

BRFSS

2012



English Questionnaire
version 12/27/11
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**Behavioral Risk Factor
Surveillance System 2012 Draft
Questionnaire**

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INTRO

INTROQST	Select
Ask If	
HELLO, I am calling for the Maine Center for Disease Control and Prevention (MaineCDC) . My name is [Interviewer Name].	
We are gathering information about the health of Maine 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.	
INTERVIEWER NOTE: IF NEEDED, SAY:	
"MaineCDC was formerly called the Bureau of Health"	
Is this {PHONE7}?	
1 YES, CONTINUE	PRIVRES
2 NUMBER IS NOT THE SAME	WRONGNUM

WRONGNUM	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

PRIVRES	Select
Ask If	INTROQST = 1
Is this a private residence in Maine	
INTERVIEWER NOTE: TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE (INCLUDES VONAGE, MAGIC JACK AND OTHER HOME-BASED PHONE SERVICES.).	
1 YES, CONTINUE	ISCELL
2 NO, NON-RESIDENTIAL	COLLEGE

COLLEGE	Select
Ask If	PRIVRES = 2
Do you live in college housing?	
READ ONLY IF NECESSARY:	
"By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangements provided by a college or university."	
1 YES, CONTINUE	ISCELL
2 NO	NONRES

NONRES	Key
Ask If	COLLEGE = 2
Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.	
DISPOS 4500	

ISCELL	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

CELLYES	Key
Ask If	ISCELL = 2
Thank you very much, but we are only interviewing land line telephones and private residences or college housing.	
DISPOS 4450	

ADULTS	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	

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

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

WRONGTOT		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

SELECTED		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

ONEADULT		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	

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

GETADULT	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

YOURTHE1	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

GETNEWAD	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

NEWADULT	Select
Ask If	GETADULT = 1 OR GETADULT = 2 OR GETNEWAD = 1 OR GETNEWAD = 2
HELLO, I am calling for the Maine Center for Disease Control and Prevention (MaineCDC) . My name is [Interviewer Name].	
We are gathering information about the health of Maine 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.	
INTERVIEWER NOTE: IF NEEDED, SAY"	
"MaineCDC was formerly called the Bureau of Health"	
1	PERSON INTERESTED, CONTINUE INTROSCR
2	GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED ADULTS

Core Sections

INTROSCR	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

C01INTRO	Pause
Ask If	

C01Q01	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	

C01END	Pause
Ask If	

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

C02INTRO	Pause	
Ask If		

C02Q01	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	
1	MIN	CONTROL
30	MAX	CONTROL

C02Q02	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	
1	MIN	CONTROL
30	MAX	CONTROL

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

C02Q03	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	
1	MIN	CONTROL
30	MAX	CONTROL

C02END	Pause
Ask If	

Section 03: Health Care Access

C03INTRO	Pause
Ask If	

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

State Added 01: Maine Care (Paths A and B)

*Cati Note: to be inserted after C03Q01

ME01INTRO	Pause
Ask If	

ME01Q01	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

ME01END	Pause
Ask If	

C03Q02	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	

C03Q03	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	

C03Q04	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 the past year (anytime less than 12 months ago)	
2	Within the past 2 years (1 year but less than 2 years ago)	
3	Within the past 5 years (2 years but less than 5 years ago)	
4	5 or more years ago	
7	DON'T KNOW/NOT SURE	
8	NEVER	
9	REFUSED	

C03END	Pause	
Ask If		

Section 04: Exercise

C04INTRO	Pause
Ask If	

C04Q01	Select	84
Ask If		
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?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C04END	Pause
Ask If	

Section 05: Chronic Health Conditions

C05INTRO	Pause	
Ask If		

C05Q01	Select	85
Ask If		
Now I would like to ask you some questions about general health conditions.		
Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure."		
(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	

C05Q02	Select	86
Ask If		
(Ever told) you had angina or coronary heart disease?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C05Q03	Select	87
Ask If		
(Ever told) you had a stroke?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C05Q04	Select	88
Ask If		
(Ever told) you had asthma?		
1	YES	
2	NO	C05Q06
7	DON'T KNOW/NOT SURE	C05Q06
9	REFUSED	C05Q06

C05Q05	Select	89
Ask If C05Q04 = 1		
Do you still have asthma?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C05Q06	Select	90
Ask If		
(Ever told) you had skin cancer?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C05Q07	Select	91
Ask If		
(Ever told) you had any other types of cancer?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C05Q08	Select	92
Ask If		
(Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema, or chronic bronchitis?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C05Q09	Select	93
Ask If		
(Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?		
INTERVIEWER NOTE: ARTHRITIS DIAGNOSES INCLUDE:		
<ul style="list-style-type: none"> - rheumatism, polymyalgia rheumatica - osteoarthritis (not osteoporosis) - tendonitis, bursitis, bunion, tennis elbow - carpal tunnel syndrome, tarsal tunnel syndrome - joint infection, Reiter's syndrome - ankylosing spondylitis; spondylosis - rotator cuff syndrome - connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome - vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis), - polyarteritis nodosa 		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C05Q10	Select	94
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	

C05Q11	Select	95
Ask If		
(Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence.		
INTERVIEWER NOTE: INCONTINENCE IS NOT BEING ABLE TO CONTROL URINE FLOW.		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C05Q12	Select	96
Ask If		
Do you have any trouble seeing, even when wearing glasses or contact lenses?		
1	YES	
2	NO	
3	NOT APPLICABLE (BLIND)	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C05Q13	Select	97
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 PREDIABETES OR BORDERLINE DIABETES, USE RESPONSE CODE 4.		
1	YES	
2	YES, BUT FEMALE TOLD ONLY DURING PREGNANCY	
3	NO	
4	NO, PREDIABETES OR BORDERLINE DIABETES	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C05Q13V	Select
Ask If	RESPGEND=1 AND C05Q13=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	
{SRESP}	
IS THE PREVIOUS ANSWER CORRECT?	
1	YES
2	NO
	C05Q13

C05END	Pause
Ask If	

Section 06: Oral Health

C06INTRO	Pause
Ask If	

C06Q01	Select	98
Ask If		
How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.		
READ IF NECESSARY		
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	

C06Q02	Select	99
Ask If		
How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.		
INTERVIEWER NOTE: IF WISDOM TEETH ARE REMOVED BECAUSE OF TOOTH DECAY OR GUM DISEASE, THEY SHOULD BE INCLUDED IN THE COUNT FOR LOST TEETH.		
1	1 to 5	
2	6 or more but not all	
3	All	
8	None	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06END	Pause
Ask If	

Section 07: Demographics

C07INTRO	Pause
Ask If	

C07Q01	Numeric	100-101
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

C07Q01V	Select	
Ask If	M02Q01 > C07Q01 AND M02Q01<98	
INTERVIEWER: THE RESPONDENT INDICATED THEIR AGE TO BE {C07Q01} 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	C07Q01

C07Q02	Select	102
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) (Paths A and B)

*Cati Note: to be inserted after C07Q02

ME02INTRO	Pause
Ask If	

ME02Q01	Select
Ask If	
Are you French-American or Franco-American?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME02END	Pause
Ask If	

C07Q03	Multiple Select	103-108
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
7	DON'T KNOW/NOT SURE	EXCLUSIVE
9	REFUSED	EXCLUSIVE
8	NO ADDITIONAL CHOICES	

CATI NOTE: If more than one response to C07Q03; continue. Otherwise, go to C07Q05

C07Q04	Select	109
Ask If	C07Q03 < 7 AND C07Q03.2 > 0 AND C07Q03.2 <> 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	

C07Q05	Select	110
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 DOES include activation, for example, for the Persian Gulf War.		
1	Yes	
2	No	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C07Q06	Select	111
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) (Paths A and B)

*Cati Note: to be inserted after S07Q06

ME03INTRO	Pause
Ask If	

ME03Q01	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

ME03END	Pause
Ask If	

C07Q07	Numeric	112-113
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

C07Q08	Select	114
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	

C07Q09	Select	115
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	

Cati Note: If respondent refuses at ANY income level code income variable to 99 (refused).

C07Q10d	Select	
Ask If		
Is your annual household income from all sources: Less than \$25,000?		
1	YES	
2	NO	C07Q10e
7	DON'T KNOW/NOT SURE	C07Q10i
9	REFUSED	C07Q10i

C07Q10c	Select
Ask If	C07Q10d = 1
(Is your annual household income from all sources:)	
Less than \$20,000?	
1	YES
2	NO
	C07Q10i
7	DON'T KNOW/NOT SURE
	C07Q10i
9	REFUSED
	C07Q10i

C07Q10b	Select
Ask If	C07Q10c = 1
(Is your annual household income from all sources:)	
Less than \$15,000?	
1	YES
2	NO
	C07Q10i
7	DON'T KNOW/NOT SURE
	C07Q10i
9	REFUSED
	C07Q10i

C07Q10a	Select
Ask If	C07Q10b = 1
(Is your annual household income from all sources:)	
Less than \$10,000?	
1	YES
	C07Q10i
2	NO
	C07Q10i
7	DON'T KNOW/NOT SURE
	C07Q10i
9	REFUSED
	C07Q10i

C07Q10e	Select
Ask If	C07Q10d = 2
(Is your annual household income from all sources:)	
Less than \$35,000?	
1	YES
	C07Q10i
2	NO
7	DON'T KNOW/NOT SURE
	C07Q10i
9	REFUSED
	C07Q10i

C07Q10f	Select	
Ask If	C07Q10e = 2	
(Is your annual household income from all sources:)		
Less than \$50,000?		
1	YES	C07Q10i
2	NO	
7	DON'T KNOW/NOT SURE	C07Q10i
9	REFUSED	C07Q10i

C07Q10g	Select	
Ask If	C07Q10f = 2	
(Is your annual household income from all sources:)		
Less than \$75,000?		
1	YES	C07Q10i
2	NO	C07Q10i
7	DON'T KNOW/NOT SURE	C07Q10i
9	REFUSED	C07Q10i

C07Q10i	Select	116-117
Ask If		
ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES IS:		
{If C07Q10g = 2, More than \$75,000?}		
{If C07Q10g = 1, \$50,000 to less than \$75,000}		
{If C07Q10f = 1, \$35,000 to less than \$50,000}		
{If C07Q10e = 1, \$25,000 to less than \$35,000}		
{If C07Q10c = 2, \$20,000 to less than \$25,000}		
{If C07Q10b = 2, \$15,000 to less than \$20,000}		
{If C07Q10a = 2, \$10,000 to less than \$15,000}		
{If C07Q10a = 1, Less than \$10,000}		
{Default, REFUSED/DON'T KNOW/NOTSURE}		
IS THIS CORRECT?		
1	YES	
2	NO	C07Q10d
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C07Q11	Numeric	118-121
Ask If		
About how much do you weigh without shoes?		
NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FRONT (EX. 65 KILOGRAMS IS "9065" OR 105 KILOGRAMS IS "9105").		
ROUND FRACTIONS UP		
_____ WEIGHT (pounds/kilograms)		
7777 DON'T KNOW/NOT SURE		
9999 REFUSED		

C07Q11V	Select	
Ask If (C07Q11<9000 AND (C07Q11<80 OR C07Q11>350)) OR (C07Q11>9000 AND (C07Q11<9035 OR C07Q11>9159))		
INTERVIEWER YOU INDICATED THE RESPONDENT WEIGHS {C07Q11} IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C07Q11

C07Q12	Numeric	122-125
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		
/ _____ HEIGHT (Ft/inches/meters/centimeters)		
77/77 DON'T KNOW/NOT SURE		
99/99 REFUSED		

C07Q12V	Select	
Ask If (C07Q12<9000 AND (C07Q12>608 OR C07Q12<407)) OR (C07Q12>9000 AND (C07Q12>9206 OR C07Q12<9139))		
INTERVIEWER YOU INDICATED THE RESPONDENT IS {C07Q12} IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C07Q12

ASKCNTY	Numeric	126-128
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) (Paths A and B)

*Cati Note: to be inserted after S07Q13

ME04INTRO	Pause
Ask If	

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

ME04END	Pause
Ask If	

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

C07Q14	Numeric	129-133
Ask If		
What is the ZIP Code where you live?		
ZIP Code		
77777 DON'T KNOW/NOT SURE		
99999 REFUSED		

C07Q15	Select	134
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		C07Q17
7 DON'T KNOW/NOT SURE		C07Q17
9 REFUSED		C07Q17

C07Q16	Select	135
Ask If	C07Q15 = 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	

C07Q17	Select	136
Ask If		
Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.		
1	YES	
2	NO	C07Q19
7	DON'T KNOW/NOT SURE	C07Q19
9	REFUSED	C07Q19

C07Q18	Numeric	137-139
Ask If	C07Q17=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

C07Q19	Select	140
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	

C07Q20	Select	141
Ask If		
INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY		
1	MALE	
2	FEMALE	

C07Q20V	Select	
Ask If RESPGEND<>C07Q20		
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS {C07Q20}. ARE YOU SURE?		
THE RESPONDENT SELECTED WAS THE		
{SRESP}		
IS THE PREVIOUS ANSWER CORRECT?		
1	YES	
2	NO	C07Q20

C07Q21	Select	142
Ask If C07Q01<45 AND C07Q20=2		
To your knowledge, are you now pregnant?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C07END	Pause
Ask If	

Section 08: Disability

C08INTRO	Pause
Ask If	

C08Q01	Select	143
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	

C08Q02	Select	144
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	

C08END	Pause
Ask If	

Section 09: Tobacco Use

C09INTRO	Pause	
Ask If		

C09Q01	Select	145
Ask If		
Have you smoked at least 100 cigarettes in your entire life?		
INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES		
1	YES	
2	NO	C09Q05
7	DON'T KNOW/NOT SURE	C09Q05
9	REFUSED	C09Q05

C09Q02	Select	146
Ask If	C09Q01=1	
Do you now smoke cigarettes every day, some days, or not at all?		
1	Every day	
2	Some days	
3	Not at all	C09Q04
7	DON'T KNOW/NOT SURE	C09Q05
9	REFUSED	C09Q05

C09Q03	Select	147
Ask If	C09Q02=1 OR C09Q02=2	
During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?		
1	YES	C09Q05
2	NO	C09Q05
7	DON'T KNOW/NOT SURE	C09Q05
9	REFUSED	C09Q05

C09Q04	Select	148-149
Ask If	C09Q02 = 3	
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	
77	DON'T KNOW/NOT SURE	
99	REFUSED	

C09Q05	Select	150
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	Every day	
2	Some days	
3	Not at all	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C09END	Pause
Ask If	

Section 10: Alcohol Consumption

C10INTRO	Pause
Ask If	

C10Q01	Numeric	151-153
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 IN PAST 30 DAYS		
DAYS		
888	NO DRINKS IN PAST 30 DAYS	C10END
777	DON'T KNOW/NOT SURE	C10END
999	REFUSED	C10END
101	MIN	CONTROL
230	MAX	CONTROL

C10Q02	Numeric	154-155
Ask If	C10Q01<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

C10Q02V	Select	
Ask If	C10Q02>15 AND C10Q02<77	
INTERVIEWER YOU INDICATED {C10Q02} DRINKS PER DAY IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C10Q02

C10Q03	Numeric	156-157
Ask If	C10Q01<777	
Considering all types of alcoholic beverages, how many times during the past 30 days did you have {IF C07Q20=1, 5, 4} 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

C10Q03V	Select	
Ask If	C10Q03>15 AND C10Q03<77	
INTERVIEWER YOU INDICATED {C10Q03} OCCASIONS WHEN THE RESPONDENT HAD 4/5 OR MORE DRINKS.		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C10Q03

C10Q04	Numeric	158-159
Ask If	C10Q01<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

C10Q04V		Select
Ask If	(C10Q04 <> 99 AND C10Q04 <> 77)AND C10Q04<77 AND ((C07Q20=1 AND C10Q04>=5 AND (C10Q03=88 OR C10Q03<5)) OR (C07Q20=2 AND C10Q04>=4 AND (C10Q03=88 OR C10Q03<4)))	
INTERVIEWER YOU INDICATED {C10Q04} DRINKS IS THE LARGEST NUMBER OF DRINKS THE RESPONDENT HAD ON ANY OCCASION BUT THE NUMBER OF TIMES THE RESPONDENT HAD {IF C07Q20=1, 5, 4} IS {C10Q03}.		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C10Q04

C10END		Pause
Ask If		

Section 11: Immunization

C11INTRO	Pause
Ask If	

C11Q01	Select	160
Ask If		
<p>Now I will ask you questions about the seasonal flu vaccine. There are two ways to get the seasonal flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist. During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?</p> <p>INTERVIEWER NOTE: READ IF NECESSARY:</p> <p>"A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot."</p>		
1	YES	
2	NO	C11Q04
7	DON'T KNOW/NOT SURE	C11Q04
9	REFUSED	C11Q04

C11Q02	Numeric	161-166
Ask If	C11Q01=1	
<p>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?</p> <p>/ MONTH / YEAR</p>		
77/7777	DON'T KNOW/NOT SURE	
99/9999	REFUSED	
01/1900	MIN	CONTROL
99/2012	MAX	CONTROL

C11Q03	Select	167-168
Ask If	C11Q01 = 1	
At what kind of place did you get your last flu shot/vaccine?		
INTERVIEWER NOTE: IF RESPONDENT REPLIES DON'T KNOW/NOT SURE PROBE:		
"How would you describe the place where you went to get your most recent 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 (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	A school	
77	DON'T KNOW/NOT SURE USE ABOVE PROBE	
99	REFUSED	

C11Q04	Select	169
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	

C11END	Pause
Ask If	

Section 12: Falls

C12INTRO	Pause
Ask If	C07Q01 >= 45

C12Q01	Numeric	170-171
Ask If	C07Q01 >= 45	
Next, I will ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.		
In the past 12 months, how many times have you fallen?		
NUMBER OF TIMES [76 = 76 or more]		
88	NONE	C12END
77	DON'T KNOW/NOT SURE	C12END
99	REFUSED	C12END

C12Q02	Numeric	172-173
Ask If	C07Q01 >= 45 AND C12Q01 < 77	
{IF C12Q01 = 1, Did this fall cause an injury?}		
{IF C12Q01 > 1 AND C12Q01 < 77, How many of these falls caused an injury?}		
By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.		
INTERVIEWER NOTE: IF ONLY ONE FALL FROM C12Q01 AND RESPONSE IS "YES" (CAUSED AN INJURY); CODE 01. IF RESPONSE IS "NO," CODE 88.		
NUMBER OF FALLS [76 = 76 or more]		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	

C12END	Pause
Ask If	

Section 13: Seatbelt Use

C13INTRO	Pause
Ask If	

C13Q01	Select	174
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	

CATI NOTE: If C13Q01 = 8 (NEVER DRIVE OR RIDE IN A CAR), go to Section 15; otherwise continue.

C13END	Pause
Ask If	

Section 14: Drinking and Driving

C14INTRO	Pause
Ask If	C10Q01 <> 888 AND C13Q01 <> 8

C14Q01	Numeric	175-176
Ask If	C10Q01 <> 888 AND C13Q01 <> 8	
The next question is about drinking and driving. During the past 30 days, how many times have you driven when you've had perhaps too much to drink?		
____ NUMBER OF TIMES		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	

C14END	Pause
Ask If	

Section 15: Breast and Cervical Cancer Screening

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

C15INTRO	Pause
Ask If	C07Q20=2

C15Q01	Select	177
Ask If	C07Q20=2	
The next questions are about breast and cervical cancer.		
A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?		
1	YES	
2	NO	C15Q03
7	DON'T KNOW/NOT SURE	C15Q03
9	REFUSED	C15Q03

C15Q02	Select	178
Ask If	C15Q01=1	
How long has it been since you had your last mammogram?		
READ ONLY IF NECESSARY		
1	Within the past year (anytime less than 12 months ago)	
2	Within the past 2 years (1 year but less than 2 years ago)	
3	Within the past 3 years (2 years but less than 3 years ago)	
4	Within the past 5 years (3 years but less than 5 years ago)	
5	5 or more years ago	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C15Q03	Select	179
Ask If	C07Q20=2	
A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam?		
1	YES	
2	NO	C15Q05
7	DON'T KNOW/NOT SURE	C15Q05
9	REFUSED	C15Q05

C15Q04	Select	180
Ask If	C15Q03=1	
How long has it been since your last breast exam?		
READ ONLY IF NECESSARY		
1	Within the past year (anytime less than 12 months ago)	
2	Within the past 2 years (1 year but less than 2 years ago)	
3	Within the past 3 years (2 years but less than 3 years ago)	
4	Within the past 5 years (3 years but less than 5 years ago)	
5	5 or more years ago	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C15Q05	Select	181
Ask If	C07Q20=2	
A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?		
1	YES	
2	NO	C15Q07
7	DON'T KNOW/NOT SURE	C15Q07
9	REFUSED	C15Q07

C15Q06	Select	182
Ask If	C15Q05=1	
How long has it been since you had your last Pap test?		
READ ONLY IF NECESSARY		
1	Within the past year (anytime less than 12 months ago)	
2	Within the past 2 years (1 year but less than 2 years ago)	
3	Within the past 3 years (2 years but less than 3 years ago)	
4	Within the past 5 years (3 years but less than 5 years ago)	
5	5 or more years ago	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

CATI note: If response to Core C07Q21 = 1 (is pregnant); then go to next section.

C15Q07	Select	183
Ask If	C07Q20=2 AND C07Q21<>1	
Have you had a hysterectomy?		
READ ONLY IF NECESSARY:		
"A hysterectomy is an operation to remove the uterus (womb)."		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C15END	Pause	
Ask If		

Section 16: Prostate Cancer Screening

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

C16INTRO	Pause
Ask If	C07Q20=1 AND C07Q01>39

C16Q01	Select	184
Ask If	C07Q20=1 AND C07Q01>39	
Now, I will ask you some questions about prostate cancer screening.		
A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the PSA test?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C16Q02	Select	185
Ask If	C07Q20=1 AND C07Q01>39	
Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C16Q03	Select	186
Ask If	C07Q20=1 AND C07Q01>39	
Has a doctor, nurse, or other health professional EVER recommended that you have a PSA test?		
1	YES	
2	NO	C16END
7	DON'T KNOW/NOT SURE	C16END
9	REFUSED	C16END

C16Q04	Select	187
Ask If	C16Q03=1	
Have you EVER HAD a PSA test?		
1	YES	
2	NO	C16END
7	DON'T KNOW/NOT SURE	C16END
9	REFUSED	C16END

C16Q05	Select	188
Ask If	C16Q04=1	
How long has it been since you had your last PSA test?		
READ ONLY IF NECESSARY		
1	Within the past year (anytime less than 12 months ago)	
2	Within the past 2 years (1 year but less than 2 years ago)	
3	Within the past 3 years (2 years but less than 3 years ago)	
4	Within the past 5 years (3 years but less than 5 years ago)	
5	5 or more years ago	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C16Q06	Select	189
Ask If	C16Q04 = 1	
What was the MAIN reason you had this PSA test - was it...?		
PLEASE READ		
1	Part of a routine exam	
2	Because of a prostate problem	
3	Because of a family history of prostate cancer	
4	Because you were told you had prostate cancer	
5	Some other reason	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C16END	Pause	
Ask If		

Section 17: Colorectal Cancer Screening

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

C17INTRO	Pause
Ask If	C07Q01>49

C17Q01	Select	190
Ask If	C07Q01>49	
The next questions are about colorectal cancer screening.		
A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?		
1	YES	
2	NO	C17Q03
7	DON'T KNOW/NOT SURE	C17Q03
9	REFUSED	C17Q03

C17Q02	Select	191
Ask If	C17Q01=1	
How long has it been since you had your last blood stool test using a home kit?		
READ ONLY IF NECESSARY:		
1	Within the past year (anytime less than 12 months ago)	
2	Within the past 2 years (1 year but less than 2 years ago)	
3	Within the past 3 years (2 years but less than 3 years ago)	
4	Within the past 5 years (3 years but less than 5 years ago)	
5	5 or more years ago	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C17Q03	Select	192
Ask If	C07Q01>49	
Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?		
1	YES	
2	NO	C17END
7	DON'T KNOW/NOT SURE	C17END
9	REFUSED	C17END

C17Q04	Select	193
Ask If	C17Q03=1	
For a SIGMOIDOSCOPY , a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy?		
1	SIGMOIDOSCOPY	
2	COLONOSCOPY	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C17Q05	Select	194
Ask If	C17Q03 = 1	
How long has it been since you had your last sigmoidoscopy or colonoscopy?		
READ ONLY IF NECESSARY		
1	Within the past year (anytime less than 12 months ago)	
2	Within the past 2 years (1 year but less than 2 years ago)	
3	Within the past 3 years (2 years but less than 3 years ago)	
4	Within the past 5 years (3 years but less than 5 years ago)	
5	Within the past 10 years (5 years but less than 10 years ago)	
6	10 or more years ago	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C17END	Pause
Ask If	

Section 18: HIV / AIDS

C18INTRO	Pause
Ask If	

C18Q01	Select	195
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 do not 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	C18Q03
7	DON'T KNOW/NOT SURE	C18Q03
9	REFUSED	C18Q03

C18Q02	Numeric	196-201
Ask If	C18Q01=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	
77/7777	DON'T KNOW/NOT SURE	
99/9999	REFUSED	

C18Q03	Select	202
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"> - You have used intravenous drugs in the past year. - You have been treated for a sexually transmitted or venereal disease in the past year. - You have given or received money or drugs in exchange for sex in the past year. - You had anal sex without a condom in the past year. <p>Do any of these situations apply to you?</p>		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C18END	Pause
Ask If	

Transition to Modules and/or State-Added Questions

TRANS	Key
Ask If	
Next, I have just a few questions left about some other health topics.	

Module 01:Prediabetes (Path A)

CATI NOTE: Module to be asked after Section 05: Chronic Health

M01INTRO	Pause
Ask If	C05Q13>1

M01Q01	Select	210
Ask If	C05Q13>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 C05Q13 = 4 (No, prediabetes or borderline diabetes); answer M01Q02 = Yes

M01Q02	Select	211
Ask If	(C05Q13>1 AND C05Q13<4) OR C05Q13>4	
Have you ever been told by a doctor or other health professional that you have prediabetes or borderline diabetes?		
INTERVIEWER NOTE: 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	

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

M01END	Pause
Ask If	

Module 02: Diabetes (Path A)

CATI NOTE: Module to be asked after Section 05: Chronic Health.
Only asked of those responding "Yes" (code = 1) to Core C05Q13
(Diabetes awareness question).

M02INTRO	Pause
Ask If	C05Q13=1

M02Q01	Numeric	212-213
Ask If	C05Q13=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

M02Q02	Select	214
Ask If	C05Q13=1	
Are you now taking insulin?		
1	YES	
2	NO	
9	REFUSED	

M02Q03	Numeric	215-217
Ask If	C05Q13=1	
About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.		
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

M02Q03V	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

M02Q04	Numeric	218-220
Ask If	C05Q13=1	
About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.		
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

M02Q04V	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

M02Q05	Numeric	221-222
Ask If	C05Q13=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

M02Q05V	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

M02Q06	Numeric	223-224
Ask If	C05Q13=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"?		
NUMBER OF TIMES [76 = 76 or more]		
88	NONE	
98	NEVER HEARD OF "A ONE C" TEST	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

M02Q06V	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.

M02Q07	Numeric	225-226
Ask If	C05Q13=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

M02Q07V	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

M02Q08	Select	227
Ask If	C05Q13=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	

M02Q09	Select	228
Ask If	C05Q13=1	
Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M02Q10	Select	229
Ask If	C05Q13 = 1	
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	

M02END	Pause
Ask If	

Module 13: Adult human Papilloma Virus (HPV) (Path A)

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

M13INTRO	Pause
Ask If	C07Q01<50

M13Q01	Select	307
Ask If	C07Q01<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, {C07Q20=2, GARDASIL or CERVARIX, or 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	M13END
3	DOCTOR REFUSED WHEN ASKED	M13END
7	DON'T KNOW/NOT SURE	M13END
9	REFUSED	M13END

M13Q02	Numeric	308-309
Ask If	M13Q01=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

M13END	Pause
Ask If	

Module 23: Random Child Selection (Path B)

CATI note: If Core C07Q07 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

M23INTRO	Key
Ask If	C07Q07<88
<p>{If C07Q07=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 C07Q07>1 AND C07Q07 < 88, Previously, you indicated there were {C07Q07} children age 17 or younger in your household. Think about those {C07Q07} 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>	

M23Q01	Numeric	392-397
Ask If		
What is the birth month and year of {SHOWKID}?		
/	CODE MONTH AND YEAR	
77/7777	DON'T KNOW/NOT SURE	
99/9999	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).

M23Q02	Select	398
Ask If		
Is the child a boy or a girl?		
1	Boy	
2	Girl	
9	REFUSED	

M23Q03	Select	399
Ask If		
Is the child Hispanic or Latino?		
1	Yes	
2	No	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M23Q04	Multiple Select	400-405
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
7	DON'T KNOW/NOT SURE	
9	REFUSED	
8	NO ADDITIONAL CHOICES	

CATI note: If more than one response to M23Q05, continue. Otherwise, go to Q6.

M23Q05	Select	406
Ask If	M23Q04<7 AND M23Q04.2>0 AND M23Q04.2<>8	0
Which one of these groups would you say best represents the child's race?		
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	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M23Q06	Select	407
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		
7 DON'T KNOW/NOT SURE		
9 REFUSED		

M23END	Pause
Ask If	

Module 24: Childhood Asthma Prevalence (Path B)

CATI note: If response to C07Q07 = 88 (None) or 99 (Refused), go to next module.

M24INTRO	Pause
Ask If	C07Q07>0 AND C07Q07<88

M24Q01	Select	408
Ask If	C07Q07>0 AND C07Q07<88	
The next two questions are about the {SHOWKID}.		
Has a doctor, nurse or other health professional EVER said that the child has asthma?		
1	YES	
2	NO	M24END
7	DON'T KNOW/NOT SURE	M24END
9	REFUSED	M24END

M24Q02	Select	505
Ask If	M24Q01=1	
Does the child still have asthma?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M24END	Pause
Ask If	

Module 25: Childhood Immunization (Path B)

CATI note: If C07Q07 = 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 ≥ 6 months, continue. Otherwise, go to next module.

M25INTRO	Pause
Ask If	C07Q07>0 AND C07Q07<88 AND CHILDAGE1>5

M25Q01	Select	410
Ask If	C07Q07>0 AND C07Q07<88 AND CHILDAGE1>5	
	Now I will ask you questions about seasonal flu. There are two types of seasonal flu vaccinations. One is a shot and the other is a spray in the nose. During the past 12 months, has {IF M23Q02 =, he, she} had a seasonal flu vaccination?	
1	Yes	
2	No	M25END
7	DON'T KNOW/NOT SURE	M25END
9	REFUSED	M25END

M25Q02	Numeric	411-416
Ask If	M25Q01=1	
	The flu vaccination may have been either the flu shot or the flu spray. The flu spray is the flu vaccination that is sprayed in the nose. During what month and year did {IF M23Q02 =, he, she} receive {IF M23Q02 =, his, her} most recent seasonal flu vaccination?	
	/ _____ MONTH / YEAR	
77/7777	DON'T KNOW/NOT SURE	
99/9999	REFUSED	

M25END	Pause
Ask If	

State Added 05: Mental Health (Paths A and B)

ME05INTRO	Pause
Ask If	

ME05Q01	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			
01	MIN		CONTROL	
14	MAX		CONTROL	

ME05Q02	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			
01	MIN		CONTROL	
14	MAX		CONTROL	

ME05Q03	Select			
Ask If				
Has a doctor or other healthcare provider EVER 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			

ME05Q04	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

ME05END	Pause
Ask If	

State Added 06: Environmental (Path A)

ME06INTRO	Pause
Ask If	

ME06Q01	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

ME06Q02	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

ME06Q03	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

ME06Q04	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

ME06Q05	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

ME06Q06	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	ME06Q08
7	DON'T KNOW/NOT SURE	ME06Q08
9	REFUSED	ME06Q08

ME06Q07	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

ME06Q08	Select	
Ask If		
Now I would like to ask some questions about well water. When I ask about using well water, I am asking about the water you currently use for drinking, cooking or bathing.		
Do you get any of your water from a well?		
1	Yes	
2	No	ME06END
7	DON'T KNOW/NOT SURE	ME06END
9	REFUSED	ME06END

ME06Q09	Select	
Ask If	ME06Q08 = 1	
Have you ever had your current well water tested?		
1	Yes	
2	No	ME06END
7	DON'T KNOW/NOT SURE	ME06END
9	REFUSED	ME06END

ME06Q10	Select
Ask If	ME06Q09 = 1
Arsenic is not included in all water tests. Have you tested your well water for arsenic?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME06END	Pause
Ask If	

State Added 07: Substance Abuse (Path A)

ME07INTRO	Pause
Ask If	

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

ME07Q02	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

ME07Q03	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

ME07Q04	Select
Ask If	ME07Q03 > 1 AND ME07Q03 < 7
Has the money or time that you spent on 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

ME07END	Pause
Ask If	

State Added 08: Lyme Disease (Path A)

ME08INTRO	Pause
Ask If	

ME08Q01	Select
Ask If	
Have you EVER 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

ME08END	Pause
Ask If	

State Added 09: Cancer Survivorship (Path A)

ME09INTRO	Pause
Ask If	C05Q06 = 1 OR C05Q07 = 1

ME09Q01	Select
Ask If	C05Q06 = 1 OR C05Q07 = 1
Previously you stated you had cancer.	
What type of cancer was it?	
INTERVIEWER NOTE: PLEASE READ LIST ONLY IF RESPONDENT NEEDS PROMPTING FOR CANCER TYPE.	
INTERVIEWER NOTE: IF THE RESPONDENT HAS BEEN DIAGNOSED WITH MORE THAN ONE TYPE OF CANCER PLEASE ASK ABOUT THEIR MOST RECENT CANCER DIAGNOSIS.	
Breast	
01	Breast cancer
Female reproductive (Gynecologic)	
02	Cervical cancer (cancer of the cervix)
03	Endometrial cancer (cancer of the uterus)
04	Ovarian cancer (cancer of the ovary)
Head/Neck	
05	Head and neck cancer
06	Oral cancer
07	Pharyngeal (throat) cancer
08	Thyroid
09	Larynx
Gastrointestinal	
10	Colon (intestine) cancer
11	Esophageal (esophagus)
12	Liver cancer
13	Pancreatic (pancreas) cancer
14	Rectal (rectum) cancer
15	Stomach
Leukemia/Lymphoma (lymph nodes and bone marrow)	
16	Hodgkin's Lymphoma (Hodgkin's disease)
17	Leukemia (blood) cancer
18	Non-Hodgkin's Lymphoma
Male reproductive	
19	Prostate cancer
20	Testicular cancer
Skin	
21	Melanoma
22	Other skin cancer
Thoracic	
23	Heart
24	Lung
Urinary cancer:	
25	Bladder cancer
26	Renal (kidney) cancer

Others	
27	Bone
28	Brain
29	Neuroblastoma
30	Other
77	DON'T KNOW/NOT SURE
99	REFUSED

ME09Q02	Select
Ask If	C05Q06 = 1 OR C05Q07 = 1
Did any doctor, nurse, or other health professional EVER 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

ME09Q03	Select	
Ask If	C05Q06 = 1 OR C05Q07 = 1	
Have you EVER 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

ME09Q04	Select
Ask If	ME09Q03 = 1
Were these instructions written down or printed on paper for you?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME09Q05	Select
Ask If	ME09Q03 = 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

ME09END	Pause
Ask If	

State Added 10: Oral Health (Path A)

ME10INTRO	Pause
Ask If	

ME10Q01	Select
Ask If	(C06Q01 > 1 AND C06Q01 < 7) OR C06Q01 = 8
What is the main reason you have not visited the dentist in the last year?	
*4: APPOINTMENTS AVAILABLE)	
01	Fear, apprehension, nervousness, pain, dislike going
02	Cost
03	Do not have/know a dentist
04	Cannot get to the office/clinic (too far away, no transportation, no)*
05	No reason to go (no problems, no teeth)
06	Other priorities
07	Have not thought of it
08	OTHER
77	DON'T KNOW/NOT SURE
99	REFUSED

ME10Q02	Select
Ask If	
Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid, also called MaineCare?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME10END	Pause
Ask If	

State Added 11: Oral Cancer (Path A)

ME11INTRO	Pause
Ask If	

ME11Q01	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
3	I think so
7	DON'T KNOW/NOT SURE
9	REFUSED

ME11END	Pause
Ask If	

State Added 12: Skin Cancer/Sun Safety (Path A)

ME12INTRO	Pause
Ask If	

ME12Q01	Select
Ask If	
Do you use artificial sources of ultraviolet light such as sunlamps and tanning booths?	
1	Yes
2	No
	ME12END
7	DON'T KNOW/NOT SURE
	ME12END
9	REFUSED
	ME12END

ME12Q02	Select
Ask If	ME12Q01 = 1
How often do you use sunlamps and tanning booths? *3: TO THE BEACH, ETC.)	
1	Weekly
2	Monthly
3	Seasonally (a few times before a trip, so I won't get burned when going)*
7	DON'T KNOW/NOT SURE
9	REFUSED

ME12END	Pause
Ask If	

State Added 13: Sexual Violence (Path A)

ME13INTRO	Pause
Ask If	

ME13Q01	Select
Ask If	
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?	
1 Yes	
2 NO	ME13END

ME13Q02	Select
Ask If	ME13Q01 = 1
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?	
1 Yes	
2 No	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

ME13Q03	Select
Ask If	ME13Q01 = 1
<p>Now, I am going to ask you questions about unwanted sex. Unwanted sex includes things like putting anything into your {IF C07Q20 = 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 EVER had sex with you or attempted to have sex with you after you said or showed that you didn't want them to or without your consent?</p>	
1	Yes
2	No
	ME13Q06
7	DON'T KNOW/NOT SURE
	ME13Q06
9	REFUSED
	ME13Q06

ME13Q04	Select
Ask If	ME13Q03 = 1
<p>Has this happened in the past 12 months?</p>	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME13Q05	Select
Ask If	ME13Q03 = 1
At the time of the most recent incident, what was your relationship to the person who had sex with you or attempted to have 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

ME13Q06	Key
Ask If	ME13Q01 = 1
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.	
PRESS ANY KEY TO CONTINUE	

ME13Q07	Select
Ask If	ME13Q01 = 1 and C07Q20 = 2
Has an intimate partner EVER told you not to use any birth control, messed with your birth control, or tried to force or pressure you to become pregnant?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME13Q08	Select	
Ask If	ME13Q01 = 1	
Have you EVER 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?		
1	Yes	
2	No	ME13Q10
7	DON'T KNOW/NOT SURE	ME13Q10
9	REFUSED	ME13Q10

ME13Q09	Select
Ask If	ME13Q08 = 1
Has this happened in the past 12 months?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME13Q10	Select	
Ask If	ME13Q01 = 1	
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.		
1	Yes	
2	No	ME13Q12
7	DON'T KNOW/NOT SURE	ME13Q12
9	REFUSED	ME13Q12

ME13Q11	Select
Ask If	ME13Q10 = 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

ME13Q12	Select
Ask If	ME13Q01 = 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

ME13END	Pause
Ask If	

State Added 14: Suicide (Path A)

ME14INTRO	Pause
Ask If	

ME14Q01	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

ME14Q02	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

ME14Q03	Select	
Ask If		
<p>During the past 12 months, did you ever attempt suicide?</p>		
1	Yes	
2	No	ME14Q05
7	DON'T KNOW/NOT SURE	ME14Q05
9	REFUSED	ME14Q05

ME14Q04	Select
Ask If	ME14Q03 = 1
Did any attempt 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

ME14Q05	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

ME14END	Pause
Ask If	

State Added 15: Cigarette Use (Path B)

ME15INTRO	Pause
Ask If	

ME15Q01	Numeric
Ask If	C09Q01 = 1 AND C09Q02 < 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	

ME15Q02	Numeric
Ask If	C09Q01 = 1 AND C09Q02 < 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	

ME15Q03	Numeric
Ask If	C09Q01 = 1
How old were you when you smoked your first cigarette?	
____ YEARS	
77 DON'T KNOW/NOT SURE	
99 REFUSED	

ME15Q04	Select
Ask If	C09Q01 = 1 AND C09Q02 = 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

ME15END	Pause
Ask If	

State Added 16: Other Tobacco Products (Path B)

ME16INTRO	Pause
Ask If	

ME16Q01	Select
Ask If	
Now I would like to ask you some questions about using other kinds of tobacco.	
Do you now smoke REGULAR CIGARS OR CIGARILLOS 'every day,' 'some days,' or 'not at all'?	
INTERVIEWER NOTE: REGULAR MEANS NOT FLAVORED OR NOT CIGARETTE SIZED.	
1	EVER DAY
2	SOME DAYS
3	NOT AT ALL
7	DON'T KNOW/NOT SURE
9	REFUSED

ME16Q02	Select
Ask If	
Do you smoke little cigars that look like cigarettes every day, some days or not at all?	
1	EVER DAY
2	SOME DAYS
3	NOT AT ALL
7	DON'T KNOW/NOT SURE
9	REFUSED

ME16Q03	Select	
Ask If	C09Q01 = 1 AND C09Q02 < 3	
Do you roll your own cigarettes?		
1	Yes	
2	No	ME16END
7	DON'T KNOW/NOT SURE	ME16END
9	REFUSED	ME16END

ME16Q04	Select
Ask If	ME16Q03 = 1
Do you roll your own cigarettes to save money?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME16END	Pause
Ask If	

State Added 17: E-Cigarettes (Path B)

ME17INTRO	Pause
Ask If	C09Q01 = 1 AND C07Q01 < 50

ME17Q01	Select	
Ask If	C09Q01 = 1 AND C07Q01 < 50	
E-cigarettes are battery powered devices that provide inhaled doses of nicotine.		
Have you ever used e-cigs (electronic cigarettes)?		
1	Yes	
2	No	ME17END
7	DON'T KNOW/NOT SURE	ME17END
9	REFUSED	ME17END

ME17Q02	Select
Ask If	ME17Q01 = 1
Are you currently using e-cigs?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME17Q03	Select
Ask If	ME17Q01 = 1
Why did you start to use e-cigs?	
1	Try something new
2	To quit smoking
3	Friends (introduced, pressured, recommended)
4	Health (improve, less harmful)
8	OTHER
7	DON'T KNOW/NOT SURE
9	REFUSED

ME17Q04	Select
Ask If	ME17Q02 = 1
Do you use e-cigs the same, more or less frequently than a regular cigarette?	
INTERVIEWER NOTE: USE IS 10 MINUTES OR 10-20 PUFFS AT A TIME.	
1	Same
2	More
3	Less
7	DON'T KNOW/NOT SURE
9	REFUSED

ME17Q05	Select
Ask If	ME17Q02 = 1
Have you stopped using other tobacco products completely?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME17Q06	Select
Ask If	ME17Q02 = 1
What size battery do you use in your e-cigs?	
1	AAA (triple A)
2	Larger or more powerful than AAA (triple A)
7	DON'T KNOW/NOT SURE
9	REFUSED

ME17Q07	Select
Ask If	ME17Q02 = 1
Do you believe e-cigs have the same, more or less nicotine than regular cigarettes?	
1	Same
2	More
3	Less
7	DON'T KNOW/NOT SURE
9	REFUSED

ME17Q08	Select
Ask If	ME17Q02 = 1
Will you continue to use e-cigs?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME17END	Pause
Ask If	

State Added 18: Cessation (Path B)

ME18INTRO	Pause
Ask If	

ME18Q01	Select
Ask If	(C09Q02 > 0 AND C09Q02 < 3) OR ME16Q01 < 3 OR ME16Q02 < 3 OR ME16Q03 = 1 OR ME17Q02 = 1
The next questions are about quitting tobacco use. Would you like to quit smoking or using other tobacco products?	
1	Yes
2	No
	ME18Q04
7	DON'T KNOW/NOT SURE
	ME18Q04
9	REFUSED
	ME18Q04

ME18Q02	Select
Ask If	ME18Q01 = 1
Are you seriously considering quitting WITHIN THE NEXT 6 MONTHS ?	
1	Yes
2	No
	ME18Q04
7	DON'T KNOW/NOT SURE
9	REFUSED

ME18Q03	Select
Ask If	ME18Q01 = 1 AND (ME18Q02 > 0 AND ME18Q02 <> 2)
Are you planning to stop WITHIN THE NEXT 30 DAYS ?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME18Q04		Select
Ask If	IF (C09Q02 > 0 AND C09Q02 < 3) OR ME16Q01 < 3 OR ME16Q02 < 3 OR ME16Q03 = 1 OR ME17Q02 = 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	ME18Q10
7	DON'T KNOW/NOT SURE	
9	REFUSED	

ME18Q05		Select
Ask If	ME18Q04 > 0 AND ME18Q04 <> 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	ME18Q07
3	I DID NOT TRY TO QUIT SMOKING OR USING TOBACCO PRODUCTS	ME18Q10
7	DON'T KNOW/NOT SURE	ME18Q07
9	REFUSED	ME18Q07

ME18Q06		Select
Ask If	ME18Q05 = 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	

ME18Q07	Select	
Ask If	(ME18Q04 > 0 AND ME18Q04 <> 3) OR (ME18Q05 > 0 AND ME18Q05 <> 3)	
In the last 12 months, have you used... Non-nicotine medication such as Zyban, Wellbutrin, Chantix, Varenicline or other medication?		
1	YES	
2	NO	ME18Q09
3	I DID NOT TRY TO QUIT SMOKING OR USING TOBACCO PRODUCTS	ME18Q10
7	DON'T KNOW/NOT SURE	ME18Q09
9	REFUSED	ME18Q09

ME18Q08	Select
Ask If	ME18Q07 = 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

ME18Q09	Select
Ask If	(ME18Q04 > 0 AND ME18Q04 <> 3) OR (ME18Q05 > 0 AND ME18Q05 <> 3) OR (ME18Q07 > 0 AND ME18Q07 <> 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

ME18Q10	Select
Ask If	(C09Q02 > 0 AND C09Q02 < 3) OR ME16Q01 < 3 OR ME16Q02 < 3 OR ME16Q03 = 1 OR ME17Q02 = 1
In the past 12 months, has a dentist or dental hygienist advised you to stop smoking or using other tobacco products?	
1	YES
2	NO
3	YOU HAVE NOT SEEN A DENTIST IN THE LAST 12 MONTHS
7	DON'T KNOW/NOT SURE
9	REFUSED

ME18Q11	Select
Ask If	(C09Q02 > 0 AND C09Q02 < 3) OR ME16Q01 < 3 OR ME16Q02 < 3 OR ME16Q03 = 1 OR ME17Q02 = 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 DOCTOR'S OFFICE IN THE LAST 12 MONTHS
7	DON'T KNOW/NOT SURE
9	REFUSED

ME18Q12	Select
Ask If	ME18Q11 > 0 AND ME18Q11 <> 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

ME18Q13	Select
Ask If	ME18Q11 > 0 AND ME18Q11 <> 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

ME18Q14	Select
Ask If	ME18Q11 > 0 AND ME18Q11 <> 3
During any such visit, did any health professional... Talk with you about medications to help you stop smoking or using other tobacco products? INTERVEIWER 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

ME18Q15	Select
Ask If	(ME18Q10 > 0) AND ((ME18Q04 = 3 OR ME18Q05 = 3 OR ME18Q07 = 3 OR ME18Q09 = 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

ME18END	Pause
Ask If	

State Added 19: Environmental Tobacco (Path B)

ME19INTRO	Pause
Ask If	

ME19Q01	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

ME19Q02	Numeric	
Ask If		
How many hours per day do you usually spend inside your home? (Include sleeping)		
	Hours	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
24	MAX	CONTROL

ME19Q03	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

ME19Q04	Numeric	
Ask If		
On how many of the past 30 days has someone, including yourself, smoked cigarettes, cigars, or pipes anywhere INSIDE your home?		
DAYS		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
30	MAX	CONTROL

ME19Q05	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	

ME19Q06	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	

ME19Q07	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

ME19Q08	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

ME19Q09	Select
Ask If C07Q09 = 1 OR C07Q09 = 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

ME19Q10	Select
Ask If	C07Q09 = 1 OR C07Q09 = 2
Which of these best describes your place of work's smoking policy for indoor public 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

ME19Q11	Select
Ask If	C07Q09 = 1 OR C07Q09 = 2
Which of these statements best describes your place of work's smoking policy for work areas? Would you say smoking is..	
1	Not allowed in any work area
2	Allowed in some work areas
3	Allowed in all work areas
7	DON'T KNOW/NOT SURE
9	REFUSED

ME19Q12	Numeric	
Ask If	C07Q09 = 1 OR C07Q09 = 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 INDOORS . During the past 7 days, that is, since last {Today's day of the week}, on how many days did you breathe the smoke at your workplace from SOMEONE OTHER THAN 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

ME19Q13	Select
Ask If	C07Q09 = 1 OR C07Q09 = 2
Have you seen your workplace's written smoking policy?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME19END	Pause
Ask If	

State Added 20: Smoking Beliefs (Path B)

ME20INTRO	Pause
Ask If	

ME20Q01	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

ME20Q02	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 GROUNDS
7	DON'T KNOW/NOT SURE
9	REFUSED

ME20Q03	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	
001	MIN	CONTROL
100	MAX	CONTROL

ME20Q04	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	
001	MIN	CONTROL
100	MAX	CONTROL

ME20Q05	Select	
Ask If	C07Q07 < 88	
Do you believe your child will smoke cigarettes or use other tobacco products?		
1	Yes	
2	No	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

ME20Q06	Select	
Ask If	C07Q07 < 88	
Do you try to prevent your child from using cigarettes or other tobacco products?		
1	Yes	
2	No	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

ME20END	Pause
Ask If	

State Added 21: Cognitive Impairment (Path B)

ME21INTRO	Pause
Ask If	

ME21Q01	Select	508
Ask If		
<p>The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This DOES NOT REFER to occasionally forgetting your keys or the name of someone you recently met. This REFERS TO things like confusion or memory loss that are happening more often or getting worse. We want to know how these difficulties impact you or someone in your household.</p> <p>During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?</p>		
1	Yes	
2	No	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

ME21Q02	Numeric	509
Ask If	ADULTS > 1	
<p>{IF ME21Q01 = 1, Not including yourself}, how many adults 18 years or older in your household experienced confusion or memory loss that is happening more often or is getting worse during the past 12 months?</p>		
Number of People (6 = 6 or more)		
8	NONE	
7	DON'T KNOW/NOT SURE	
9	REFUSED	
1	MIN	CONTROL
6	MAX	CONTROL

ME21Q03	Select	510
Ask If	(ADULTS > 1 AND (ME21Q02 > 0 AND ME21Q02 < 7)) AND ME21Q01 > 1	
Of these people, please select the person who had the most recent birthday. How old is this person?		
READ ONLY IF NECESSARY		
01	Age 18-29	
02	Age 30-39	
03	Age 40-49	
04	Age 50-59	
05	Age 60-69	
06	Age 70-79	
07	Age 80-89	
08	Age 90 +	
77	DON'T KNOW/NOT SURE	
99	REFUSED	

ME21Q04	Select	512
Ask If	ME21Q01 = 1 OR (ADULTS>1 AND ME21Q02 < 7)	
{IF ME21Q01 > 1, For the next set of questions we will refer to the person you identified as 'this person.'}		
During the past 12 months, how often {IF ME21Q01 = 1, have you, has this person} given up household activities or chores {IF ME21Q01 = 1, you, they} used to do, because of confusion or memory loss that is happening more often or is getting worse?		
INTERVIEWER NOTE: REPEAT DEFINITION ONLY AS NEEDED:		
"For these questions, please think about confusion or memory loss that is happening more often or getting worse."		
PLEASE READ:		
1	Always	
2	Usually	
3	Sometimes	
4	Rarely	
5	Never	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

ME21Q05	Select	513
Ask If	ME21Q01 = 1 OR (ADULTS > 1 AND ME21Q02 < 7)	
As a result of {IF ME21Q01 = 1, your, this person's} confusion or memory loss, in which of the following four areas {IF ME21Q01 = 1, do you, does this person} need the MOST assistance?		
1	Safety (such as forgetting to turn off the stove or falling)	
2	Transportation (such as getting to doctor's appointments)	
3	Household activities (such as managing money or housekeeping)	
4	Personal care (such as eating or bathing)	
5	NEEDS ASSISTANCE, BUT NOT IN THOSE AREAS	
6	DOESN'T NEED ASSISTANCE IN ANY AREA	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

ME21Q06	Select	514
Ask If	ME21Q01 = 1 OR (ADULTS > 1 AND ME21Q02 < 7)	
During the past 12 months, how often has confusion or memory loss interfered with { IF ME21Q01 = 1, your, this person's } ability to work, volunteer, or engage in social activities?		
PLEASE READ:		
1	Always	
2	Usually	
3	Sometimes	
4	Rarely	
5	Never	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

ME21Q07	Select	515
Ask If	ME21Q01 = 1 OR (ADULTS > 1 AND ME21Q02 < 7)	
During the past 30 days, how often {If ME21Q01 = 1, has, have you} a family member or friend provided any care or assistance for {If ME21Q01 = 1, you, this person} because of confusion or memory loss?		
PLEASE READ:		
1	Always	
2	Usually	
3	Sometimes	
4	Rarely	
5	Never	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

ME21Q08	Select	516
Ask If	ME21Q01 = 1 OR (ADULTS > 1 AND ME21Q02 < 7)	
Has anyone discussed with a health care professional, increases in {IF ME21Q01 = 1, your, this person's} confusion or memory loss?		
1	Yes	
2	No	ME21END
7	DON'T KNOW/NOT SURE	ME21END
9	REFUSED	ME21END

ME21Q09	Select	517
Ask If	ME21Q08 = 1	
{IF ME21Q01=1, Have you, Has this person} received treatment such as therapy or medications for confusion or memory loss?		
1	Yes	
2	No	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

ME21Q10	Select	518
Ask If	ME21Q08 = 1	
Has a health care professional ever said that {IF ME21Q01=1, you have, this person has} Alzheimer's disease or some other form of dementia?		
PLEASE READ		
1	Yes, Alzheimer's Disease	
2	Yes, some other form of dementia but not Alzheimer's disease	
3	No diagnosis has been given	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

ME21END	Pause
Ask If	

State Added 22: Caregiver (Path B)

ME22INTRO	Pause	
Ask If		

ME22Q01	Select	488
Ask If		
People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability. During the past month, did you provide any such care or assistance to a friend or family member?		
1	YES	
2	NO	ME22END
7	DON'T KNOW / NOT SURE	ME22END
9	REFUSED	ME22END

ME22Q02	Numeric	489
Ask If	ME22Q01 = 1	
What age is the person to whom you are giving care?		
INTERVIEWER NOTE: IF MORE THAN ONE PERSON, ASK:		
"What is the age of the person to whom you are giving the most care?"		
	CODE AGE IN YEARS (1-115)	
777	DON'T KNOW / NOT SURE	
999	REFUSED	
001	MIN	CONTROL
115	MAX	CONTROL

ME22Q03	Select	492
Ask If	ME22Q01 = 1	
The remainder of these questions will be about the person to whom you are giving the most care. Is this person male or female?		
1	Male	
2	Female	
9	REFUSED	

ME22Q04	Select	493
Ask If	ME22Q01 = 1	
What is {IF ME22Q03 = 1, his, her} relationship to you?		
READ ONLY IF NECESSARY"		
"Is {IF ME22Q03 = 1, he, she} your {IF ME22Q03 = 1, father/son, mother/daughter}?		
01	Parent	
02	Parent-in-law	
03	Child	
04	Spouse	
05	Sibling	
06	Grandparent	
07	Grandchild	
08	Other relative	
09	Non-relative	
77	DON'T KNOW / NOT SURE	
99	REFUSED	

ME22Q05	Numeric	495
Ask If	ME22Q01 = 1	
For how long have you provided care for {IF ME22Q04 > 09, that person, your {ME22Q04}}?		
101 - 199	= NUMBER OF DAYS	301 - 399 = NUMBER OF MONTHS
201 - 299	= NUMBER OF WEEKS	401 - 499 = NUMBER OF YEARS
ENTER LENGTH OF TIME		
777	DON'T KNOW / NOT SURE	
999	REFUSED	
101	MIN	CONTROL
499	MAX	CONTROL

ME22Q06	Select	498
Ask If	ME22Q01 = 1	
What has a doctor said is the major health problem, long-term illness, or disability that the person you care for has?		
DO NOT READ		
PHYSICAL HEALTH CONDITION/DISEASE		
01	Arthritis/Rheumatism	
02	Asthma	
03	Cancer	
04	Diabetes	
05	Heart Disease	
06	Hypertension/High Blood Pressure	
07	Lung Disease/Emphysema	
08	Osteoporosis	
09	Parkinson's Disease	
10	Stroke	
DISABILITY		
11	Eye/Vision Problem (blindness)	
12	Hearing Problems (deafness)	
13	Multiple Sclerosis (MS)	
14	Spinal Cord Injury	
15	Traumatic Brain Injury (TBI)	
LEARNING/COGNITION		
16	Alzheimer's Disease or Dementia	
17	Attention-Deficit Hyperactivity Disorder (ADHD)	
18	Learning Disabilities (LD)	
DEVELOPMENTAL DISABILITY		
19	Cerebral Palsy (CP)	
20	Down's Syndrome, Other developmental disability (e.g., spinal bifida, muscular dystrophy, fragile X)	
MENTAL HEALTH		
22	Anxiety	
23	Depression	
24	Other	
77	DON'T KNOW / NOT SURE	
99	REFUSED	

ME22Q07	Select	500
Ask If	ME22Q01 = 1	
In which one of the following areas does the person you care for MOST need your help?		
(*CLEANING, MANAGING MONEY, OR PREPARING MEALS)		
PLEASE READ		
01	Taking care of himself/herself, such as eating, dressing, or bathing	
02	Taking care of his/her residence or personal living spaces, such as*	
03	Communicating with others	
04	Learning or remembering	
05	Seeing or hearing	
06	Moving around within the home	
07	Transportation outside of the home	
08	Getting along with people	
09	Relieving/decreasing anxiety or depression	
10	Something else	
77	DON'T KNOW / NOT SURE	
99	REFUSED	

ME22Q08	Numeric	502
Ask If	ME22Q01 = 1	
In an average week, how many hours do you provide care for {IF ME22Q04 > 09, that person, your {ME22Q04}} because of {IF ME22Q03 = 1, his, her} health problem, long-term illness, or disability?		
INTERVIEWER NOTE: ROUND UP TO THE NEXT WHOLE NUMBER OF HOURS.		
DO NOT READ		
	HOURS PER WEEK	
777	DON'T KNOW / NOT SURE	
999	REFUSED	

ME22Q09	Select	505
Ask If	ME22Q01 = 1	
I am going to read a list of difficulties you may have faced as a caregiver. Please indicate which one of the following is the greatest difficulty you have faced as a caregiver.		
PLEASE READ		
01	Creates a financial burden	
02	Doesn't leave enough time for yourself	
03	Doesn't leave enough time for your family	
04	Interferes with your work	
05	Creates stress	
06	Creates or aggravates health problems	
07	Affects family relationships	
08	Other difficulty	
88	No difficulty	
77	DON'T KNOW / NOT SURE	
99	REFUSED	

ME22Q10	Select	507
Ask If	ME22Q01 = 1	
During the past year, has the person you care for experienced changes in thinking or remembering?		
READ ONLY IF NECESSARY:		
"Had more difficulty remembering people, places, or things, or understanding or making decisions easily as they once did."		
1	YES	
2	NO	
7	DON'T KNOW / NOT SURE	
9	REFUSED	

ME22END	Pause	
Ask If		

Asthma Call-Back Permission Script

AFUINTRO	Pause
Ask If	

ADLTPERM	Select	422
Ask If	C05Q04 = 1 OR M24Q01 = 1	
<p>We would like to call you again within the next 2 weeks to talk in more detail about {ADLTCHLD=1, your, your child's} experiences with asthma. The information will be used to help develop and improve the asthma programs in {STATE}. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?</p>		
1	Yes	
2	No	AFUEND

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

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

MOSTKNOW	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

OTHNAME	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	

CBTIME	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	

AFUEND	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.	