (8.27) For the following nebulizers the respondent can chose up to five medications; however, each medication can only be used once (in the past, errors such as 0101 were submitted in the data file).

In the past 3 months, what prescription asthma medications [have you / has he/she] taken using a nebulizer?

[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]

[MARK ALL THAT APPLY. PROBE: Have you taken any other prescription asthma medications with your nebulizer in the past 3 months?]

	Medication	Pronunciation
01	<u>Albuterol</u>	ăl'-bu'ter-ōl (or al-BYOO-ter-ole)
02	<u>Alupent</u>	al-u-pent
03	<u>Atrovent</u>	At-ro-vent
04	<u>Bitolterol</u>	bi-tōl'ter-ōl (or bye-tole-ter-ole)
05	<u>Budesonide</u>	byoo-des-oh-nide
17	Combivent Inhalation Solution	com-be-vent
06	<u>Cromolyn</u>	kro'mō-lin (or KROE-moe-lin)
07	<u>DuoNeb</u>	DUE-ow-neb
08	<u>Intal</u>	in-tel
09	<u>Ipratropium bromide</u>	īp-rah-tro'pe-um bro'mīd (or ip-ra-TROE-pee-um)
10	<u>Levalbuterol</u>	lev al byoo' ter ol
11	<u>Metaproteronol</u>	met"ah-pro-ter'ē-nōl (or met-a-proe-TER-e-nole)
18	Perforomist (Formoterol)	per-foro-mist/for-MOE-ter-ol
12	<u>Proventil</u>	Pro-ven-til
13	<u>Pulmicort</u>	pul-ma-cort
14	<u>Tornalate</u>	tor-na-late
15	<u>Ventolin</u>	vent-o-lin
16	<u>Xopenex</u>	ZOH-pen-ecks
66	Other, Please Specify:	[SKIP TO OTH_N1]

(88) NO Nebulizers [SKIP TO Section 9]
(77) DON'T KNOW [SKIP TO Section 9]
(99) REFUSED [SKIP TO Section 9]

OTH_N1

[100 ALPHANUMERIC CHARACTER LIMIT FOR 66]
ENTER OTHER MEDICATION
IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE
LINE.

CATI programmers note that the text for 66 (other) should be checked to make sure
one of the medication names above was not entered. If the medication entered is
on the list above, then an error message should be shown.

LOOP BACK TO NEB01 AS NECESSARY TO ADMINISTER QUESTIONS NEB01
THROUGH NEB03 FOR EACH MEDICINE 01 THROUGH 18 (NEB_01 to NEB_16)
REPORTED IN NEB_ID, BUT NOT FOR 66 (OTHER).]

FOR FILL [MEDICATION LISTED IN NEB_ID] FOR QUESTION NEB01 to NEB03]

NEB01 (8.28) In the past 3 months, did [you/he/she] take [MEDICINE FROM NEB_ID
SERIES] when [you / he/she] had an asthma episode or attack?

- (1) YES
- (2) NO
- (3) NO ATTACK IN PAST 3 MONTHS

- (7) DON'T KNOW
- (9) REFUSED

NEB02 (8.29) In the past 3 months, did [you/he/she] take [MEDICINE FROM NEB_ID
SERIES] on a regular schedule everyday?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

NEB03 (8.30) How many times per day or per week [adult: do you / child: does he/she]
use [MEDICINE FROM NEB_ID SERIES]?

- 3 ___ DAYS
- 4 ___ WEEKS

- (555) NEVER
- (666) LESS OFTEN THAN ONCE A WEEK

- (777) DON'T KNOW / NOT SURE
- (999) REFUSED

Qualified Level 5

Section 9. Cost of Care

The best known value for whether or not the adult “still has asthma” is used in the skip below. It can be the previously answered BRFSS core value or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey. If the respondent confirms in the “Informed Consent” question that the previously answered BRFSS core (BRFSS ASTHNOW) value is correct then the value from the BRFSS core question (BRFSS ASTHNOW) is used. If the respondent does not agree with the previous BRFSS core value in “Informed Consent” then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR_ASTH (2.2) “Do you still have asthma?” is used.

IF respondent agrees 1 (Yes) with “Informed Consent”:

IF BRFSS (PATIENT TYPE=ADULT: core value for ASTHNOW, “Do you still have asthma?” = 2 (No), 7 (DK), or 9 (Refused) / PATIENT TYPE=CHILD: CASTHNO2 “Does the child still have asthma?” = 2 (No), 7 (DK), or 9 (Refused))

AND

(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)

THEN SKIP TO Section 10; otherwise continue with Section 9

IF BRFSS (PATIENT TYPE=ADULT: core value for ASTHNOW, “Do you still have asthma?” = 1 (Yes) / PATIENT TYPE=CHILD: CASTHNO2 “Does the child still have asthma?” = 1 (Yes)), then continue with section 9.

IF respondent DOES NOT agree 2 (No) with “Informed Consent” REPEAT = 1:

IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused)

AND

(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)

THEN SKIP TO Section 10; otherwise continue with Section 9

IF CUR_ASTH (2.2) = 1 (Yes) then continue with section 9.

ASMDCOST (9.1) Was there a time in the past 12 months when [you / Child name] needed to see [your / his/her] primary care doctor for [your / his/her] asthma but could not because of the cost?

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

ASSPCOST (9.2) Was there a time in the past 12 months when (you were/he/she was) referred to a specialist for (IF PATIENT TYPE=CHILD, INSERT “(his/her)”) asthma care but could not go because of the cost?

(1) YES

(2) NO

- (7) DON'T KNOW
- (9) REFUSED

ASRXCOST (9.3) IF PATIENT TYPE=ADULT, ASK: Was there a time in the past 12 months when you needed to buy medication for your asthma but could not because of the cost?

IF PATIENT TYPE=CHILD, ASK: Was there a time in the past 12 months when {he/she} needed medication for his/her asthma but you could not buy it because of the cost?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

Section 10A. Work Related Asthma

IF RESPONDENT TYPE=1 (ADULT), CONTINUE; ELSE GO TO SECTION 10C.

EMP_STAT (10.1) Next, we are interested in things in the workplace that affect asthma. However, first I'd like to ask how you would describe your current employment status. Would you say ...

[INTERVIEWER: Include self employed as employed. Full time is 35+ hours per week.]

- | | |
|------------------------|------------------------------------|
| (1) EMPLOYED FULL-TIME | [SKIP TO WORKENV5 (10.4)] |
| (2) EMPLOYED PART-TIME | [SKIP TO WORKENV5 (10.4)] |
| (3) NOT EMPLOYED | |
| (7) DON'T KNOW | [SKIP TO EMPL_EVER1 10.3] |
| (9) REFUSED | [SKIP TO EMPL_EVER1 (10.3)] |

UNEMP_R (10.2) What is the main reason you are not now employed?

- (01) KEEPING HOUSE
- (02) GOING TO SCHOOL
- (03) RETIRED
- (04) DISABLED
- (05) UNABLE TO WORK FOR OTHER HEALTH REASONS
- (06) LOOKING FOR WORK
- (07) LAID OFF
- (08) OTHER

- (77) DON'T KNOW
- (99) REFUSED

EMPL_EVER1 (10.3) Have you ever been employed?

[INTERVIEWER: Code self employed as "YES".]

- | | |
|----------------|---------------------------|
| (1) YES | [SKIP TO WORKENV7 (10.6)] |
| (2) NO | [SKIP TO SECTION 11] |
| (7) DON'T KNOW | [SKIP TO SECTION 11] |
| (9) REFUSED | [SKIP TO SECTION 11] |

//WORKENV1 (10.4) WAS MOVED TO AFTER THE SKIP PATTERNS BELOW AND RENAMED TO WORKENV5//

The best known value for whether or not the adult “still has asthma” is used in the skip below. It can be the previously answered BRFSS core value or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey. If the respondent confirms in the “Informed Consent” question that the previously answered BRFSS core (ASTHNOW) value is correct then the value from the BRFSS core question (ASTHNOW) is used. If the respondent does not agree with the previous BRFSS core value in “Informed Consent” then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR_ASTH (2.2) “Do you still have asthma?” is used. IF respondent agrees 1 (Yes) with “Informed Consent”:

IF BRFSS core value for ASTHNOW, “Do you still have asthma?” = 2 (No), 7 (DK), or 9 (Refused)

AND

(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**

(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**

(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)

THEN SKIP TO 10.5; otherwise continue with 10.4

IF BRFSS core value for ASTHNOW, “Do you still have asthma?” = 1 (Yes) **then** continue with **question 10.4.**

IF respondent DOES NOT agree 2 (No) with “Informed Consent” REPEAT = 1:

IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused)

AND

(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**

(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**

(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)

THEN SKIP TO 10.5; otherwise continue with 10.4

IF CUR_ASTH (2.2) = 1 (Yes) **continue with question 10.4.**

WORKENV5 (10.4) Things in the workplace such as chemicals, smoke, dust or mold can make asthma symptoms worse in people who already HAVE asthma or can actually CAUSE asthma in people who have never had asthma before.

Are your asthma symptoms MADE WORSE by things like chemicals, smoke, dust or mold in your CURRENT job?

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

[HELP SCREEN: “Some examples of things in the workplace that may cause asthma or make asthma symptoms worse include: flour dust in a bakery, normal dust in an office, smoke from a manufacturing process, smoke from a co-worker’s cigarette, cleaning chemicals in a hospital, mold in a basement classroom, a co-worker’s perfume, or mice in a research laboratory.”]

WORKENV6 (10.5)

Was your asthma first CAUSED by things like chemicals, smoke, dust or mold in your CURRENT job?

(1) YES

[SKIP TO WORKTALK (10.9)]

(2) NO

(7) DON'T KNOW

(9) REFUSED

[HELP SCREEN: “Some examples of things in the workplace that may cause asthma or make asthma symptoms worse include: flour dust in a bakery, normal dust in an office, smoke from a manufacturing process, smoke from a co-worker’s cigarette, cleaning chemicals in a hospital, mold in a basement classroom, a co-worker’s perfume, or mice in a research laboratory.”]

WORKENV7 (10.6) [READ THIS INTRO TO 10.6 ONLY IF EMP_EVER1 (10.3) = 1 (yes); OTHERWISE SKIP INTRO AND JUST READ THE QUESTION]
Things in the workplace such as chemicals, smoke, dust or mold can make asthma symptoms worse in people who already HAVE asthma or can actually CAUSE asthma in people who have never had asthma before.

Were your asthma symptoms MADE WORSE by things like chemicals, smoke, dust or mold in any PREVIOUS job you ever had?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

[HELP SCREEN: "Some examples of things in the workplace that may cause asthma or make asthma symptoms worse include: flour dust in a bakery, normal dust in an office, smoke from a manufacturing process, smoke from a co-worker's cigarette, cleaning chemicals in a hospital, mold in a basement classroom, a co-worker's perfume, or mice in a research laboratory."]

WORKENV8 (10.7) Was your asthma first CAUSED by things like chemicals, smoke, dust or mold in any PREVIOUS job you ever had?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

[HELP SCREEN: "Some examples of things in the workplace that may cause asthma or make asthma symptoms worse include: flour dust in a bakery, normal dust in an office, smoke from a manufacturing process, smoke from a co-worker's cigarette, cleaning chemicals in a hospital, mold in a basement classroom, a co-worker's perfume, or mice in a research laboratory."]

SKIP before 10.8 [ASK 10.8 ONLY IF:
WORKENV7 (10.6) = 1 (YES) OR
WORKENV8 (10.7) = 1 (YES)
OTHERWISE SKIP TO WORKTALK (10.9)]

WORKQUIT1 (10.8) Did you ever lose or quit a job because things in the workplace, like chemicals, smoke, dust or mold, caused your asthma or made your asthma symptoms worse?

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

[INTERVIEWER: RESPONDENTS WHO WERE FIRED BECAUSE THINGS IN THE WORKPLACE AFFECTED THEIR ASTHMA SHOULD BE CODED AS "YES".]

WORKTALK (10.9) Did you and a doctor or other health professional ever DISCUSS whether your asthma could have been caused by, or your symptoms made worse by, any job you ever had?

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

WORKSEN3 (10.10) Have you ever been TOLD BY a doctor or other health professional that your asthma was caused by, or your symptoms made worse by, any job you ever had?

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

WORKSEN4 (10.11) Have YOU ever TOLD a doctor or other health professional that your asthma was caused by, or your symptoms made worse by, any job you ever had?

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

Section 10C. School Related Asthma

IF RESPONDENT TYPE=2 (CHILD), CONTINUE; ELSE GO TO SECTION 11.

SCH_STAT (C10.1) Next, we are interested in things that might affect {child's name} asthma when he/she is not at home.

Does {child's name} currently go to school or pre school outside the home?

- (1) YES [SKIP TO SCHGRADE]
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

NO_SCHL (C10.2) What is the main reason {he/she} is not now in school? **READ RESPONSE CATEGORIES**

- (1) NOT OLD ENOUGH [SKIP TO DAYCARE]
- (2) HOME SCHOOLED [SKIP TO SCHGRADE]
- (3) UNABLE TO ATTEND FOR HEALTH REASONS
- (4) ON VACATION OR BREAK
- (5) OTHER
- (7) DON'T KNOW
- (9) REFUSED

SCHL_12 (C10.3) Has {child's name} gone to school in the past 12 months?

- (1) YES
- (2) NO [SKIP TO DAYCARE]
- (7) DON'T KNOW [SKIP TO DAYCARE]
- (9) REFUSED [SKIP TO DAYCARE]

SCHGRADE (C10.4) **[IF SCHL_12 = 1]**
What grade was {he/she} in the last time he/she was in school?

[IF SCH_STAT = 1 OR NO_SCHL = 2]

What grade is {he/she} in?

- (88) PRE SCHOOL
- (66) KINDERGARTEN
- ___ ENTER GRADE 1 TO 12
- (77) DON'T KNOW
- (99) REFUSED

The best known value for whether or not the child “still has asthma” is used in the skip below. It can be the previously answered BRFSS module value or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey. If the respondent confirms in the “Informed Consent” question that the previously answered BRFSS module value is correct then the value from the BRFSS module question (BRFSS M2.2) is used. If the respondent does not agree with the

previous BRFSS module value in “Informed Consent” then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR_ASTH (2.2) “Do you still have asthma?” is used.

IF respondent agrees 1 (Yes) with “Informed Consent”:

IF BRFSS module value for CASTHNO2, “Does the child still have asthma?” = 2 (No), 7 (DK), or 9 (Refused),

AND

(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)

THEN SKIP TO C10.8; otherwise continue with C10.5

IF BRFSS module value for CASTHNO2, “Does the child still have asthma?” = 1 (Yes) then continue with C10.5.

IF respondent DOES NOT agree 2 (No) with “Informed Consent” REPEAT = 1:

IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused)

AND

(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)

THEN SKIP TO C10.8; otherwise continue with C10.5

IF CUR_ASTH (2.2) = 1 (Yes), then continue with C10.5.

MISS_SCHL (C10.5) During the past 12 months, about how many days of school did {he/she} miss because of {his/her} asthma?

_____ ENTER NUMBER DAYS

[3 NUMERIC-CHARACTER-FIELD, RANGE CHECK: (001-365, 777, 888, 999)]

[Verify any entry >50]

[DISPLAY THE THREE POSSIBILITIES BELOW ON THE CATI SCREEN FOR THIS QUESTION TO ASSIST THE INTERVIEWER]

(888) ZERO

(777) DON'T KNOW

(999) REFUSED

[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]

[IF NO_SCHL = 2 (HOME SCHOOLED) SKIP TO SECTION 11]

[IF SCHL_12 (10.3) = 1 READ ‘PLEASE ANSWER THESE NEXT FEW QUESTIONS ABOUT THE SCHOOL {CHILD’S NAME} WENT TO LAST]

SCH_APL (C10.6) Earlier I explained that an asthma action plan contains instructions about how to care for the child’s asthma.

Does {child's name} have a written asthma action plan or asthma management plan on file at school?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

SCH_MED (C10.7) Does the school {he/she} goes to allow children with asthma to carry their medication with them while at school?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

[IF NO_SCHL = 2 (HOME SCHOOLED) SKIP TO SECTION 11] added in 2011

SCH_ANML (C10.8) Are there any pets such as dogs, cats, hamsters, birds or other feathered or furry pets in {his/her} CLASSROOM?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

SCH_MOLD (C10.9) Are you aware of any mold problems in {child's name} school?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

DAYCARE (C10.10) **[IF CHLDAGE2 > 10 YEARS OR 131 MONTHS SKIP TO SECTION 11]**

Does {child's name} go to day care outside his/her home?

- (1) YES **[SKIP TO MISS_DCAR]**
- (2) NO

- (7) DON'T KNOW **[SKIP TO SECTION 11]**
- (9) REFUSED **[SKIP TO SECTION 11]**

DAYCARE1 (C10.11) Has {he/she} gone to daycare in the past 12 months?

- (1) YES
- (2) NO **[SKIP TO SECTION 11]**

(7) DON'T KNOW
(9) REFUSED

[SKIP TO SECTION 11]
[SKIP TO SECTION 11]

The best known value for whether or not the child “still has asthma” is used in the skip below. It can be the previously answered BRFSS module value or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey. If the respondent confirms in the “Informed Consent” question that the previously answered BRFSS module value is correct then the value from the BRFSS module question (BRFSS M2.2) is used. If the respondent does not agree with the previous BRFSS module value in “Informed Consent” then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR_ASTH (2.2) “Do you still have asthma?” is used.

IF respondent agrees 1 (Yes) with “Informed Consent”:

IF BRFSS module value for CASTHNO2, “Does the child still have asthma?” = 2 (No), 7 (DK), or 9 (Refused),

AND

(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)

THEN SKIP TO C10.14; otherwise continue with C10.12

IF BRFSS module value for CASTHNO2, “Does the child still have asthma?” = 1 (Yes), then continue with C10.12.

IF respondent DOES NOT agree 2 (No) with “Informed Consent” REPEAT = 1:

IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused)

AND

(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)

THEN SKIP TO C10.14; otherwise continue with C10.12

IF CUR_ASTH (2.2) = 1 (Yes), then continue with C10.12.

MISS_DCAR (C10.12) During the past 12 months, about how many days of daycare did {he/she} miss because of {his/her} asthma?

____ ENTER NUMBER DAYS

[3 NUMERIC-CHARACTER-FIELD, RANGE CHECK: (001-365, 777, 888, 999)]

[Verify any entry >50]

[DISPLAY THE THREE POSSIBILITIES BELOW ON THE CATI SCREEN FOR THIS QUESTION TO ASSIST THE INTERVIEWER]

(888) ZERO

(777) DON'T KNOW

(999) REFUSED

[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]

DCARE_APL (C10.13) [IF DAYCARE1 (10.11) = YES (1) THEN READ: “Please answer these next few questions about the daycare {child’s name} went to last. “

Does {child’s name} have a written asthma action plan or asthma management plan on file at daycare?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

DCARE_ANML(C10.14) Are there any pets such as dogs, cats, hamsters, birds or other feathered or furry pets in {his/her} room at daycare?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

DCARE_MLD (C10.15) Are you aware of any mold problems in {his/her} daycare?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

DCARE_SMK (C10.16) Is smoking allowed at {his/her} daycare?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

Section 11. Comorbid Conditions
IF RESPONDENT TYPE=1 (ADULT), CONTINUE; ELSE GO TO SECTION 12.

We have just a few more questions. Besides asthma we are interested in some other medical conditions you may have.

COPD (11.1) Have you ever been told by a doctor or health professional that you have chronic obstructive pulmonary disease also known as COPD?

[INTERVIEWER NOTE: IN THE BRFSS, WE ASKED ABOUT COPD, EMPHYSEMA, & CHRONIC BRONCHITIS ALL IN ONE QUESTION, WE ARE NOW ASKING 3 SEPARATE QUESTIONS]

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

EMPHY (11.2) Have you ever been told by a doctor or other health professional that you have emphysema?

[INTERVIEWER NOTE: IN THE BRFSS, WE ASKED ABOUT COPD, EMPHYSEMA, & CHRONIC BRONCHITIS ALL IN ONE QUESTION, WE ARE NOW ASKING 3 SEPARATE QUESTIONS]

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

BRONCH (11.3) Have you ever been told by a doctor or other health professional that you have Chronic Bronchitis?

[INTERVIEWER NOTE: IN THE BRFSS, WE ASKED ABOUT COPD, EMPHYSEMA, & CHRONIC BRONCHITIS ALL IN ONE QUESTION, WE ARE NOW ASKING 3 SEPARATE QUESTIONS]

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

[HELP SCREEN: Chronic Bronchitis is repeated attacks of bronchitis over a long period of time. Chronic Bronchitis is not the type of bronchitis you might get occasionally with a cold.]

DEPRESS (11.4) Have you ever been told by a doctor or other health professional that you were depressed?

[INTERVIEWER NOTE: If needed say "As I mentioned earlier, I need to validate some of your earlier answers for this Asthma Study"]

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

Section 12. Complimentary and Alternative Therapy

The best known value for whether or not the adult "still has asthma" is used in the skip below. It can be the previously answered BRFSS core value or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey. If the respondent confirms in the "Informed Consent" question that the previously answered BRFSS core (BRFSS ASTHNOW) value is correct then the value from the BRFSS core question (BRFSS ASTHNOW) is used. If the respondent does not agree with the previous BRFSS core value in "Informed Consent" then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR_ASTH (2.2) "Do you still have asthma?" is used.

IF respondent agrees 1 (Yes) with "Informed Consent":

IF BRFSS (PATIENT TYPE=ADULT: core value for ASTHNOW, "Do you still have asthma?" = 2 (No), 7 (DK), or 9 (Refused) / PATIENT TYPE=CHILD: CASTHNO2 "Does the child still have asthma?" = 2 (No), 7 (DK), or 9 (Refused))

AND

(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)

THEN SKIP TO skip to CWEND ; otherwise continue with section 12

IF BRFSS (PATIENT TYPE=ADULT: core value for ASTHNOW, "Do you still have asthma?" = 1 (Yes) / PATIENT TYPE=CHILD: CASTHNO2 "Does the child still have asthma?" = 1 (Yes)) continue with section 12.

IF respondent DOES NOT agree 2 (No) with "Informed Consent" REPEAT = 1:

IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused)

AND

(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)

THEN SKIP TO skip to CWEND ; otherwise continue with section 12

IF CUR_ASTH (2.2) = 1 (Yes) continue with section 12.

READ: Sometimes people use methods other than prescription medications to help treat or control their asthma. These methods are called non-traditional, complementary, or alternative health care. I am going to read a list of these alternative methods. For each one I mention, please answer “yes” if [you have / Child name has] used it to control (IF PATIENT TYPE=ADULT, INSERT “your own”) (IF PATIENT TYPE=CHILD, INSERT “his/her”) asthma in the past 12 months. Answer “no” if [you have / he/she has] not used it in the past 12 months.

In the past 12 months, [have you / has he/she] used ... to control (your/his/her) asthma?
[interviewer: repeat prior phrasing as needed]

CAM_HERB (12.1)	herbs	(1) YES	(2) NO	(7) DK	(9) REF
CAM_VITA (12.2)	vitamins	(1) YES	(2) NO	(7) DK	(9) REF
CAM_PUNC (12.3)	acupuncture	(1) YES	(2) NO	(7) DK	(9) REF
CAM_PRES (12.4)	acupressure	(1) YES	(2) NO	(7) DK	(9) REF
CAM_AROM (12.5)	aromatherapy	(1) YES	(2) NO	(7) DK	(9) REF
CAM_HOME (12.6)	homeopathy	(1) YES	(2) NO	(7) DK	(9) REF
CAM_REFL (12.7)	reflexology	(1) YES	(2) NO	(7) DK	(9) REF
CAM_YOGA (12.8)	yoga	(1) YES	(2) NO	(7) DK	(9) REF
CAM_BR (12.9)	breathing techniques	(1) YES	(2) NO	(7) DK	(9) REF
CAM_NATR (12.10)	naturopathy	(1) YES	(2) NO	(7) DK	(9) REF

[INTERVIEWER: If respondent does not recognize the term “naturopathy” the response should be no”]

[HELP SCREEN: Naturopathy (nay-chur-o-PATH-ee) is an alternative treatment based on the principle that there is a healing power in the body that establishes, maintains, and restores health. Naturopaths prescribe treatments such as nutrition and lifestyle counseling, dietary supplements, medicinal plants, exercise, homeopathy, and treatments from traditional Chinese medicine.]

CAM_OTHR (12.11) Besides the types I have just asked about, [have you / has Child name] used any other type of alternative care for (IF PATIENT TYPE=ADULT, INSERT “your”) (IF PATIENT TYPE=CHILD, INSERT “his/her”) asthma in the past 12 months?

(1) YES

(2) NO

[SKIP TO Section 13]

(7) DON'T KNOW

[SKIP TO Section 13]

(9) REFUSED

[SKIP TO Section 13]

CAM_TEXT (12.13) What else [have you / has he/she] used?

(1) [100 ALPHANUMERIC CHARACTER LIMIT]

ENTER OTHER ALTERNATIVE MEDICINE IN TEXT FIELD
IF MORE THAN ONE IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.

(7) DON'T KNOW

(9) REFUSED

Section 13. Additional Child Demographics

IF RESPONDENT TYPE=2 (CHILD), CONTINUE; ELSE GO TO THANK AND END.

READ "I have just a few more questions about {child's name}."

HEIGHT1 How tall is {child's name}?

[INTERVIEWER: if needed: Ask the respondent to give their best guess.]

____ = Height (ft/inches)
7 7 7 7 = Don't know/Not sure
9 9 9 9 = Refused

CATI Note: In the first space for the height (highlighted in yellow), if the respondent answers in feet/inches enter "0." If respondent answers in metric, put "9" in the first space.

Examples:

24 inches = 200 (2 feet)	30 inches = 206 (2 feet 6 inches),
36 inches = 300 (3 feet)	40 inches = 304 (3 feet 4 inches),
48 inches = 400 (4 feet)	50 inches = 402 (4 feet 2 inches),
60 inches = 500 (5 feet)	65 inches = 505 (5 feet 5 inches),

6 feet = 600 (6 feet, zero inches)
5'3" = 503 (5 feet, 3 inches)

VALUES OF GREATER THAN 8 FEET 11 INCHES OR 250 CENTIMETERS SHOULD NOT BE ALLOWED, VALUE RANGE FOR INCHES 00-11.

HELP SCREEN: WE ARE INTERESTED IN LOOKING AT HOW HEIGHT AND WEIGHT MAY BE RELATED TO ASTHMA.

WEIGHT1 How much does {he/she} weigh?

[INTERVIEWER: if needed: Ask the respondent to give their best guess.]

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

CATI Note: In the first space for the weight (highlighted in yellow), if the

respondent answers in pounds, enter "0." If respondent answers in kilograms, put "9" in the first space.

[VALUES OF GREATER THAN 500 POUNDS OR 230 KILOGRAMS SHOULD NOT BE ALLOWED]]

HELP SCREEN: WE ARE INTERESTED IN LOOKING AT HOW HEIGHT AND WEIGHT MAY BE RELATED TO ASTHMA.

BIRTHW1

How much did {he/she} weigh at birth (in pounds)?

<u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	Weight (pounds/kilograms)
9 9 9 9 9	Don't know / Not sure
	Refused

CATI note: If the respondent gives pounds and ounces: from left to right, positions one and two will hold "0 0"; positions three and four will hold the value of pounds from 0 to 30; and the last two positions will hold 00 to 15 ounces.

If the respondent gives kilograms and grams: from left to right, position one will hold "9"; positions two and three will hold the value of kilograms 1-30; and the last three positions will hold the number of grams.

[VALUES OF GREATER THAN 30 POUNDS OR 13.6 KILOGRAMS SHOULD NOT BE ALLOWED]

(INTERVIEWER: IF NEEDED: ASK THE RESPONDENT TO GIVE THEIR BEST GUESS.)

(HELP SCREEN: WE ARE INTERESTED IN LOOKING AT HOW HEIGHT AND WEIGHT MAY BE RELATED TO ASTHMA.)

[IF BIRTH WEIGHT IS DON'T KNOW OR REFUSED ASK BIRTHRF, ELSE SKIP TO CWEND .]

BIRTHRF

At birth, did {child's name} weigh less than 5 ½ pounds?

[INTERVIEWER NOTE: 5 ½ pounds = 2500 GRAMS]

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

SURVEY THANK AND END

CWEND

Those are all the questions I have. I'd like to thank you on behalf of the **Florida DoH** and the Centers for Disease Control and Prevention for the time and effort you've spent answering these questions. If you have any questions about this survey, you may call my supervisor toll-free at 877-551-6138. Thanks again.

Qualified Level 6

Appendix A: Coding Notes and Pronunciation Guide

Coding Notes:

1) MISDIAGNOSIS NOTE: If, during the survey, the interviewer discovers that the respondent never really had asthma because it was a misdiagnosis, then assign disposition code "4471 Resp. was misdiagnosed; never had asthma" as a final code and terminate the interview.

2) BACKCODE SYMPFREE (4.4) TO 14 IF LASTSYMP (3.5) = 88 (never) or = 04, 05, 06, or 07 OR IF SYMP_30D = 88. THIS WILL BE DONE BY BSB.

3) CATI Programmer's note: For the Other in the medications (in INH_MEDS, PILLS_MD, SYRUP_ID or NEB_ID. If "Other" has one of the following misspellings then a menu choice should have been made. Code for this and correct:

Medication	Common misspelling in "Other"
Zyrtec	Zertec, Zertek or Zerteck
Allegra	Alegra, Allegra or Allegra D
Claritin	Cleraton, Cleritin or Claritin D
Singulair	Singular, Cingulair or Cingular
Xopenex	Zopanox or Zopenex
Advair	
Diskus	Advair or Diskus
Albuterol	Aluterol Sulfate
Maxair	Maxair Autohaler

Pronunciation Guide:

The following is a pronunciation guide. The top ten medications are shown bolded. Audio files are available from the BRFSS coordinators' upload/download site.

INH_MEDS

	Medication	Pronunciation
01	Advair (+ A. Diskus)	ăd-vâr (or add-vair)
02	Aerobid	â-rō'bīd (or air-row-bid)
03	Albuterol (+ A. sulfate or salbutamol)	ăl'-bu'ter-ōl (or al-BYOO-ter-ole) sāl-byū'tə-môl'
04	Alupent	al-u-pent
43	Alvesco (+ Ciclesonide)	al-ves-co
40	Asmanex (twisthaler)	as-muh-neks twist-hey-ler
05	Atrovent	At-ro-vent
06	Azmacort	az-ma-cort
07	<u>Beclomethasone dipropionate</u>	bek"lo-meth'ah-son dī' pro'pe-o-nāt (or be-kloe-meth-a-sone)
08	Beclovent	be' klo-vent" (or be-klo-vent)
09	<u>Bitolterol</u>	bi-tōl'ter-ōl (or bye-tole-ter-ole)
10		

11	<u>Budesonide</u>	byoo- des -oh-nide
12	Combivent	com -bi-vent
13	<u>Cromolyn</u>	kro 'mō-lin (or KROE -moe-lin)
44	Dulera	du-le-ra
14	Flovent	flow -vent
15	Flovent Rotadisk	flow -vent row -ta-disk
16	<u>Flunisolide</u>	floo- nis 'o-līd (or floo- NISS -oh-lide)
17	<u>Fluticasone</u>	flue- TICK -uh-zone
34	Foradil	<i>FOUR-a-dil</i>
35	<u>Formoterol</u>	for moh' te rol
18		
19	<u>Ipratropium Bromide</u>	īp-rah- tro 'pe-um bro'mīd (or ip-ra- TROE -pee-um)
37	<u>Levalbuterol tartrate</u>	lev-al- BYOU -ter-ohl
20	Maxair	māk -sâr
21	<u>Metaproteronol</u>	met"ah-pro- ter 'ĕ-nōl (or met-a-proe- TER -e-nole)
39	<u>Mometasone furoate</u>	moe-MET-a-sone
22	<u>Nedocromil</u>	ne-DOK-roe-mil
23	<u>Pirbuterol</u>	pēr- bu 'ter-ōl (or peer- BYOO -ter-ole)
41	Pro-Air HFA	proh-air HFA
24	Proventil	pro"ven-til' (or pro-vent-il)
25	Pulmicort Flexhaler	pul -ma-cort flex-hail-er
36	QVAR	q -vâr (or q-vair)
03	<u>Salbutamol (or Albuterol)</u>	sāl-byū'tə-môl'
26	<u>Salmeterol</u>	sal-ME-te-role
27	Serevent	Sair -a-vent
42	<u>Symbicort</u>	sim -buh-kohrt
28	<u>Terbutaline (+ T. sulfate)</u>	ter- bu 'tah-lĕn (or ter- BYOO -ta-leen)
29		
30	Tornalate	tor -na-late
31	<u>Triamcinolone acetonide</u>	tri"am- sin 'o-lōn as"ĕ-tō-nīd' (or trye-am- SIN -oh-lone)
32	Vanceril	van -sir-il
33	Ventolin	vent -o-lin
38	Xopenex HFA	<i>ZOH-pen-ecks</i>
66	Other, Please Specify	[SKIP TO OTH_I1]

PILLS_MED

	Medication	Pronunciation
01	Accolate	ac -o-late
02	Aerolate	air -o-late
03	Albuterol	āl- bu 'ter-ōl (or al- BYOO -ter-all)
04	Alupent	al -u-pent
49	Brethine	breth-een
05	Choledyl (oxtriphylline)	ko -led-il
07	Deltasone	del -ta-sone
08	Elixophyllin	e-licks- o -fil-in
11	Medrol	Med -rol
12	Metaprel	Met -a-prell
13	<u>Metaproteronol</u>	met"ah-pro- ter 'ĕ-nōl (or met-a-proe- TER -e-nole)

14	<u>Methylprednisolone</u>	meth-ill-pred- niss -oh-lone (or meth-il-pred- NIS -oh-lone)
15	Montelukast	mont-e- lu -cast
17	Pediapred	Pee- dee -a-pred
18	Prednisolone	pred-NISS-oh-lone
19	Prednisone	PRED-ni-sone
21	Proventil	pro- ven -til
23	Respid	res -pid
24	Singular	sing -u-lair
25	Slo-phyllin	slow - fil-in
26	Slo-bid	slow -bid
48	<u>Terbutaline (+ T. sulfate)</u>	ter byoo' ta leen
28	Theo-24	thee -o-24
30	Theochron	thee -o-kron
31	Theoclear	thee -o-clear
32	Theodur	thee -o-dur
33	Theo-Dur	thee -o-dur
35	Theophylline	thee- OFF -i-lin
37	Theospan	thee -o-span
40	T-Phyl	t -fil
42	Uniphyl	u -ni-fil
43	Ventolin	vent -o-lin
44	Volmax	vole -max
45	<u>Zafirlukast</u>	za- FIR -loo-kast
46	Zileuton	zye- loo -ton
47	Zyflo Filmtab	zye -flow film tab

SYRUP_ID

	Medication	Pronunciation
01	Aerolate	air -o-late
02	<u>Albuterol</u>	ăl'- bu 'ter-ōl (or al-BYOO-ter-ole)
03	Alupent	al -u-pent
04	<u>Metaproteronol</u>	met"ah-pro- ter 'ě-nōl (or met-a-proe-TER-e-nole)
05	<u>Prednisolone</u>	pred-NISS-oh-lone
06	Prelone	pre -loan
07	Proventil	Pro- ven -til
08	Slo-Phyllin	slow -fil-in
09	<u>Theophyllin</u>	thee- OFF -i-lin
10	Ventolin	vent -o-lin

NEB_ID

	Medication	Pronunciation
01	<u>Albuterol</u>	ăl'- bu 'ter-ōl (or al-BYOO-ter-ole)
02	Alupent	al -u-pent

03	Atrovent	At-ro-vent
04	<u>Bitolterol</u>	bi-tōl'ter-ōl (or bye- tole -ter-ole)
05	Budesonide	byoo- des -oh-nide
17	Combivent Inhalation Solution	com-be-vent
06	<u>Cromolyn</u>	kro 'mō-lin (or KROE-moe-lin)
07	DuoNeb	DUE-ow-neb
08	Intal	in -tel
09	<u>Ipratropium bromide</u>	īp-rah- tro 'pe-um bro'mīd (or ip-ra- TROE -pee-um)
10	<u>Levalbuterol</u>	lev al byoo' ter ol
11	<u>Metaproteronol</u>	met"ah-pro- ter 'ě-nōl (or met-a-proe-TER-e-nole)
18	Perforomist/Formoterol	per-foro-mist/for-MOE-ter-ol
12	Proventil	Pro- ven -til
13	Pulmicort	pul -ma-cort
14	Tornalate	tor -na-late
15	Ventolin	vent -o-lin
16	Xopenex	<i>ZOH-pen-ecks</i>
66	Other, Please Specify:	[SKIP TO OTH_N1]

ZRHER Call-Back Permission Script

Pre-ZRHER Recruitment: IF SEX=2 (FEMALE) & AGE=18-49 & STATERES=1 CONTINUE: Else go to CLOSING STATEMENT

CATI NOTE: ASK FOR JUNE-DECEMBER SAMPLE MONTH RESPONDENTS (monthnm 6-12)

CALLBCKZ We would like to call you again to talk in more detail about your reproductive health. The information will be used to help develop and improve the programs in Florida. Would it be okay if we called you back to ask questions related to reproductive health at a later time?

Nos gustaría llamarle nuevamente para hablar con usted con más detalle sobre temas relacionados a la salud reproductiva y el virus del Zika, y cuán preparada está usted para otras emergencias de salud pública, como un huracán u otro brote de una enfermedad infecciosa.

La información se usará para ayudar a desarrollar y mejorar la preparación ante emergencias en Florida. La información que nos dio hoy y la que nos provea en el futuro se mantendrá confidencial.

Si usted acepta, mantendremos su nombre o iniciales y número de teléfono en un archivo, separado de las respuestas recopiladas hoy.

Aunque usted esté de acuerdo ahora, puede negarse a participar en el futuro. ¿Estaría bien si te volviéramos a llamar en otro momento para hacer preguntas adicionales?

- 1 Yes [GO TO CALLBCKZNAME]
- 2 No [GO TO CLOSING STATEMENT]

CALLBCKZNAME Can I please have either your first name or initials so we will know who to ask for when we call back?

¿Puedo por favor tener su nombre o iniciales para que sepamos con quién hablar cuando lo llamemos?

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

CLOSING STATEMENT

That was my last question. Everyone's answers will be combined to help us provide information about the health practices of people in [IF STATERES=1, DISPLAY "Florida", ELSE DISPLAY "this state"]. 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?

(QSTLANG)

- 1 English
- 2 Spanish

