

Maine
BRFSS

2013



Full Questionnaire

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INTRO

INTROQST		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 Maine residents. This project is conducted by the Maine Center for Disease control and Prevention (MaineCDC) with assistance from the National 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}?		
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?		
READ ONLY IF NECESSARY:		
"By private residence, we mean someplace like a house or apartment."		
1	YES, CONTINUE	STATRES
2	NO, NON-RESIDENTIAL	COLLEGE
3	NO, BUSINESS PHONE ONLY	BUSINES

BUSINES		Key
Ask If		
PRIVRES = 3		
Thank you very much but we are only interviewing persons on residential phones lines at this time.		
DISPOS 4500		

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 STATRES
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	

STATRES	Key
Ask If	PRIVRES = 1 OR COLLEGE = 1
Do you reside in Maine ?	
1	YES ISCELL
2	NO NONSTAT

NONSTAT	Key
Ask If	STATRES = 2
Thank you very much, but we are only interviewing persons who live in the state of {STATE} at this time.	
DISPOS 4100	

ISCELL	Select
Ask If	STATRES = 1
Is this a cellular telephone?	
INTERVIEWER NOTE: TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE (INCLUDES VONAGE, MAGIC JACK AND OTHER HOME-BASED PHONE SERVICES).	
READ ONLY IF NECESSARY:	
"By cellular (or cell) telephone we mean a telephone that is mobile and usable outside of your neighborhood."	
1	NO, NOT A CELLULAR TELEPHONE, CONTINUE
2	YES, A CELLULAR TELEPHONE CELLYES

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

LLADULT	Select	
Ask If	COLLEGE = 1	
Are you 18 years of age or older?		
NOTE: ASK GENDER IF NECESSARY		
1	Yes and the respondent is male	YOURTHE1
2	Yes and the respondent is female	YOURTHE1
3	No	LLNOADLT

LLNOADLT	Key
Ask If	LLADULT = 3
Thank you very much, but we are only interviewing persons aged 18 or older at this time.	
DISPOS 4700	

ADULTS	Numeric
Ask If	PRIVRES = 1
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 {CDEPT} . My name is [Interviewer Name] .	
We are gathering information about the health of {STTEXT} 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

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
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	
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	
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)	
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
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 Service?	
1 YES [IF PPHF STATE GO TO MODULE 4, QUESTION 1, ELSE CONTINUE]	
2 NO	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

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

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
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
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
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: Inadequate Sleep

C04INTRO	Pause
Ask If	

C04Q01	Numeric	
Ask If		
<p>I would like to ask you about your sleep pattern.</p> <p>On average, how many hours of sleep do you get in a 24-hour period?</p> <p>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.</p>		
	NUMBER OF HOURS[01-24]	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
1	MIN	CONTROL
24	MAX	CONTROL

C04END	Pause
Ask If	

Section 05: Hypertension Awareness

C05INTRO	Pause
Ask If	

C05Q01	Select	
Ask If		
Have you EVER 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."		
IF "YES" AND RESPONDENT IS FEMALE, ASK:		
"Was this only when you were pregnant?"		
1	Yes	
2	Yes, but female told only during pregnancy	C05END
3	No	C05END
4	Told borderline high or pre-hypertensive	C05END
7	DON'T KNOW/NOT SURE	C05END
9	REFUSED	C05END

C05Q01V	Select	
Ask If	RESPGEND = 1 AND C05Q01 = 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		
{SRESP}		
IS THE PREVIOUS ANSWER CORRECT?		
1	YES	
2	NO	C05Q01

C05Q02	Select
Ask If	C05Q01 = 1
Are you currently taking medicine for your high blood pressure?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

C05END	Pause
Ask If	

Section 06: Cholesterol Awareness

C06INTRO	Pause
Ask If	

C06Q01	Select
Ask If	
Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked?	
1	YES
2	NO
	C06END
7	DON'T KNOW/NOT SURE
	C06END
9	REFUSED
	C06END

C06Q02	Select
Ask If	C06Q01 = 1
About how long has it been since you last had your blood cholesterol checked?	
READ ONLY 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
9	REFUSED

C06Q03	Select
Ask If	C06Q01 = 1
Have you EVER 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

C06END	Pause
Ask If	

Section 07: Chronic Health Conditions

C07INTRO	Pause
Ask If	

C07Q01	Select
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

C07Q02	Select
Ask If	
(Ever told) you had angina or coronary heart disease?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

C07Q03	Select
Ask If	
(Ever told) you had a stroke?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

C07Q04	Select
Ask If	
(Ever told) you had asthma?	
1	YES
2	NO
	C07Q06
7	DON'T KNOW/NOT SURE
	C07Q06
9	REFUSED
	C07Q06

C07Q05	Select
Ask If	C07Q04 = 1
Do you still have asthma?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

C07Q06	Select
Ask If	
(Ever told) you had skin cancer?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

C07Q07	Select
Ask If	
(Ever told) you had any other types of cancer?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

C07Q08	Select
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

C07Q09	Select
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

C07Q10	Select
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

C07Q11	Select
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

C07Q12	Select
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

C07Q12V	Select
Ask If	RESPGEND=1 AND C07Q12=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
	C07Q12

C07END	Pause
Ask If	

CATI NOTE: If C07Q12 = 1 (Yes), go to Diabetes Optional Module (if used). If any other response to C07Q12, go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.

Module 01: Pre-Diabetes (Path A)

CATI NOTE: Insert after SECTION C07

CATI NOTE: Only asked of those not responding "Yes" (code = 1) to Core C07Q12 (Diabetes awareness question).

M01INTRO	Pause
Ask If	C07Q12 > 1

M01Q01	Select
Ask If	C07Q12 >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 C07Q12 = 4 (No, pre-diabetes or borderline diabetes); answer M01Q02 = Yes

M01Q02	Select
Ask If	(C07Q12 > 1 AND C07Q12 < 4) OR C07Q12 > 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

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 PRE-DIABETES 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: Insert after SECTION C07

CATI NOTE: Only asked of those responding "Yes" (code = 1) to Core C07Q12 (Diabetes awareness question).

M02INTRO	Pause
Ask If	C07Q12 = 1

M02Q01	Numeric
Ask If	C07Q12 = 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
Ask If	C07Q12 = 1
Are you now taking insulin?	
1	YES
2	NO
9	REFUSED

M02Q03	Numeric
Ask If	C07Q12 = 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	
Ask If	C07Q12 = 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	
Ask If	C07Q12 = 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	
Ask If	C07Q12 = 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
Ask If	C07Q12 = 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
Ask If	C07Q12 = 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
Ask If	C07Q12 = 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

M02Q10	Select
Ask If	C07Q12 = 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	

Section 08: Demographics

C08INTRO	Pause
Ask If	

C08Q01	Numeric
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

C08Q01V	Select
Ask If	M02Q01 > C08Q01 AND M02Q01 < 98 AND C08Q01 > 18
	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

C08Q02		Multiple Select	
Ask If			
Are you Hispanic, Latino/a, or Spanish origin?			
CHECK ALL THAT APPLY			
IF YES, ASK:			
Are you...			
Mexican, Mexican American, Chicano/a			
Puerto Rican			
Cuban or			
Another Hispanic, Latino/a, or Spanish Origin			
1	No, not of Hispanic, Latino/a, or Spanish origin		EXCLUSIVE
2	Mexican, Mexican American, Chicano/a		
3	Puerto Rican		
4	Cuban		
5	Another Hispanic, Latino/a, or Spanish Origin		
7	DON'T KNOW/NOT SURE		EXCLUSIVE
9	REFUSED		EXCLUSIVE
8	NO ADDITIONAL CHOICES		

C08Q03		Multiple Select	
Ask If			
Which one or more of the following would you say is your race?			
CHECK ALL THAT APPLY			
PLEASE READ:			
10	White		
20	Black or African American		
30	American Indian or Alaska Native		
40	Asian		
50	Pacific Islander		
60	Other [Specify]		OTHER
77	DON'T KNOW/NOT SURE		EXCLUSIVE
99	REFUSED		EXCLUSIVE
88	NO ADDITIONAL CHOICES		

C08Q03A		Multiple Select	
Ask If	C08Q03 = 40		
Which one or more of the following would you say is your race?			
INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING.			
CHECK ALL THAT APPLY			
PLEASE READ:			
41	Asian Indian		
42	Chinese		
43	Filipino		
44	Japanese		
45	Korean		
46	Vietnamese		
47	Other Asian		
77	DON'T KNOW/NOT SURE		EXCLUSIVE
99	REFUSED		EXCLUSIVE
88	NO ADDITIONAL CHOICES		

C08Q03B		Multiple Select	
Ask If	C08Q03 = 50		
Which one or more of the following would you say is your race?			
INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING.			
CHECK ALL THAT APPLY			
PLEASE READ:			
51	Native Hawaiian		
52	Guamanian or Chamorro		
53	Samoan		
54	Other Pacific Islander		
77	DON'T KNOW/NOT SURE		EXCLUSIVE
99	REFUSED		EXCLUSIVE
88	NO ADDITIONAL CHOICES		

CATI NOTE: If more than one response to C08Q03; continue.
 Otherwise, go to C08Q05

C08Q04	Select
Ask If	C08Q03 < 77 AND C08Q03.2 > 0 AND C08Q03.2 <> 88
Which one of these groups would you say best represents your race?	
PLEASE READ:	
10	White
20	Black or African American
30	American Indian or Alaska Native
40	Asian
41	Asian Indian
42	Chinese
43	Filipino
44	Japanese
45	Korean
46	Vietnamese
47	Other Asian
50	Pacific Islander
51	Native Hawaiian
52	Guamanian or Chamorro
53	Samoan
54	Other Pacific Islander
60	Other [Specify] OTHER
77	DON'T KNOW/NOT SURE
99	REFUSED

C08Q05	Select
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

C08Q06	Select
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 Section 02: Demographics (Sexual Orientation) (Paths A and B)

ME02INTRO	Pause
Ask If	

ME02Q01	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

ME02END	Pause
Ask If	

C08Q07	Numeric	
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

C08Q08	Select
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

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

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

C08Q10d	Select	
Ask If		
Is your annual household income from all sources:		
Less than \$25,000?		
1	YES	
2	NO	C08Q10e
7	DON'T KNOW/NOT SURE	C08Q10i
9	REFUSED	C08Q10i

C08Q10c		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

C08Q10b		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

C08Q10a		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

C08Q10e		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

C08Q10f	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

C08Q10g	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

C08Q10i	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/NOT SURE}	
IS THIS CORRECT?	
1	YES
2	NO C08Q10d
7	DON'T KNOW/NOT SURE
9	REFUSED

C08Q11	Numeric
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	

C08Q11V	Select
Ask If	C08Q11 <> 7777 AND C08Q11 <> 9999 AND ((C08Q11<9000 AND (C08Q11<80 OR C08Q11>350)) OR (C08Q11>9000 AND (C08Q11<9035 OR C08Q11>9159)))
INTERVIEWER YOU INDICATED THE RESPONDENT WEIGHS {C08Q11} IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION C08Q11

C08Q12	Numeric
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	

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

ASKCNTY		Numeric
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 Section 03: Demographics (Town) (Paths A and B)

Cati Note: Insert after C08Q13

ME03INTRO	Pause
Ask If	

ME03Q01	Numeric
Ask If	
What town do you live in?	
GEOCODE CODE	
01010 MIN	CONTROL
77777 DON'T KNOW/NOT SURE	
99999 REFUSED	

ME03END	Pause
Ask If	

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

C08Q14	Numeric
Ask If	
What is the ZIP Code where you live?	
ZIP Code	
77777 DON'T KNOW/NOT SURE	
99999 REFUSED	

C08Q15	Select
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

C08Q16	Select
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

C08Q17	Select	
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	C08Q19
7	DON'T KNOW/NOT SURE	C08Q19
9	REFUSED	C08Q19

C08Q18	Numeric	
Ask If	C08Q17 = 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

C08Q19	Select
Ask If	
Have you used the internet in the past 30 days?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

C08Q20	Select
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

C08Q21	Select
Ask If	
INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY	
1	MALE
2	FEMALE

C08Q21V	Select
Ask If	RESPGEND <> C08Q21
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS {C08Q21}. ARE YOU SURE?	
THE RESPONDENT SELECTED WAS THE	
{SRESP}	
IS THE PREVIOUS ANSWER CORRECT?	
1	YES
2	NO
	C08Q21

C08Q22	Select
Ask If	C08Q01 < 45 AND C08Q21 = 2
To your knowledge, are you now pregnant?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

C08Q23	Select
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

C08Q24	Select
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?	
NOTE: INCLUDE OCCASIONAL USE OR USE IN CERTAIN CIRCUMSTANCES.	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

C08Q25	Select
Ask If	
Are you blind or do you have serious difficulty seeing, even when wearing glasses?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

C08Q26	Select
Ask If	
Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

C08Q27	Select
Ask If	
Do you have serious difficulty walking or climbing stairs?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

C08Q28	Select
Ask If	
Do you have difficulty dressing or bathing?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

C08Q29	Select
Ask If	
Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

CO8END	Pause
Ask If	

Section 09: Tobacco Use

C09INTRO	Pause
Ask If	

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

C09Q03	Select
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
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
08	Never smoked regularly
77	DON'T KNOW/NOT SURE
99	REFUSED

C09Q05	Select
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	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
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
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	
Ask If	C10Q01 < 777	
Considering all types of alcoholic beverages, how many times during the past 30 days did you have {IF C08Q20 = 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	
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 ((C08Q20 = 1 AND C10Q04 >= 5 AND (C10Q03 = 88 OR C10Q03 < 5)) OR (C08Q20 = 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 C08Q20=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: Fruits and Vegetables

C11INTRO	Key
Ask If	USEC11 = TRUE
<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 YOU 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:</p>	
"Was that per day, week, or month?"	

C11Q01	Numeric	
Ask If		
<p>During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice.</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. DO NOT INCLUDE FRUIT JUICE DRINKS THAT PROVIDE 100% DAILY VITAMIN C BUT INCLUDE ADDED SUGAR. DO NOT INCLUDE VEGETABLE JUICE SUCH AS TOMATO AND V8 IF RESPONDENT PROVIDES BUT INCLUDE IN "OTHER VEGETABLES" QUESTION C11Q06.</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 RESPNDENT'S 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	
101	MIN	CONTROL
399	MAX	CONTROL

C11Q01V	Select	
Ask If	(C11Q01 > 105 AND C11Q01 < 201) OR (C11Q01 > 235 AND C11Q01 < 300)	
<p>INTERVIEWER: YOU RECORDED THAT THE RESPONDENT DRINKS 100% PURE FRUIT JUICES {C11Q01 SHOWTIME}</p> <p>IS THIS CORRECT?</p>		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C11Q01

C11Q02	Numeric	
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, mangos, grapes, and berries such as blueberries and strawberries."		
INTERVIEWER NOTE: DO NOT COUNT FRUIT JAM, JELLY, OR FRUIT PRESERVES. DO NOT INCLUDE DRIED FRUIT IN READY-TO-EAT CEREALS.		
DO INCLUDE DRIED RAISINS, CRAN-RAISINS IF RESPONDENT TELLS YOU- BUT DUE TO THEIR SMALL SERVING SIZE THEY ARE NOT INCLUDED IN THE PROMPT. DO INCLUDE CUT UP FRESH, FROZEN, OR CANNED FRUIT ADDED TO YOGURT, CEREAL, JELLO, AND OTHER MEAL ITEMS. INCLUDE CULTURALLY AND GEOGRAPHICALLY APPROPRIATE FRUITS THAT ARE NOT MENTIONED (E.G. GENIP, 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	
101	MIN	CONTROL
399	MAX	CONTROL

C11Q02V	Select	
Ask If	(C11Q02 > 105 AND C11Q02 < 201) OR (C11Q02 > 235 AND C11Q02 < 300)	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS FRUIT {C11Q02 SHOWTIME}		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C11Q02

C11Q03	Numeric	
Ask If		
<p>During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans.</p> <p>READ ONLY IF NECESSARY:</p> <p>"Include round or oval beans or peas such as navy, pinto, split peas, cow peas, hummus, lentils, soy beans and tofu. Do NOT include long green beans such as string beans, broad or winged beans, or pole beans."</p> <p>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.</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	
101	MIN	CONTROL
399	MAX	CONTROL

C11Q03V	Select	
Ask If	(C11Q03 > 105 AND C11Q03 < 201) OR (C11Q03 > 235 AND C11Q03 < 300)	
<p>INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS COOKED OR CANNED BEANS {C11Q03 SHOWTIME}</p> <p>IS THIS CORRECT?</p>		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C11Q03

C11Q04	Numeric	
Ask If		
<p>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?</p> <p>INTERVIEWER NOTE: EACH TIME A VEGETABLE IS EATEN IT COUNTS AS ONE TIME.</p> <p>INTERVIEWER NOTE: INCLUDE ALL RAW LEAFY GREEN SALADS INCLUDING SPINACH, MESCLUN, ROMAINE LETTUCE, BOK CHOY, DARK GREEN LEAFY LETTUCE, DANDELIONS, KOMATSUNA, WATERCRESS, AND ARUGULA.</p> <p>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.</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	
101	MIN	CONTROL
399	MAX	CONTROL

C11Q04V	Select	
Ask If	(C11Q04 > 105 AND C11Q04 < 201) OR (C11Q04 > 235 AND C11Q04 < 300)	
<p>INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS DARK GREEN VEGETABLES {C11Q04 SHOWTIME}</p> <p>IS THIS CORRECT?</p>		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C11Q04

C11Q05	Numeric	
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."		
INTERVIEWER NOTE: 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 DESSERT-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	
101	MIN	CONTROL
399	MAX	CONTROL

C11Q05V	Select	
Ask If	(C11Q05 > 105 AND C11Q05 < 201) OR (C11Q05 > 235 AND C11Q04 < 300)	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS ORANGE COLORED VEGETABLES {C11Q05 SHOWTIME}		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C11Q05

C11Q06	Numeric	
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 OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.</p> <p>READ ONLY IF NEEDED:</p> <p>"Do not count vegetables you have already counted and do not include fried potatoes."</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, OR FROZEN). DO NOT 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. DO NOT INCLUDE PRODUCTS CONSUMED USUALLY AS CONDIMENTS INCLUDING KETCHUP, CATSUP, SALSA, CHUTNEY, RELISH.</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	
101	MIN	CONTROL
399	MAX	CONTROL

C11Q06V	Select	
Ask If	(C11Q06 > 105 AND C11Q06 < 201) OR (C11Q06 > 235 AND C11Q06 < 300)	
<p>INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS OTHER VEGETABLES {C11Q06 SHOWTIME}</p> <p>IS THIS CORRECT?</p>		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C11Q06

C11END	Pause
Ask If	

Section 12: Exercise (Physical Activity)

C12INTRO	Pause
Ask If	

C12Q01	Select	
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	C12Q08
7	DON'T KNOW/NOT SURE	C12Q08
9	REFUSED	C12Q08

C12Q02	Numeric	
Ask If	C12Q01 = 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>(Specify) [See Coding List A]</p>		
97	DON'T KNOW/NOT SURE	C12Q08
99	REFUSED	C12Q08

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, zumba, 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	Handball	
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	
71	Childcare	
72	Farm/Ranch Work (caring for livestock, stacking hay, etc.)	
73	Household Activities (vacuuming, dusting, home repair, etc.)	
74	Karate/Martial Arts	
75	Upper Body Cycle (Wheelchair sports, ergometer, etc.)	
76	Yard Work (cutting/gathering wood, trimming hedges, etc.)	
98	Other [Specify]	Other
97	DON'T KNOW	
99	REFUSED	

C12Q03	Numeric	
Ask If	C12Q02 > 0 AND C12Q02 <> 97 AND C12Q02 <> 99	
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

C12Q03V	Select	
Ask If	(C12Q03 > 107 AND C12Q03 < 201) OR (C12Q03 > 231 AND C12Q03 < 300)	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE ACTIVITY RECORDED IN C10Q03 {C12Q03 SHOWTIME}		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C12Q03

C12Q04	Numeric	
Ask If	C12Q02 > 0 AND C12Q02 <> 97 AND C12Q02 <> 99	
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

C12Q04V	Select	
Ask If	C12Q04 > 430 AND C12Q04 < 777	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT KEEPS AT THIS ACTIVITY FOR {C12Q04 HOURMIN}		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C12Q04

C12Q05	Numeric	
Ask If	C12Q02 > 0 AND C12Q02 <> 97 AND C12Q02 <> 99	
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".		
(Specify) [See Coding List A]		
88	NO OTHER ACTIVITY	C12Q08
97	DON'T KNOW/NOT SURE	C12Q08
99	REFUSED	C12Q08

C12Q05V	Select	
Ask If	C12Q02 = C12Q05	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE SAME ACTIVITY RECORDED IN C12Q02.		
FIRST ACTIVITY (C12Q02)= {C12Q02}		
SECOND ACTIVITY (C12Q05)= {C12Q05}		
IS THIS CORRECT?		
1	NO, CHANGE ACTIVITY IN QUESTION C10Q05	C12Q05
2	NO, CHANGE ACTIVITY IN QUESTION C10Q02	C12Q02
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, zumba, 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	Handball	
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	
71	Childcare	
72	Farm/Ranch Work (caring for livestock, stacking hay, etc.)	
73	Household Activities (vacuuming, dusting, home repair, etc.)	
74	Karate/Martial Arts	
75	Upper Body Cycle (wheelchair sports, ergometer, etc.)	
76	Yard Work (cutting/gathering wood, trimming hedges, etc.)	
98	Other [Specify]	Specify
97	DON'T KNOW	
99	REFUSED	

C12Q06	Numeric	
Ask If	C12Q05 > 0 AND C12Q05 <> 97 AND C12Q05 <> 99	
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

C12Q06V	Select	
Ask If	(C12Q06 > 107 AND C12Q06 < 201) OR (C12Q06 > 231 AND C12Q06 < 300)	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE ACTIVITY RECORDED IN C10Q06 {C12Q06 SHOWTIME} IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C12Q06

C12Q07	Numeric	
Ask If	C12Q05 > 0 AND C12Q05 <> 97 AND C12Q05 <> 99	
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

C12Q07V	Select	
Ask If	C12Q07 > 430 AND C12Q07 < 777	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT KEEPS AT THIS ACTIVITY FOR {C12Q07 HOURMIN} IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C12Q07

C12Q08	Numeric	
Ask If		
<p>During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.</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

C12Q08V	Select	
Ask If	(C12Q08 > 107 AND C12Q08 < 201) OR (C12Q08 > 231 AND C12Q08 < 300)	
<p>INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN STRENGTHENING EXERCISES {C12Q08 SHOWTIME}</p> <p>IS THIS CORRECT?</p>		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C12Q08

C12END	Pause	
Ask If		

Section 13: Arthritis Burden

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

C13INTRO	Pause
Ask If	C07Q09 = 1

C13Q01	Select
Ask If	C07Q09 = 1
Next, I will ask you about your arthritis. Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint. Are you limited in any way in any of your usual activities because of arthritis or joint symptoms?	
INTERVIEWER NOTE: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN SAY:	
"Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

C13Q02 SHOULD BE ASKED OF ALL RESPONDENTS REGARDLESS OF EMPLOYMENT

C13Q02	Select
Ask If	C07Q09 = 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>INTERVIEWER NOTE: IF RESPONDENT GIVES AN ANSWER TO EACH ISSUE (WHETHER WORKS, TYPE OF WORK, OR AMOUNT OF WORK), THEN IF ANY ISSUE IS "YES" MARK THE OVERALL RESPONSE AS "YES." IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN THE INTERVIEWER SHOULD SAY:</p> <p>"Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."</p>	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

C13Q03	Select
Ask If	C07Q09 = 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

C13Q04	Numeric	
Ask If	C07Q09 = 1	
Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS , how bad was your joint pain ON AVERAGE ? Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.		
ENTER NUMBER [00-10]		
88	ZERO	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
10	MAX	CONTROL

C13END	Pause	
Ask If		

Section 14: Seatbelt Use

C14INTRO	Pause
Ask If	

C14Q01	Select
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	

C14END	Pause
Ask If	

Section 15: Immunization

C15INTRO	Pause
Ask If	

C15Q01	Select	
Ask If		
<p>Now I will ask you questions about the flu vaccine. There are two ways to get the flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist.</p> <p>During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?</p> <p>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	C15Q03
7	DON'T KNOW/NOT SURE	C15Q03
9	REFUSED	C15Q03

C15Q02	Numeric	
Ask If	C15Q01 = 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>		
777777	DON'T KNOW/NOT SURE	
999999	REFUSED	
012012	MIN	CONTROL
122013	MAX	CONTROL

CATI NOTE: Do not allow 77 for first two month digits. Please set MIN to no more than 12 months from the current month. Ex: Call made in 06/2013, response can be no older than 06/2012.

C15Q03	Select
Ask If	
Since 2005, have you had a tetanus shot?	
IF YES, ASK:	
"Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?"	
1	Yes, received Tdap
2	Yes, received the tetanus shot, but not Tdap
3	Yes, received tetanus shot but not sure what type
4	No, did not receive any tetanus since 2005
7	DON'T KNOW/NOT SURE
9	REFUSED

C15Q04	Select
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

C15END	Pause
Ask If	

Section 16: HIV/AIDS

C16INTRO	Pause
Ask If	

C16Q01	Select	
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	C16END
7	DON'T KNOW/NOT SURE	C16END
9	REFUSED	C16END

C16Q02	Numeric	
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	
011985	MIN	CONTROL
772013	MAX	CONTROL

CATI NOTE: If Core C16Q02 = within last 12 months continue, else go to optional module transition. XX is current month

C16Q03	Select
Ask If	C16Q01 = 1 AND C16Q02 > XX2012
Where did you have your last HIV test – at a private doctor or HMO office, at a counseling and testing site, in the emergency room, as an inpatient in a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?	
01	Private doctor or HMO office
02	Counseling and testing site
09	Emergency room
03	Hospital inpatient
04	Clinic
05	Jail or prison (or other correctional facility)
06	Drug treatment center
07	At home
08	Somewhere else
77	DON'T KNOW/NOT SURE
99	REFUSED

C16END	Pause
Ask If	

Transition to Modules and/or State-Added Questions

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

Module 06: Sodium or Salt-Related Behavior (Path A)

M06INTRO	Pause
Ask If	

M06Q01	Select
Ask If	
<p>Now I would like to ask you some questions about sodium or salt intake.</p> <p>Most of the sodium or salt we eat comes from processed foods and foods prepared in restaurants. Salt also can be added in cooking or at the table.</p> <p>Are you currently watching or reducing your sodium or salt intake?</p>	
1	YES
2	NO
	M06Q03
7	DON'T KNOW/NOT SURE
	M06Q03
9	REFUSED
	M06Q03

M06Q02	Numeric
Ask If	M06Q01 = 1
<p>How many days, weeks, months, or years have you been watching or reducing your sodium or salt intake?</p> <p>101-199 = PER DAY 301-399 = PER MONTH</p> <p>201-299 = PER WEEK 401-499 = PER YEAR</p> <p>_____ TIMES</p>	
555	ALL MY LIFE
777	DON'T KNOW/NOT SURE
999	REFUSED
101	MIN
	CONTROL
499	MAX
	CONTROL

M06Q01	Select
Ask If	
Has a doctor or other health professional ever advised you to reduce sodium or salt intake?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

M06END	Pause
Ask If	

Module 08: Cardiovascular Health (Path A)

M08INTRO	Pause
Ask If	

M08Q01	Select
Ask If	C07Q01 = 1
I would like to ask you a few more questions about your cardiovascular or heart health.	
Following your heart attack, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

M08Q02	Select
Ask If	C07Q03 = 1
{IF M08Q01 < 1, I would like to ask you a few more questions about your cardiovascular or heart health.}	
Following your stroke, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

CATI NOTE: Question 3 is asked of all respondents

M08Q03	Select
Ask If	
{IF M08Q01 < 1 AND M08Q02 < 1, I would like to ask you a few more questions about your cardiovascular or heart health.}	
Do you take aspirin daily or every other day?	
INTERVIEWER NOTE: ASPIRIN CAN BE PRESCRIBED BY A HEALTH CARE PROVIDER OR OBTAINED AS AN OVER-THE-COUNTER (OTC) MEDICATION.	
1 YES	M08Q05
2 NO	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

M08Q04	Select
Ask If	M08Q03 > 1
Do you have a health problem or condition that makes taking aspirin unsafe for you?	
IF "YES", ASK:	
"Is this a stomach condition?"	
CODE UPSETS STOMACH AS STOMACH PROBLEMS.	
1 YES, NOT STOMACH RELATED	M08END
2 YES, STOMACH PROBLEMS	M08END
3 NO	M08END
7 DON'T KNOW/NOT SURE	M08END
9 REFUSED	M08END

M08Q05	Select
Ask If	M08Q03 = 1
Do you take aspirin to relieve pain?	
1 YES	
2 NO	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

M08Q06	Select
Ask If	M08Q03 = 1
Do you take aspirin to reduce the chance of a heart attack?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

M08Q07	Select
Ask If	M08Q03 = 1
Do you take aspirin to reduce the chance of a stroke?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

M08END	Pause
Ask If	

Module 19: Social Context (Path A)

M19INTRO	Pause
Ask If	

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

M19Q01	Select
Ask If	C08Q20 = 1 OR C08Q20 = 2
Now, I am going to ask you about several factors that can affect a person's health.	
How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent/mortgage? Would you say you were worried or stressed-	
PLEASE READ:	
1	Always
2	Usually
3	Sometimes
4	Rarely
5	Never
8	NOT APPLICABLE
7	DON'T KNOW/NOT SURE
9	REFUSED

M19Q02	Select
Ask If	
{IF M19Q01 < 1, Now, I am going to ask you about several factors that can affect a person's health.}	
How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? Would you say you were worried or stressed-	
PLEASE READ:	
1	Always
2	Usually
3	Sometimes
4	Rarely
5	Never
8	NOT APPLICABLE
7	DON'T KNOW/NOT SURE
9	REFUSED

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

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

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

M19Q03	Select
Ask If	C08Q09 = 1 OR C08Q09 = 2
At your main job or business, how are you generally paid for the work you do. Are you:	
INTERVIEWER NOTE: IF PAID IN MULTIPLE WAYS AT THEIR MAIN JOB, SELECT OPTION 4 (PAID SOME OTHER WAY).	
1	Paid by salary
2	Paid by the hour
3	Paid by the job/task (e.g. commission, piecework)
4	Paid some other way
7	DON'T KNOW/NOT SURE
9	REFUSED

M19Q04	Numeric
Ask If	C08Q09 = 1 OR C08Q09 = 2
About how many hours do you work per week at all of your jobs and businesses combined?	
_____	HOURS (96 = or more) M19Q07
97	DON'T KNOW/NOT SURE M19Q07
98	DOES NOT WORK M19Q07
99	REFUSED M19Q07
01	MIN CONTROL
96	MAX CONTROL

M19Q05	Select
Ask If	C08Q09 = 3 OR C08Q09 = 4 OR C08Q09 = 7
Thinking about the last time you worked, at your main job or business, how were you generally paid for the work you did? Were you:	
INTERVIEWER NOTE: IF PAID IN MULTIPLE WAYS AT THEIR MAIN JOB, SELECT OPTION 4 (PAID SOME OTHER WAY).	
1	Paid by salary
2	Paid by the hour
3	Paid by the job/task (e.g. commission, piecework)
4	Paid some other way
7	DON'T KNOW/NOT SURE
9	REFUSED

M19Q06	Numeric
Ask If	C08Q09 = 3 OR C08Q09 = 4 OR C08Q09 = 7
Thinking about the last time you worked, about how many hours did you work per week at all of your jobs and businesses combined?	
HOURS (96 = or more)	
97	DON'T KNOW/NOT SURE
98	DOES NOT WORK
99	REFUSED
01	MIN CONTROL
96	MAX CONTROL

M19Q07	Select
Ask If	
Did you vote in the last presidential election? The November 2012 election between Barack Obama and Mitt Romney.	
1	Yes
2	No
3	Not applicable (I did not register, I am not a U.S. citizen, or I am not eligible to vote)
7	DON'T KNOW/NOT SURE
9	REFUSED

M19END	Pause
Ask If	

Module 20: Random Child Selection (Path A)

CATI note: If Core C08Q07 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

M20INTRO	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 > 1 AND C08Q07 < 88, 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>	

M20Q01	Numeric
Ask If	C08Q07 < 88
What is the birth month and year of {SHOWKID}?	
/	CODE MONTH AND YEAR
77/7777	DON'T KNOW/NOT SURE
99/9999	REFUSED
XX/1995	MIN CONTROL
XX/2013	MAX CONTROL

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).

Add a minimum based on the current month and year of 1995, which would mean the child is over the age of 18. Add a max of the current month and year of 2013

M20Q02	Select
Ask If	C08Q07<88
Is the child a boy or a girl?	
1	Boy
2	Girl
9	REFUSED

M20Q03	Multiple Select
Ask If	C08Q07<88
Is the child Hispanic, Latino/a, or Spanish origin?	
IF YES, ASK:	
"Are they...	
Mexican, Mexican American, Chicano/a	
Puerto Rican	
Cuban or	
Another Hispanic, Latino/a, or Spanish Origin"	
1	No, not of Hispanic, Latino/a, or Spanish origin EXCLUSIVE
2	Mexican, Mexican American, Chicano/a
3	Puerto Rican
4	Cuban
5	Another Hispanic, Latino/a, or Spanish Origin
7	DON'T KNOW/NOT SURE EXCLUSIVE
9	REFUSED EXCLUSIVE
8	NO ADDITIONAL CHOICES

M20Q04		Multiple Select	
Ask If	C08Q07 < 88		
Which one or more of the following would you say is the race of the child?			
CHECK ALL THAT APPLY			
PLEASE READ:			
10	White		
20	Black or African American		
30	American Indian or Alaska Native		
40	Asian		
50	Pacific Islander		
60	Other [Specify]	OTHER	
77	DON'T KNOW/NOT SURE	EXCLUSIVE	
99	REFUSED	EXCLUSIVE	
88	NO ADDITIONAL CHOICES		

M20Q04A		Multiple Select	
Ask If	M20Q04 = 40		
Which one or more of the following would you say is the race of the child?			
INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING.			
CHECK ALL THAT APPLY			
PLEASE READ:			
41	Asian Indian		
42	Chinese		
43	Filipino		
44	Japanese		
45	Korean		
46	Vietnamese		
47	Other Asian		
77	DON'T KNOW/NOT SURE	EXCLUSIVE	
99	REFUSED	EXCLUSIVE	
88	NO ADDITIONAL CHOICES		

M20Q04B	Multiple Select	
Ask If	M20Q04 = 50	
Which one or more of the following would you say is the race of the child?		
INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING.		
CHECK ALL THAT APPLY		
PLEASE READ:		
51	Native Hawaiian	
52	Guamanian or Chamorro	
53	Samoan	
54	Other Pacific Islander	
77	DON'T KNOW/NOT SURE	EXCLUSIVE
99	REFUSED	EXCLUSIVE
88	NO ADDITIONAL CHOICES	

CATI note: If more than one response to M20Q04, continue.
Otherwise, go to Q6.

M20Q05	Select	
Ask If	M20Q04 < 77 AND M20Q04.2 > 0 AND M20Q04.2 <> 88	
Which one of these groups would you say best represents the race of the child?		
PLEASE READ:		
10	White	
20	Black or African American	
30	American Indian or Alaska Native	
40	Asian	
41	Asian Indian	
42	Chinese	
43	Filipino	
44	Japanese	
45	Korean	
46	Vietnamese	
47	Other Asian	
50	Pacific Islander	
51	Native Hawaiian	
52	Guamanian or Chamorro	
53	Samoan	
54	Other Pacific Islander	
60	Other [Specify]	OTHER
77	DON'T KNOW/NOT SURE	
99	REFUSED	

M20Q06	Select
Ask If	C08Q07 < 88
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

M20END	Pause
Ask If	

Module 21: Childhood Asthma Prevalence (Path A)

CATI note: If response to C08Q07 = 88 (None) or 99 (Refused), go to next module.

M21INTRO	Pause
Ask If	C08Q07 > 0 AND C08Q07 < 88

M21Q01	Select	
Ask If	C08Q07 > 0 AND C08Q07 < 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	M21END
7	DON'T KNOW/NOT SURE	M21END
9	REFUSED	M21END

M21Q02	Select
Ask If	M21Q01 = 1
Does the child still have asthma?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

M21END	Pause
Ask If	

State Added Section 04: Mental Health (Paths A and B)

ME04INTRO	Pause
Ask If	

ME04Q01	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	

ME04Q02	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	

ME04Q03	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

ME04Q04	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

ME04END	Pause
Ask If	

State Added Section 05 Environmental (Path A)

ME05INTRO	Pause
Ask If	

ME05Q01	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	ME05Q03
7	DON'T KNOW/NOT SURE	ME05Q03
9	REFUSED	ME05Q03

ME05Q02	Select
Ask If	ME05Q01 = 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

ME05Q03	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	ME05Q05
7	DON'T KNOW/NOT SURE	ME05Q05
9	REFUSED	ME05Q05

ME05Q04	Select
Ask If	ME05Q03 = 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

ME05Q05	Select
Ask If	
Has your household air been tested for the presence of radon gas?	
1	Yes
2	No
	ME05END
7	DON'T KNOW/NOT SURE
	ME05END
9	REFUSED
	ME05END

ME05Q06	Select
Ask If	ME05Q05 = 1
Were the radon levels in your household above normal?	
1	Yes
2	No
	ME05END
7	DON'T KNOW/NOT SURE
	ME05END
9	REFUSED
	ME05END

ME05Q07	Select
Ask If	ME05Q06 = 1
Have the radon levels been reduced or fixed?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME05END	Pause
Ask If	

State Added Section 06: Lyme Disease (Path A)

ME06INTRO	Pause
Ask If	

ME06Q01	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

ME06END	Pause
Ask If	

State Added Section 07: Cancer Survivorship (Path A)

ME07INTRO	Pause
Ask If	

ME07Q01	Select
Ask If	C07Q06 = 1 OR C07Q07 = 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.	
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	Larynx
10	Colon (intestine) cancer
11	Esophageal (esophagus)
12	Liver cancer
13	Pancreatic (pancreas) cancer
14	Rectal (rectum) cancer
15	Stomach
16	Hodgkin's Lymphoma (Hodgkin's disease)
17	Leukemia (blood) cancer
18	Non-Hodgkin's Lymphoma
19	Prostate cancer
20	Testicular cancer
21	Melanoma
22	Other skin cancer
23	Heart
24	Lung
25	Bladder cancer
26	Renal (kidney) cancer
27	Bone
28	Brain
29	Neuroblastoma
30	Other
77	DON'T KNOW/NOT SURE
99	REFUSED

ME07Q02	Select
Ask If	C07Q06 = 1 OR C07Q07 = 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

ME07Q03	Select	
Ask If	C07Q06 = 1 OR C07Q07 = 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	ME07END
7	DON'T KNOW/NOT SURE	ME07END
9	REFUSED	ME07END

ME07Q04	Select
Ask If	ME07Q03 = 1
Were these instructions written down or printed on paper for you?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME07Q05	Select
Ask If	ME07Q03 = 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

ME07END	Pause
Ask If	

State Added Section 08: Substance Abuse (Path A)

ME08INTRO	Pause
Ask If	

ME08Q01	Select
Ask If	
During the past 30 days, have you used marijuana?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME08Q02	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

ME08Q03	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	ME08END
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	ME08END
9	REFUSED	ME08END

ME08Q04	Select
Ask If	ME08Q03 > 1 AND ME08Q03 < 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

ME08END	Pause
Ask If	

State Added Section 09: Sexual Harassment (Path A)

ME09INTRO	Pause
Ask If	

ME09Q01	Select
Ask If	
<p>The next question is about your experiences with harassment because of your sex, because you are or someone thought you were gay, lesbian, or bisexual, or because of how you identify or express your gender (i.e., you do not act "feminine" or "masculine" enough).</p> <p>This harassment could include making offensive comments, jokes, or gestures about you, physically intimidating you, or harassing you in some other way.</p> <p>How often have you experienced any of these types of harassment in the past 6 months?</p>	
1	Never
2	Once or twice
3	About once a month
4	About once a week
5	Every day or nearly every day
7	DON'T KNOW/NOT SURE
9	REFUSED

ME09END	Pause
Ask If	

State Added Section 10: Cigarette Use (Path B)

ME10INTRO	Pause
Ask If	

ME10Q01	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

ME10Q02	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

ME10Q03	Numeric
Ask If	C09Q01 = 1
How old were you when you smoked your first cigarette?	
_____ YEARS	
77	DON'T KNOW/NOT SURE
99	REFUSED

ME10Q04	Select
Ask If	C09Q01 = 1 AND C09Q02 < 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

ME10Q05	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

ME10END	Pause
Ask If	

State Added Section 11: Other Tobacco Products (Path B)

ME11INTRO	Pause
Ask If	

ME11Q01	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	EVERY DAY
2	SOME DAYS
3	NOT AT ALL
7	DON'T KNOW/NOT SURE
9	REFUSED

ME11Q02	Select
Ask If	
Do you smoke little cigars that look like cigarettes every day, some days or not at all?	
1	EVERY DAY
2	SOME DAYS
3	NOT AT ALL
7	DON'T KNOW/NOT SURE
9	REFUSED

ME11Q03	Select	
Ask If	C09Q01 = 1 AND C09Q02 < 3	
Do you roll your own cigarettes?		
1	Yes	
2	No	ME11END
7	DON'T KNOW/NOT SURE	ME11END
9	REFUSED	ME11END

ME11Q04	Select
Ask If	ME11Q03 = 1
Do you roll your own cigarettes to save money?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME11END	Pause
Ask If	

State Added Section 12: E Cigarettes (Path B)

ME12INTRO	Pause
Ask If	C09Q01 = 1

ME12Q01	Select	
Ask If	C09Q01 = 1	
E-cigarettes are battery powered devices that provide inhaled doses of nicotine.		
Have you ever used e-cigs (electronic cigarettes)?		
1	Yes	
2	No	ME12END
7	DON'T KNOW/NOT SURE	ME12END
9	REFUSED	ME12END

ME12Q02	Select
Ask If	ME12Q01 = 1
Are you currently using e-cigs?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME12Q03	Select
Ask If	ME12Q01 = 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

ME12Q04	Select
Ask If	ME12Q01 = 1
Do you or did 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

ME12Q05	Select
Ask If	ME12Q02 = 1
Have you stopped using other tobacco products completely?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME12Q06	Select
Ask If	ME12Q01 = 1
What size battery do you or did 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

ME12Q07	Select
Ask If	ME12Q01 = 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

ME12Q08	Select
Ask If	ME12Q01 = 1
Will you continue to use e-cigs or plan to use e-cigs in the future?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME12END	Pause
Ask If	

State Added Section 13: Cessation (Path B)

ME13INTRO	Pause
Ask If	

ME13Q01	Select
Ask If	(C09Q02 > 0 AND C09Q02 < 3) OR ME11Q01 < 3 OR ME11Q02 < 3 OR ME11Q03 = 1 OR ME12Q02 = 1
The next questions are about quitting tobacco use. Would you like to quit smoking or using other tobacco products?	
1	Yes
2	No
	ME13Q04
7	DON'T KNOW/NOT SURE
	ME13Q04
9	REFUSED
	ME13Q04

ME13Q02	Select
Ask If	ME13Q01 = 1
Are you seriously considering quitting WITHIN THE NEXT 6 MONTHS ?	
1	Yes
2	No
	ME13Q04
7	DON'T KNOW/NOT SURE
9	REFUSED

ME13Q03	Select
Ask If	IF ME13Q01 = 1 AND (ME13Q02 > 0 AND ME13Q02 <> 2)
Are you planning to stop WITHIN THE NEXT 30 DAYS ?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME13Q04	Select
Ask If	(C09Q02 > 0 AND C09Q02 < 3) OR (C09Q02 = 3 AND C09Q04 < 5) OR ME11Q01 < 3 OR ME11Q02 < 3 OR ME11Q03 = 1 OR ME12Q02 = 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 ME13Q10
7	DON'T KNOW/NOT SURE
9	REFUSED

ME13Q05	Select
Ask If	ME13Q04 > 0 AND ME13Q04 <> 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 ME13Q07
3	I DID NOT TRY TO QUIT SMOKING OR USING TOBACCO PRODUCTS ME13Q10
7	DON'T KNOW/NOT SURE ME13Q07
9	REFUSED ME13Q07

ME13Q06	Select
Ask If	ME13Q05 = 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

ME13Q07		Select
Ask If	(ME13Q04 > 0 AND ME13Q04 <> 3) OR (ME13Q05 > 0 AND ME13Q05 <> 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	ME13Q09
3	I DID NOT TRY TO QUIT SMOKING OR USING TOBACCO PRODUCTS	ME13Q10
7	DON'T KNOW/NOT SURE	ME13Q09
9	REFUSED	ME13Q09

ME13Q08		Select
Ask If	ME13Q07 = 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	

ME13Q09		Select
Ask If	ME13Q04 > 0 AND ME13Q04 <> 3) OR (ME13Q05 > 0 AND ME13Q05 <> 3) OR (ME13Q07 > 0 AND ME13Q07 <> 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	

ME13Q10		Select
Ask If	(C09Q02 > 0 AND C09Q02 < 3) OR ME11Q01 < 3 OR ME11Q02 < 3 OR ME11Q03 = 1 OR ME12Q02 = 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	I HAVE NOT SEEN A DENTIST IN THE LAST 12 MONTHS	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

ME13Q11		Select
Ask If	(C09Q02 > 0 AND C09Q02 < 3) OR ME11Q01 < 3 OR ME11Q02 < 3 OR ME11Q03 = 1 OR ME12Q02 = 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	I HAVE NOT VISITED A DOCTOR'S OFFICE IN THE LAST 12 MONTHS	ME13Q15
7	DON'T KNOW/NOT SURE	
9	REFUSED	

ME13Q12		Select
Ask If	ME13Q11 > 0 AND ME13Q11 <> 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	

ME13Q13	Select
Ask If	ME13Q11 > 0 AND ME13Q11 <> 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

ME13Q14	Select
Ask If	ME13Q11 > 0 AND ME13Q11 <> 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

ME13Q15	Select
Ask If	(ME13Q10 > 0) AND ((ME13Q04 = 3 OR ME13Q05 = 3 OR ME13Q07 = 3 OR ME13Q09 = 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

ME13END	Pause
Ask If	

State Added Section 14: Environmental Tobacco (Path B)

ME14INTRO	Pause
Ask If	

ME14Q01	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

ME14Q02	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

ME14Q03	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

ME14Q04	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

ME14Q05	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	

ME14Q06	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	

ME14Q07	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

ME14Q08	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

ME14Q09	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

ME14Q10	Select
Ask If	C08Q09 = 1 OR C08Q09 = 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

ME14Q11	Select
Ask If	C08Q09 = 1 OR C08Q09 = 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

ME14Q12	Select
Ask If	C08Q09 = 1 OR C08Q09 = 2
Which of these statements best describes your place of work's smoking policy for vehicles? Would you say smoking is...	
1	Not allowed in any vehicle
2	Allowed in some vehicles
3	Allowed in all vehicles
4	My work does not involve the use of any vehicles at any time
7	DON'T KNOW/NOT SURE
9	REFUSED

ME14Q13	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 INDOORS . During the past 7 days, that is, since last {today's day of the week}, on how many days did you breath 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

ME14Q14	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	

ME14END	Pause	
Ask If		

State Added Section 15: Smoking Beliefs (Path B)

ME15INTRO	Pause
Ask If	

ME15Q01	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	Almost never
4	I DON'T GO TO CONVENIENCE STORES OR GAS STATIONS
7	DON'T KNOW/NOT SURE
9	REFUSED

ME15Q02	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

ME15Q03	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

ME15Q04	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

ME15Q05	Select	
Ask If	C08Q07 < 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	

ME15Q06	Select
Ask If	C08Q07 < 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

ME15END	Pause
Ask If	

Asthma Call-Back Permission Script (Path A)

AFUINTRO	Pause
Ask If	

ADLTPERM	Select
Ask If	(C07Q04 = 1) OR (M21Q01 = 1 AND (M20Q06 = 1 OR M20Q06 = 3))
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?	
1	Yes
2	No
	AFUEND

FNAME	Select
Ask If	ADLTPERM = 1
Can I please have either your first name or initials, so we will know who to ask for when we call back?	
1	ENTER FIRST NAME OR INITIALS
	OTHER
9	REFUSED

CNAME	Select
Ask If	ADLTCHILD = 2 AND ADLTPERM = 1
Can I please have your child's first name or initials, so we can ask about that child's asthma history?	
1	ENTER FIRST NAME OR INITIALS
	OTHER
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
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
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.	