



2012

**Behavioral Risk Factor Surveillance System
Questionnaire**

January 17th, 2012 FINAL

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2012 Questionnaire**

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Interviewer's Script

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

Is this (phone number) ?

If "no,"

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

Is this a private residence in (state) ?

If "no,"

Do you live in college housing?

Guidance: By college housing we mean a dormitory, graduate housing, or visiting faculty housing, or other housing arrangement provided by a college or university?

If "no,"

Thank you very much, but we are only interviewin persons who line a private residence or college housing at this time.

(state) . **STOP**

Is this a cellular telephone?

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

If "yes,"

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

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

___ Number of adults

If "1,"

Are you the adult?

If "yes,"

Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary). **Go to page 5.**

If "no,"

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

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



___ Number of men

___ Number of women

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

If "you," go to page 5

To the correct respondent:

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

Core Sections

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

Section 1: Health Status

1.1 Would you say that in general your health is—

(73)

Please read:

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

Or

- 5 Poor

Do not read:

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

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

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

(74–75)

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

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

(76-77)

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

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

(78-79)

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

[2.3 Cannot be greater than the sum of 2.1 + 2.2:

Interviewer prompt:

I may have entered a value incorrenctly.

I entered that (number) days during the past 30 days your physical health was not good ? (CQ201)

I also entererd that (number) days during the past 30 days your mental health was not good ? (C02Q02)

Then on this last questions I recorded that for (number) days poor physical or mental health kept you from doing your usual activities, such as self-care, work, or recreation. (C02Q03)

Are these answers correct?

1. Correct 2.1
2. Correct 2.2
3. Correct 2.3
4. Continue

Section 3: Health Care Access

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

(80)

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

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

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

(81)

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

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

(82)

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

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

(83)

- 1 Within past year (anytime less than 12 months ago)
- 2 Within past 2 years (1 year but less than 2 years ago)
- 3 Within past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 8 Never
- 9 Refused

Section 4: Exercise

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

(84)

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

Section 5: Chronic Health Conditions

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

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure."

- 5.1** (Ever told) you that you had a heart attack also called a myocardial infarction? (85)
- | | | |
|---|-----------------------|--|
| 1 | Yes | |
| 2 | No | |
| 7 | Don't know / Not sure | |
| 9 | Refused | |
- 5.2** (Ever told) you had angina or coronary heart disease? (86)
- | | | |
|---|-----------------------|--|
| 1 | Yes | |
| 2 | No | |
| 7 | Don't know / Not sure | |
| 9 | Refused | |
- 5.3** (Ever told) you had a stroke? (87)
- | | | |
|---|-----------------------|--|
| 1 | Yes | |
| 2 | No | |
| 7 | Don't know / Not sure | |
| 9 | Refused | |
- 5.4** (Ever told) you had asthma? (88)
- | | | |
|---|-----------------------|--------------|
| 1 | Yes | |
| 2 | No | [Go to Q5.6] |
| 7 | Don't know / Not sure | [Go to Q5.6] |
| 9 | Refused | [Go to Q5.6] |
- 5.5** Do you still have asthma? (89)
- | | | |
|---|-----------------------|--|
| 1 | Yes | |
| 2 | No | |
| 7 | Don't know / Not sure | |
| 9 | Refused | |
- 5.6** (Ever told) you had skin cancer? (90)
- | | | |
|---|-----------------------|--|
| 1 | Yes | |
| 2 | No | |
| 7 | Don't know / Not sure | |
| 9 | Refused | |

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

(91)

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

5.8 (Ever told) you have chronic obstructive pulmonary disease or COPD, emphysema or chronic bronchitis?

(92)

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

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

(93)

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

INTERVIEWER NOTE: Arthritis diagnoses include:

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

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

(94)

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

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

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

(95)

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

5.12 Do you have any trouble seeing, even when wearing glasses or contact lenses?

(96)

- 1 Yes
- 2 No
- 3 Not applicable (blind)
- 7 Don't know / Not sure
- 9 Refused

5.13 (Ever told) you have diabetes?

(97)

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

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

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

CATI note: If Q5.13 = 1 (Yes), go to Diabetes Optional Module (if used). If any other response to Q5.13, go to Pre-Diabetes Optional Module (if used), otherwise, go to next section.

ASKED ONLY OF RESPONDENTS RESPONDING "YES" TO DIABETES QUESTION

Module 1: Pre-Diabetes

NOTE: Only asked of those not responding "Yes" (code = 1) to Core Q5.13 (Diabetes awareness question).

M1.1 Have you had a test for high blood sugar or diabetes within the past three years?

(210)

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

CATI note: If Core Q5.13 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 "Yes" (code = 1).

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?"

(211)

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

Module 2: Diabetes

To be asked following Core Q5.13; if response is "Yes" (code = 1)

M2.1 How old were you when you were told you have diabetes?

(212-213)

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

M2.2 Are you now taking insulin?

(214)

- 1 Yes
- 2 No
- 9 Refused

M2.3 About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

(215-217)

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

M2.4 About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

(218-220)

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

M2.5 About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

(221-222)

- _ _ Number of times [76 = 76 or more]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

M2.6 A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?

(223-224)

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

CATI note: If Q4 = 555 (No feet), go to Q8.

M2.7 About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

(225-226)

- Number of times [76 = 76 or more]
- 8 8 None
 - 7 7 Don't know / Not sure
 - 9 9 Refused

M2.8 When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

(227)

Read only if necessary:

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

Do not read:

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

M2.9 Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

(228)

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

M2.10 Have you ever taken a course or class in how to manage your diabetes yourself?

(229)

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

State Added Module 1: Alcohol Screening Questions

The next question(s) asks about discussions that you might have had with your doctor or other health professional about your alcohol use."

NM 1.1 In the last 12 months, has a doctor or other health professional asked you how much and how often you drink alcohol?"

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

Section 6: Oral Health

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

(98)

Read only if necessary:

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

Do not read:

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

6.2 How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.

(99)

- | | |
|---|-----------------------|
| 1 | 1 to 5 |
| 2 | 6 or more but not all |
| 3 | All |
| 8 | None |
| 7 | Don't know / Not sure |
| 9 | Refused |

Section 7: Demographics

7.1 What is your age? (100-101)

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

7.2 Are you Hispanic or Latino? (102)

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

7.3 Which one or more of the following would you say is your race? (103 -108)

CATI Note: If 7.2 = 1, Read 7.3 as 'White Hispanic, Black Hispanic, etc.'

(Check all that apply)

Please read:

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

Or

- 6 Other [specify] _____

Do not read:

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

CATI note: If more than one response to Q7.3; continue. Otherwise, go to Q7.5.

7.4a Which of these groups, [Hispanic response Q7.2, multiple responses 7.3] would you say best represents your race?

Ask if Q7.2 = '1' and Q7.3 = '1' or greater, including '6' (other).
Responses to Q7.3; or Hispanic response in Q7.2, are incorporated into the question.

(109)

Please read:

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

Or

- 6 Other [specify] _____

Do not read:

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

7.4b Which off these groups, [Multiple responses 7.3] would you say best represents your race?

Ask if Q7.2='2' and Q7.3 has one or more responses.
Responses to Q7.3; or Hispanic response in Q7.2, are incorporated into the question.

(109)

Please read:

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

Or

- 6 Other [specify] _____

Do not read:

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

STATE ADDED MODULE 2: Tribal Affiliation

CATI: ASK IF 7.4 CONTAINS '5' AS ONE OF THE RESPONSES)

NM 2.1 What is your main tribe?
Guidance: What is your tribal affiliation or tribal enrollment?

1. Apache
2. Navajo/Dine
3. Pueblo (Any of the 19 NM Pueblos)
4. Other, specify _____
7. Don't Know/Not sure
9. Refused

STATE ADDED MODULE 3: Health Care Coverage

NM SAM 2.1, 2010, NM SAM 2, 2009; NM SAM 7, 2008

CATI: IF 3.1=2, 7,9 (>1) AND when 7.3 if "your race" has a "5" as a choice (even as one of multiple choices) THEN ASK FOLLOWING QUESTION OTHERWISE CONTINUE TO NM4.1

NM 3.1 Do you have access to health care through Indian Health Services (HIS)?

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

STATE ADDED MODULE 4: Sexual Orientation

NM 4.1 Do you consider yourself to be one or more of the following: (Say the letter so they can respond by letter)

1. A. Straight
2. B. Gay or Lesbian
3. C. Bisexual
4. D. Transgender

You can name a different category if that fits you better

8. E. Other, specify _____
7. Don't know/Not sure
9. Refused

Notes for interviewers:

If respondents need clarification on the lettered choices above, use the following definitions:

- A. Straight:** have sex with, or are primarily attracted to people of the opposite sex
- B. Gay or Lesbian:** have sex with, or are primarily attracted to people of the same sex
- C. Bisexual:** have sex with or are attracted to people of both sexes
- D. Transgender:** While many gender variant people might identify as transgender, one familiar type of transgender person is a man who has a sex change to become a woman.

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

(110)

- 1 Yes
- 2 No

Do not read:

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

STATE ADDED MODULE 5: Health Care Coverage Continued

CATI: IF 3.1=2, 7, 9 (>1) AND when 7.3 if "your race" has a "5" as a choice (even as one of multiple choices) THEN ASK FOLLOWING QUESTION OTHERWISE CONTINUE TO 7.6

NM 5.1 Do you have access to health care through the United States Armed Forces or the VA?

- 1. Yes
- 2. No
- 3. Don't know/Not sure
- 4. Refused

7.6 Are you...?

(111)

Please read:

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

Or

- 6 A member of an unmarried couple

Do not read:

- 9 Refused

- 7.7** How many children less than 18 years of age live in your household? (112-113)
- Number of children
- 8 8 None
- 9 9 Refused

TRIGGERS RANDOM CHILD SELECTION

- 7.8** What is the highest grade or year of school you completed? (114)

Read only if necessary:

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

Do not read:

- 9 Refused

- 7.9** Are you currently...? (115)

Please read:

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired

Or

- 8 Unable to work

Do not read:

- 9 Refused

7.10 Is your annual household income from all sources—

(116-117)

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

Read only if necessary:

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

Do not read:

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

7.11 About how much do you weigh without shoes?

(118-121)

NOTE: If respondent answers in metrics, put "9" in column 118.

Round fractions up

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

7.12 About how tall are you without shoes?

(122-125)

NOTE: If respondent answers in metrics, put "9" in column 122.

Round fractions down

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

7.13 What county do you live in? (126-128)

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

7.14 What is the ZIP Code where you live? (129-133)

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

7.15 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (134)

1 Yes
 2 No [Go to Q7.17]
 7 Don't know / Not sure [Go to Q7.17]
 9 Refused [Go to Q7.17]

7.16 How many of these telephone numbers are residential numbers? (135)

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

7.17 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (136)

1 Yes [Go to Q7.19]
 2 No
 7 Don't know / Not sure
 9 Refused

7.18 Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone? (139-141)

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

7.19 Do you own or rent your home? (142)

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

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

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

7.20 Indicate sex of respondent. Ask only if necessary. (143)

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

7.21 To your knowledge, are you now pregnant? (144)

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

Section 8: Disability

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

8.1 Are you limited in any way in any activities because of physical, mental, or emotional problems? (145)

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

8.2 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (146)

Include occasional use or use in certain circumstances.

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

Section 9: Tobacco Use

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

(147)

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No [Go to Q9.5]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

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

(148)

- 1 Every day
- 2 Some days
- 3 Not at all [Go to Q9.4]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

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

(149)

- 1 Yes [Go to Q9.5]
- 2 No [Go to Q9.5]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

9.4 How long has it been since you last smoked a cigarette, even one or two puffs? (150-151)

- 0 1 Within the past month (less than 1 month ago)
- 0 2 Within the past 3 months (1 month but less than 3 months ago)
- 0 3 Within the past 6 months (3 months but less than 6 months ago)
- 0 4 Within the past year (6 months but less than 1 year ago)
- 0 5 Within the past 5 years (1 year but less than 5 years ago)
- 0 6 Within the past 10 years (5 years but less than 10 years ago)
- 0 7 10 years or more
- 7 7 Don't know / Not sure
- 9 9 Refused

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

Snus (rhymes with 'goose')

NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum. (152)

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

Do not read:

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

STATE ADDED MODULE 6: Adult Tobacco Survey (Current Smokers)

NM 6.1 On the average, about how many cigarettes a day do you now smoke?
CATI Note: Asked if Q9.2 = '1' or '2'

1 pack=20 cigarettes
Verify 61 or more

- ____ (1-180) Number of cigarettes
- 6 6 6. Less than one cigarette per day
 - 7 7 7. Don't know/Not sure
 - 9 9 9 Refused

NM 6.2 The last time you tried to quit smoking,...

CATI Note: Asked if Q9.2 = '1' or '2' and Q9.3 = '1'

...did you use any of the following medications: a nicotine patch, nicotine gum, nicotine lozenges, nicotine nasal spray, a nicotine inhaler, or pills such as Wellbutrin, Zyban, bupropion, Chantix, or varenicline to help you quit?

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

NM 6.3did you call a telephone quitline?

CATI Note: Asked if Q9.2 = '1' or '2' and Q9.3 = '1'

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

NM 6.4use a class or program to help you quit?

CATI Note: Asked if Q9.2 = '1' or '2' and Q9.3 = '1'

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

NM 6.5 Are you seriously considering stopping smoking within the next six months?

CATI Note: Asked if Q9.2 = '1' or '2'

- 1 Yes
- 2 No → Skip to Q6.7
- 7 Don't know/Not sure → Skip to Q6.7
- 9 Refused → Skip to Q6.7

NM 6.6 Are you planning to stop smoking within the next 30 days?

CATI NOTE: : Asked if Q9.2 = '1' or '2' and NM6.5 = '1'

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

NM 6.7 In the past 12 months, have you seen a doctor, nurse, physician assistant, or nurse practitioner to get any kind of care for yourself?

CATI Note: Asked if Q9.2 = '1' or '2'

- 1 Yes
- 2 No → Skip to Q6.9
- 7 Don't know/Not sure → Skip to Q6.9
- 9 Refused → Skip to Q6.9

NM 6.8 During the past 12 months, did any doctor, nurse, physician assistant, or nurse practitioner advise you to not smoke?

CATI Note: Asked if Q9.2 = '1' or '2' and NM6.7 = '1'

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

NM 6.9 In the past 12 months, have you seen a dentist or dental hygienist?

CATI Note: Asked if Q9.2 = '1' or '2'

- 1 Yes
- 2 No → Skip to Q6.11
- 7 Don't know/Not sure → Skip to Q6.11
- 9 Refused → Skip to Q6.11

NM 6.10 In the past 12 months, did a dentist or dental hygienist advise you to quit smoking?

CATI Note: Asked if Q9.2 = '1' or '2' and NM6.9='1'

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

NM 6.11 Which statement best describes the rules about smoking inside your home? Do not include decks, garages, or porches. Would you say . . .

CATI NOTE: ASKED OF ALL RESPONDENTS

- 1 Smoking is not allowed anywhere inside your home
- 2 Smoking is allowed in some places or at some times
- 3 Smoking is allowed anywhere inside the home
- 7 Don't know/Not sure
- 9 Refused

NM 6.12 Which of the following best describes the rules about people smoking in the vehicle YOU drive the most? Would you say . . .

CATI NOTE: ASKED OF ALL RESPONDENTS

- 1 Smoking is not allowed at all
- 2 Smoking is allowed some of the time
- 3 Smoking is allowed all of the time
- 7 Don't know/Not sure
- 9 Refused

NM 6.13 Do you now smoke cigars every day, some days or not at all?

CATI NOTE: ASKED OF ALL RESPONDENTS

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

NM 6.14. Do you recall seeing the number 1-800 QUIT NOW on TV or elsewhere that someone can call to get information about quitting smoking?

CATI NOTE: ASKED OF ALL RESPONDENTS

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

Section 10: Alcohol Consumption

10.1 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?
(153-155)

1 __ Days per week

- 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]

10.2 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?
(156-157)

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

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

10.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI X = 5 for men, X = 4 for women] or more drinks on an occasion? (158-159)

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

10.4 During the past 30 days, what is the largest number of drinks you had on any occasion? (160-161)

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

Section 11: Immunization

11.1 Now I will ask you questions about the seasonal flu vaccine. There are two ways to get the seasonal flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™. During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose? (162)

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 Q11.4]
7	Don't know / Not sure	[Go to Q11.4]
9	Refused	[Go to Q11.4]

11.2 During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose? (163-168)

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

11.3 At what kind of place did you get your last flu shot/vaccine? (169-170)

0 1	A doctor's office or health maintenance organization (HMO)
0 2	A health department
0 3	Another type of clinic or health center (Example: a community health center)
0 4	A senior, recreation, or community center
0 5	A store (Examples: supermarket, drug store)
0 6	A hospital (Example: inpatient)
0 7	An emergency room

- 0 8 Workplace
- 0 9 Some other kind of place
- 1 0 Received vaccination in Canada/Mexico (Volunteered – Do not read)
- 1 1 A school
- 7 7 Don't know / Not sure (*Probe: "How would you describe the place where you went to get your most recent flu vaccine?"*)

Do not read:

- 9 9 Refused

11.4

A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?
(171)

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

Section 12: Falls

If respondent is 45 years or older continue, otherwise go to next section.

Next, I will ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

12.1

In the past 12 months, how many times have you fallen?

(172-173)

- | | | |
|-----|-----------------------|----------------------|
| – – | Number of times | [76 = 76 or more] |
| 8 8 | None | [Go to next section] |
| 7 7 | Don't know / Not sure | [Go to next section] |
| 9 9 | Refused | [Go to next section] |

12.2

[Fill in "Did this fall (from Q12.1) cause an injury?"]. If only one fall from Q12.1 and response is "Yes" (caused an injury); code 01. If response is "No," code 88.

How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

(174-175)

- | | | |
|-----|-----------------------|-------------------|
| – – | Number of falls | [76 = 76 or more] |
| 8 8 | None | |
| 7 7 | Don't know / Not sure | |
| 9 9 | Refused | |

Section 13: Seatbelt Use

13.1 How often do you use seat belts when you drive or ride in a car? Would you say— (176)

Please read:

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

Do not read:

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

CATI note: If Q13.1 = 8 (Never drive or ride in a car), go to Section 15; otherwise continue.

Section 14: Drinking and Driving

CATI note: If Q10.1 = 888 (No drinks in the past 30 days); go to next section.

The next question is about drinking and driving.

14.1 During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (177-178)

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

Section 15: Breast and Cervical Cancer Screening

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

The next questions are about breast and cervical cancer.

15.1 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (179)

- 1 Yes
- 2 No [Go to Q15.3]
- 7 Don't know / Not sure [Go to Q15.3]
- 9 Refused [Go to Q15.3]

15.2 How long has it been since you had your last mammogram? (180)

Read only if necessary:

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

Do not read:

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

15.3 A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam? (181)

- 1 Yes
- 2 No [Go to Q15.5]
- 7 Don't know / Not sure [Go to Q15.5]
- 9 Refused [Go to Q15.5]

15.4 How long has it been since your last breast exam? (182)

Read only if necessary:

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

Do not read:

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

15.5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (183)

- 1 Yes
- 2 No [Go to Q15.7]
- 7 Don't know / Not sure [Go to Q15.7]
- 9 Refused [Go to Q15.7]

15.6 How long has it been since you had your last Pap test?

(184)

Read only if necessary:

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

Do not read:

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

CATI note: If response to Core Q7.23 = 1 (is pregnant); then go to next section.

15.7 Have you had a hysterectomy?

(185)

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

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

Section 16: Prostate Cancer Screening

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

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

16.1 A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the PSA test?

(186)

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

16.2 Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test? (187)

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

16.3 Has a doctor, nurse, or other health professional EVER recommended that you have a PSA test? (188)

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

16.4 Have you EVER HAD a PSA test? (189)

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

16.5 How long has it been since you had your last PSA test? (190)

Read only if necessary:

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

Do not read:

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

16.6 What was the MAIN reason you had this PSA test – was it ...? (191)

- 1 Part of a routine exam
- 2 Because of a prostate problem
- 3 Because of a family history of prostate cancer
- 4 Because you were told you had prostate cancer
- 5 Some other reason

Do Not Read:

- 7 Don't know / Not sure

Section 17: Colorectal Cancer Screening

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

The next questions are about colorectal cancer screening.

17.1 A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (192)

- 1 Yes
- 2 No [Go to Q17.3]
- 7 Don't know / Not sure [Go to Q17.3]
- 9 Refused [Go to Q17.3]

17.2 How long has it been since you had your last blood stool test using a home kit? (193)

Read only if necessary:

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

Do not read:

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

17.3 Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? (194)

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

17.4 For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy? (195)

- 1 Sigmoidoscopy
- 2 Colonoscopy
- 7 Don't know / Not sure
- 9 Refused

17.5 How long has it been since you had your last sigmoidoscopy or colonoscopy? (196)

Read only if necessary:

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

Do not read:

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

Section 18: 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.

18.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (197)

- 1 Yes
- 2 No [Go to Q18.3]
- 7 Don't know / Not sure [Go to Q18.3]
- 9 Refused [Go to Q18.3]

18.2 Not including blood donations, in what month and year was your last HIV test? (198-203)

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

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

- /--- Code month and year
- 77/7777 Don't know / Not sure
- 99/9999 Refused / Not sure

18.3 I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You do not need to tell me which one.

- You have used intravenous drugs in the past year.
- You have been treated for a sexually transmitted or venereal disease in the past year.
- You have given or received money or drugs in exchange for sex in the past year.
- You had anal sex without a condom in the past year.

Do any of these situations apply to you?

(204)

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

Please read:

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

Module 17: Mental Illness and Stigma

Now, I am going to ask you some questions about how you have been feeling lately.

M17.1 About how often during the past 30 days did you feel **nervous** — would you say **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time?

(338)

- | | |
|---|-----------------------|
| 1 | All |
| 2 | Most |
| 3 | Some |
| 4 | A little |
| 5 | None |
| 7 | Don't know / Not sure |
| 9 | Refused |

M17.2 During the past 30 days, about how often did you feel **hopeless** — **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time?

(339)

- | | |
|---|-----------------------|
| 1 | All |
| 2 | Most |
| 3 | Some |
| 4 | A little |
| 5 | None |
| 7 | Don't know / Not sure |
| 9 | Refused |

M17.3 During the past 30 days, about how often did you feel restless or fidgety?
 [If necessary: all, most, some, a little, or none of the time?]

(340)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

M17.4 During the past 30 days, about how often did you feel so depressed that nothing could cheer you up?

[If necessary: all, most, some, a little, or none of the time?]

(341)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

M17.5 During the past 30 days, about how often did you feel that everything was an effort?

Note: If respondent asks what does "everything was an effort" means; say, "Whatever it means to you"

[If necessary: all, most, some, a little, or none of the time?]

(342)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

M17.6 During the past 30 days, about how often did you feel worthless?

[If necessary: all, most, some, a little, or none of the time?]

(343)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

M17.7 During the past 30 days, for about how many days did a mental health condition or emotional problem keep you from doing your work or other usual activities?

(344-345)

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

INTERVIEWER NOTE: If asked, "usual activities" includes housework, self-care, care giving, volunteer work, attending school, studies, or recreation.

M17.8 Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?

(346)

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

These next questions ask about peoples' attitudes toward mental illness and its treatment.

M17.9 Treatment can help people with mental illness lead normal lives. Do you —agree slightly or strongly, or disagree slightly or strongly?

(347)

Read only if necessary:

- | | |
|---|----------------------------|
| 1 | Agree strongly |
| 2 | Agree slightly |
| 3 | Neither agree nor disagree |
| 4 | Disagree slightly |
| 5 | Disagree strongly |

Do not read:

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

M17.10 People are generally caring and sympathetic to people with mental illness. Do you —agree slightly or strongly, or disagree slightly or strongly?

(348)

Read only if necessary:

- | | |
|---|----------------------------|
| 1 | Agree strongly |
| 2 | Agree slightly |
| 3 | Neither agree nor disagree |
| 4 | Disagree slightly |
| 5 | Disagree strongly |

Do not read:

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

INTERVIEWER NOTE: If asked for the purpose of Q9 or Q10: say: "answers to these questions will be used by health planners to help understand public attitudes about mental illness and its treatment and to help guide health education programs".

Module 23: Random Child Selection

CATI note: If Core Q7.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

If Core Q7.7 = 1, Interviewer please read: "Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child." [Go to Q1]

If Core Q7.7 is >1 and Core Q7.7 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.

M23.1 What is the birth month and year of the "Xth" child?

(392-397)

$\frac{\text{---}}{\text{7 7}} / \frac{\text{---}}{\text{7 7 7 7}}$	Code month and year
$\frac{\text{---}}{\text{7 7}} / \frac{\text{---}}{\text{7 7 7 7}}$	Don't know / Not sure
$\frac{\text{---}}{\text{9 9}} / \frac{\text{---}}{\text{9 9 9 9}}$	Refused

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

M23.2 Is the child a boy or a girl?

(398)

1	Boy
2	Girl
9	Refused

M23.3 Is the child Hispanic or Latino?

(399)

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

M23.4

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

(400-405)

[Check all that apply]

Please read:

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

Or

- 6 Other [specify] _____

Do not read:

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

CATI note: If more than one response to Q4, continue. Otherwise, go to QM23.6.

M23.5

Which one of these groups would you say best represents the child's race?

(406)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other
- 7 Don't know / Not sure
- 9 Refused

M23.6

How are you related to the child?

(407)

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 24: Childhood Asthma Prevalence

CATI note: If response to Core Q7.7 = 88 (None) or 99 (Refused), go to next module.

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

- M24.1** Has a doctor, nurse or other health professional EVER said that the child has asthma? (408)
- | | | |
|---|-----------------------|---------------------|
| 1 | Yes | |
| 2 | No | [Go to next module] |
| 7 | Don't know / Not sure | [Go to next module] |
| 9 | Refused | [Go to next module] |

- M24.2** Does the child still have asthma? (409)
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

CHILD Asthma Call-Back Permission Script

We would like to call you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in <STATE>. The information you gave us today and any you and anyone in your household give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

- | | | |
|---|-----|-------------------|
| 1 | Yes | (515) |
| 2 | No | Go to Next Module |

FName

Can I please have your first name, initials, or nickname so we will know who to ask for when we call back?

- 10 _____ Enter first name, initials, nickname
 D= Don't Know/Not Sure
 R= Refused

Instructions: If Adult is selected for AFU then skip to CB Time

CName

Can I please have your child's first name, or initials so we can ask about that child's asthma history?

10 _____ Enter first name or initials
 D= Don't Know/Not Sure
 R= Refused

Instructions: Note: if more than one child ask: This is the [Child's age] old child which is the [order of child, ex. 'second child].

MostKnow [Ask question if Child is selected].

Are you the parent or guardian in the household who knows the most about Child's (CNAME) asthma?

- 1 Yes skip to CBTime
- 2 No skip to OthName
- 7 Don't Know/Not Sure skip to CBTime

OthName [Ask question if Child is selected]

You said someone else was more knowledgeable about the child's asthma. Can I please have this adult's first name, initials or nickname so we will know who to ask for when we call back regarding your child?

10 _____ Enter first name or initials
 D= Don't Know/Not Sure
 R= Refused

CBTime

What is a good time to call you back? For example, evenings, days or weekends?

Instructions: If another parent or guardian is selected in MostKnow then display "What is a good time to call back and speak with [OthName]?"

10 _____

ASTHMA CALL BACK SCRIPT

Asthma Call-Back Permission Script

We would like to call you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in <STATE>. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

(515)

- 1 Yes
- 2 No

Can I please have either (your/your child's) first name or initials, so we will know who to ask for when we call back?

_____ Enter first name or initials

STATE ADDED MODULE 7: Industry and Occupation

CATI Note: Ask if 7.9 response is '1', '2', or '4'. If 7.9 response is '3', '5', '6', '7', or '8', continue to closing statement

NM 7.1 What is your job title? (for example, registered nurse, janitor, cashier, auto mechanic)
 "If no job title, ask "what kind of work do you do?"

[Record answer] _____

99 Refused

NM 7.2 What kind of business or industry do you work in? (for example, hospital, elementary school, clothing manufacturing, restaurant)

[Record answer] _____

99 Refused

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

Closing statement

Please read:

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

