

BRFSS

2011



Maine English  
Questionnaire  
12/26/10  
(CDC Core  
12/04/2010)

Intro .....	3
Core Sections .....	7
Section 01: Health Status .....	8
Section 02: Healthy Days -- Health-Related Quality of Life ....	9
Section 03: Health Care Access .....	11
<b>State Added 01: Specific Health Coverage .....</b>	<b>12</b>
Section 04: Hypertension Awareness .....	14
Section 05: Cholesterol Awareness .....	16
Section 06: Chronic Health Conditions .....	18
Module 01: Pre-Diabetes .....	23
Module 02: Diabetes .....	25
Section 07: Tobacco Use .....	30
Section 08: Demographics .....	32
<b>State Added 02: Demographics (French Origin) .....</b>	<b>33</b>
<b>State Added 03: Demographics (Sexual Orientation) .....</b>	<b>35</b>
<b>State Added 04: Demographics (Town) .....</b>	<b>41</b>
Section 09: Fruits and Vegetables .....	45
Section 10: Exercise (Physical Activity) .....	52
Section 11: Disability .....	61
Section 12: Arthritis Burden .....	62
Section 13: Seatbelt Use .....	64
Section 14: Immunization .....	65
Section 15: Alcohol Consumption .....	67
Section 16: HIV/AIDS .....	70
Influenza Like Illness (ILI) Adult Optional Module through April .....	72
Transition to Modules and/or State-Added Questions .....	76
<b>State Added 06: Environmental (Path A) .....</b>	<b>77</b>
<b>State Added 12: Cigarette Use (Path B) .....</b>	<b>79</b>
<b>State Added 13: Other tobacco products (Path B) .....</b>	<b>81</b>
<b>State Added 14: Cessation (Path B) .....</b>	<b>83</b>
<b>State Added 15: Environmental Tobacco (Path B) .....</b>	<b>89</b>
<b>State Added 16: Smoking Beliefs (Path B) .....</b>	<b>94</b>
Module 07: Inadequate Sleep Path A .....	97
Module 10: Actions to Control High Blood Pressure Path C ....	99
Module 19: Tetanus Diphtheria (Adults) Path C .....	103

Module 20: Adult Human Papilloma Virus (HPV) Path C .....	105
Module 22: Chronic Obstructive Pulmonary Disease (COPD) Path B .....	106
<b>State Added 20: Veteran Questions (Path C) .....</b>	<b>108</b>
Module 24: Veterans' Health Path C .....	110
Module 26: Anxiety and Depression Path A .....	113
Module 31: Adverse Childhood Experience Path A .....	117
Module 32: Random Child Selection Path C .....	121
Influenza Like Illness (ILI) Child Optional Module through April .....	124
Module 33: Childhood Asthma Prevalence Path C .....	125
Module 34: Childhood Immunization (Influenza) Path C .....	126
<b>State Added 05: Mental Health (Paths B and C) .....</b>	<b>128</b>
<b>State Added 07: Substance Abuse (Path A) .....</b>	<b>130</b>
<b>State Added 08: Lyme Disease (Path A) .....</b>	<b>132</b>
<b>State Added 09: Cancer Survivorship (Path A) .....</b>	<b>133</b>
<b>State Added 10: Sexual Violence (Path A) .....</b>	<b>137</b>
<b>State Added 11: Suicide (Path A) .....</b>	<b>141</b>
<b>State Added 17: Child HPV (Path C) .....</b>	<b>143</b>
<b>State Added 18: Oral Cancer (Path C) .....</b>	<b>144</b>
<b>State Added 19: Skin Cancer/Sun Safety (Path C) .....</b>	<b>145</b>
Asthma Call-Back Permission Script Path C .....	146
Closing Statement .....	148
Activity List for Common Leisure Activities (To be used for Section 10: Physical Activity) .....	149
List of Health Problems to Accompany Module 08, Question 3 ..	151

## Intro

<b>INTROQST</b>	Select
Ask If	
HELLO, I am calling for the Maine Center for Disease Control and Prevention. My name is [Interviewer Name].	
We are gathering information about the health of <b>Maine</b> residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.	
Is this {PHONE7}?	
INTERVIEWER NOTE: THE MAINE CENTER FOR DISEASE CONTROL AND PREVENTION (MAINE CDC) IS FORMERLY THE MAINE BUREAU OF HEALTH	
1 YES, CONTINUE	PRIVRES
2 NUMBER IS NOT THE SAME	WRONGNUM

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

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

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

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

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

<b>ADULTS</b>	Numeric
Ask If	
I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?	
NUMBER OF ADULTS	

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

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

<b>WRONGTOT</b>		Select
Ask If	MEN + WOMEN <> ADULTS	
I'm sorry, something is not right.		
	Number of Men	- {MEN}
	Number of Women	- + {WOMEN}
		-----
	Number of Adults	- {ADULTS}
1	CORRECT THE NUMBER OF MEN	MEN
2	CORRECT THE NUMBER OF WOMEN	WOMEN
3	CORRECT THE NUMBER OF ADULTS	ADULTS

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

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

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

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

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

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

<b>NEWADULT</b>	Select
Ask If	GETADULT = 1 OR GETADULT = 2 OR GETNEWAD = 1
HELLO, I am calling for the Maine Center for Disease Control and Prevention. My name is <b>[Interviewer Name]</b> .	
We are gathering information about the health of <b>Maine</b> residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.	
1	PERSON INTERESTED, CONTINUE INTROSCR
2	GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED ADULTS

## Core Sections

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

## Section 01: Health Status

<b>C01INTRO</b>	Pause
Ask If	

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

<b>C01END</b>	Pause
Ask If	

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

<b>C02INTRO</b>	Pause	
Ask If		

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

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

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

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

<b>C02END</b>	Pause
Ask If	

### Section 03: Health Care Access

<b>C03INTRO</b>	Pause
Ask If	

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

## State Added 01: Specific Health Coverage

**Cati Note: Insert after C03Q01**

<b>ME01INTRO</b>	Pause
Ask If	C03Q01 = 1

<b>ME01Q01</b>	Select
Ask If	C03Q01 = 1
What type of health care coverage do you use to pay for most of your medical care?	
01	Your employer
02	Someone else's employer
03	A plan that you or someone else buys on your own
04	Medicare
05	Medicaid or MaineCare
06	The military, CHAMPUS, or the VA
07	The Indian Health Service
08	Some other source.
88	NONE
77	DON'T KNOW/NOT SURE
99	REFUSED

<b>ME01END</b>	Pause
Ask If	C03Q01 = 1

<b>C03Q02</b>	Select	81
Ask If		
Do you have one person you think of as your personal doctor or health care provider?		
INTERVIEWER NOTE: IF "NO" ASK:		
"Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"		

1	YES, ONLY ONE
2	MORE THAN ONE
3	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

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

<b>C03Q04</b>	Select	83
Ask If		
About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.		
1	Within past year (anytime less than 12 months ago)	
2	Within past 2 years (1 year but less than 2 years ago)	
3	Within past 5 years (2 years but less than 5 years ago)	
4	5 or more years ago	
7	DON'T KNOW/NOT SURE	
8	NEVER	
9	REFUSED	

<b>C03END</b>	Pause
Ask If	

## Section 04: Hypertension Awareness

<b>C04INTRO</b>	Pause
Ask If	

<b>C04Q01</b>	Select	84
Ask If		
Have you <b>EVER</b> been told by a doctor, nurse, or other health professional that you have high blood pressure?		
READ ONLY IF NECESSARY:		
By "other health professional" we mean a nurse practitioner, a physician's assistant, or some other licensed health professional.		
INTERVIEWER NOTE: IF "YES" AND RESPONDENT IS FEMALE, ASK:		
"Was this only when you were pregnant?"		
1	YES	
2	YES, BUT FEMALE TOLD ONLY DURING PREGNANCY	
3	NO	C04END
4	TOLD BORDERLINE HIGH OR PRE-HYPERTENSIVE	C04END
7	DON'T KNOW/NOT SURE	C04END
9	REFUSED	C04END

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

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

<b>C04END</b>	Pause
Ask If	

## Section 05: Cholesterol Awareness

<b>C05INTRO</b>	Pause
Ask If	

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

<b>C05Q02</b>	Select	87
Ask If	C05Q01=1	
About how long has it been since you last had your blood cholesterol checked?		
<b>READ ONLY IF NECESSARY:</b>		
1	Within past year (anytime less than 12 months ago)	
2	Within past 2 years (1 year but less than 2 years ago)	
3	Within past 5 years (2 years but less than 5 years ago)	
4	5 or more years ago	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C05Q03</b>	Select	88
Ask If		
Have you <b>EVER</b> been told by a doctor, nurse or other health professional that your blood cholesterol is high?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C05END</b>	Pause
Ask If	

## Section 06: Chronic Health Conditions

<b>C06INTRO</b>	Pause
Ask If	

<b>C06Q01</b>	Select	89
Ask If		
Now I would like to ask you some questions about general health conditions.		
Has a doctor, nurse or other health professional <b>EVER</b> told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure."		
(Ever told) you that you had a heart attack also called a myocardial infarction?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

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

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

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

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

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

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

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

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

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

<b>C06Q11</b>	Select	99
Ask If		
(Ever told) you have kidney disease? Do <b>NOT</b> include kidney stones, bladder infection or incontinence.		
INTERVIEWER NOTE: INCONTINENCE IS NOT BEING ABLE TO CONTROL URINE FLOW.		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

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

<b>C06Q13</b>	Select	101
Ask If		
(Ever told) you have diabetes?		
INTERVIEWER NOTE: IF "YES" AND RESPONDENT IS FEMALE, ASK:		
"Was this only when you were pregnant?"		
IF RESPONDENT SAYS PRE-DIABETES OR BORDERLINE DIABETES, USE RESPONSE CODE 4.		
1	YES	
2	YES, BUT FEMALE TOLD ONLY DURING PREGNANCY	
3	NO	
4	NO, PRE-DIABETES OR BORDERLINE DIABETES	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

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

<b>C06END</b>	Pause
Ask If	

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

## Module 01: Pre-Diabetes

**CATI NOTE: Insert after SECTION C06**

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

<b>M01INTRO</b>	Pause
Ask If	C06Q13>1

<b>M01Q01</b>	Select	245
Ask If	C06Q13>1	
Have you had a test for high blood sugar or diabetes within the past three years?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

**CATI NOTE: If Core C06Q13 = 4 (No, pre-diabetes or borderline diabetes); answer M01Q02 = Yes**

<b>M01Q02</b>	Select	246
Ask If	(C06Q13>1 AND C06Q13<4) OR C06Q13>4	
Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?		
IF "YES" AND RESPONDENT IS FEMALE, ASK: "WAS THIS ONLY WHEN YOU WERE PREGNANT?"		
1	Yes	
2	Yes, during pregnancy	
3	No	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

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

<b>M01END</b>	Pause
Ask If	

## Module 02: Diabetes

**CATI NOTE: Insert after SECTION C06**

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

<b>M02INTRO</b>	Pause
Ask If	C06Q13=1

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

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

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

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

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

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

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

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

<b>M02Q06</b>	Numeric	258-259
Ask If	C06Q13=1	
A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?		
NUBMER OF TIMES [76= 76 or more]		
88	NONE	
98	NEVER HEARD OF "A ONE C" TEST	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

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

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

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

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

<b>M02Q08</b>	Select	262
Ask If	C06Q13=1	
When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.		
READ ONLY IF NECESSARY:		
1	Within the past month (anytime less than 1 month ago)	
2	Within the past year (1 month but less than 12 months ago)	
3	Within the past 2 years (1 year but less than 2 years ago)	
4	2 or more years ago	
7	DON'T KNOW/NOT SURE	
8	NEVER	
9	REFUSED	

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

<b>M02Q10</b>	Select	264
Ask If		
Have you ever taken a course or class in how to manage your diabetes yourself?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M02END</b>	Pause	
Ask If		

## Section 07: Tobacco Use

<b>C07INTRO</b>	Pause	
Ask If		

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

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

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

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

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

<b>C07END</b>	Pause
Ask If	

## Section 08: Demographics

<b>C08INTRO</b>	Pause
Ask If	

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

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

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

## State Added 02: Demographics (French Origin)

**Cati Note: Insert after C08Q02**

<b>ME02INTRO</b>	Pause
Ask If	

<b>ME02Q01</b>	Select
Ask If	
Are you French-American or Franco-American?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME02END</b>	Pause
Ask If	

<b>C08Q03</b>	Multiple Select	111-116
Ask If		
Which one or more of the following would you say is your race?		
CHECK ALL THAT APPLY		
PLEASE READ:		
1	White	
2	Black or African American	
3	Asian	
4	Native Hawaiian or Other Pacific Islander	
5	American Indian or Alaska Native Or	
6	Other [Specify]	OTHER
8	NO ADDITIONAL CHOICES	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C08Q04</b>	Select	117
Ask If	C08Q03<7 AND C08Q03.2>0 AND C08Q03.2<>8	
Which one of these groups would you say best represents your race?		
PLEASE READ:		

1	White
2	Black or African American
3	Asian
4	Native Hawaiian or Other Pacific Islander
5	American Indian or Alaska Native or
6	Other [Specify] OTHER
7	DON'T KNOW/NOT SURE
9	REFUSED

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

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

## State Added 03: Demographics (Sexual Orientation)

**Cati Note: Insert after C08Q06**

<b>ME03INTRO</b>	Pause
Ask If	

<b>ME03Q01</b>	Select
Ask If	
Now I'll read a list of terms people sometimes use to describe themselves- heterosexual or straight; homosexual (gay or lesbian); and bisexual. As I read the list again, please stop me when I get to the term that best describes how you think of yourself:	
1	Heterosexual or straight
2	Homosexual (gay or lesbian)
3	Bisexual
4	Other
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME03END</b>	Pause
Ask If	

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

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

<b>C08Q09</b>	Select	123
Ask If		
Are you currently...?		
PLEASE READ:		
1	Employed for wages	
2	Self-employed	
3	Out of work for more than 1 year	
4	Out of work for less than 1 year	
5	A Homemaker	
6	A Student	
7	Retired Or	
8	Unable to work	
9	REFUSED	

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

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

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

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

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

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

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

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

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

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

<b>C08Q12</b>	Numeric	130-133
Ask If		
About how tall are you without shoes?		
NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FRONT (EX. 165 CENTIMETERS IS "9165").		
ROUND FRACTIONS DOWN		
_____ Ft/inches/meters/centimeters		
7777	DON'T KNOW/NOT SURE	
9999	REFUSED	

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

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

## State Added 04: Demographics (Town)

**Cati Note: Insert after C08Q13**

<b>ME04INTRO</b>	Pause
Ask If	

<b>ME04Q01</b>	Numeric
Ask If	
What town do you live in?	
GEOCODE CODE	
77777	DON'T KNOW/NOT SURE
99999	REFUSED

<b>ME04END</b>	Pause
Ask If	

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

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

<b>C08Q15</b>	Select	142
Ask If		
Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.		
1	YES	
2	NO	C08Q17
7	DON'T KNOW/NOT SURE	C08Q17
9	REFUSED	C08Q17

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

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

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

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

<b>C08Q20</b>	Numeric	147-149
Ask If	C08Q17=1 OR C08Q18=1	
Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone?		
Enter Percent (1 to 100)		
888	ZERO	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
001	MIN	CONTROL
100	MAX	CONTROL

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

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

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

<b>CO8END</b>	Pause
Ask If	

## Section 09: Fruits and Vegetables

<b>C09INTRO</b>	Key
Ask If	
<p>These next questions are about the fruits and vegetables you ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home.</p> <p>I will be asking how often <b>YOU</b> ate or drank each one: for example, once a day, twice a week, three times a month, and so forth.</p> <p>INTERVIEWER NOTE: IF RESPONDENT RESPONDS LESS THAN ONCE PER MONTH, PUT "0" TIMES PER MONTH. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "WAS THAT PER DAY, WEEK, OR MONTH?"</p>	

<b>C09Q01</b>	Numeric	153-155
Ask If		
<p>During the past month, how many times per day, week, or month did you drink 100% <b>PURE</b> fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice.</p> <p>INTERVIEWER NOTE: DO NOT INCLUDE FRUIT DRINKS WITH ADDED SUGAR OR OTHER ADDED SWEETENERS LIKE KOOL-AID, HI-C, LEMONADE, CRANBERRY COCKTAIL, TAMPICO, SUNNY DELIGHT, SNAPPLE, FRUITOPIA, GATORADE, POWER-ADE, OR YOGURT DRINKS.</p> <p>DO NOT INCLUDE VEGETABLE JUICE SUCH AS TOMATO AND V8 IF RESPONDENT PROVIDES BUT INCLUDE IN "OTHER VEGETABLES" QUESTION.</p> <p>DO INCLUDE 100% PURE JUICES INCLUDING ORANGE, MANGO, PAPAYA, PINEAPPLE, APPLE, GRAPE (WHITE OR RED), OR GRAPEFRUIT. ONLY COUNT CRANBERRY JUICE IF THE R PERCEPTION IS THAT IT IS 100% JUICE WITH NO SUGAR OR ARTIFICIAL SWEETENER ADDED. 100% JUICE BLENDS SUCH AS ORANGE-PINEAPPLE, ORANGE-TANGERINE, CRANBERRY-GRAPE ARE ALSO ACCEPTABLE AS ARE FRUIT-VEGETABLE 100% BLENDS. 100% PURE JUICE FROM CONCENTRATE (I.E., RECONSTITUTED) IS COUNTED.</p> <p>101-199 = PER DAY    201-299 = PER WEEK    300-399= PER MONTH</p>		
TIMES		
555	NEVER	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
001	MIN	CONTROL
399	MAX	CONTROL

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

<b>C09Q02</b>	Numeric	156-158
Ask If		
During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit.		
READ ONLY IF NECESSARY:		
"Your best guess is fine. Include apples, bananas, applesauce, oranges, grape fruit, fruit salad, watermelon, cantaloupe or musk melon, papaya, lychees, star fruit, pomegranates, mango, grapes, and berries such as blueberries and strawberries."		
INTERVIEWER NOTE: DO NOT COUNT FRUIT JAM, JELLY, OR FRUIT PRESERVES. DO NOT INCLUDE DRIED FRUIT IN READY-TO-EAT CEREALS.		
DO INCLUDE DRIED RAISINS, CRAN-RAISINS IF RESPONDENT TELLS YOU- BUT DUE TO THEIR SMALL SERVING SIZE THEY ARE NOT INCLUDED IN THE PROMPT. DO INCLUDE CUT UP FRESH, FROZEN, OR CANNED FRUIT ADDED TO YOGURT, CEREAL, JELLO, AND OTHER MEAL ITEMS. INCLUDE CULTURALLY AND GEOGRAPHICALLY APPROPRIATE FRUITS THAT ARE NOT MENTIONED (E.G. GENIP, SOURSOP, SUGAR APPLE, FIGS, TAMARIND, BREAD FRUIT, SEA GRAPES, CARABOLA, LONGANS, LYCHEES, AKEE, RAMBUTAN, ETC.).		
101-199 = PER DAY 201-299 = PER WEEK 300-399= PER MONTH		
TIMES		
555	NEVER	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
001	MIN	CONTROL
399	MAX	CONTROL

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

<b>C09Q03</b>	Numeric	159-161
Ask If		
During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, and garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do <b>NOT</b> include long green beans.		
READ ONLY IF NECESSARY:		
"Include round or oval beans or peas such as navy, pinto, split peas, cow peas, hummus, lentils, soy beans and tofu. Do <b>NOT</b> include long green beans such as string beans, broad or winged beans, or pole beans."		
INTERVIEWER NOTE: INCLUDE SOYBEANS ALSO CALLED EDAMAME, TOFU (BEAN CURD MADE FROM SOYBEANS), KIDNEY, PINTO, HUMMUS, LENTILS, BLACK, BLACK-EYED PEAS, COW PEAS, LIMA BEANS AND WHITE BEANS. INCLUDE BEAN BURGERS INCLUDING GARDEN BURGERS AND VEGGIE BURGERS. INCLUDE FALAFEL AND TEMPEH.		
101-199 = PER DAY    201-299 = PER WEEK    300-399= PER MONTH		
_____ TIMES		
555	NEVER	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
001	MIN	CONTROL
399	MAX	CONTROL

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

<b>C09Q04</b>	Numeric	162-164
Ask If		
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?		
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 INCLUDED ICEBERG (HEAD) LETTUCE IF SPECIFICALLY TOLD TYPE OF LETTUCE. INCLUDE ALL COOKED GREENS INCLUDING KALE, COLLARD GREENS, CHOYS, TURNIP GREENS, MUSTARD GREENS.		
101-199 = PER DAY 201-299 = PER WEEK 300-399= PER MONTH		
TIMES		
555	NEVER	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
001	MIN	CONTROL
399	MAX	CONTROL

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

<b>C09Q05</b>	Numeric	165-167
Ask If		
During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?		
READ ONLY IF NEEDED:		
"Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash."		
FOR INTERVIEWER: INCLUDE ALL FORMS OF CARROTS INCLUDING LONG OR BABY-CUT. INCLUDE CARROT-SLAW (E.G. SHREDDED CARROTS WITH OR WITHOUT OTHER VEGETABLES OR FRUIT). INCLUDE ALL FORMS OF SWEET POTATOES INCLUDING BAKED, MASHED, CASSEROLE, PIE, OR SWEET POTATOES FRIES. INCLUDE ALL HARD-WINTER SQUASH VARIETIES INCLUDING ACORN, AUTUMN CUP, BANANA, BUTTERNUT, BUTTERCUP, DELICATE, HUBBARD, KABOCHA (ALSO KNOWN AS AN EBISU, DELICA, HOKA, HOKKAIDO, OR JAPANESE PUMPKIN; BLUE KURI), AND SPAGHETTI SQUASH. INCLUDE ALL FORMS INCLUDING SOUP. INCLUDE PUMPKIN, INCLUDING PUMPKIN SOUP AND PIE.		
DO NOT INCLUDE PUMPKIN BARS, CAKE, BREAD OR OTHER GRAIN-BASED DESERT-TYPE FOOD CONTAINING PUMPKIN (I.E. SIMILAR TO BANANA BARS, ZUCCHINI BARS WE DO NOT INCLUDE).		
101-199 = PER DAY    201-299 = PER WEEK    300-399= PER MONTH		
TIMES		
555	NEVER	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
001	MIN	CONTROL
399	MAX	CONTROL

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

<b>C09Q06</b>	Numeric	168-170
Ask If		
<p>Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat <b>OTHER</b> vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.</p> <p>READ ONLY IF NEEDED:</p> <p><b>“Do not count vegetables you have already counted and do not include fried potatoes.”</b></p> <p>INTERVIEWER NOTE: INCLUDE CORN, PEAS, TOMATOES, OKRA, BEETS, CAULIFLOWER, BEAN SPROUTS, AVACADO, CUCUMBER, ONIONS, PEPPERS (RED, GREEN, YELLOW, ORANGE); ALL CABBAGE INCLUDING AMERICAN-STYLE COLE-SLAW; MUSHROOMS, SNOW PEAS, SNAP PEAS, BROAD BEANS, STRING, WAX-, OR POLE-BEANS. INCLUDE ANY FORM OF THE VEGETABLE (RAW, COOKED, CANNED, FROZEN).</p> <p>DO NOT INCLUDE PRODUCTS CONSUMED USUALLY AS CONDIMENTS INCLUDNG KETCHUP, CATSUP, SALSA, CHUTNEY, RELISH.</p> <p>DO INCLUDE TOMATO JUICE IF RESPONDENT DID NOT COUNT IN FRUIT JUICE. INCLUDE CULTURALLY AND GEOGRAPHICALLY APPROPRIATE VEGETABLES THAT ARE NOT MENTIONED (E.G. DAIKON, JICAMA, ORIENTAL CUCUMBER, ETC.).</p> <p>DO NOT INCLUDE RICE OR OTHER GRAINS.</p> <p>101-199 = PER DAY    201-299 = PER WEEK    300-399= PER MONTH</p>		
	TIMES	
555	NEVER	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
001	MIN	CONTROL
399	MAX	CONTROL

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

<b>C09END</b>	Pause
Ask If	

## Section 10: Exercise (Physical Activity)

<b>C10INTRO</b>	Pause
Ask If	

<b>C10Q01</b>	Select	171
Ask If		
<p>The next few questions are about exercise, recreation, or physical activities other than your regular job duties.</p> <p>During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?</p> <p>INTERVIEWER NOTE: IF RESPONDENT DOES NOT HAVE A "REGULAR JOB DUTY" OR IS RETIRED, THEY MAY COUNT THE PHYSICAL ACTIVITY OR EXERCISE THEY SPEND MOST OF THE TIME DOING IN A REGULAR MONTH.</p>		
1	YES	
2	NO	C10Q08
7	DON'T KNOW/NOT SURE	C10Q08
9	REFUSED	C10Q08

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

<b>Activity List</b>
Ask If

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

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

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

<b>C10Q03V</b>	Select	
Ask If	(C10Q03>107 AND C10Q03<200) OR (C10Q03>231 AND C10Q03<300)	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE ACTIVITY RECORDED IN C10Q02 {C10Q03 SHOWTIME}		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C10Q03

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

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

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

<b>C10Q05V</b>	Select
Ask If	C10Q02=C10Q05
<p>INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE SAME ACTIVITY RECORDED IN C10Q02.</p> <p>FIRST ACTIVITY (C10Q02)= {c10q02}</p> <p>SECOND ACTIVITY (C10Q05)= {c10q05}</p> <p>IS THIS CORRECT?</p>	
1	NO, CHANGE ACTIVITY IN QUESTION C10Q05 C10Q05
2	NO, CHANGE ACTIVITY IN QUESTION C10Q02 C10Q02
3	YES, CORRECT AS IS, CONTINUE

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

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

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

<b>C10Q06V</b>	Select
Ask If	(C10Q06>107 AND C10Q06<200) OR (C10Q06>231 AND C10Q06<300)
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE ACTIVITY RECORDED IN C10Q05 {C10Q06 SHOWTIME}	
IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION <span style="float: right;">C10Q06</span>

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

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

<b>C10Q08</b>	Numeric	188-190
Ask If		
<p>During the past month, how many times per week or per month did you do physical activities or exercises to <b>STRENGTHEN</b> your muscles? Do <b>NOT</b> count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.</p> <p>101-199 = PER WEEK            201-299 = PER MONTH</p>		
TIMES		
888    NEVER		
777    DON'T KNOW/NOT SURE		
999    REFUSED		
101	MIN	CONTROL
299	MAX	CONTROL

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

<b>C10END</b>	Pause	
Ask If		

## Section 11: Disability

<b>C11INTRO</b>	Pause
Ask If	

<b>C11Q01</b>	Select	191
Ask If		
The following questions are about health problems or impairments you may have.		
Are you limited in any way in any activities because of physical, mental, or emotional problems?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C11Q02</b>	Select	192
Ask If		
Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?		
INTERVIEWER NOTE: INCLUDE OCCASIONAL USE OR USE IN CERTAIN CIRCUMSTANCES.		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C11END</b>	Pause
Ask If	

## Section 12: Arthritis Burden

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

<b>C12INTRO</b>	Pause
Ask If	C06Q09=1

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

**C12Q02 SHOULD BE ASKED OF ALL RESPONDENTS REGARDLESS OF EMPLOYMENT**

<b>C12Q02</b>	Select	194
Ask If	C06Q09=1	
<p>In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?</p> <p><b>INTERVIEWER NOTE: IF RESPONDENT GIVES AN ANSWER TO EACH ISSUE (WHETHER WORKS, TYPE 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:</b></p> <p><b>“Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”</b></p>		
1	YES	
2	NO	
7	DON’ T KNOW/NOT SURE	
9	REFUSED	

<b>C12Q03</b>	Select	195
Ask If	C06Q09=1	
<p>During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings?</p> <p>IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN THE INTERVIEWER SHOULD SAY:</p> <p>“Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”</p> <p>PLEASE READ:</p>		
1	A lot	
2	A little	
3	Not at all	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C12Q04</b>	Numeric	196-197
Ask If	C06Q09=1	
<p>Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. <b>DURING THE PAST 30 DAYS</b>, how bad was your joint pain <b>ON AVERAGE</b>? Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.</p> <p>ENTER NUMBER [00-10]</p>		
88	ZERO	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
10	MAX	CONTROL

<b>C12END</b>	Pause	
Ask If		

## Section 13: Seatbelt Use

<b>C13INTRO</b>	Pause
Ask If	

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

<b>C13END</b>	Pause
Ask If	

## Section 14: Immunization

<b>C14INTRO</b>	Pause
Ask If	

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

<b>C14Q02</b>	Numeric	200-205
Ask If	C14Q01=1	
During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?		
	Month / Year	
777777	DON'T KNOW/NOT SURE	
999999	REFUSED	
011900	MIN	CONTROL
992011	MAX	CONTROL

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

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

<b>C14END</b>	Pause
Ask If	

## Section 15: Alcohol Consumption

<b>C15INTRO</b>	Pause
Ask If	

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

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

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

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

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

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

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

<b>C15END</b>	Pause
Ask If	

## Section 16: HIV/AIDS

<b>C16INTRO</b>	Pause
Ask If	

<b>C16Q01</b>	Select	218
Ask If		
<p>The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.</p> <p>Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.</p>		
1	YES	
2	NO	C16Q03
7	DON'T KNOW/NOT SURE	C16Q03
9	REFUSED	C16Q03

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

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

<b>C16END</b>	Pause
Ask If	

## Influenza Like Illness (ILI) Adult Optional Module through April

Insert after C16END before module questions

<b>ILIINTRO</b>	Pause
Ask If	

<b>ILI01Q01</b>	Select	
Ask If		
We would like to ask you some questions about recent respiratory illnesses.		
Last month (i.e. {PrevMonth}) were you ill with a fever?		
1	YES	
2	NO	ILI01Q08
7	DON'T KNOW/NOT SURE	ILI01Q08
9	REFUSED	ILI01Q08

<b>ILI01Q02</b>	Select	
Ask If	ILI01Q01=1	
Did you also have a cough and/or sore throat?		
1	YES	
2	NO	ILI01Q08
7	DON'T KNOW/NOT SURE	ILI01Q08
9	REFUSED	ILI01Q08

<b>ILI01Q03</b>	Select	
Ask If	ILI01Q02=1	
Did you visit a doctor, nurse, or other health professional for this illness?		
1	YES	
2	NO	ILI01Q08
7	DON'T KNOW/NOT SURE	ILI01Q08
9	REFUSED	ILI01Q08

<b>ILI01Q04</b>	Select
Ask If	ILI01Q03=1
When did you visit the doctor, nurse, or other health professional for this illness?	
INTERVIEWER NOTE: PLEAES READ, CHOOSE THE MOST SPECIFIC	
1	Within two days of getting ill
2	Within three to 7 days of getting ill or
3	More than 7 days of getting ill
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ILI01Q05</b>	Select
Ask If	ILI01Q03=1
What did the doctor, nurse, or other health professional tell you? Did they say...	
INTERVIEWER NOTE: IF RESPONDENT SAYS THEY HAD EITHER H1N1 OR SEASONAL INFLUENZA, PLEASE CODE AS '1=YOU HAD INFLUENZA OR THE FLU.'	
1	You had regular influenza or the flu
2	You had some other illness, but not the flu
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ILI01Q06</b>	Select
Ask If	ILI01Q03=1
Did you have a flu test that was positive for this illness? Usually a swab from your nose or throat is tested. Would you say...	
INTERVIEWER NOTE: IF RESPONDENT SAYS THEY HAD EITHER A POSITIVE H1N1 OR SEASONAL INFLUENZA TEST RESULT, PLEASE CODE AS '1 = HAD FLU TEST AND IT WAS POSITIVE.'	
1	Had flu test and it was positive
2	Had flu test and it was negative
3	Did not have flu test
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ILI01Q07</b>	Select
Ask If	ILI01Q03=1
Did you receive Tamiflu® or oseltamivir [o sel TAM i veer] or an inhaled medicine called Relenza® or zanamivir [za NA mi veer] to treat this illness?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

For a one adult household with no children, if the respondent has not been ill (Q01=2,7,9 or Q02=2,7,9), skip to next section.

For a one adult household with no children, if the respondent has been ill (Q01=1 and Q02=1), skip to Q10.

<b>ILI01Q08</b>	Select
Ask If	NOT (ADULTS=1 AND C08Q07=88 AND ILI01Q01>1 AND ILI01Q02>1) AND NOT (ADULTS=1)
Did any other members of your household have a fever with cough or sore throat last month (i.e. {PrevMonth})	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ILI01Q09</b>	Numeric
Ask If	ILI01Q08=1
How many household members, {IF ILI01Q01=1 AND ILI01Q02=1, including you,} were ill last month (i.e. {PrevMonth})?	
ENTER # OF PERSONS	
88	NONE
77	DON'T KNOW/NOT SURE
99	REFUSED

<b>ILI01Q10</b>	Numeric
Ask If	(ILI01Q01=1 AND ILI01Q02=1) OR ILI01Q08=1
How many people in your household, including you, were hospitalized for flu last month (i.e. {PrevMonth})?	
INTERVIEWER NOTE: IF NEEDED, HOSPITALIZED MEANS ADMITTED TO A HOSPITAL TO RECEIVE MEDICAL TREATMENT.	
ENTER # OF PERSONS	
88	NONE
77	DON'T KNOW/NOT SURE
99	REFUSED

<b>ILIEND</b>	Pause
Ask If	

## Transition to Modules and/or State-Added Questions

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

**State Added 06: Environmental (Path A)**

**Cati Note: Insert before Modules (adverse Childhood Experience)**

<b>ME06INTRO</b>	Pause
Ask If	

<b>ME06Q01</b>	Select
Ask If	
A carbon monoxide or CO detector checks the level of carbon monoxide in your home. It is different than a smoke detector. Do you have a carbon monoxide detector in your home?	
1 YES	
2 NO	ME06Q03
7 DON'T KNOW/NOT SURE	ME06Q03
9 REFUSED	ME06Q03

<b>ME06Q02</b>	Select
Ask If	ME06Q01 = 1
Is at least one CO detector located near the bedrooms or a sleeping area in your home?	
1 YES	
2 NO	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

<b>ME06Q03</b>	Select
Ask If	
Has your household air been tested for the presence of radon gas?	
1 YES	
2 NO	ME06Q06
7 DON'T KNOW/NOT SURE	ME06Q06
9 REFUSED	ME06Q06

<b>ME06Q04</b>	Select
Ask If	ME06Q03 = 1
Were the radon levels in your household above normal?	
1	YES
2	NO
	ME06Q06
7	DON'T KNOW/NOT SURE
	ME06Q06
9	REFUSED
	ME06Q06

<b>ME06Q05</b>	Select
Ask If	ME06Q04 = 1
Have the radon levels been reduced or fixed?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME06Q06</b>	Select
Ask If	
Do you have any type of air conditioning in your home?	
INTERVIEWER NOTE: READ IF NECESSARY: ANY TYPE OF AIR CONDITIONING MEANS A CENTRAL AIR CONDITIONING SYSTEM OR WINDOW AIR CONDITIONING UNITS.	
1	YES
2	NO
	ME06END
7	DON'T KNOW/NOT SURE
	ME06END
9	REFUSED
	ME06END

<b>ME06Q07</b>	Select
Ask If	ME06Q06 = 1
Do you have central air conditioning, or a window air conditioner unit, or both?	
1	Central air conditioning
2	A window air conditioner unit
3	Both
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME06END</b>	Pause
Ask If	

## State Added 12: Cigarette Use (Path B)

**Cati Note: Inserted after Core on path B**

<b>ME12INTRO</b>	Pause
Ask If	

<b>ME12Q01</b>	Select
Ask If	C07Q01 = 1 AND C07Q02 < 3
We have some additional questions on specific health issues we would like to ask you about. On the average, about how many cigarettes a day do you now smoke?	
INTERVIEWER NOTE: 1 PACK= 20 CIGARETTES	
_____ ENTER NUMBER OF CIGARETTES	
777	DON'T KNOW/NOT SURE
999	REFUSED

<b>ME12Q02</b>	Select
Ask If	C07Q01 = 1 AND C07Q02 < 3
On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke in a day?	
INTERVIEWER NOTE: 1 PACK= 20 CIGARETTES	
_____ ENTER NUMBER OF CIGARETTES	
777	DON'T KNOW/NOT SURE
999	REFUSED

<b>ME12Q03</b>	Select
Ask If	C07Q01 = 1
How old were you when you smoked your first cigarette?	
_____ YEARS	
77	DON'T KNOW/NOT SURE
99	REFUSED

<b>ME12Q04</b>	Select
Ask If	C07Q01 = 1 AND C07Q02 < 3
How do you usually get your cigarettes? Would you say...	
1	Convenience store or gas station
2	Tobacco specialty shop
3	Other store
4	Some other way
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME12Q05</b>	Select
Ask If	C07Q01 = 1 AND C07Q02 = 3
About how long has it been since you last smoked cigarettes regularly, that is, daily? Would you say...	
1	Within the past month
2	Within the past 3 months
3	Within the past year
4	Within the past 5 years
5	More than 5 years ago
6	Never smoked regularly
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME12END</b>	Pause
Ask If	

### State Added 13: Other tobacco products (Path B)

<b>ME13INTRO</b>	Pause
Ask If	

<b>ME13Q01</b>	Select
Ask If	
Now I would like to ask you some questions about using other kinds of tobacco. Do you now smoke <b>REGULAR CIGARS OR CIGARILLOS</b> 'every day' 'some days,' or 'not at all'?	
INTERVIEWER NOTE: REGULAR MEANS NOT FLAVORED OR NOT CIGARETTE SIZED.	
1	EVERY DAY
2	SOME DAYS
3	NOT AT ALL
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME13Q02</b>	Select
Ask If	
Do you now smoke <b>LARGE FLAVORED CIGARS?</b>	
1	EVERY DAY
2	SOME DAYS
3	NOT AT ALL
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME13Q03</b>	Select
Ask If	
Do you now smoke <b>SMALL FLAVORED CIGARS?</b>	
1	EVERY DAY
2	SOME DAYS
3	NOT AT ALL
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME13Q04</b>	Select
Ask If	C07Q01 = 1 AND C07Q02 < 3
Do you roll your own cigarettes?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME13Q05</b>	Select
Ask If	
Have you <b>EVER USED</b> a waterpipe or hookah to smoke tobacco?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME13END</b>	Pause
Ask If	

## State Added 14: Cessation (Path B)

<b>ME14INTRO</b>	Pause
Ask If	

<b>ME14Q01</b>	Select
Ask If	(C07Q02 > 0 AND C07Q02 < 3) OR ME13Q01 < 3 OR ME13Q02 < 3 OR ME13Q03 < 3 OR ME13Q04 = 1 OR ME13Q05 = 1
The next questions are about quitting tobacco use. Would you like to quit smoking or using other tobacco products?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME14Q02</b>	Select
Ask If	ME14Q01 = 1
Are you seriously considering quitting <b>WITHIN THE NEXT 6 MONTHS</b> ?	
1	YES
2	NO
	ME14Q04
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME14Q03</b>	Select
Ask If	ME14Q01 = 1 AND ME14Q02 > 0 AND ME14Q02 <> 2
Are you planning to stop <b>WITHIN THE NEXT 30 DAYS</b> ?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME14Q04</b>	Select
Ask If	(C07Q02 > 0 AND C07Q02 < 3) OR ME13Q01 < 3 OR ME13Q02 < 3 OR ME13Q03 < 3 OR ME13Q04 = 1 OR ME13Q05 = 1
Now I'm going to read you a list of products and services that you might have used to help you quit smoking or using other tobacco products. In the last 12 months, have you used... Self-help materials such as booklets, tapes, or videos?	
1	YES
2	NO
3	I DID NOT TRY TO QUIT SMOKING OR USING TOBACCO PRODUCTS <span style="float: right;">ME14Q10</span>
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME14Q05</b>	Select
Ask If	ME14Q04 > 0 AND ME14Q04 <> 3
In the last 12 months, have you used... Nicotine replacement medications such as nicotine patches, gum, inhaler or nasal spray?	
1	YES
2	NO <span style="float: right;">ME14Q07</span>
3	I DID NOT TRY TO QUIT SMOKING OR USING TOBACCO PRODUCTS <span style="float: right;">ME14Q10</span>
7	DON'T KNOW/NOT SURE <span style="float: right;">ME14Q07</span>
9	REFUSED <span style="float: right;">ME14Q07</span>

<b>ME14Q06</b>	Select
Ask If	ME14Q05 = 1
How did you pay for it (nicotine replacement systems)? Would you say...	
1	You paid for it on your own
2	Insurance paid for some of it
3	Insurance paid for all of it
4	You were given the medication free of charge
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME14Q07</b>	Select
Ask If	ME14Q05 > 0 AND ME14Q05 <> 3
In the last 12 months, have you used... Non-nicotine medication such as Zyban, Wellbutrin, Chantix, Varenicline or other medication? INTERVIEWER NOTE: CHANTIX PRONOUNCED "SHAN tix" VARENICLINE PRONOUNCED "ver EN e kleen"	
1	YES
2	NO
3	I DID NOT TRY TO QUIT SMOKING OR USING TOBACCO PRODUCTS
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME14Q08</b>	Select
Ask If	ME17Q07 = 1
How did you pay for it (non-nicotine medication)? Would you say... INTERVIEWER NOTE: ANY CASH PAYMENT IS CODED AS RESPONSE 1.	
1	You paid for it on your own
2	Insurance paid for some of it
3	Insurance paid for all of it
4	You were given the medication free of charge
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME14Q09</b>	Select
Ask If	ME14Q07 > 0 AND ME14Q07 <> 3
In the last 12 months, have you used... A quit smoking class, group, counselor, or the Maine Tobacco Helpline?	
1	YES
2	NO
3	I DID NOT TRY TO QUIT SMOKING OR USING TOBACCO PRODUCTS
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME14Q10</b>	Select
Ask If	(C07Q02 > 0 AND C07Q02 < 3) OR ME13Q01 < 3 OR ME13Q02 < 3 OR ME13Q03 < 3 OR ME13Q04 = 1 OR ME13Q05 = 1
In the last 12 months, has a dentist or dental hygienist advised you to stop smoking?	
1	YES
2	NO
3	YOU HAVE NOT SEEN A DENTIST IN THE LAST 12 MONTHS
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME14Q11</b>	Select
Ask If	(C07Q02 > 0 AND C07Q02 < 3) OR ME13Q01 < 3 OR ME13Q02 < 3 OR ME13Q03 < 3 OR ME13Q04 = 1 OR ME13Q05 = 1
The next set of questions is about experiences you may have had during a visit to a doctor's office in the last 12 months. During any such visit, did any health professional... Advise you to stop smoking or using other tobacco products?	
1	YES
2	NO
3	YOU HAVE NOT VISITED A DOCTORS'S OFFICE IN THE LAST 12 MONTHS
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME14Q12</b>	Select
Ask If	ME14Q11 > 0 AND ME14Q11 <> 3
During any such visit, did any health professional... Spend time talking with you about your use of tobacco products, cigarette smoking, or helping you to prepare for quitting?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME14Q13</b>	Select
Ask If	ME14Q11 > 0 AND ME14Q11 <> 3
During any such visit, did any health professional... Give you self-help materials (brochures or pamphlets) about quitting smoking or using tobacco products?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME14Q14</b>	Select
Ask If	ME14Q11 > 0 AND ME14Q11 <> 3
During any such visit, did any health professional... Give you information about counseling classes or programs, such as the Maine Tobacco HelpLine to help you quit smoking or using other tobacco products?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME14Q15</b>	Select
Ask If	ME14Q11 > 0 AND ME14Q11 <> 3
During any such visit, did any health professional... Talk with you about medications to help you stop smoking or using other tobacco products? INTERVIEWER NOTE: IF CLARIFICATION NEEDED ON "MEDICATIONS", STATE: "Such as nicotine patch or gum, nicotine inhaler or nasal spray, or medication (zyban, wellbutrin, chantix, or varenicline)" INTERVIEWER NOTE: CHANTIX PRONOUNCED "SHAN tix" VARENICLINE PRONOUNCED "ver EN e kleen"	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME14Q16</b>	Select
Ask If	(ME14Q10 > 0) AND ((ME14Q04 = 3 OR ME14Q05 = 3 OR ME14Q07 = 3 OR ME14Q09 = 3)= 0)
In the past 12 months, what is the longest time you have quit smoking? Would you say...	
1	Less than one day
2	1 to 6 days
3	7 to 30 days
4	More than 30 days
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME14END</b>	Pause
Ask If	

## State Added 15: Environmental Tobacco (Path B)

<b>ME15INTRO</b>	Pause
Ask If	

<b>ME15Q01</b>	Select
Ask If	
Now I am going to ask you some questions about second hand cigarette smoke. Do you agree or disagree with the following statement "People should be protected from secondhand smoke"? Would you say...	
1	Strongly agree
2	Somewhat agree
3	Neither agree nor disagree
4	Somewhat disagree
5	Strongly disagree
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME15Q02</b>	Select
Ask If	
Do you think smoke from other people's cigarettes is harmful? Would you say...	
1	Not harmful
2	Somewhat harmful
3	Very harmful
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME15Q03</b>	Numeric
Ask If	
How many hours per day do you usually spend inside your home? (Including sleeping)	
	Hours
77	DON'T KNOW/NOT SURE
99	REFUSED
24	MAX
	CONTROL

<b>ME15Q04</b>	Numeric
Ask If	
Other than yourself, how many people living in your household smoke cigarettes, cigars, or pipes?	
People	
88	NONE
77	DON'T KNOW/NOT SURE
99	REFUSED

<b>ME15Q05</b>	Numeric
Ask If	
On how many of the past 30 days has someone, including yourself, smoked cigarettes, cigars, or pipes anywhere <b>INSIDE</b> your home?	
DAYS	
88	NONE
77	DON'T KNOW/NOT SURE
99	REFUSED

<b>ME15Q06</b>	Select
Ask If	
Which of the following statements best describes the rules about smoking inside your home?	
1 No one is allowed to smoke anywhere inside your home	
2 Smoking is allowed in some places or at some times	
3 Smoking is permitted anywhere inside your home	
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME15Q07</b>	Select
Ask If	
Which of the following statements best describes the rules about smoking inside your car?	
1 No one is allowed to smoke inside your car	
2 Smoking is not allowed if children are in your car	
3 Smoking is permitted anytime inside your car	
4 DON'T OWN A CAR	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

<b>ME15Q08</b>	Select
Ask If	
In the past 12 months have you asked someone to not smoke near you or around you?	
1 YES	
2 NO	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

<b>ME15Q09</b>	Numeric
Ask If	
During the past 7 days, that is, since last {today's day of the week}, on how many days did you ride in a vehicle where someone other than you was smoking tobacco?	
Number of Days (01-07)	
88 NONE	
77 DON'T KNOW/NOT SURE	
99 REFUSED	
01	MIN CONTROL
07	MAX CONTROL

<b>ME15Q10</b>	Select
Ask If	C08Q09 = 1 OR C08Q09 = 2
Is your time at work spent mostly indoors, outdoors, or in a vehicle?	
INTERVIEWER NOTE: CONSIDER A BOAT OUTDOORS	
1	INDOORS
2	OUTDOORS
3	IN A VEHICLE
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME15Q11</b>	Select
Ask If	C08Q09 = 1 OR C08Q09 = 2
Which of these best describes your place of work's smoking policy for indoor public or common areas, such as lobbies, rest rooms and lunchrooms? Would you say smoking is...	
1	Not allowed in any public areas
2	Allowed in some public areas
3	Allowed in all public areas
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME15Q12</b>	Select
Ask If	C08Q09 = 1 OR C08Q09 = 2
Which of these best describes your place of work's smoking policy for work areas? Would you say smoking is...	
1	Not allowed in any work areas
2	Allowed in some work areas
3	Allowed in all work areas
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME15Q13</b>		Numeric	
Ask If		C08Q09 = 1 OR C08Q09 = 2	
The next questions are about exposure to secondhand smoke. Now I'm going to ask you about smoke you might have breathed at work because someone else was smoking <b>INDOORS</b> . During the past 7 days, that is, since {Today's day of the week}, on how many days did you breath the smoke at your workplace from <b>SOMEONE OTHER THAN</b> you who was smoking tobacco?			
Number of Days (01-07)			
88	NONE		
77	DON'T KNOW/NOT SURE		
99	REFUSED		
01	MIN		CONTROL
07	MAX		CONTROL

<b>ME15Q14</b>		Select	
Ask If		C08Q09 = 1 OR C08Q09 = 2	
Have you seen your workplace's written smoking policy?			
1	YES		
2	NO		
7	DON'T KNOW/NOT SURE		
9	REFUSED		

<b>ME15END</b>		Pause	
Ask If			

## State Added 16: Smoking Beliefs (Path B)

<b>ME16INTRO</b>	Pause
Ask If	

<b>ME16Q01</b>	Select
Ask If	
Now, I am going to ask your opinions about the effects you believe tobacco has on your community.	
In your community, how serious of a problem is tobacco use?	
1 Not at all serious	
2 A little serious	
3 Somewhat serious	
4 Very serious	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

<b>ME16Q02</b>	Select
Ask If	
When you go to convenience stores or gas stations in your community, how often do you see advertisements for cigarettes, chewing tobacco, or other tobacco products?	
Would you say...	
1 Frequently	
2 Sometimes	
3 Occasionally	
4 Almost never	
5 I DON'T GO TO CONVENIENCE STORES OR GAS STATIONS	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

<b>ME16Q03</b>	Select
Ask If	
Have you seen anyone smoking anywhere on the local school grounds when you have attended a school or non-school event in the past year?	
1	YES
2	NO
3	DID NOT ATTEND ANY EVENTS ON SCHOOL GROUND
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME16Q04</b>	Numeric
Ask If	
Out of every 100 high school students in your community, how many do you think smoke cigarettes?	
___	OUT OF 100 HIGH SCHOOL STUDENTS SMOKE
888	NONE
777	DON'T KNOW/NOT SURE
999	REFUSED

<b>ME16Q05</b>	Numeric
Ask If	
Out of every 100 adults in your community, how many do you think smoke cigarettes?	
___	OUT OF 100 ADULTS SMOKE
888	NONE
777	DON'T KNOW/NOT SURE
999	REFUSED

<b>ME16Q06</b>	Select
Ask If	C08Q07 < 88
During the last 6 months, how many times have you talked to your child about what he/she can or cannot do when it comes to tobacco?	
1	Never
2	Once
3	Twice
4	3 or more times
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME16END</b>	Pause
Ask If	

## Module 07: Inadequate Sleep Path A

<b>M07INTRO</b>	Pause
Ask If	

<b>M07Q01</b>	Numeric	300-301
Ask If		
I would like to ask you a few questions about your sleep patterns.		
During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?		
NUMBER OF DAYS [01-30]		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
30	MAX	CONTROL

<b>M07Q02</b>	Numeric	302-303
Ask If		
On average, how many hours of sleep do you get in a 24-hour period? Think about the time you actually spend sleeping or napping, not just the amount of sleep you think you should get.		
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.		
NUMBER OF HOURS [01-24]		
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
24	MAX	CONTROL

<b>M07Q03</b>	Select	304
Ask If		
Do you snore?		
INTERVIEWER NOTE: IF THE RESPONDENT INDICATES THAT THEIR SPOUSE OR SOMEONE TOLD HIM/HER THAT THEY SNORE, THEN THE ANSWER TO THE QUESTION IS "YES," THE RESPONDENT SNORES.		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M07Q04</b>	Numeric	305-306
Ask If		
During the past 30 days, for about how many days did you find yourself unintentionally falling asleep during the day?		
NUMBER OF DAYS [01-30]		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
30	MAX	CONTROL

<b>M07Q05</b>	Select	307
Ask If		
During the past 30 days, have you ever nodded off or fallen asleep, even just for a brief moment, while driving?		
1	YES	
2	NO	
3	DON'T DRIVE	
4	DON'T HAVE A LICENSE	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M07END</b>	Pause	
Ask If		

## Module 10: Actions to Control High Blood Pressure Path C

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

<b>M10INTRO</b>	Pause
Ask If	C04Q01=1

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

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

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

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

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

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

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

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

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

<b>M10Q10</b>	Select	325
Ask If	C04Q01=1	
Were you told on <b>TWO OR MORE DIFFERENT VISITS</b> by a doctor or other health professional that you had high blood pressure?		
IF "YES" AND RESPONDENT IS FEMALE, ASK:		
"Was this only when you were pregnant?"		
1	Yes	
2	Yes, but female told only during pregnancy	
3	No	
4	Told borderline or pre-hypertensive	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

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

<b>M10END</b>	Pause
Ask If	

## Module 19: Tetanus Diphtheria (Adults) Path C

<b>M19INTRO</b>	Pause
Ask If	

<b>M19Q01</b>	Select	398
Ask If		
Next, I will ask you about the tetanus diphtheria vaccination. Have you received a tetanus shot in the past 10 years?		
1	YES	
2	NO	M19END
7	DON'T KNOW/NOT SURE	M19END
9	REFUSED	M19END

<b>M19Q02</b>	Select	399
Ask If	M19Q01=1	
Was your most recent tetanus shot given in 2005 or later?		
1	YES	
2	NO	M19END
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M19Q03</b>	Select	400
Ask If	M19Q02=1 OR M19Q02=7 OR M19Q02=9	
There are currently two types of tetanus shots available for adults. One contains the tetanus diphtheria vaccine. The other type contains tetanus diphtheria and pertussis or whooping cough vaccine. Did your doctor say your recent tetanus shot included the pertussis or whooping cough vaccine?		
1	YES (INCLUDED PERTUSSIS)	
2	NO (DID NOT INCLUDE PERTUSSIS)	
3	DOCTOR DID NOT SAY	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M19END</b>	Pause
Ask If	

## Module 20: Adult Human Papilloma Virus (HPV) Path C

CATI note: To be asked of respondent between the ages of 18 and 49 years; otherwise, go to next module.

<b>M20INTRO</b>	Pause
Ask If	C08Q01<50

<b>M20Q01</b>	Select	401
Ask If	C08Q01<50	
<p>A vaccine to prevent the human papilloma virus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, {C08Q22=2, GARDASIL or CERVARIX, GARDASIL}. Have you EVER had an HPV vaccination?</p> <p>NOTE: HUMAN PAPILLOMA VIRUS (HUMAN PAP·UH·LOH·MUH VIRUS); GARDASIL (GAR·DUH·SEEL); CERVARIX (SERV A RIX)</p>		
1	Yes	
2	No	M20END
3	Doctor refused when asked	M20END
7	DON'T KNOW/NOT SURE	M20END
9	REFUSED	M20END

<b>M20Q02</b>	Numeric	402-403
Ask If	M20Q01=1	
How many HPV shots did you receive?		
Number of shots		
03	ALL SHOTS	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
03	MAX	CONTROL

<b>M20END</b>	Pause
Ask If	

## Module 22: Chronic Obstructive Pulmonary Disease (COPD) Path B

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

<b>M22INTRO</b>	Pause
Ask If	C06Q08=1

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

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

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

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

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

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

<b>M22END</b>	Pause	
Ask If		

### State Added 20: Veteran Questions (Path C)

<b>ME20INTRO</b>	Pause
Ask If	

<b>ME20Q01</b>	Select
Ask If	
Were you ever mobilized as a member of the National Guard?	
1 YES	
2 NO	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

<b>ME20Q02</b>	Select
Ask If	C08Q05 = 1 OR ME20Q01 = 1
Are you receiving healthcare from the VA?	
1 YES	
2 NO	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

<b>ME20Q03</b>	Select
Ask If	C08Q05 = 1 OR ME20Q01 = 1
Do you receive compensation or pension (money) from the VA?	
1 YES	
2 NO	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

<b>ME20Q04</b>	Select
Ask If	C08Q05 = 1 OR ME20Q01 = 1
Did you serve during any of the following periods?	
1	WW II 1941-1945
2	Korea 1950-1955
3	Vietnam 164-1975
4	Persian Gulf 1990-1993
5	GWOT (Global War on Terrorism) 2001- Present
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME20END</b>	Pause
Ask If	

## Module 24: Veterans' Health Path C

CATI NOTE: If Core Q8.5= 1(Yes) continue, else go to next module.

<b>M24INTRO</b>	Pause
Ask If	C08Q05 = 1 OR ME20Q01 = 1

<b>M24Q01</b>	Select	423
Ask If	C08Q05 = 1 OR ME20Q01 = 1	
The next questions relate to veteran's health.		
Did you ever serve in a combat or war zone?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M24Q02</b>	Select	424
Ask If	C08Q05 = 1 OR ME20Q01 = 1	
Has a doctor or other health professional ever told you that you have depression, anxiety, or post traumatic stress disorder (PTSD)?		
1	Yes	
2	No	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M24Q03</b>	Select	425
Ask If	C08Q05 = 1 OR ME20Q01 = 1	
A traumatic brain injury may result from a violent blow to the head or when an object pierces the skull and enters the brain tissue. Has a doctor or other health professional ever told you that you have suffered a traumatic brain injury (TBI)?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M24Q04</b>	Select	426
Ask If	C08Q05 = 1 OR ME20Q01 = 1	
In the past 12 months, did you receive any psychological or psychiatric counseling or treatment?		
PLEASE READ:		
1	Yes, from the VA facility	
2	Yes, from a non-VA facility	
3	Yes, from both VA and non-VA facilities	
4	No	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M24Q05</b>	Select	427
Ask If	C08Q05 = 1 OR ME20Q01 = 1	
The next few questions are a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer.		
Has there been a time in the past 12 months when you thought of taking your own life?		
1	YES	
2	NO	M24END
7	DON'T KNOW/NOT SURE	M24END
9	REFUSED	M24END

<b>M24Q06</b>	Select	
Ask If	M24Q05=1	428
During the past 12 months, did you attempt to commit suicide? Would you say -		
PLEASE READ:		
1	Yes, but did not require treatment	
2	Yes, was treated at a VA facility	
3	Yes, was treated at a non-VA facility	
4	No	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

**M24END**

## Key

Ask If C08Q05 = 1 OR ME20Q01 = 1

As I mentioned, I would give you a phone number for an organization that can provide information and referral for these issues. You can dial the National Crisis line at 1-800-273-TALK (8255). You can also speak directly to your doctor or health provider.

## Module 26: Anxiety and Depression Path A

<b>M26INTRO</b>	Pause
Ask If	

<b>M26Q01</b>	Numeric	435-436
Ask If		
Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks.		
Over the last 2 weeks, how many days have you had little interest or pleasure doing things?		
_____ DAYS [1-14]		
88	None	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
14	MAX	CONTROL

<b>M26Q02</b>	Numeric	437-438
Ask If		
Over the last 2 weeks, how many days have you felt down, depressed <b>OR</b> hopeless?		
_____ DAYS [1-14]		
88	None	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
14	MAX	CONTROL

<b>M26Q03</b>	Numeric	439-440
Ask If		
Over the last 2 weeks, how many days have you had trouble falling asleep <b>OR</b> staying asleep <b>OR</b> sleeping too much?		
_____ DAYS [1-14]		
88	None	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
14	MAX	CONTROL

<b>M26Q04</b>	Numeric	441-442
Ask If		
Over the last 2 weeks, how many days have you felt tired <b>OR</b> had little energy?		
_____ DAYS [1-14]		
88	None	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
14	MAX	CONTROL

<b>M26Q05</b>	Numeric	443-444
Ask If		
Over the last 2 weeks, how many days have you had a poor appetite <b>OR</b> eaten too much?		
_____ DAYS [1-14]		
88	None	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
14	MAX	CONTROL

<b>M26Q06</b>	Numeric	445-446
Ask If		
Over the last 2 weeks, how many days have you felt bad about yourself <b>OR</b> that you were a failure or had let yourself or your family down?		
_____ DAYS [1-14]		
88	None	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
14	MAX	CONTROL

<b>M26Q07</b>	Numeric	447-448
Ask If		
Over the last 2 weeks, how many days have you had trouble concentrating on thing, such as reading the newspaper <b>OR</b> watching the TV?		
_____ DAYS [1-14]		
88	None	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
14	MAX	CONTROL

<b>M26Q08</b>	Numeric	449-450
Ask If		
Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? <b>OR THE OPPOSITE</b> - being so fidgety or restless that you were moving around a lot more than usual?		
_____ DAYS [1-14]		
88	None	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
14	MAX	CONTROL

<b>M26Q09</b>	Select	451
Ask If		
Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?		
1	Yes	
2	No	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M26Q10</b>	Select	452
Ask If		
Has a doctor or other healthcare provider <b>EVER</b> told you that you have an anxiety disorder including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder?		
1	Yes	
2	No	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M26END</b>	Pause
Ask If	

## Module 31: Adverse Childhood Experience Path A

<b>M31INTRO</b>	Pause
Ask If	

<b>M31Q01</b>	Select	477
Ask If		
<p>I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer.</p> <p>All questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age—</p> <p>Did you live with anyone who was depressed, mentally ill, or suicidal?</p>		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M31Q02</b>	Select	478
Ask If		
<p>Did you live with anyone who was a problem drinker or alcoholic?</p>		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M31Q03</b>	Select	479
Ask If		
Did you live with anyone who used illegal street drugs or who abused prescription medications?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M31Q04</b>	Select	480
Ask If		
Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M31Q05</b>	Select	481
Ask If		
Were your parents separated or divorced?		
1	YES	
2	NO	
8	PARENTS NOT MARRIED	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M31Q06</b>	Select	482
Ask If		
How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?		
1	Never	
2	Once	
3	More than once	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M31Q07</b>	Select	483
Ask If		
Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say-		
1	Never	
2	Once	
3	More than once	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M31Q08</b>	Select	484
Ask If		
How often did a parent or adult in your home ever swear at you, insult you, or put you down?		
1	Never	
2	Once	
3	More than once	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M31Q09</b>	Select	485
Ask If		
How often did anyone at least 5 years older than you or an adult, ever touch you sexually?		
1	Never	
2	Once	
3	More than once	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M31Q10</b>	Select	486
Ask If		
How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?		
1	Never	
2	Once	
3	More than once	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M31Q11</b>	Select	487
Ask If		
How often did anyone at least 5 years older than you or an adult, force you to have sex?		
1	Never	
2	Once	
3	More than once	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M31END</b>	Key
Ask If	
As I mentioned when we started this section, I would give you a phone number for an organization that can provide information and referral for these issues. Would you like me to give you that number? <b>NOTE: IF NO LOCAL OR STATE HOTLINE IS AVAILABLE, THE NATIONAL HOTLINE FOR CHILD ABUSE IS 1-800-422-4-A-CHILD (1-800-422-4453).</b>	

## Module 32: Random Child Selection Path C

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

<b>M32INTRO</b>	Key
Ask If	C08Q07<88
<p>{If C08Q07=1, 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.”</p> <p>{If C08Q07&gt;1, Previously, you indicated there were {C08Q07} children age 17 or younger in your household. Think about those {C08Q07} 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.</p> <p>I have some additional questions about one specific child. The child I will be referring to is {SHOWKID} in your household. All following questions about children will be about {SHOWKID}</p>	

<b>M32Q01</b>	Numeric	488-493
Ask If		
What is the birth month and year of {SHOWKID}?		
	Code month and year	
777777	DON'T KNOW/NOT SURE	
999999	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).

<b>M32Q02</b>	Select	494
Ask If		
Is the child a boy or a girl?		
1	Boy	
2	Girl	
9	REFUSED	

<b>M32Q03</b>	Select	495
Ask If		
Is the child Hispanic or Latino?		
1	Yes	
2	No	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M32Q04</b>	Multiple Select	496-501
Ask If		
Which one or more of the following would you say is the race of the child?		
CHECK ALL THAT APPLY		
PLEASE READ:		
1	White	
2	Black or African American	
3	Asian	
4	Native Hawaiian or Other Pacific Islander	
5	American Indian or Alaska Native or	
6	Other [Specify]	Other
8	No additional choices	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

CATI note: If more than one response to M32Q05, continue.  
 Otherwise, go to Q6.

<b>M32Q05</b>	Select	502
Ask If	M32Q04<7 AND C32Q04.2>0 AND M32Q04.2<>8	0
Which one of these groups would you say best represents the child's race?		
PLEASE READ:		
1	White	
2	Black or African American	
3	Asian	
4	Native Hawaiian or Other Pacific Islander	
5	American Indian or Alaska Native or	
6	Other [Specify]	Other
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M32Q06</b>	Select	503
Ask If		
How are you related to the child?		
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	Other
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M32END</b>	Pause
Ask If	

## Influenza Like Illness (ILI) Child Optional Module through April

Insert after Random Child Selection (Module 32)

<b>CILINTRO</b>	Pause
Ask If	

<b>CIL01Q01</b>	Select	
Ask If	C08Q07<88	
The next questions are about <b>{SHOWKID}</b> .		
Last month (i.e. {PrevMonth}),		
did the child have a fever with cough and/or sore throat?		
1	YES	
2	NO	CILEND
7	DON'T KNOW/NOT SURE	CILEND
9	REFUSED	CILEND

<b>CIL01Q02</b>	Select
Ask If	CIL01Q01=1
Did the child visit a doctor, nurse, or other health professional for this illness?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>CILEND</b>	Pause
Ask If	

### Module 33: Childhood Asthma Prevalence Path C

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

<b>M33INTRO</b>	Pause
Ask If	

<b>M33Q01</b>	Select	504
Ask If	C08Q07>0 AND C08Q07<88	
Now, I would like to ask you about {SHOWKID}.		
Has a doctor, nurse or other health professional <b>EVER</b> said that the child has asthma?		
1	YES	
2	NO	M33END
7	DON'T KNOW/NOT SURE	M33END
9	REFUSED	M33END

<b>M33Q02</b>	Select	505
Ask If	M33Q01=1	
Does the child still have asthma?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M33END</b>	Pause
Ask If	

### Module 34: Childhood Immunization (Influenza) Path C

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

CATI note: If selected child's age is  $\geq 6$  months, continue. Otherwise, go to next module.

<b>M34INTRO</b>	Pause
Ask If	C08Q07>0 AND C08Q07<88 AND CHILDAGE1>5

<b>M34Q01</b>	Select	506
Ask If	C08Q07>0 AND C08Q07<88 AND CHILDAGE1>5	
During the past 12 months, has <b>{M32Q02=1, he, she}</b> had a seasonal flu vaccination? There are two types of flu vaccinations. One is a shot and the other is a spray in the nose?		
1	Yes	
2	No	M34END
7	DON'T KNOW/NOT SURE	M34END
9	REFUSED	M34END

<b>M34Q02</b>	Numeric	507-512
Ask If	M34Q01=1	
During what month and year did <b>{M32Q02=1, he, she}</b> receive <b>{M32Q02=1, his, her}</b> most recent seasonal flu vaccination? The seasonal flu vaccination may have been either the flu shot or the flu spray. The flu spray is the flu vaccination that is sprayed the nose?		
/	Month / Year	
77/7777	DON'T KNOW/NOT SURE	
99/9999	REFUSED	

<b>M34Q03</b>	Select	513-514
Ask If	M34Q01=1	
At what kind of place did {M32Q02=1, he, she} get {M32Q02=1, his, her} last seasonal flu vaccine?		
01	A doctor's office or health maintenance organization (HMO)	
02	A health department	
03	Another type of clinic or health center (Example: a community health center)	
04	A senior, recreation, or community center	
05	A store (Examples: supermarket, drug store)	
06	A hospital (Examples: inpatient)	
07	An emergency room	
08	Workplace	
09	Some other kind of place	
10	Received vaccination in Canada/Mexico (Volunteered- Do not read)	
11	A school	
77	Don't know/Not sure (Probe: "How would you describe the place where you went to get your most recent flu vaccine")	
99	REFUSED	

<b>M34END</b>	Pause
Ask If	

## State Added 05: Mental Health (Paths B and C)

<b>ME05INTRO</b>	Pause
Ask If	

<b>ME05Q01</b>	Numeric
Ask If	
Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?	
01-14 days	
88	NONE
77	DON'T KNOW/NOT SURE
99	REFUSED

<b>ME05Q02</b>	Numeric
Ask If	
Over the last 2 weeks, how many days have you felt down, depressed or hopeless?	
01-14 days	
88	NONE
77	DON'T KNOW/NOT SURE
99	REFUSED

<b>ME05Q03</b>	Select
Ask If	
Has a doctor or other healthcare provider <b>EVER</b> told you that you have an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME05Q04</b>	Select
Ask If	
Are you now taking medicine or receiving treatment from a doctor or other healthcare provider for any type of mental health condition or emotional problem?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME05END</b>	Pause
Ask If	

## State Added 07: Substance Abuse (Path A)

<b>ME07INTRO</b>	Pause
Ask If	

<b>ME07Q01</b>	Select
Ask If	
During the past 30 days, have you used marijuana?	
1 Yes, recreationally	
2 Yes, medically	
3 No	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

<b>ME07Q02</b>	Select
Ask If	
Within the past 30 days on how many days did you use prescription drugs that were either not prescribed to you and/or not used as prescribed in order to get high?	
1 Never Used	
2 Have used but not in the last 30 days	
3 1-2 days	
4 3-5 days	
5 6 or more days	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

<b>ME07Q03</b>	Select
Ask If	
In your lifetime how many times have you gambled (bet) with money or possessions (i.e. casino, race track or online, lottery tickets or sporting events)?	
1 0 times	ME07END
2 1-2 times	
3 3-9 times	
4 10-19 times	
5 20-39 times	
6 40 or more times	
7 DON'T KNOW/NOT SURE	ME07END
9 REFUSED	ME07END

<b>ME07Q04</b>	Select
Ask If	ME07Q03 > 1 AND ME07Q03 < 7
Has the money or time that you spent gambling led to financial problems or problems in your family, work, school or personal life?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME07END</b>	Pause
Ask If	

### State Added 08: Lyme Disease (Path A)

<b>ME08INTRO</b>	Pause
Ask If	

<b>ME08Q01</b>	Select
Ask If	
Have you <b>EVER</b> been told by a doctor, nurse or other health professional that you have Lyme disease?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME08END</b>	Pause
Ask If	

## State Added 09: Cancer Survivorship (Path A)

<b>ME09INTRO</b>	Pause
Ask If	

<b>ME09Q01</b>	Select
Ask If	
Now I am going to ask you about cancer.	
Have you ever been told by a doctor, nurse, or other health professional that you had cancer?	
READ ONLY IF NECESSARY: BY "OTHER HEALTH PROFESSIONAL" WE MEAN A NURSE PRACTITIONER, A PHYSICIAN'S ASSISTANT, SOCIAL WORKER, OR SOME OTHER LICENSED PROFESSIONAL.	
1	YES
2	NO
	ME09END
7	DON'T KNOW/NOT SURE
	ME09END
9	REFUSED
	ME09END

<b>ME09Q02</b>	Select
Ask If	ME09Q01 = 1
What type of cancer was it? INTERVIEWER NOTE: PLEASE READ LIST ONLY IF RESPONDENT NEEDS PROMPTING FOR CANCER TYPE.	
01	Breast Cancer
02	Cervical cancer (Cancer of the cervix)
03	Endometrial cancer (cancer of the uterus)
04	Ovarian cancer (cancer of the ovary)
05	Head and neck cancer
06	Oral cancer
07	Pharyngeal (throat) cancer
08	Thyroid
09	Colon (intestine) cancer
10	Esophageal (esophagus)
11	Liver Cancer
12	Pancreatic (pancreas) cancer
13	Rectal (rectum) cancer
14	Stomach
15	Hodgkin's Lymphoma (Hodgkin's disease)
16	Leukemia (blood) cancer
17	Non-Hodgkin's Lymphoma
18	Prostate cancer
19	Testicular cancer
20	Melanoma
21	Other skin cancer
22	Heart
23	Lung
24	Bladder cancer
25	Renal (kidney) cancer
26	Bone
27	Brain
28	Neuroblastoma
29	Other
77	DON'T KNOW/NOT SURE
99	REFUSED

<b>ME09Q03</b>	Select
Ask If	ME09Q01 = 1
Did any doctor, nurse, or other health professional <b>EVER</b> give you a written summary of all the cancer treatments that you received? READ ONLY IF NECESSARY: BY "OTHER HEALTH PROFESSIONAL" WE MEAN A NURSE PRACTITIONER, A PHYSICIAN'S ASSISTANT, SOCIAL WORKER, OR SOME OTHER LICENSED PROFESSIONAL.	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME09Q04</b>	Select	
Ask If	ME09Q01 = 1	
Have you <b>EVER</b> received instructions from a doctor, nurse, or other health professional about where you should return or who you should see for routine cancer check-ups after completing treatment for cancer?		
1	YES	
2	NO	ME09END
7	DON'T KNOW/NOT SURE	ME09END
9	REFUSED	ME09END

<b>ME09Q05</b>	Select
Ask If	ME09Q04 = 1
Were these instructions written down or printed on paper for you?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME09Q06</b>	Select
Ask If	ME09Q04 = 1
Did you participate in a clinical trial as part of your cancer treatment?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME09END</b>	Pause
Ask If	

## State Added 10: Sexual Violence (Path A)

<b>ME10INTRO</b>	Pause
Ask If	

<b>ME10Q01</b>	Select
Ask If	
<p>Now I'd like to ask you some questions about different types of 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. At the end of this section, I will give you phone numbers for organizations that can provide information and referral for these issues. Are you in a safe place to answer these questions?</p>	
1 YES	
2 NO	ME10END

<b>ME10Q02</b>	Select
Ask If	ME10Q01 = 1
<p>In the past 12 months, has anyone touched sexual parts of your body after you said or showed that you didn't want them to, or without your consent?</p>	
1 YES	
2 NO	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

<b>ME10Q03</b>	Select
Ask If	ME10Q01 = 1
<p>Now, I am going to ask you questions about unwanted sex. Unwanted sex includes things like putting anything into your {IF C08Q22= 2, 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 or asleep, or you thought you would be hurt or punished if you refused. Has anyone <b>EVER</b> had sex with you after you said or showed that you didn't want them to or without your consent?</p>	
1 YES	
2 NO	ME10Q06
7 DON'T KNOW/NOT SURE	ME10Q06
9 REFUSED	ME10Q06

<b>ME10Q04</b>	Select
Ask If	ME10Q03 = 1
Has this happened in the past 12 months?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME10Q05</b>	Select
Ask If	ME10Q03 = 1
At the time of the most recent incident, what was your relationship to the person who had sex with you after you said or showed that you didn't want to or without your consent?	
01	CURRENT BOYFRIEND/GIRLFRIEND
02	FORMER BOYFRIEND/GIRLFRIEND
03	FIANCE
04	SPOUSE OR LIVE-IN-PARTNER
05	FORMER SPOUSE OR PARTNER
06	SOMEONE YOU WERE DATING
07	FIRST DATE
08	FRIEND
09	ACQUAINTANCE
10	A PERSON KNOWN FOR LESS THAN 24 HOURS.
11	COMPLETE STRANGER
12	PARENT
13	STEP-PARENT
14	PARENT'S PARTNER
15	PARENT IN-LAW
16	OTHER RELATIVE
17	NEIGHBOR
18	CO-WORKER
19	OTHER NON-RELATIVE
20	MULTIPLE PERPETRATORS
77	DON'T KNOW/NOT SURE
99	REFUSED

<b>ME10Q06</b>	Select
Ask If	ME10Q01 = 1
<p>The next questions are about conflicts 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.</p> <p>Have you <b>EVER</b> been frightened for your safety or the safety of your family or friends because of anger or threats by a current or former intimate partner?</p>	
1	YES
2	NO
	ME10Q08
7	DON'T KNOW/NOT SURE
	ME10Q08
9	REFUSED
	ME10Q08

<b>ME10Q07</b>	Select
Ask If	ME10Q06 = 1
<p>Has this happened in the past 12 months?</p>	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME10Q08</b>	Select
Ask If	ME10Q01 = 1
<p>In the past 12 months, have you experienced physical violence or had unwanted sex with a current or former intimate partner? Physical violence includes being hit, kicked, punched, choked or otherwise physically hurt.</p>	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME10Q09</b>	Select
Ask If	ME10Q01 = 1
In the past 12 months, have you had any serious injuries such as bruises, cuts, burns, black eyes, genital injuries, broken bones, or loss of consciousness as a result of this physical violence or unwanted sex?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME10Q10</b>	Select
Ask If	ME10Q01 = 1
We realize that these questions 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 advocate or would like more information about sexual violence, please call 1-800-871-7741. For domestic violence, please call 1-866-834-HELP (4357). Would you like me to repeat these numbers.	
1	CONTINUE

<b>ME10END</b>	Pause
Ask If	

## State Added 11: Suicide (Path A)

<b>ME11INTRO</b>	Pause
Ask If	

<b>ME11Q01</b>	Select
Ask If	
<p>The next questions deal with the topic of suicide. Answering these questions may bring up strong feelings. If you feel that you need help with these feelings, please write down the statewide crisis number 1-888-568-1112 so that you can call them if needed.</p> <p>During the past 12 months, did you ever seriously consider attempting suicide?</p>	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME11Q02</b>	Select
Ask If	
<p>During the past 12 months, did you make a plan about how you would attempt suicide?</p>	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME11Q03</b>	Select	
Ask If		
<p>During the past 12 months, did you ever attempt suicide?</p>		
1	YES	
2	NO	ME11Q05
7	DON'T KNOW/NOT SURE	ME11Q05
9	REFUSED	ME11Q05

<b>ME11Q04</b>	Select
Ask If	ME11Q03 = 1
Did any attempts result in an injury, poisoning or overdose that had to be treated by a doctor or nurse?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME11Q05</b>	Select
Ask If	
Would you like me to repeat the statewide crisis number?	
1	YES- Interviewer say: The number is 1-888-568-1112
2	NO

<b>ME11END</b>	Pause
Ask If	

## State Added 17: Child HPV (Path C)

**Cati Note: Insert after Module 34: Child Immunization**

<b>ME17INTRO</b>	Pause
Ask If	

<b>ME17Q01</b>	Select	
Ask If	CHILDAGE2 > 9 AND CHILDAGE2 < 17	
A vaccine to prevent the human papilloma virus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, {IF M32Q02 = 2, GARDASIL or CERVARIX, or GARDASIL}. Has this child <b>EVER</b> had an HPV vaccination?		
1	Yes	
2	No	ME17END
3	Doctor refused when asked	ME17END
7	DON'T KNOW/NOT SURE	ME17END
9	REFUSED	ME17END

<b>ME17Q02</b>	Numeric	
Ask If	ME17Q01 = 1	
How many HPV shots did {IF M32Q02 = 2, she, he} receive?		
	NUMBER OF SHOTS	
03	ALL SHOTS	
77	DON'T KNOW/NOT SURE	
99	REFUSED	

<b>ME17END</b>	Pause
Ask If	

## State Added 18: Oral Cancer (Path C)

<b>ME18INTRO</b>	Pause
Ask If	

<b>ME18Q01</b>	Select
Ask If	
Have you ever had a test or examination for oral or mouth cancer in which the doctor or dentist pulls on your tongue, sometimes with gauze wrapped around it, and feels under your tongue and inside the cheeks?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME18END</b>	Pause
Ask If	

## State Added 19: Skin Cancer/Sun Safety (Path C)

<b>ME19INTRO</b>	Pause
Ask If	

<b>ME19Q01</b>	Select
Ask If	
Do you use artificial sources of ultraviolet light such as sunlamps and tanning booths?	
1 YES	
2 NO	ME19END
7 DON'T KNOW/NOT SURE	ME19END
9 REFUSED	ME19END

<b>ME19Q02</b>	Select
Ask If	ME19Q01 = 1
How often do you use sunlamps and tanning booths?	
1 Weekly	
2 Monthly	
3 Seasonally (a few times before a trip, so I won't get burned when going to the beach, etc.)	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

<b>ME19END</b>	Pause
Ask If	

## Asthma Call-Back Permission Script Path C

<b>AFUINTRO</b>	Pause
Ask If	C06Q04=1 OR M33Q001=1

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

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

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

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

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

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

<b>AFUEND</b>	Pause
Ask If	

## Closing Statement

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

## Activity List for Common Leisure Activities (To be used for Section 10: Physical Activity)

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### Code Description (Physical Activity, Questions 10.2 and 10.5 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, 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 0 Other
3 0 Mountain climbing	
	9 9 Refused

- 3 1 Mowing lawn
- 3 2 Paddleball
- 3 3 Painting/papering house
- 3 4 Pilates
- 3 5 Racquetball
- 3 6 Raking lawn
- 3 7 Running
- 3 8 Rock Climbing
- 3 9 Rope skipping
- 4 0 Rowing machine exercise

## List of Health Problems to Accompany Module 08, Question 3

[DO NOT READ]

### Lung Problems

- Acute Respiratory Distress Syndrome (ARDS)
- Bronchiectasis
- Bronchopulmonary Dysplasia
- Chronic Obstructive Pulmonary Disease (COPD)
- Cystic Fibrosis
- Emphysema
- Lymphangioleiomyomatosis (LAM)
- Pulmonary Arterial Hypertension
- Sarcoidosis

### Kidney Problems

- Chronic Kidney Disease
- Cystitis
- Cystocele (Fallen Bladder)
- Cysts
- Ectopic Kidney
- End-Stage Renal Disease (ESRD)
- Glomerular Diseases
- Interstitial Cystitis
- Kidney Failure
- Kidney Stones
- Nephrotic Syndrome
- Polycystic Kidney Disease
- Pyelonephritis (Kidney Infection)
- Renal Artery Stenosis
- Renal Osteodystrophy
- Renal Tubular Acidosis

### Anemia

- Anemia
- Aplastic Anemia
- Fanconi Anemia
- Iron Deficiency Anemia
- Pernicious Anemia
- Sickle Cell Anemia
- Thalassemia

### Causes of Weak Immune System

- Cancer
- Chemotherapy
- HIV/AIDS
- Steroids
- Transplant Medicines