



2017

**Behavioral Risk Factor Surveillance System
Questionnaire**

December 29, 2016



Form Approved

OMB No. 0920-1061

Exp. Date 3/31/2018

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

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



Behavioral Risk Factor Surveillance System 2017 Questionnaire

Table of Contents

Interviewer’s Script Landline Sample	5
Adult Random Selection	7
Interviewer’s Script Cell Phone	9
Core Sections	13
Section 1: Health Status	13
Section 2: Healthy Days — Health-Related Quality of Life	13
Section 3: Health Care Access	14
Section 4: Hypertension Awareness	15
Section 5: Cholesterol Awareness	16
Section 6: Chronic Health Conditions	17
Module 1: Pre-Diabetes	20
Module 2: Diabetes	21
Section 7: Arthritis Burden	23
NEW MEXICO STATE-ADDED MODULE 1: Chronic Pain (11)	26
Section 8: Demographics	30
NEW MEXICO STATE-ADDED MODULE 2: Tribal Affiliation (1)	32
NEW MEXICO STATE-ADDED MODULE 3: Sexual Orientation (1)	33
NEW MEXICO STATE-ADDED MODULE 4: Gender Identity (2)	33
Module 25: Industry and Occupation	37
Section 9: Tobacco Use	41
Section 10: E-Cigarettes	44
Section 11: Alcohol Consumption	44
Section 12: Fruits and Vegetables	45
Section 13: Exercise (Physical Activity)	49
Section 14: Seatbelt Use	52
Section 15: Immunization	52
Section 16: HIV/AIDS	53
Closing Statement	54
Optional Modules	55
Module 21: Caregiving	55
Module 16: Preconception Health/Family Planning	58

Module 28: Random Child Selection	61
Module 29: Childhood Asthma Prevalence	65
Asthma Call-Back Permission Script.....	65
Asthma Call-Back Selection.....	66
NEW MEXICO STATE-ADDED MODULE 5: SUICIDE (3).....	66
NEW MEXICO STATE-ADDED MODULE 6 - Sexual Violence and Intimate Partner Violence (10)	68
CLOSING STATEMENT	73
Activity List for Common Leisure Activities	74

Interviewer's Script Landline Sample

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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.

LL.1 Is this (phone number) ?

1. Yes
2. No

[CATI /INTERVIEWER NOTE: 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. CATI NOTE: STOP OR REDIAL]

PVTRES

LL.2 Is this a private residence?

Read only if necessary: **“By private residence, we mean someplace like a house or apartment.”**

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

- 1. Yes [GO TO STATE OF RESIDENCE]
- 2. No [GO TO COLLEGE HOUSING]
- 3. No , Business phone only

[CATI/INTERVIEWER NOTE: 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

LL.3 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 [GO TO STATE OF RESIDENCE]
- 2. No

[CATI/INTERVIEWER NOTE: 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

LL4. Do you currently live in _____(state)_____?

- 1. Yes [GO TO CELLULAR]
- 2. No [CATI/INTERVIEWER NOTE: IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN [] STATE AT THIS TIME. STOP]

Cellular Phone

LL.5 Is this a cell 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 cell (or cellular) telephone we mean a telephone that is mobile and usable outside of your neighborhood.”

1 Yes

[CATI/INTERVIEWER NOTE: IF “YES”: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING BY LAND LINE TELEPHONES FOR PRIVATE RESIDENCES OR COLLEGE HOUSING. STOP]

2 No

[CATI NOTE: IF COLLEGE HOUSING = “YES,” CONTINUE; OTHERWISE GO TO ADULT RANDOM SELECTION]

Adult

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

- 1 Yes, respondent is male [GO TO NEXT SECTION]
- 2 Yes, respondent is female [GO TO NEXT SECTION]
- 3 No

[CATI/INTERVIEWER NOTE: 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. Excluding adults living away from home, such as students away at college. How many members of your household, including yourself, are 18 years of age or older?

LL.7 __ 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).

INTERVIEWER NOTE: GENDER WILL BE ASKED AGAIN IN DEMOGRAPHICS SECTION.

[GO TO THE CORRECT RESPONDENT]

[CATI/INTERVIEWER NOTE: 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" BEFORE SECTION 1]

LL.8 How many of these adults are men?

___ Number of men

So the number of women in the household is ___

___ Number of women

Is that correct?

INTERVIEWER NOTE: CONFIRM NUMBER OF ADULT WOMEN OR CLARIFY THE TOTAL NUMBER OF ADULTS IN THE HOUSEHOLD.

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

If "you," **[GO TO "CORRECT RESPONDENT" BEFORE SECTION 1]**



Interviewer’s Script Cell Phone

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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.

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

- 1. Yes **[GOTO PHONE]**
- 2. No

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

Phone

CP.2 Is this (phone number) ?

- 1. Yes **[GO TO CELLULAR PHONE]**
- 2. No **INTERVIEWER NOTE: CONFIRM TELEPHONE NUMBER**

[CATI/INTERVIEWER NOTE: 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]

Cellular Phone

CP.3 Is this a cell telephone?

Read only if necessary: **"By cell telephone, we mean a telephone that is mobile and usable outside of your neighborhood."**

- 1. Yes **[GO TO ADULT]**
- 2. No

[CATI/INTERVIEWER NOTE: IF "NO": THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING CELL TELEPHONES AT THIS TIME. STOP]

Adult

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

- 1. Yes, respondent is male **[GO TO PRIVATE RESIDENCE]**
- 2. Yes, respondent is female **[GO TO PRIVATE RESIDENCE]**
- 3. No

[CATI/INTERVIEWER NOTE: IF "NO", THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS AGED 18 OR OLDER AT THIS TIME. STOP]

INTERVIEWER NOTE: GENDER WILL BE ASKED AGAIN IN DEMOGRAPHICS SECTION.

Private Residence

CP.5 Do you live in a private residence?

Read only if necessary: **"By private residence, we mean someplace like a house or apartment."**

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

1. Yes [GO TO STATE OF RESIDENCE]
2. No [GO TO COLLEGE HOUSING]

College Housing

CP.6 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 [GO TO STATE OF RESIDENCE]
2. No

[CATI/INTERVIEWER NOTE: 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

CP.7 Do you currently live in _____(state)_____?

1. Yes [GO TO LANDLINE]
2. No [GO TO STATE]

State

CP.8 In what state do you currently live?

_____ ENTER FIPS STATE

Landline

CP. 9 Do you also have a landline telephone in your home that is used to make and receive calls?

Read only if necessary: “By landline telephone, we mean a “regular” telephone in your home that is used for making or receiving calls.” Please include landline phones used for both business and personal use.”

INTERVIEWER NOTE: TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE (INCLUDES VONAGE, MAGIC JACK AND OTHER HOME-BASED PHONE SERVICES.).

1. Yes
2. No

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

NUMADULT

CP.10 **How many members of your household, including yourself, are 18 years of age or older?**

— Number of adults

99 Refused

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

Core Sections

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

To Correct Respondent:

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— (90)

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?

(91-92)

- Number of days
- 88 None
- 77 Don't know / Not sure

99 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? (93-94)

- Number of days
- 88 None [CATI NOTE: IF Q2.1 AND Q2.2 = 88 (NONE), GO TO NEXT SECTION]
- 77 Don't know / Not sure
- 99 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? (95-96)

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

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? (97)

[CATI NOTE: IF USING HEALTH CARE ACCESS MODULE GO TO MODULE 10, QUESTION 1, ELSE CONTINUE]

- 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?"

- 1 Yes, only one
 - 2 More than one
- (98)

- 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? (99)

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

CATI NOTE: IF USING HEALTH CARE ACCESS MODULE GO TO MODULE 10 QUESTION 3, ELSE CONTINUE

3.4 A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. About how long has it been since you last visited a doctor for a routine checkup? (100)

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 INSTRUCTION: IF USING HEALTH CARE ACCESS MODULE 10 AND Q3.1 = 1 GO TO MODULE 10, QUESTION 4A OR IF USING HEALTH CARE ACCESS MODULE 10 AND Q3.1 = 2, 7, OR 9 GO TO MODULE 10, QUESTION 4B, OR IF NOT USING HEALTH CARE ACCESS MODULE GO TO NEXT SECTION.]

Section 4: Hypertension Awareness

4.1 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (101)

Read only if necessary: By “other health professional” we mean a nurse practitioner, a physician’s assistant, or some other licensed health professional.

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

- 1 Yes
- 2 Yes, but female told only during pregnancy [GO TO NEXT SECTION]
- 3 No [GO TO NEXT SECTION]
- 4 Told borderline high or pre-hypertensive [GO TO NEXT SECTION]
- 7 Don’t know / Not sure [GO TO NEXT SECTION]
- 9 Refused [GO TO NEXT SECTION]

4.2 Are you currently taking medicine for your high blood pressure? (102)

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

Section 5: Cholesterol Awareness

5.1 Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your blood cholesterol checked?

(103)

Read only if necessary:

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

Do not read:

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

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

(104)

- 1 Yes
- 2 No [GO TO NEXT SECTION]

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

5.3 Are you currently taking medicine prescribed by a doctor or other health professional for your blood cholesterol?

(105)

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

Section 6: Chronic Health Conditions

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

6.1 (Ever told) you that you had a heart attack also called a myocardial infarction? (106)

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

6.2 (Ever told) you had angina or coronary heart disease? (107)

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

6.3 (Ever told) you had a stroke? (108)

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

6.4 (Ever told) you had asthma? (109)

- 1 Yes
- 2 No [GO TO Q6.6]
- 7 Don't know / Not sure [GO TO Q6.6]
- 9 Refused [GO TO Q6.6]

6.5 Do you still have asthma? (110)

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

6.6 (Ever told) you had skin cancer? (111)

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

6.7 (Ever told) you had any other types of cancer? (112)

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

6.8 (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis? (113)

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

6.9 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (114)

- 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)**

6.10 (Ever told) you have a depressive disorder, (including depression, major depression, dysthymia), or minor depression? (115)

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

6.11 (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence. (116)

INTERVIEWER NOTE: INCONTINENCE IS NOT BEING ABLE TO CONTROL URINE FLOW.

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

6.12 (Ever told) you have diabetes? (117)

[INTERVIEWER NOTE: IF “YES” AND RESPONDENT IS FEMALE, ASK: “WAS THIS ONLY WHEN YOU WERE PREGNANT?”]

[INTERVIEWER NOTE: IF RESPONDENT SAYS PRE-DIABETES OR BORDERLINE DIABETES, USE RESPONSE CODE 4.]

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

[CATI NOTE: IF Q6.12 = 1 (YES), GO TO NEXT QUESTION. IF ANY OTHER RESPONSE TO Q6.12, GO TO PRE-DIABETES OPTIONAL MODULE (IF USED). OTHERWISE, GO TO NEXT SECTION.]

6.13 How old were you when you were told you have diabetes?

(118-119)

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

[CATI NOTE: GO TO DIABETES OPTIONAL MODULE (IF USED). OTHERWISE, GO TO NEXT SECTION.]

Module 1: Pre-Diabetes

[CATI NOTE: ONLY ASKED OF THOSE NOT RESPONDING “YES” (CODE = 1) TO CORE Q6.12 (DIABETES AWARENESS QUESTION).]

1. Have you had a test for high blood sugar or diabetes within the past three years? (290)

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

[CATI NOTE: IF CORE Q6.12 = 4 (NO, PRE-DIABETES OR BORDERLINE DIABETES); ANSWER Q2 “YES” (CODE = 1).]

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

INTERVIEWER INSTRUCTIONS: IF “YES” AND RESPONDENT IS FEMALE, ASK: “WAS THIS ONLY WHEN YOU WERE PREGNANT?” (291)

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

Module 2: Diabetes

[CATI NOTE: TO BE ASKED FOLLOWING CORE Q6.13; IF RESPONSE TO Q6.12 IS "YES" (CODE = 1).]

1. Are you now taking insulin? (292)

- 1 Yes
- 2 No
- 9 Refused

2. 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. (293-295)

INTERVIEWER NOTE: ENTER QUANTITY PER DAY, WEEK, OR MONTH

- 1 __ Times per day
- 2 __ Times per week
- 3 __ Times per month
- 4 __ Times per year
- 888 Never
- 777 Don't know / Not sure
- 999 Refused

INTERVIEWER NOTE: IF THE RESPONDENT USES A CONTINUOUS GLUCOSE MONITORING SYSTEM (A SENSOR INSERTED UNDER THE SKIN TO CHECK GLUCOSE LEVELS CONTINUOUSLY), FILL IN '98 TIMES PER DAY.'

3. 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.

(296-298)

INTERVIEWER NOTE: ENTER QUANTITY PER DAY, WEEK, OR MONTH

- 1 __ Times per day
- 2 __ Times per week
- 3 __ Times per month
- 4 __ Times per year
- 555 No feet

- 888 Never
- 777 Don't know / Not sure
- 999 Refused

4. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (299-300)

- Number of times [76 = 76 or more]
- 88 None
- 77 Don't know / Not sure
- 99 Refused

5. 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"? (301-302)

- Number of times [76 = 76 or more]
- 88 None
- 98 Never heard of "A one C" test
- 77 Don't know / Not sure
- 99 Refused

[CATI NOTE: IF Q3 = 555 (NO FEET), GO TO Q7.]

6. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (303-304)

- Number of times [76 = 76 or more]
- 88 None
- 77 Don't know / Not sure
- 99 Refused

7. 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. (305)

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

8. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (306)

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

9. Have you ever taken a course or class in how to manage your diabetes yourself? (307)

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

Section 7: Arthritis Burden

[CATI NOTE: IF Q6.9 = 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.

7.1 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (120)

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

INTERVIEWER INSTRUCTION: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN THE INTERVIEWER SHOULD SAY: “PLEASE ANSWER THE QUESTION BASED ON YOUR CURRENT EXPERIENCE, REGARDLESS OF WHETHER YOU ARE TAKING ANY MEDICATION OR TREATMENT.”

INTERVIEWER NOTE: Q7.2 SHOULD BE ASKED OF ALL RESPONDENTS REGARDLESS OF EMPLOYMENT STATUS.

7.2 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?

(121)

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

INTERVIEWER INSTRUCTION: IF RESPONDENT GIVES AN ANSWER TO EACH ISSUE (WHETHER RESPONDENT WORKS, TYPE OF WORK, OR AMOUNT OF WORK), THEN IF ANY ISSUE IS “YES” MARK THE OVERALL RESPONSE AS “YES.”

IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN THE INTERVIEWER SHOULD SAY: “PLEASE ANSWER THE QUESTION BASED ON YOUR CURRENT EXPERIENCE, REGARDLESS OF WHETHER YOU ARE TAKING ANY MEDICATION OR TREATMENT.”

7.3 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?

(122)

Please read [1-3]:

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

Do not read:

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

INTERVIEWER INSTRUCTION: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN THE INTERVIEWER SHOULD SAY: "PLEASE ANSWER THE QUESTION BASED ON YOUR CURRENT EXPERIENCE, REGARDLESS OF WHETHER YOU ARE TAKING ANY MEDICATION OR TREATMENT."

7.4 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. 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, DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE?

__	Enter number [00-10]	(123-124)
77	Don't know / Not sure	
99	Refused	

NEW MEXICO STATE-ADDED MODULE 1: Chronic Pain (11)

NM 1.1. Do you suffer from any type of chronic pain that occurs constantly or flares up frequently? (901)

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

NM 1.2. How long have you been experiencing this type of pain? (902-903)

- 01 Less than 3 months [Go to next module]
- 02 3 to 6 months
- 03 7 to 12 months
- 04 Over 1 year to 3 years
- 05 Over 3 years to 5 years
- 06 Over 5 years to 10 years
- 07 Over 10 years
- 77 Don't know / not sure
- 99 Refused

NM 1.3. During the past 30 days, how many days were you unable to work or carry out your usual activities because of pain? (904-905)

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

- __ __ ENTER NUMBER OF DAYS
- 77 Don't know/not sure
- 88 None
- 99 Refused

NM 1.4. What did your health care provider say was the cause of the pain? Would you say... (906-927)
[Check all that apply]

Please read:

- 01 Headaches
- 02 Cancer
- 03 Arthritis (osteoarthritis, rheumatoid arthritis, tendonitis, bursitis)
- 04 Shingles
- 05 Back or neck pain (sciatica, slipped disc, or spondylosis)
- 06 Diabetes
- 07 Muscle Pain
- 08 Injury (accident, fall)
- 09 Neuropathic pain or nerve pain
- 10 Fibromyalgia

DO NOT READ:

- 11 Other (Specify: _____) (928-957)
- 12 Health care provider did not say/did not know
- 13 Did not see or talk with health care provider
- 77 Don't know / not sure
- 99 Refused

The next set of questions is about medications for treating pain.

NM 1.5. Over-the-counter medication can be bought without a doctor's order. During the past 30 days, have you used over-the-counter medication for your pain? (958)

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

NM 1.6. During the past 30 days, have you used a prescription opioid pain reliever such as OxyContin, Percocet, or Vicodin for your pain? (959)

- 1 Yes
- 2 No [Skip to NM 1.8]
- 7 Don't know / not sure [Skip to NM 1.8]
- 9 Refused [Skip to NM 1.8]

Interviewer Note: Includes other opioids or narcotics such as:

- Hydrocodone (Lorcet, Lortab, Vicodin),
- Oxycodone (Percocet, Percodan),
- Codeine (Tylenol #3),
- Fentanyl (Duragesic, Fentora, Actiq),
- Hydromorphone (Dilaudid), Meperidine (Demerol),
- Methadone (Dolophine, Methadose)

NM 1.7. Was this prescription opioid pain reliever(s) prescribed to you? (960)

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

NM 1.8. During the past 30 days, have you used medical marijuana for your pain? (961)

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

NM 1.9. During the past 30 days, have you used alcohol for your pain? (962)

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

NM 1.10. Sometimes people use methods other than prescription medication to help treat or manage their pain.

In the past 30 days, have you used any of the following to manage your pain?

[Please Read]

NM 1.10.1	physical therapy	(1) Yes	(2) No	(7) DK	(9) REF (963)
NM 1.10.2	acupuncture	(1) Yes	(2) No	(7) DK	(9) REF (964)
NM 1.10.3	chiropractor	(1) Yes	(2) No	(7) DK	(9) REF (965)
NM 1.10.4	TENS Therapy (transcutaneous electrical nerve stimulation)	(1) Yes	(2) No	(7) DK	(9) REF (966)
NM 1.10.5	massage therapy	(1) Yes	(2) No	(7) DK	(9) REF (967)
NM 1.10.6	natural supplements (chondroitin, glucosamine, or other supplements)	(1) Yes	(2) No	(7) DK	(9) REF (968)
NM 1.10.7	relaxation techniques (biofeedback, meditation, mindfulness, or other relaxation methods)	(1) Yes	(2) No	(7) DK	(9) REF (969)
NM 1.10.8	exercise	(1) Yes	(2) No	(7) DK	(9) REF (970)

NM 1.11 Do YOU feel that your pain is currently well managed? (971)

[Interviewer note: If they say “somewhat managed” ask them if it is somewhat managed most of the time (code, yes) or not most of the time (code, no)]

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

Section 8: Demographics

8.1 Are you ... (125)

- 1 Male
- 2 Female
- 9 Refused

INTERVIEWER NOTE: ASK THIS QUESTION EVEN IF RESPONDENT'S SEX HAD BEEN IDENTIFIED DURING LANDLINE HOUSEHOLD ENUMERATION OR CELL PHONE SCREENING QUESTIONS

8.2 What is your age? (126-127)

- Code age in years
- 07 Don't know / Not sure
- 09 Refused

8.3 Are you Hispanic, Latino/a, or Spanish origin? (128-131)

If yes, ask: Are you...

INTERVIEWER NOTE: *One Or More Categories May Be Selected.*

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

Do not read:

- 5 No
- 7 Don't know / Not sure
- 9 Refused

8.4 Which one or more of the following would you say is your race? (132-159)

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

[CATI NOTE: IF MORE THAN ONE RESPONSE TO Q8.4; CONTINUE. OTHERWISE, GO TO Q8.6.]

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

INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORY UNDERNEATH MAJOR HEADING. IF RESPONDENT HAS SELECTED MULTIPLE RACES IN PREVIOUS AND REFUSES TO SELECT A SINGLE RACE, CODE "REFUSED."

(160-161)

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

NEW MEXICO STATED-ADDED MODULE 2: Tribal Affiliation (1)

CATI: ASK IF 8.4 CONTAINS '30' AS ONE OF THE RESPONSES)

NM 2.1 What is your main tribe? (972)

GUIDANCE: What is your tribal affiliation or tribal enrollment?

- 1 Apache (Jicarilla/Mescalero)
- 2 Navajo/Dine
- 3 Pueblo (Any of the 19 NM Pueblos)
- 4 Other, specify _____ (973-994)

Do not read:

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

NEW MEXICO STATE-ADDED MODULE 3: Sexual Orientation (1)

NM 3.1 Do you consider yourself to be one or more of the following? (995-999)

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

If Pause or Refusal/None of the Above also say: 'You can name another category if that fits you better.'

- 1 A. Straight
- 2 B. Gay or Lesbian
- 3 C. Bisexual

Do not read:

- 8 Other, specify _____ (1000-1031)
- 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

NEW MEXICO STATE-ADDED MODULE 4: Gender Identity (2)

The next two questions are about gender identity.

INTERVIEWER NOTE: We ask these questions in order to better understand the health and health care needs of transgender and gender non-conforming people.

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

NM 4.1 What sex were you assigned at birth, on your original birth certificate? (1032)

- 1 Male
- 2 Female

Do not read:

- 7 Don't Know/Not Sure

9 Refused

NM 4.2 How do you describe yourself? (1033)

Please Read:

- 1 a. Male
- 2 b. Female
- 3 c. Transgender
- 4 d. Gender non-conforming

Do not read:

- 8 Other, specify _____ (1034-1060)
- 7 Don't Know/Not Sure
- 9 Refused

NOTES FOR INTERVIEWERS:

Transgender is a term used to describe a person whose gender identity differs from the sex that they were assigned at birth. For example, a person who considers themselves to be male but was assigned female gender at birth.

Gender Non-conforming: Gender Non-conforming is a term used to describe a person who does not subscribe to conventional genders but identifies with a combination of male and female gender or neither male or female gender.

8.6 Are you...? (162)

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

8.7 What is the highest grade or year of school you completed? (163)

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

8.8 Do you own or rent your home?

(164)

Read only if necessary:

- 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.

INTERVIEWER NOTE: HOME IS DEFINED AS THE PLACE WHERE YOU LIVE MOST OF THE TIME/THE MAJORITY OF THE YEAR.

INTERVIEWER NOTE: IF RESPONDENT ASKS ABOUT WHY WE ARE ASKING THIS QUESTION: WE ASK THIS QUESTION IN ORDER TO COMPARE HEALTH INDICATORS AMONG PEOPLE WITH DIFFERENT HOUSING SITUATIONS.

8.9 In what county do you currently live?

(165-167)

- — — ANSI County Code (formerly FIPS county code)
- 777 Don't know / Not sure
- 999 Refused

8.10 What is the ZIP Code where you currently live? (168-172)

-----	ZIP Code
77777	Don't know / Not sure
99999	Refused

[CATI NOTE: IF CELL TELEPHONE INTERVIEW SKIP TO 8.14 (QSTVER GE 20)]

8.11 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. (173)

1	Yes	
2	No	[GO TO Q8.13]
7	Don't know / Not sure	[GO TO Q8.13]
9	Refused	[GO TO Q8.13]

8.12 How many of these telephone numbers are residential numbers? (174)

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

8.13 Including phones for business and personal use, do you have a cell phone for personal use? (175)

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

8.14 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?

INTERVIEWER NOTE: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

1	Yes
2	No

Do not read:

7	Don't know / Not sure
9	Refused

8.15 Are you currently...?

INTERVIEWER NOTE: IF MORE THAN ONE, SAY “SELECT THE CATEGORY WHICH BEST DESCRIBES YOU”.

Please read:

(177)

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

Do not read:

- 9 Refused**

INTERVIEWER NOTE: DO NOT CODE 7 FOR “DON’T KNOW” ON THIS QUESTION.

Module 25: Industry and Occupation

IF CORE Q8.15 = 1 OR 4 (EMPLOYED FOR WAGES OR OUT OF WORK FOR LESS THAN 1 YEAR) OR 2 (SELF-EMPLOYED), CONTINUE ELSE GO TO NEXT MODULE.

Now I am going to ask you about your work.

[CATI NOTE: IF CORE Q8.15 = 1 (EMPLOYED FOR WAGES) OR 2 (SELF-EMPLOYED) ASK,]

1. What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic.

INTERVIEWER NOTE: IF RESPONDENT IS UNCLEAR, ASK “WHAT IS YOUR JOB TITLE?”

INTERVIEWER NOTE: IF RESPONDENT HAS MORE THAN ONE JOB THEN ASK, “WHAT IS YOUR MAIN JOB?”

(484-583)

[Record answer] _____

99

Refused

[IF CORE Q8.15 = 4 (OUT OF WORK FOR LESS THAN 1 YEAR) ASK,]

What kind of work did you do? For example, registered nurse, janitor, cashier, auto mechanic.

INTERVIEWER NOTE: IF RESPONDENT IS UNCLEAR, ASK “WHAT WAS YOUR JOB TITLE?”

INTERVIEWER NOTE: IF RESPONDENT HAS MORE THAN ONE JOB THEN ASK, “WHAT WAS YOUR MAIN JOB?”

[Record answer] _____
99 Refused

[IF CORE Q8.15 = 1 (EMPLOYED FOR WAGES) OR 2 (SELF-EMPLOYED) ASK,]

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

(584-683)

[Record answer] _____
99 Refused

[CATI NOTE: IF CORE Q8.15 = 4 (OUT OF WORK FOR LESS THAN 1 YEAR) ASK,]

What kind of business or industry did you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.

[Record answer] _____
99 Refused

8.16 How many children less than 18 years of age live in your household? (178-179)

__ Number of children
88 None
99 Refused

8.17 Is your annual household income from all sources—

**INTERVIEWER NOTE: IF RESPONDENT REFUSES AT ANY INCOME LEVEL,
CODE ‘99’ (REFUSED) (180-181)**

- 04 Less than \$25,000 **If “no,” ask 05; if “yes,” ask 03**
(\$20,000 to less than \$25,000)
- 03 Less than \$20,000 **If “no,” code 04; if “yes,” ask 02**
(\$15,000 to less than \$20,000)
- 02 Less than \$15,000 **If “no,” code 03; if “yes,” ask 01**
(\$10,000 to less than \$15,000)
- 01 Less than \$10,000 **If “no,” code 02**
- 05 Less than \$35,000 **If “no,” ask 06**
(\$25,000 to less than \$35,000)
- 06 Less than \$50,000 **If “no,” ask 07**
(\$35,000 to less than \$50,000)
- 07 Less than \$75,000 **If “no,” code 08**
(\$50,000 to less than \$75,000)
- 08 \$75,000 or more

Do not read:

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

8.18 Have you used the internet in the past 30 days? (182)

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

8.19 About how much do you weigh without shoes?

**INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT “9” IN
COLUMN 183. ROUND FRACTIONS UP (183-186)**

— — — — Weight
(pounds/kilograms)

7777 Don't know / Not sure
 9999 Refused

8.20 About how tall are you without shoes?

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN COLUMN 187. ROUND FRACTIONS DOWN (187-190)

__ / __ Height
 (*ft / inches/meters/centimeters*)
 77/ 77 Don't know / Not sure
 99/ 99 Refused

[CATI NOTE: IF MALE, GO TO 8.22, IF FEMALE RESPONDENT IS 50 YEARS OLD OR OLDER, GO TO Q8.22]

8.21 To your knowledge, are you now pregnant? (191)

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

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

Some people who are deaf or have serious difficulty hearing may or may not use equipment to communicate by phone.

8.22 Are you deaf or do you have serious difficulty hearing? (192)

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

8.23 Are you blind or do you have serious difficulty seeing, even when wearing glasses? (193)

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

8.24 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (194)

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

8.25 Do you have serious difficulty walking or climbing stairs? (195)

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

8.26 Do you have difficulty dressing or bathing? (196)

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

8.27 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (197)

- 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? (198)

INTERVIEWER 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]

INTERVIEWER NOTE: “FOR CIGARETTES, DO NOT INCLUDE: ELECTRONIC CIGARETTES (E-CIGARETTES, NJOY, BLUETIP), HERBAL CIGARETTES, CIGARS, CIGARILLOS, LITTLE CIGARS, PIPES, BIDIS, KRETEKS, WATER PIPES (HOOKAHS), OR MARIJUANA.”

9.2 Do you now smoke cigarettes every day, some days, or not at all? (199)

Do not read:

- 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? (200)

- 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? (201-202)

Read only if necessary:

- 01 Within the past month (less than 1 month ago)
- 02 Within the past 3 months (1 month but less than 3 months ago)
- 03 Within the past 6 months (3 months but less than 6 months ago)
- 04 Within the past year (6 months but less than 1 year ago)
- 05 Within the past 5 years (1 year but less than 5 years ago)
- 06 Within the past 10 years (5 years but less than 10 years ago)
- 07 10 years or more
- 08 Never smoked regularly

Do not read:

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

9.5 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? (203)

INTERVIEWER NOTE: SNUS (RHYMES WITH 'GOOSE')/ SNUS (SWEDISH FOR SNUFF) IS A MOIST SMOKELESS TOBACCO, USUALLY SOLD IN SMALL POUCHES THAT ARE PLACED UNDER THE LIP AGAINST THE GUM.

Do not read:

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

Do not read:

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

Section 10: E-Cigarettes

“The next questions are about electronic cigarettes and other electronic “vaping” products. These products typically contain nicotine, flavors, and other ingredients. Do not include products used only for marijuana.”

INTERVIEWER NOTE: THESE QUESTIONS CONCERN ELECTRONIC VAPING PRODUCTS FOR NICOTINE USE. THE USE OF ELECTRONIC VAPING PRODUCTS FOR MARIJUANA USE IS NOT INCLUDED IN THESE QUESTIONS.

10.1 Have you ever used an e-cigarette or other electronic “vaping” product, even just one time, in your entire life? (204)

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

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

10.2 Do you now use e-cigarettes or other electronic “vaping” products every day, some days, or not at all? (205)

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

Section 11: Alcohol Consumption

11.1 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? (206-208)

- 1 _ _ Days per week
- 2 _ _ Days in past 30 days
- 888 No drinks in past 30 days [GO TO NEXT SECTION]
- 777 Don’t know / Not sure [GO TO NEXT SECTION]

999 Refused

[GO TO NEXT SECTION]

11.2 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?

INTERVIEWER NOTE: A 40 OUNCE BEER WOULD COUNT AS 3 DRINKS, OR A COCKTAIL DRINK WITH 2 SHOTS WOULD COUNT AS 2 DRINKS.

(209-210)

-- Number of drinks
77 Don't know / Not sure
99 Refused

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

(211-212)

-- Number of times
88 None
77 Don't know / Not sure
99 Refused

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

(213-214)

-- Number of drinks
77 Don't know / Not sure
99 Refused

Section 12: Fruits and Vegetables

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

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

12.1 Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month. (215-217)

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.
IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"

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

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

12.2 Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice? (218-220)

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

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

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

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

999 Refused

12.3 How often did you eat a green leafy or lettuce salad, with or without other vegetables?
(221-223)

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

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

READ IF RESPONDENT ASKS ABOUT SPINACH: "INCLUDE SPINACH SALADS."

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

12.4 How often did you eat any kind of fried potatoes, including french fries, home fries, or hash browns? ?
(224-226)

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

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

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

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

12.5 How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?
(227-229)

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

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

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

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

12.6 Not including lettuce salads and potatoes, how often did you eat other vegetables?
(230-232)

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

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

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

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

Section 13: Exercise (Physical Activity)

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

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

13.1 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? (233)

- | | | |
|---|-----------------------|---------------|
| 1 | Yes | |
| 2 | No | [GO TO Q13.8] |
| 7 | Don't know / Not sure | [GO TO Q13.8] |
| 9 | Refused | [GO TO Q13.8] |

13.2 What type of physical activity or exercise did you spend the most time doing during the past month? (234-235)

- | | | |
|----|-----------------------|-------------------------------------|
| -- | (Specify) | [See Physical Activity Coding List] |
| 77 | Don't know / Not Sure | [GO TO Q13.8] |
| 99 | Refused | [GO TO Q13.8] |

INTERVIEWER INSTRUCTION: IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED IN THE PHYSICAL ACTIVITY CODING LIST, CHOOSE THE OPTION LISTED AS “OTHER”.

13.3 How many times per week or per month did you take part in this activity during the past month? (236-238)

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

13.4 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (239-241)

- _:__ Hours and minutes
- 777 Don't know / Not sure
- 999 Refused

13.5 What other type of physical activity gave you the next most exercise during the past month? (242-243)

- __ (Specify) [See Physical Activity Coding List]
- 88 No other activity [GO TO Q13.8]
- 77 Don't know / Not Sure [GO TO Q13.8]
- 99 Refused [GO TO Q13.8]

INTERVIEWER INSTRUCTION: IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED IN THE CODING PHYSICAL ACTIVITY LIST, CHOOSE THE OPTION LISTED AS "OTHER".

13.6 How many times per week or per month did you take part in this activity during the past month? (244-246)

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

13.7 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (247-249)

- _:__ Hours and minutes
- 777 Don't know / Not sure
- 999 Refused

13.8 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. (250-252)

- 1__ Times per week
- 2__ Times per month
- 888 Never
- 777 Don't know / Not sure

999 Refused

Section 14: Seatbelt Use

14.1 How often do you use seat belts when you drive or ride in a car? Would you say — (253)

Please read:

1	Always
2	Nearly always
3	Sometimes
4	Seldom
5	Never

Do not read:

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

Section 15: Immunization

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

15.1 During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose? (254)

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

1	Yes	
2	No	[GO TO Q15.3]
7	Don't know / Not sure	[GO TO Q15.3]
9	Refused	[GO TO Q15.3]

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?

(255-260)

__ / __ __ __	Month / Year
77 / 7777	Don't know / Not sure
99 / 9999	Refused

15.3 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? (261)

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

[CATI NOTE: IF RESPONDENT IS LESS THAN 50 YEARS OF AGE, GO TO NEXT SECTION.]

15.4. Have you ever had the shingles or zoster vaccine? (262)

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

INTERVIEWER NOTE (READ IF NECESSARY): SHINGLES IS CAUSED BY THE CHICKEN POX VIRUS. IT IS AN OUTBREAK OF RASH OR BLISTERS ON THE SKIN THAT MAY BE ASSOCIATED WITH SEVERE PAIN. A VACCINE FOR SHINGLES HAS BEEN AVAILABLE SINCE MAY 2006; IT IS CALLED ZOSTAVAX®, THE ZOSTER VACCINE, OR THE SHINGLES VACCINE.

Section 16: HIV/AIDS

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

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. (263)

- 1 Yes
- 2 No [GO TO Q16.3]
- 7 Don't know /Not sure [GO TO Q16.3]
- 9 Refused [GO TO Q16.3]

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

INTERVIEWER INSTRUCTIONS: IF RESPONSE IS BEFORE JANUARY 1985, CODE “DON’T KNOW.” 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.

(264-269)

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

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

(270)

**You have injected any drug other than those prescribed for you in the past year.
You have been treated for a sexually transmitted disease or STD in the past year.
You have given or received money or drugs in exchange for sex in the past year.
You had anal sex without a condom in the past year.
You had four or more sex partners in the past year.
Do any of these situations apply to you?**

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

Closing Statement

INTERVIEWER NOTE: IF THERE ARE NO MODULES/STATE ADDED QUESTIONS OR THIS IS AN OUT-OF-STATE CELL PHONE INTERVIEW, 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.

Or

Continue to module(s) and/or state-added questions

Optional Modules

Module 21: Caregiving

People may provide regular care or assistance to a friend or family member who has a health problem or disability.

1. During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability? (457)

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

- | | |
|--|---------------------|
| 1. Yes | |
| 2. No | [GO TO QUESTION 9] |
| 7. Don’t know/Not sure | [GO TO QUESTION 9] |
| 8. Caregiving recipient died in past 30 days | [GO TO NEXT MODULE] |
| 9. Refused | [GO TO QUESTION 9] |

2. What is his or her relationship to you? For example is he or she your mother or daughter or father or son? (458-459)

INTERVIEWER NOTE: IF MORE THAN ONE PERSON, SAY: “PLEASE REFER TO THE PERSON TO WHOM YOU ARE GIVING THE MOST CARE.”

INTERVIEWER INSTRUCTION: DO NOT READ; CODE RESPONSE USING THESE CATEGORIES.

- | | |
|----|------------------|
| 01 | Mother |
| 02 | Father |
| 03 | Mother-in-law |
| 04 | Father-in-law |
| 05 | Child |
| 06 | Husband |
| 07 | Wife |
| 08 | Same-sex partner |

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

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

3. For how long have you provided care for that person? Would you say...
(460)

Please read:

- 1 Less than 30 days**
- 2 1 month to less than 6 months**
- 3 6 months to less than 2 years**
- 4 2 years to less than 5 years**
- 5 5 years or more**

Do not read:

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

4. In an average week, how many hours do you provide care or assistance? Would you say...
(461)

Please read:

- 1 Up to 8 hours per week**
- 2 9 to 19 hours per week**
- 3 20 to 39 hours per week**
- 4 40 hours or more**

Do not read:

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

5. What is the main health problem, long-term illness, or disability that the person you care for has? (462-463)

Read if necessary: **Please tell me which one of these conditions would you say is the major problem?**

[DO NOT READ: RECORD ONE RESPONSE]

- 1 Arthritis/Rheumatism
- 2 Asthma
- 3 Cancer
- 4 Chronic respiratory conditions such as Emphysema or COPD
- 5 Dementia and other Cognitive Impairment Disorders such as Alzheimer's disease
- 6 Developmental Disabilities such as Autism, Down's Syndrome, and Spina Bifida
- 7 Diabetes
- 8 Heart Disease, Hypertension
- 9 Human Immunodeficiency Virus Infection (HIV)
- 10 Mental Illnesses, such as Anxiety, Depression, or Schizophrenia
- 11 Other organ failure or diseases such as kidney or liver problems
- 12 Substance Abuse or Addiction Disorders
- 13 Injuries, including broken bones
- 14 Old age/infirmity/frailty
- 15 Other

Do not read:

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

6. In the past 30 days, did you provide care for this person by...

Managing personal care such as giving medications, feeding, dressing, or bathing? (464)

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

7. In the past 30 days, did you provide care for this person by...

Managing household tasks such as cleaning, managing money, or preparing meals?

(465)

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

- 8. Of the following support services, which one do you most need, that you are not currently getting?** (466)

**[INTERVIEWER NOTE: IF RESPONDENT ASKS WHAT RESPITE CARE IS]:
Respite care means short-term breaks for people who provide care.**

Please read options 1 – 6:

- 1. Classes about giving care, such as giving medications**
- 2. Help in getting access to services**
- 3. Support groups**
- 4. Individual counseling to help cope with giving care**
- 5. Respite care**
- 6. You don't need any of these support services**

Do not read:

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

[If Q1 = 1 or 8, GO TO NEXT MODULE]

- 9. In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?** (467)

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

Module 16: Preconception Health/Family Planning

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

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

1. Did you or your partner do anything the last time you had sex to keep you from getting pregnant? (436)

- 1 Yes
- 2 No [GO TO Q3]
- 3 No partner/not sexually active [GO TO NEXT MODULE]
- 4 Same sex partner [GO TO NEXT MODULE]
- 5 Has had a Hysterectomy [GO TO NEXT MODULE]**
- 7 Don't know/Not sure [GO TO Q3]
- 9 Refused [GO TO Q3].

2. What did you or your partner do the last time you had sex to keep you from getting pregnant?

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

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

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

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

Read only if necessary: (437-438)

- 01 Female sterilization (ex. Tubal ligation, Essure, Adiana) [GO TO NEXT MODULE]
- 02 Male sterilization (vasectomy) [GO TO NEXT MODULE]
- 03 Contraceptive implant (ex. Implanon) [GO TO NEXT MODULE]
- 04 Levonorgestrel (LEE-voe-nor-JES-trel) (LNG) or hormonal IUD (ex. Mirena) [GO TO NEXT MODULE]

- 05 Copper-bearing IUD (ex. ParaGard) [GO TO NEXT MODULE]
- 06 IUD, type unknown [GO TO NEXT MODULE]
- 07 Shots (ex. Depo-Provera) [GO TO NEXT MODULE]
- 08 Birth control pills, any kind [GO TO NEXT MODULE]
- 09 Contraceptive patch (ex. Ortho Evra) [GO TO NEXT MODULE]
- 10 Contraceptive ring (ex. NuvaRing) [GO TO NEXT MODULE]
- 11 Male condoms [GO TO NEXT MODULE]
- 12 Diaphragm, cervical cap, sponge [GO TO NEXT MODULE]
- 13 Female condoms [GO TO NEXT MODULE]
- 14 Not having sex at certain times (rhythm or natural family planning) [GO TO NEXT MODULE]
- 15 Withdrawal (or pulling out) [GO TO NEXT MODULE]
- 16 Foam, jelly, film, or cream [GO TO NEXT MODULE]
- 17 Emergency contraception (morning after pill) [GO TO NEXT MODULE]
- 18 Other method [GO TO NEXT MODULE]

Do not read:

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

Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.

3. What was your main reason for not doing anything the last time you had sex to keep you from getting pregnant? (439-440)

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

Read only if necessary:

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

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

Module 28: Random Child Selection

[CATI NOTE: IF CORE Q8.16 = 88, OR 99 (NO CHILDREN UNDER AGE 18 IN THE HOUSEHOLD, OR REFUSED), GO TO NEXT MODULE.]

CATI NOTE: IF CORE Q8.16 = 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]

[CATI NOTE: IF CORE Q8.16 IS >1 AND CORE Q8.16 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 NOTE: RANDOMLY SELECT ONE OF THE CHILDREN. THIS IS THE “XTH” CHILD. PLEASE SUBSTITUTE “XTH” CHILD’S NUMBER IN ALL QUESTIONS BELOW.]

Please read:

I have some additional questions about one specific child. The child I will be referring to is the “Xth” [CATI NOTE: PLEASE FILL IN CORRECT NUMBER] CHILD IN YOUR HOUSEHOLD. ALL FOLLOWING QUESTIONS ABOUT CHILDREN WILL BE ABOUT THE “XTH” [CATI NOTE: PLEASE FILL IN] CHILD.]

1. What is the birth month and year of the “Xth” child? (689-694)

__/____	Code month and year
77/ 7777	Don’t know / Not sure
99/9999	Refused

CATI NOTE: 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).

2. Is the child a boy or a girl? (695)

1	Boy
2	Girl
9	Refused

3. Is the child Hispanic, Latino/a, or Spanish origin? (696-699)

INTERVIEWER INSTRUCTION: IF YES, ASK: “ARE THEY...

INTERVIEWER NOTE: SELECT ALL THAT APPLY

Please read:

1	Mexican, Mexican American, Chicano/a
2	Puerto Rican

- 3 Cuban**
- 4 Another Hispanic, Latino/a, or Spanish origin**

Do not read:

- 5 No
- 7 Don't know / Not sure
- 9 Refused

4. Which one or more of the following would you say is the race of the child? (700-727)

INTERVIEWER NOTE: 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

5. Which one of these groups would you say best represents the child's race? (728-729)

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

6. How are you related to the child? (730)

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 29: Childhood Asthma Prevalence

[CATI NOTE: IF RESPONSE TO CORE Q8.16 = 88 (NONE) OR 99 (REFUSED), GO TO NEXT MODULE.]

The next two questions are about the “Xth” [CATI NOTE: PLEASE FILL IN CORRECT NUMBER] child.

1. Has a doctor, nurse or other health professional EVER said that the child has asthma? (731)

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

2. Does the child still have asthma? (732)

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

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?

(733)

- 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.

Asthma Call-Back Selection

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

(734)

- 1 Adult
- 2 Child

NEW MEXICO STATE-ADDED MODULE 5: SUICIDE (3)

NM 5.1 In the past year, have you felt so low at times that you thought about committing suicide?

(1061)

- 1 Yes
- 2 No

Do not read:

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

NM 5.2 Have you ever attempted suicide? (1062)

- 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]

NM 5.3 In the past year, have you attempted suicide? (1063)

- 1 Yes
- 2 No

Do not read:

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

Suicide Closing Statement: We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call the National Suicide Prevention Lifeline number 1-800-273-TALK/800 273-8255. Would you like me to repeat this number?

(1064)

NEW MEXICO STATE-ADDED MODULE 6 - Sexual Violence and Intimate Partner Violence (10)

I'd like to ask you some questions about physical and/or sexual violence or other unwanted sexual experiences. This information will allow us to better understand the problem of violence and unwanted sexual contact, and may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. Remember that your phone number has been chosen randomly and your answers are strictly confidential. At the end of this section I will give you a phone number for an organization that can provide information and a referral for both of these issues. Please keep in mind that you can ask me to skip any question that you do not want to answer. If you are not in a safe place to answer these questions, I can skip to the next topic area. Are you in a safe place to answer these questions?

Yes

(1065)

No **go to CLOSING STATEMENT**

Now I am going to ask you about unwanted sex. Unwanted sex includes things like someone putting anything into your vagina, anus, or mouth or making you do these things to them after you said or showed that you didn't want to. It includes times when you were unable to consent, for example, you were drunk, on drugs, or asleep, or you thought you would be hurt or punished if you refused.

NM 6.1 Has anyone EVER ATTEMPTED to have sex with you after you said or showed that you didn't want to or without your consent, BUT SEX DID NOT OCCUR?

(1066)

- 1 Yes
- 2 No **skip to Question NM 6.3**

Do not read:

- 7 Don't know / Not sure **skip to Question NM 6.3**
- 9 Refused **skip to Question NM 6.3**

NM 6.2 In the past 12 months, has anyone ATTEMPTED to have sex with you after you said or showed that you didn't want to or without your consent, BUT SEX DID NOT OCCUR?

(1067)

- 1 Yes
- 2 No

Do not read:

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

NM 6.3 Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent?

(1068)

- 1 Yes
- 2 No **skip to Question NM 6.5**

Do not read:

- 7 Don't know / Not sure **skip to Question NM 6.5**
- 9 Refused **skip to Question NM 6.5**

NM 6.4 In the past 12 months, has anyone HAD SEX with you after you said or showed that you didn't want to or without your consent?

(1069)

- 1 Yes
- 2 No

Do not read:

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

IF respondent answered NO, DON'T KNOW OR REFUSED to questions NM 6.1 and NM 6.3, Go to question NM 6.7.

NM 6.5 At the time of the most recent incident, how did you know or what was your relationship to the person who [had sex-or attempted to have sex] with you after you said or showed that you didn't want to?

(1070-1071)

DO NOT READ

- 01 Complete stranger
- 02 A person known for less than 24 hours
- 03 Acquaintance
- 04 Friend
- 05 Date
- 06 Current boyfriend/girlfriend
- 07 Former boyfriend/ girlfriend
- 08 Spouse or live-in partner
- 09 Ex-spouse or ex live-in partner
- 10 Co-worker
- 11 Neighbor
- 12 Parent
- 13 Step-parent
- 14 Parent's partner
- 15 Other relative
- 16 Other non-relative
- 17 Multiple perpetrators

Do not read:

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

NM 6.6 Was the person who did this male or female? (1072)

(If Q5 = 17, then “**Were the people who did this male or female or were some male and some female?**”) (1073)

- 1 Male(s)
- 2 Female(s)
- (3 Both)

Do not read:

- 7 Don’t know / Not sure
- 9 Refused

NM 6.7 In the past 12 months, has anyone exposed you to unwanted sexual situations that did not involve physical touching? Examples include things like flashing you, peeping, sexual harassment, or making you look at sexual photos or movies. (1074)

- 1 Yes
- 2 No

Do not read:

- 7 Don’t know / Not sure
- 9 Refused

The next questions are about violence in relationships with an intimate partner. By an intimate partner I mean any current or former spouse, boyfriend, or girlfriend. Someone you dated would also be considered an intimate partner.

NM 6.8 Has an intimate partner EVER THREATENED you with physical violence? This includes threatening to hit, slap, push, kick, or physically hurt you in any way.

(1075)

- 1 Yes
- 2 No

Do not read:

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

NM 6.9 Has an intimate partner EVER hit, slapped, pushed, kicked, or physically hurt you in any way?

(1076)

- 1 Yes
- 2 No

Skip to S/IP Violence Closing Statement

Do not read:

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

Skip to S/IP Violence Closing Statement

Skip to S/IP Violence Closing Statement

NM 6.10 In the past 12 months, have you had any injuries, such as bruises, cuts, scrapes, black eyes, vaginal or anal tears, or broken bones, as a result of unwanted sex or as a result of violence by an intimate partner?

(1077)

- 1 Yes
- 2 No

Do not read:

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



S/IP Violence CLOSING STATEMENT: We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, there is a toll-free and confidential intimate partner violence telephone hotline you can call. The number is **1- 800-799-SAFE (7233)**. Would you like me to repeat this number? (1078)

CLOSING STATEMENT

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

Activity List for Common Leisure Activities

(To be used for Section 12: Physical Activity)

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

01 Active Gaming Devices (Wii Fit, Dance, Dance revolution)	40 Rowing machine exercises
02 Aerobics video or class	41 Rugby
03 Backpacking	42 Scuba diving
04 Badminton	43 Skateboarding
05 Basketball	44 Skating – ice or roller
06 Bicycling machine exercise	45 Sledding, tobogganing
07 Bicycling	46 Snorkeling
08 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)	47 Snow blowing
09 Bowling	48 Snow shoveling by hand
10 Boxing	49 Snow skiing
11 Calisthenics	50 Snowshoeing
12 Canoeing/rowing in competition	51 Soccer
13 Carpentry	52 Softball/Baseball
14 Dancing-ballet, ballroom, Latin, hip hop, Zumba, etc.	53 Squash
15 Elliptical/EFX machine exercise	54 Stair climbing/Stair master
16 Fishing from river bank or boat	55 Stream fishing in waders
17 Frisbee	56 Surfing
18 Gardening (spading, weeding, digging, filling)	57 Swimming
19 Golf (with motorized cart)	58 Swimming in laps
20 Golf (without motorized cart)	59 Table tennis
21 Handball	60 Tai Chi
22 Hiking – cross-country	61 Tennis
23 Hockey	62 Touch football
24 Horseback riding	63 Volleyball
25 Hunting large game – deer, elk	64 Walking
26 Hunting small game – quail	66 Waterskiing
27 Inline Skating	67 Weight lifting
28 Jogging	68 Wrestling
29 Lacrosse	69 Yoga
30 Mountain climbing	71 Childcare
31 Mowing lawn	72 Farm/Ranch Work (caring for livestock, stacking hay, etc.)
32 Paddleball	73 Household Activities (vacuuming, dusting, home repair, etc.)
33 Painting/papering house	74 Karate/Martial Arts
34 Pilates	75 Upper Body Cycle (wheelchair sports, ergometer)
35 Racquetball	76 Yard work (cutting/gathering wood, trimming, etc.)
36 Raking lawn/trimming hedges	98 Other_____
37 Running	99 Refused
38 Rock climbing	
39 Rope skipping	