



2013

**Behavioral Risk Factor Surveillance System
Questionnaire**

**FINAL
January 9, 2013**

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Interviewer's Script

INTRODUCTION

HELLO, I am calling for the **New Mexico Department of Health**. My name is (name) . We are gathering information about the health of **New Mexico** 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?

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

- | | | |
|---|---------------------------------------|----------------------------|
| 1 | Yes | [Go to state of residence] |
| 2 | No | [Go to college housing] |
| 3 | No, business phone only [Code as 420] | |

If "No, business phone only".

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

STOP

College Housing

Do you live in college housing?

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

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

If "No",

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

Do you reside in New Mexico?

- 1 Yes [Go to Cellular Phone]
- 2 No

If "No"

Thank you very much, but we are only interviewing persons who live in the state of New Mexico at this time. STOP

Cellular Phone

Is this a cellular telephone?

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

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

If "Yes"

Thank you very much, but we are only interviewing by land line telephones and for private residences or college housing. STOP

CATI NOTE: IF (College Housing = Yes) continue; otherwise go to Adult Random Selection Adult

Are you 18 years of age or older?

- 1 Yes, respondent is male [Go to Page 6]
- 2 Yes, respondent is female [Go to Page 6]
- 3 No

If "No",

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

Adult Random Selection

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

___ 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 6.

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 6

To the correct respondent:

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

Core Sections

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call 1-877-325-8226

Section 1: Health Status (1)

1.1 Would you say that in general your health is—

(80)

Please read:

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

Do not read:

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

Section 2: Healthy Days — Health-Related Quality of Life (3)

- 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? (81–82)

— — Number of days
8 8 None

Do not read:

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? (83–84)

— — Number of days
8 8 None

**[If Q2.1 and Q2.2 = 88 (None), go to next section
Health Care Access]**

Do not read:

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? (85–86)

— — Number of days
8 8 None

Do not read:

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 incorrectly.

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

I also entered 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 (4)

- 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? (87)

1 Yes [go to SAM 1.1 (CDC Module 4, Question), else continue]
2 No

Do not read:

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? (88)
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

Do not read:

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? (89)

1 Yes
2 No

Do not read:

7 Don't know / Not sure
9 Refused

CATI Note: go to SAM 1.3 (CDC Module 4, Question 3), else continue

- 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. (90)

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

CATI Note: If Q3.1 = 1 go to SAM 1.4A (CDC Module 4, Question 4a) or/ and Q3.1 = 2, 7, or 9 go to SAM 1.4B (CDC Module 4, Question 4b)

STATE-ADDED Module 1: Health Care Access (8) (CDC MODULE 4)

SAM1.1 Do you have Medicare? (298)

- 1 Yes
- 2 No

Do not read:

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

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

SAM 1.2 Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans? (299-312)

(Select all that apply)

Please Read:

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicaid or Medical Assistance [or substitute state program name]
- 05 The military, CHAMPUS, or the VA [or CHAMP-VA]
- 06 The Indian Health Service [or the Alaska Native Health Service]
- 07 Some other source
- 88 None

Do not read:

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

CATI Note: go to core 3.2

SAM1.3 Other than cost, there are many other reasons people delay getting needed medical care. Have you delayed getting needed medical care for any of the following reasons in the past 12 months? Select the most important reason. (313)

Please read

- 1 You couldn't get through on the telephone.
- 2 You couldn't get an appointment soon enough.

- 3 Once you got there, you had to wait too long to see the doctor.
- 4 The (clinic/doctor's) office wasn't open when you got there.
- 5 You didn't have transportation.

Do not read:

- 6 Other _____ (314-338)
specify
- 8 No, I did not delay getting medical care/did not need medical care
- 7 Don't know/Not sure
- 9 Refused

CATI Note: go to core 3.4

CATI Note: If Q3.1 = 1 (Yes) continue, else go to SAM1.4b

SAM1.4a In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage? (339)

- 1 Yes [Go to QSAM1.5]
- 2 No [Go to QSAM1.5]

Do not read:

- 7 Don't know/Not sure [Go to QSAM1.5]
- 9 Refused [Go to QSAM1.5]

CATI Note: If Q3.1 = 2, 7, or 9 continue, else go to next question (QSAM1.5)

SAM1.4b About how long has it been since you last had health care coverage? (340)

Read if necessary:

- 1 6 months or less
- 2 More than 6 months, but not more than 1 year ago
- 3 More than 1 year, but not more than 3 years ago
- 4 More than 3 years
- 5 Never

Do not read:

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

SAM1.5 How many times have you been to a doctor, nurse, or other health professional in the past 12 months? (341-342)

- Number of times
- 8 8 None

Do not read:

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

SAM1.6 Was there a time in the past 12 months when you did not take your medication as prescribed because of cost? Do not include over-the-counter (OTC) medication.

(343)

- 1 Yes
- 2 No

Do not read:

- 3 No medication was prescribed.
- 7 Don't know/Not sure
- 9 Refused

SAM1.7 In general, how satisfied are you with the health care you received? Would you say—

Please read:

(344)

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Not at all satisfied

Do not read:

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

SAM 1.8 Do you currently have any medical bills that are being paid off over time?

(345)

INTERVIEWER NOTE:

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

- 1 Yes
- 2 No

Do not read:

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

CATI Note: , Go to core section 4.

Section 4: Inadequate Sleep (1)

I would like to ask you about your sleep pattern.

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

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

(91-92)

-- Number of hours [01-24]

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

Section 5: Hypertension Awareness (2)

5.1 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (93)

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 Section 6]
3 No [Go to Section 6]
4 Told borderline high or pre-hypertensive [Go to Section 6]

Do not read:
7 Don't know / Not sure [Go to Section 6]
9 Refused [Go to Section 6]

5.2 Are you currently taking medicine for your high blood pressure? (94)

1 Yes
2 No

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

Section 6: Cholesterol Awareness (3)

6.1 Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (95)

1 Yes
2 No [Go to Section 7]

Do not read:
7 Don't know / Not sure [Go to Section 7]
9 Refused [Go to Section 7]

6.2 About how long has it been since you last had your blood cholesterol checked? (96)

Read only if necessary:

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

Do not read:

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

6.3 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (97)

- 1 Yes
- 2 No

Do not read:

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

Section 7: Chronic Health Conditions (12)

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."

7.1 (Ever told) you that you had a heart attack also called a myocardial infarction? (98)

- 1 Yes
- 2 No

Do not read:

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

7.2 (Ever told) you had angina or coronary heart disease? (99)

- 1 Yes
- 2 No

Do not read:

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

7.3 (Ever told) you had a stroke? (100)

- 1 Yes
- 2 No

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

7.4 (Ever told) you had asthma? (101)

1 Yes
2 No [Go to Q7.6]

Do not read:
7 Don't know / Not sure [Go to Q7.6]
9 Refused [Go to Q7.6]

7.5 Do you still have asthma? (102)

1 Yes
2 No

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

7.6 (Ever told) you had skin cancer? (103)

1 Yes
2 No

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

7.7 (Ever told) you had any other types of cancer? (104)

1 Yes
2 No

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

7.8 (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis? (105)

1 Yes
2 No

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

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

(106)

- 1 Yes
- 2 No

Do not read:

- 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)

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

(107)

- 1 Yes
- 2 No

Do not read:

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

7.11 (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.

(108)

- 1 Yes
- 2 No

Do not read:

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

7.12 (Ever told) you have diabetes?

(109)

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

Do not read:

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

CATI note: If Q7.12 = 1 (Yes), go to Diabetes Optional Module (if used). If any other response to Q7.12, 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 (2)

NOTE: Only asked of those not responding "Yes" (code = 1) to Core Q7.12 (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

Do not read:

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

CATI note: If Core Q7.12= 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?"

- 1 Yes
- 2 Yes, during pregnancy
- 3 No

Do not read:

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

Module 2: Diabetes (10)

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)
 _ _ Code age in years [97 = 97 and older]

Do not read:

9 8 Don't know / Not sure
 9 9 Refused

M2.2 Are you now taking insulin? (214)
 1 Yes
 2 No

Do not read:

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

Do not read:

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

Do not read:

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

Do not read:

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

Do not read:

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

Do not read:

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

Do not read:

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

Do not read:

7 Don't know / Not sure

9 Refused

STATE-ADDED Module 2: Alcohol Screening Questions (1)

NM 2.1a **[CATI NOTE: For MALE respondents]** At your last check-up, did a doctor or other health professional **ASK** whether you drank 5 or more alcoholic drinks on an occasion?"

1 Yes

2 No

Do not read:

7 Don't know/ Not sure

9 Refused

NM 2.1b **[CATI NOTE: For WOMEN respondents]** At your last check-up, did a doctor or other health professional **ASK** you whether you drank 4 or more alcoholic drinks on an occasion?"

1 Yes

2 No

Do not read:

7 Don't know/ Not sure

9 Refused

Section 8: Demographics (29)

8.1 What is your age?

(110-111)

-- Code age in years

Do not read:

0 7 Don't know / Not sure

09 Refused

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

- 1 Yes
- 2 No, not of Hispanic, Latino/a, or Spanish origin (112-115)

8.2 b 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
If other, specify _____

Do not read:

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

8.3 Which one or more of the following would you say is your race? (116-143)

Interviewer Note: Select all that apply.

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

Please read:

- 10 White**
- 20 Black or African American**
- 30 American Indian or Alaska Native**
- 40 Asian**
 - 41 Asian Indian
 - 42 Chinese
 - 43 Filipino
 - 44 Japanese
 - 45 Korean
 - 46 Vietnamese
 - 47 Other Asian
- 50 Pacific Islander**
 - 51 Native Hawaiian
 - 52 Guamanian or Chamorro
 - 53 Samoan
 - 54 Other Pacific Islander

Do not read:

- 60 Other, specify _____
- 88 No additional choices
- 77 Don't know / Not sure

99 Refused

CATI note: if more than one response to Q8.3; continue. Otherwise, go to Q8.5.

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

Interviewer Note: If 04 (Asian) or 05 (Pacific Islander) is selected read and code subcategory underneath major heading.

(144-145)

Please read:

11 Hispanic

[CATI Note: depending on their response to Hispanic 8.2, the following will appear and be coded:

- 12 Mexican, Mexican American, Chicano/a
- 13 Puerto Rican
- 14 Cuban
- 15 Another Hispanic, Latino/a, or Spanish origin]

10 White

20 Black or African American

30 American Indian or Alaska Native

40 Asian

[CATI Note: depending on their response to Hispanic 8.3, the following will appear and be coded:

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian]

50 Pacific Islander

[CATI Note: depending on their response to Hispanic 8.3, the following will appear and be coded:

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

Do not read:

- 60 Other, specify _____
- 88 No additional choices
- 77 Don't know / Not sure
- 99 Refused

STATE-ADDED Module 3: Tribal Affiliation (1)

CATI: ASK IF 8.3 CONTAINS '03' AS ONE OF THE RESPONSES)

NM 3.1 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 _____

Do not read:

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

STATE-ADDED Module 4: Sexual Orientation (1)

NM 4.1 Do you consider yourself to be one or more of the following:

Please read (Say the letter so they can respond by letter):

- 1 A. Straight
- 2 B. Gay or Lesbian
- 3 C. Bisexual
- 4 D. Transgender
- 8 E. Other, specify _____

Do not read:

- 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:** People, who identify more strongly with the other gender than the one to which they were assigned to birth. For example, a man who feels like a woman. Some transgender people may take hormones of the opposite gender and/or have a sex change operation.

8.5 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.

(146)

- 1 Yes
- 2 No

Do not read:

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

8.6 Are you...?

(147)

Please read:

- 1 Married

- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married
- 6 A member of an unmarried couple

Do not read:

- 9 Refused

8.6c. (Cell phone study only)

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

__ Enter number of adults

- 77. Don't Know/Not Sure
- 99. Refused

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

(148-149)

 Number of children
 8 8 None

Do not read:

- 9 9 Refused

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

(150)

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

8.9 Are you currently...?

(151)

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
- 8 Unable to work

Do not read:
9 Refused

8.10 Is your annual household income from all sources— (152-153)
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

8.11 About how much do you weigh without shoes? (154-157)
NOTE: If respondent answers in metrics, put "9" in column 148.

Round fractions up

— — — — Weight
(pounds/kilograms)

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

8.12 About how tall are you without shoes? (158-161)
NOTE: If respondent answers in metrics, put "9" in column 152.

Round fractions down

__ / __ Height
(ft / inches/meters/centimeters)

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

8.13 What county do you live in? (162-164)

INTERVIEWER: If respondent does not know the county that they live in, ask for the city/town they live in.

__ __ __ ANSI County Code (formerly FIPS county code)

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

8.14 What is the ZIP Code where you live? (165-169)

__ - - - - ZIP Code [NM ZIP CODES: 87001-88439]

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

8.15 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. (170)

1 Yes
2 No [Go to Q8.17]

Do not read:
7 Don't know / Not sure [Go to Q8.17]
9 Refused [Go to Q8.17]

8.16 How many of these telephone numbers are residential numbers? (171)

_ Residential telephone numbers [6 = 6 or more]

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

8.17 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (172)

1 Yes
2 No [Go to Q8.19]

Do not read:

- 7 Don't know / Not sure [Go to Q8.19]
- 9 Refused [Go to Q8.19]

8.18 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? (173-175)

Enter percent (1 to 100)
 8 8 8 Zero

Do not read:

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

8.19 Have you used the internet in the past 30 days? (176)

- 1 Yes
- 2 No

Do not read:

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

8.20 Do you own or rent your home? (177)

- 1 Own
- 2 Rent
- 3 Other arrangement

Do not read:

- 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.

8.21 Indicate sex of respondent. Ask only if necessary. (178)

- 1 Male [Go to Q8.23]
- 2 Female [if respondent is 45 years old or older, go to Q8.23]

8.22 To your knowledge, are you now pregnant? (179)

- 1 Yes
- 2 No

Do not read:

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

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

8.23 Are you limited in any way in any activities because of physical, mental, or emotional problems? (180)

- 1 Yes
- 2 No

Do not read:

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

8.24 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? (181)

NOTE: Include occasional use or use in certain circumstances.

- 1 Yes
- 2 No

Do not read:

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

8.25 Are you blind or do you have serious difficulty seeing, **EVEN** when wearing glasses? (182)

- 1 Yes
- 3 No

Do not read:

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

8.26 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (183)

- 1 Yes
- 2 No

Do not read:

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

8.27 Do you have serious difficulty walking or climbing stairs? (184)

- 1 Yes
- 2 No

Do not read:

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

8.28 Do you have difficulty dressing or bathing? (185)

- 1 Yes
- 2 No

Do not read:

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

8.29 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (186)

- 1 Yes
- 2 No

Do not read:

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

Section 9: Tobacco Use (5)

9.1 Have you smoked at least 100 cigarettes in your entire life? (187)

NOTE: 5 packs = 100 cigarettes

- 1 Yes
 - 2 No [Go to Q9.5]
- Do not read:**
- 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? (188)

- 1 Every day
- 2 Some days
- 3 Not at all [Go to Q9.4]

Do not read:

- 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? (189)

- 1 Yes [Go to Q9.5]

2 No [Go to Q9.5]

Do not read:

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? (190-191)

Read only if necessary:

0 1 Within the past month (less than 1 month ago)
 0 2 Within the past 3 months (1 month but less than 3 months ago)
 0 3 Within the past 6 months (3 months but less than 6 months ago)
 0 4 Within the past year (6 months but less than 1 year ago)
 0 5 Within the past 5 years (1 year but less than 5 years ago)
 0 6 Within the past 10 years (5 years but less than 10 years ago)
 0 7 10 years or more
 0 8 Never smoked regularly

Do not read:

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.

(192)

Please read:

1 Every day
 2 Some days
 3 Not at all

Do not read:

7 Don't know / Not sure
 9 Refused

Section 10: Alcohol Consumption (4)

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? (193-195)

1 _ _ Days per week
 2 _ _ Days in past 30 days
 8 8 8 No drinks in past 30 days [Go to Section 11]

Do not read:

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

[Go to Section 11]
[Go to Section 11]

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?

(196-197)

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

Do not read:

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?

(198-199)

-- Number of times
 8 8 None

Do not read:

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?

(200-201)

-- Number of drinks

Do not read:

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

STATE-ADDED Module 5: Binge Drinking (5)

CATI Note: If Q10.3 is =1; but <77, continue. Otherwise, go to next module.

Previously, you answered that you drank **[5 or more for men, 4 or more for women]** alcoholic beverages on at least one occasion in the past 30 days. The next questions are **about the most recent occasion** when this happened. For these questions, **one drink equals 12 ounces of beer, 5 ounces of wine, or one and one-half ounces (one shot) of liquor.** So, a 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

INTERVIEWER NOTE: If asked, "occasion" means in a row or within a few hours.

SAM 5.1 During the **most recent occasion** when you had **[5 or more for men, 4 or more for women]** alcoholic beverages, about **how many beers**, including malt liquor, did you drink?

— — Number
8 8 None

Do not read:

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

SAM 5.2 During the same occasion, about **how many glasses of wine**, including wine coolers, hard lemonade, or hard cider, did you drink?

(343-344)

NOTE: Flavored malt beverages other than hard lemonade or hard cider (e.g., Smirnoff Ice and Zima, etc.) should be counted as wine.

— — Number
8 8 None

Do not read:

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

SAM 5.3 During the same occasion, about **how many drinks of liquor**, including cocktails, did you have?

(273-274)

— — Number
8 8 None

Do not read:

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

SAM 5.4 During the same occasion, about **how many other, pre-mixed drinks** did you have? By that we mean drinks such as hard lemonade, wine coolers, Smirnoff Ice, Zima, etc.

— — Number
8 8 None

Do not read:

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

SAM 5.5 During this most recent occasion, **where were you** when you did most of your drinking?
(277)

Read only if necessary:

- 1 At your home, for example, your house, apartment, or dorm room
- 2 At another person's home
- 3 At a restaurant or banquet hall
- 4 At a bar or club
- 5 At a public place, such as at a park, concert, or sporting event

Do not read:

6 Other
7 Don't know / Not sure

8 Refused

SAM 5.6 Did you drive a motor vehicle such as a car, truck, or motorcycle during or within a couple of hours after this occasion?

INTERVIEWER NOTE: For those with concerns about this question, answering "Yes" is not meant to imply they were drunk driving or breaking the law.

(278)

1 Yes
2 No

Do not read:

7 Don't know / Not sure
9 Refused

Section 11: Fruits and Vegetables (6)

These next questions are about the fruits and vegetables you ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home.

I will be asking how often you ate or drank each one: for example, once a day, twice a week, three times a month, and so forth.

INTERVIEWER NOTE: If respondent responds less than once per month, put "0" times per month. If respondent gives a number without a time frame, ask: "Was that per day, week, or month?"

11.1 During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice.

(202-204)

1 _ _ Per day
2 _ _ Per week
3 _ _ Per month
5 5 5 Never

Do not read:

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

INTERVIEWER NOTE: Do not include fruit drinks with added sugar or other added sweeteners like Kool-aid, Hi-C, lemonade, cranberry cocktail, Tampico, Sunny Delight, Snapple, Fruitopia, Gatorade, Power-Ade, or yogurt drinks.

Do not include fruit juice drinks that provide 100% daily vitamin C but include added sugar.

Do not include vegetable juices such as tomato and V8 if respondent provides but include in "other vegetables" question 11.6.

DO include 100% pure juices including orange, mango, papaya, pineapple, apple, grape (white or red), or grapefruit. Only count cranberry juice if the R perception is that it is 100% juice with no sugar or artificial sweetener added. 100% juice blends such as orange-pineapple, orange-

tangerine, cranberry-grape are also acceptable as are fruit-vegetable 100% blends. 100% pure juice from concentrate (i.e., reconstituted) is counted.

11.2 During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit (205-207)

1 _ _ Per day
 2 _ _ Per week
 3 _ _ Per month
 5 5 5 Never

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

Read only if necessary: "Your best guess is fine. Include apples, bananas, applesauce, oranges, grape fruit, fruit salad, watermelon, cantaloupe or musk melon, papaya, lychees, star fruit, pomegranates, mangos, grapes, and berries such as blueberries and strawberries."

INTERVIEWER NOTE: Do not count fruit jam, jelly, or fruit preserves.

Do not include dried fruit in ready-to-eat cereals.

Do include dried raisins, cran-raisins if respondent tells you - *but due to their small serving size they are not included in the prompt.*

Do include cut up fresh, frozen, or canned fruit added to yogurt, cereal, jello, and other meal items.

Include culturally and geographically appropriate fruits that are not mentioned (e.g. genip, soursoop, sugar apple, figs, tamarind, bread fruit, sea grapes, carambola, longans, lychees, akee, rambutan, etc.).

11.3 During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans. (208-210)

1 _ _ Per day
 2 _ _ Per week
 3 _ _ Per month
 5 5 5 Never

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

Read only if necessary: "Include round or oval beans or peas such as navy, pinto, split peas, cow peas, hummus, lentils, soy beans and tofu. Do NOT include long green beans such as string beans, broad or winged beans, or pole beans."

INTERVIEWER NOTE: Include soybeans also called edamame, TOFU (BEAN CURD MADE FROM SOYBEANS), kidney, pinto, hummus, lentils, black, black-eyed peas, cow peas, lima beans and

white beans.

Include bean burgers including garden burgers and veggie burgers.

Include falafel and tempeh.

11.4 During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach?

(211-213)

1 __ Per day
2 __ Per week
3 __ Per month
5 5 5 Never

Do not read:

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

INTERVIEWER NOTE: Each time a vegetable is eaten it counts as one time.

INTERVIEWER NOTE: Include all raw leafy green salads including spinach, mesclun, romaine lettuce, bok choy, dark green leafy lettuce, dandelions, komatsuna, watercress, and arugula.

Do not include iceberg (head) lettuce if specifically told type of lettuce. Include all cooked greens including kale, collard greens, choys, turnip greens, mustard greens.

11.5 During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?

(214-216)

1 __ Per day
2 __ Per week
3 __ Per month
5 5 5 Never

Do not read:

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

Read only if needed: "Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash."

FOR INTERVIEWER: Include all forms of carrots including long or baby-cut.

Include carrot-slaw (e.g. shredded carrots with or without other vegetables or fruit).

Include all forms of sweet potatoes including baked, mashed, casserole, pie, or sweet potatoes fries.

Include all hard-winter squash varieties including acorn, autumn cup, banana, butternut, buttercup, delicate, hubbard, kabocha (Also known as an Ebisu, Delica, Hoka, Hokkaido, or Japanese Pumpkin; blue kuri), and spaghetti squash. Include all forms including soup.

Include pumpkin, including pumpkin soup and pie. Do not include pumpkin bars, cake, bread or other grain-based desert-type food containing pumpkin (i.e. similar to banana bars, zucchini bars we do not include).

11.6 Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.

(217-219)

1 _ _ Per day
 2 _ _ Per week
 3 _ _ Per month
 5 5 5 Never

Do not read:

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

Read only if needed: "Do not count vegetables you have already counted and do not include fried potatoes."

INTERVIEWER NOTE: Include corn, peas, tomatoes, okra, beets, cauliflower, bean sprouts, avocado, cucumber, onions, peppers (red, green, yellow, orange); all cabbage including American-style cole-slaw; mushrooms, snow peas, snap peas, broad beans, string, wax-, or pole-beans.

Include any form of the vegetable (raw, cooked, canned, or frozen).

Do include tomato juice if respondent did not count in fruit juice.

Include culturally and geographically appropriate vegetables that are not mentioned (e.g. daikon, jicama, oriental cucumber, etc.).

Do not include rice or other grains.

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

Section 12: Exercise (Physical Activity) (8)

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

INTERVIEWER INSTRUCTION: If respondent does not have a "regular job duty" or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.

12.1 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?

(220)

- 1 Yes
- 2 No [Go to Q12.8]

- Do not read:**
- 7 Don't know / Not sure [Go to Q12.8]
 - 9 Refused [Go to Q12.8]

12.2. What type of physical activity or exercise did you spend the most time doing during the past month? (221-222)

-- (Specify) [See Physical Activity Coding List]

- Do not read:**
- 7 7 Don't know / Not Sure [Go to Q12.8]
 - 9 9 Refused [Go to Q12.8]

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

12.3 How many times per week or per month did you take part in this activity during the past month? (223-225)

- 1__ Times per week
- 2__ Times per month

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

12.4 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (226-228)

_:__ Hours and minutes

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

12.5 What other type of physical activity gave you the next most exercise during the past month? (229-230)

- (Specify) [See Physical Activity Coding List]
- 8 8 No other activity [Go to Q12.8]

- Do not read:**
- 7 7 Don't know / Not Sure [Go to Q12.8]
 - 9 9 Refused [Go to Q12.8]

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

12.6 How many times per week or per month did you take part in this activity during the past month? (231-233)

1__ Times per week
2__ Times per month

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

12.7 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (234-236)

_:__ Hours and minutes

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

12.8 During the past month, how many times per week or per month did you do physical activities or exercises to **STRENGTHEN** your muscles? Do **NOT** count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands. (237-239)

1__ Times per week
2__ Times per month

8 8 8 Never

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

Section 13: Arthritis Burden (4)

If Q7.9 = 1 (yes) then continue, else go to next section.

Next, I will ask you about your arthritis.

Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint.

13.1 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (240)

1 Yes
4 No

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

INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

INTERVIEWER NOTE: Q13.2 should be asked of all respondents regardless of employment status.

13.2 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? (241)

- 1 Yes
- 3 No

Do not read:

- 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."

13.3 During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings? (242)

Please read:

- 1 A lot
- 2 A little
- 3 Not at all

Do not read:

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

INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

13.4 Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be. (243-244)

-- Enter number [00-10]

Do not read:

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

Section 14: Seatbelt Use (1)

14.1 How often do you use seat belts when you drive or ride in a car? Would you say— (245)

Please read:

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

Do not read:

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

Section 15: Immunization (4)

Now I will ask you questions about the flu vaccine. There are two ways to get the flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™.

15.1 During the past 12 months, have you had either a **flu shot**, or a flu vaccine that was sprayed in your nose? (246)

READ IF NECESSARY:

A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

- 1 Yes
- 2 No [Go to Q15.3]

Do not read:

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

15.2 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? (247-252)

__ / ____ Month / Year

Do not read:

- 77 / 7777 Don't know / Not sure
- 99 / 9999 Refused

15.3 Since 2005, have you had a tetanus shot? (253)

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

- 1 Yes, received Tdap
- 2 Yes, received tetanus shot, but not Tdap
- 3 Yes, received tetanus shot but not sure what type
- 4 No, did not receive any tetanus since 2005

Do not read:

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

15.4 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? (254)

- 1 Yes
- 2 No

Do not read:

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

Section 16: HIV/AIDS (3)

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.

16.1 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. (255)

- 1 Yes
- 2 No **[Go to State-added Module 6]**

Do not read:

- 7 Don't know / Not sure **[Go to State-added Module 6]**
- 9 Refused **[Go to State-added Module 6]**

16.2 Not including blood donations, in what month and year was your last HIV test? (256-261)

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

Do not read:

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

CATI NOTE: If Core Q16.2 = within last 12 months continue, else go to optional module transition.

16.3 Where did you have your last HIV test?

(262-263)

Please read:

- 0 1 Private doctor or HMO office
- 0 2 Counseling and testing site
- 0 9 Emergency room
- 0 3 Hospital inpatient
- 0 4 Clinic
- 0 5 Jail or prison (or other correctional facility)
- 0 6 Drug treatment facility
- 0 7 At home
- 0 8 Somewhere else

Do not read:

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

STATE-ADDED Module 6: Impact of Cognitive Impairment Module (10)

The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met. This refers to things like confusion or memory loss that are happening more often or getting worse. We want to know how these difficulties impact you or someone in your household.

SAM 6.1 During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse? *

- 1 Yes
- 2 No

Do not read:

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

***CATI Note: CATI NOTE: If 1 adult in household and Q1 = 1 (Yes), go to Q4; otherwise, go to next module.**

CATI NOTE: If number of adults > 1, go to Q2.

SAM 6.2 (If Q1 = 1); Not including yourself, how many adults 18 years or older in your household experienced confusion or memory loss that is happening more often or is getting worse during the past 12 months?

___ number of adults

**[If number of adults = 0, END OF MODULE,
If number of adults = 1, continue to SAM6.4
If number of adults >1, continue to SAM 6.3]**

Do not read:

- 7 Don't know/not sure

9 Refused

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

CATI NOTE: If number of adults > 1 and Q2 < 7; continue. Otherwise, go to next module.

CATI NOTE: If Q2 < 7; go to Q3. Otherwise, go to next module.

SAM 6.3 Of these people, please select the person who had the most recent birthday. How old is this person?

___ years old

Do not read:

7 Don't know/not sure
9 Refused

CATI NOTE: If Q1 ≠ 1 (Yes); read: "For the next set of questions we will refer to the person you identified as this person".

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

SAM 6.4 During the past 12 months, how often [If Q1 = 1 (Yes): insert —"have you" otherwise, insert —"has this person"] given up household activities or chores [If Q1 = 1 (Yes): insert—"you;" otherwise, insert —"they"] used to do, because of confusion or memory loss that is happening more often or is getting worse?

Please read:

1 Always
2 Usually
3 Sometimes
4 Rarely
5 Never

Do not read:

7 Don't know/not sure
9 Refused

SAM 6.5 As a result of [If Q1 = 1 (Yes): insert —your;ll otherwise, insert —this person's!l] confusion or memory loss, in which of the following four areas [if Q1 = 1 (Yes): insert —"do you;" otherwise, insert —"does this person"] need the MOST assistance?

Please read:

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

4 Personal care [read only if necessary: such as eating or bathing]

Do not read:

5 Needs assistance, but not in those areas

6 Doesn't need assistance in any area

7 Don't know/not sure

9 Refused

SAM 6.6

During the past 12 months, how often has confusion or memory loss interfered with [If Q1 = 1 (Yes): insert —"your;" otherwise, insert —"this person's"] ability to work, volunteer, or engage in social activities?

Please read:

1 Always

2 Usually

3 Sometimes

4 Rarely

5 Never

Do not read:

7 Don't know/not sure

9 Refused

SAM 6.7

During the past 30 days, how often [If Q1 = 1 (Yes): insert —"has;" otherwise, insert —"have you,"] a family member or friend provided any care or assistance for [If Q1 = 1 (Yes): —"you;" otherwise, insert —"this person"] because of confusion or memory loss?

Please read:

1 Always

2 Usually

3 Sometimes

4 Rarely

5 Never

Do not read:

7 Don't know/not sure

9 Refused

SAM 6.8

Has anyone discussed with a health care professional, increases in [If Q1 = 1 (Yes): insert —"your;" otherwise, insert —"this person's"] confusion or memory loss?

1 Yes

2 No [Go to next module]

Do not read:

7 Don't know/not sure [Go to next module]

9 Refused [Go to next module]

SAM 6.9 [If Q1 = 1 (Yes): insert —"Have you;" otherwise, insert —"Has this person"]
received treatment such as therapy or medications for confusion or memory loss?

- 1 Yes
- 2 No

Do not read:

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

SAM 6.10 Has a health care professional ever said that [If Q1 = 1 (Yes): insert —"you have;"
otherwise, insert —"this person has"] Alzheimer's disease or some other form of
dementia?

- 1 Yes, Alzheimer's Disease
- 2 Yes, some other form of dementia but not Alzheimer's disease
- 3 No diagnosis has been given

Do not read:

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

Module 20: Random Child Selection (5)

CATI note: If Core Q8.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

If Core Q8.7 = 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 Q8.7 is >1 and Core Q8.7 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.

M20.1 What is the birth month and year of the "Xth" child?

(488-493)

__/____ Code month and year

Do not read:

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

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

M20.2 Is the child a boy or a girl? (494)

- 1 Boy
- 2 Girl

Do not read:
9 Refused

M20.3 Is the child Hispanic, Latino/a, or Spanish origin? (495-498)

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

If yes, ask: Are they...

Interviewer Note: One or more categories may be selected

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

Do not read:
8 No additional choices
7 Don't know / Not sure
9 Refused

M20.4 Which one or more of the following would you say is the race of the child? (499-526)

(Select all that apply)

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

Do not read:

- 60 Other
- 88 No additional choices
- 77 Don't know / Not sure
- 99 Refused

M20.5 Which one of these groups would you say best represents the child's race? (527-528)

Interviewer Note: If 04 (Asian) or 05 (Pacific Islander) is selected read and code subcategory underneath major heading.

Please read:

11 Hispanic

[CATI Note: depending on their response to Hispanic 8.2, the following will appear and be coded:

- 12 Mexican, Mexican American, Chicano/a
- 13 Puerto Rican
- 14 Cuban
- 15 Another Hispanic, Latino/a, or Spanish origin]

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian

[CATI Note: depending on their response to Hispanic 8.3, the following will appear and be coded:

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian]

50 Pacific Islander

[CATI Note: depending on their response to Hispanic 8.3, the following will appear and be coded:

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

Do not read:

- 60 Other, specify _____
- 88 No additional choices
- 77 Don't know / Not sure
- 99 Refused

M20.6 How are you related to the child?

(529)

Please read:

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

Do not read:

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

Module 21: Childhood Asthma Prevalence (2)

CATI note: If response to Core Q8.7 = 88 (None) or 99 (Refused), go to next module.

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

M21.1 Has a doctor, nurse or other health professional EVER said that the child has asthma? (530)

- 1 Yes
- 2 No [Go to next module]

Do not read:

- 7 Don't know / Not sure [Go to next module]
- 9 Refused [Go to next module]

M21.2 Does the child still have asthma? (531)

- 1 Yes
- 2 No

Do not read:

- 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?

(515)

- 1 Yes
- 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 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 or others may refuse to

participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

(534)

- 1 Yes
2 No **Go to next module**

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.

Module 18: Industry and Occupation (2)

If Core Q8.9 = 1 (Employed for wages) or 2 (Self-employed), continue else go to next module.

Now I am going to ask you about your work.

M18.1 What kind of work do you do? (for example, registered nurse, janitor, cashier, auto mechanic) (429-453)

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

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

[Record answer] _____
99 Refused

M18.2 What kind of business or industry do you work in? (for example, hospital, elementary school, clothing manufacturing, restaurant) (454-478)

[Record answer] _____
99 Refused

Module 19: Social Context (7)

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

If Core Q8.20 = 1 or 2 (own or rent) continue, else go to Q2.

M19.1 How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent/mortgage? Would you say you were worried or stressed—

(479)

Please read:

- 1 Always
2 Usually
3 Sometimes
4 Rarely

5 Never

Do not read:

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

M19.2 How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? Would you say you were worried or stressed---

(480)

Please read:

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

Do not read:

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

If Core Q8.9 = 1 (Employed for wages) or 2 (Self-employed), go to Q3 and Q4.

If Core Q8.9 = 3 (Out of work for 1 year or more), 4 (Out of work for less than 1 year), or 7 (Retired), go to Q5 and Q6.

If Core Q8.9 = 5 (A homemaker), 6 (A student), or 8 (Unable to work), go to Q7.

M19.3 At your main job or business, how are you generally paid for the work you do. Are you:

(481)

Please read:

- 1 Paid by salary
- 2 Paid by the hour
- 3 Paid by the job/task (e.g. commission, piecework)
- 4 Paid some other way

Do not read:

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

INTERVIEWER NOTE: If paid in multiple ways at their main job, select option 4 (Paid some other way).

M19.4 About how many hours do you work per week at all of your jobs and businesses combined?

(482-483)

-- Hours (01-96 or more)

[Go to Q19.7]

Do not read:

- | | | |
|-----|-----------------------|---------------|
| 9 7 | Don't know / Not sure | [Go to Q19.7] |
| 9 8 | Does not work | [Go to Q19.7] |
| 9 9 | Refused | [Go to Q19.7] |

M19.5 Thinking about the last time you worked, at your main job or business, how were you generally paid for the work you did? Were you:

(484)

Please read:

- 1 Paid by salary
- 2 Paid by the hour
- 3 Paid by the job/task (e.g. commission, piecework)
- 4 Paid some other way

Do not read:

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

M19.6 Thinking about the last time you worked, about how many hours did you work per week at all of your jobs and businesses combined?

(485-486)

-- Hours (01-96 or more)

Do not read:

- | | |
|-----|-----------------------|
| 9 7 | Don't know / Not sure |
| 9 8 | Does not work |
| 9 9 | Refused |

M19.7 Did you vote in the last presidential election? The November 2012 election between Barack Obama and Mitt Romney.

(487)

- 1 Yes
- 2 No

Do not read:

- | | |
|---|--|
| 8 | Not applicable (I did not register, I am not a U.S. citizen, or I am not eligible to vote) |
| 7 | Don't know / Not sure |
| 9 | Refused |

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.

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

Code Description (Physical Activity, Questions 12.2 and 12.5 above)

0 1 Active Gaming Devices (Wii Fit, Dance Dance revolution)	4 1 Rugby
0 2 Aerobics video or class	4 2 Scuba diving
0 3 Backpacking	4 3 Skateboarding
0 4 Badminton	4 4 Skating – ice or roller
0 5 Basketball	4 5 Sledding, tobogganing
0 6 Bicycling machine exercise	4 6 Snorkeling
0 7 Bicycling	4 7 Snow blowing
0 8 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)	4 8 Snow shoveling by hand
0 9 Bowling	4 9 Snow skiing
1 0 Boxing	5 0 Snowshoeing
1 1 Calisthenics	5 1 Soccer
1 2 Canoeing/rowing in competition	5 2 Softball/Baseball
1 3 Carpentry	5 3 Squash
1 4 Dancing-ballet, ballroom, Latin, hip hop, zumba, etc	5 4 Stair climbing/Stair master
1 5 Elliptical/EFX machine exercise	5 5 Stream fishing in waders
1 6 Fishing from river bank or boat	5 6 Surfing
1 7 Frisbee	5 7 Swimming
1 8 Gardening (spading, weeding, digging, filling)	5 8 Swimming in laps
1 9 Golf (with motorized cart)	5 9 Table tennis
2 0 Golf (without motorized cart)	6 0 Tai Chi
2 1 Handball	6 1 Tennis
2 2 Hiking – cross-country	6 2 Touch football
2 3 Hockey	6 3 Volleyball
2 4 Horseback riding	6 4 Walking
2 5 Hunting large game – deer, elk	6 6 Waterskiing
2 6 Hunting small game – quail	6 7 Weight lifting
2 7 Inline Skating	6 8 Wrestling
2 8 Jogging	6 9 Yoga
2 9 Lacrosse	7 1 Childcare
3 0 Mountain climbing	7 2 Farm/Ranch Work (caring for livestock, stacking hay, etc.)
3 1 Mowing lawn	7 3 Household Activities (vacuuming, dusting, home repair, etc.)
3 2 Paddleball	7 4 Karate/Martial Arts
3 3 Painting/papering house	7 5 Upper Body Cycle (wheelchair sports, ergometer, etc.)
3 4 Pilates	7 6 Yard work (cutting/gathering wood, trimming hedges etc.)
3 5 Racquetball	7 7 Other Answer
3 6 Raking lawn	9 7 Don't know
3 7 Running	9 8 Other _____
3 8 Rock Climbing	9 9 Refused
3 9 Rope skipping	
4 0 Rowing machine exercise	

