

BRFSS

2014



English 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 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 Maine 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 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 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 (207) 287-5459 .	
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	80
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	81-82
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	83-84
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	85-86
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	87
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	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C03Q02	Select	88
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	89
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	90
Ask If		
About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.		
1	Within the past year (anytime less than 12 months ago)	
2	Within the past 2 years (1 year but less than 2 years ago)	
3	Within the past 5 years (2 years but less than 5 years ago)	
4	5 or more years ago	
7	DON'T KNOW/NOT SURE	
8	NEVER	
9	REFUSED	

C03END	Pause
Ask If	

Section 04: Exercise

C04INTRO	Pause
Ask If	

C04Q01	Select	91
Ask If		
During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C04END	Pause
Ask If	

Section 05: Inadequate Sleep

C05INTRO	Pause
Ask If	

C05Q01	Numeric	92-93
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

C05END	Pause
Ask If	

Section 06: Chronic Health Conditions

C06INTRO	Pause
Ask If	

C06Q01	Select	94
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	

C06Q02	Select	95
Ask If		
(Ever told) you had angina or coronary heart disease?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06Q03	Select	96
Ask If		
(Ever told) you had a stroke?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06Q04	Select	97
Ask If		
(Ever told) you had asthma?		
1	YES	
2	NO	C06Q06
7	DON'T KNOW/NOT SURE	C06Q06
9	REFUSED	C06Q06

C06Q05	Select	98
Ask If C06Q04 = 1		
Do you still have asthma?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06Q06	Select	99
Ask If		
(Ever told) you had skin cancer?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06Q07	Select	100
Ask If		
(Ever told) you had any other types of cancer?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06Q08	Select	101
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	

C06Q09	Select	102
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	

C06Q10	Select	103
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	

C06Q11	Select	104
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	

C06Q12	Select	105
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	C06Q13
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	

C06Q12V	Select	
Ask If RESPGEN = 1 AND C06Q12 = 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	C06Q12

CATI NOTE: if C06Q12 = 1 (Yes) go to next question. If any other response to C06Q12, go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.

C06Q13	Numeric	106-107
Ask If	C06Q12 = 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

C06END	Pause
Ask If	

CATI NOTE: Go to Diabetes Optional Module (if used). Otherwise go to next section.

Module 01: Pre-Diabetes (Paths A and B)

CATI NOTE: Insert after SECTION C06

CATI NOTE: Only asked of those not responding "Yes" (code = 1) to Core C06Q12 (Diabetes awareness question).

M01INTRO	Pause
Ask If	C06Q12 > 1

M01Q01	Select	255
Ask If	C06Q12 >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 C06Q12 = 4 (No, pre-diabetes or borderline diabetes); answer M01Q02 = Yes

M01Q02	Select	256
Ask If	(C06Q12 > 1 AND C06Q12 < 4) OR C06Q12 > 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
<p>INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS TOLD BY A DOCTOR DURING PREGNANCY THAT SHE HAD PRE-DIABETES OR BORDERLINE DIABETES. ARE YOU SURE?</p> <p>THE RESPONDENT SELECTED WAS THE</p> <p>{SRESP}</p> <p>IS THE PREVIOUS ANSWER CORRECT?</p>	
1	YES
2	NO
	M01Q02

M01END	Pause
Ask If	

Module 02: Diabetes (Paths A and B)

CATI NOTE: Insert after SECTION C06

CATI NOTE: Only asked of those responding "Yes" (code = 1) to Core C06Q12 (Diabetes awareness question).

M02INTRO	Pause
Ask If	C06Q12 = 1

M02Q01	Select	257
Ask If	C06Q12 = 1	
Are you now taking insulin?		
1	YES	
2	NO	
9	REFUSED	

M02Q02	Numeric	258-260
Ask If	C06Q12 = 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.		
INTERVIEWER NOTE: IF THE RESPONDENT USES A CONTINUOUS GLUCOSE MONITORING SYSTEM (A SENSOR INSERTED UNDER THE SKIN TO CHECK GLUCOSE LEVELS CONTINUOUSLY), FILL IN '98 TIMES PER DAY.'		
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

M02Q02V	Select
Ask If	(M02Q02 > 105 AND M02Q02 < 200) OR (M02Q02 > 235 AND M02Q02 < 300)
INTERVIEWER YOU RECORDED THE RESPONDENT CHECKS BLOOD {M02Q02} TIMES PER DAY/WEEK/MONTH/YEAR	
IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION M02Q02

M02Q03	Numeric	261-263
Ask If	C06Q12 = 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

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

M02Q04	Numeric	264-265
Ask If	C06Q12 = 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

M02Q04V	Select	
Ask If	M02Q04 > 52 AND M02Q04 < 77	
INTERVIEWER YOU RECORDED THE RESPONDENT HAS SEEN A HEALTH PROFESSIONAL {M02Q04} TIMES IN THE PAST 12 MONTHS.		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	M02Q05

M02Q05	Numeric	266-267
Ask If	C06Q12 = 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

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

CATI NOTE: If M02Q03 = 555 "No feet", go to M02Q07.

M02Q06	Numeric	268-269
Ask If	C06Q12 = 1 AND M02Q03 <> 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

M02Q06V	Select	
Ask If	M02Q06 > 52 AND M02Q06 < 77	
INTERVIEWER YOU RECORDED THE RESPONDENT HAS HAD THEIR FEET CHECKED 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

M02Q07	Select	270
Ask If	C06Q12 = 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	

M02Q08	Select	271
Ask If	C06Q12 = 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	

M02Q09	Select	272
Ask If	C06Q12 = 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 07: Oral Health

C07INTRO	Pause
Ask If	

C07Q01	Select	108
Ask If		
How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.		
READ ONLY IF NECESSARY:		
1	Within the past year (anytime less than 12 months ago)	
2	Within the past 2 years (1 year but less than 2 years ago)	
3	Within the past 5 years (2 years but less than 5 years ago)	
4	5 or more years ago	
7	DON'T KNOW/NOT SURE	
8	NEVER	
9	REFUSED	

C07Q02	Select	109
Ask If		
How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.		
NOTE: IF WISDOM TEETH ARE REMOVED BECAUSE OF TOOTH DECAY OR GUM DISEASE, THEY SHOULD BE INCLUDED IN THE COUNT FOR LOST TEETH.		
1	1 to 5	
2	6 or more but not all	
3	All	
8	None	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C07END	Pause
Ask If	

Section 08: Demographics

C08INTRO	Pause
Ask If	

C08Q01	Numeric	110-111
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	C06Q13 > C08Q01 AND C06Q13 < 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 {C06Q13}! 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

C08Q02A	Select	112-115
Ask If		
Are you Hispanic, Latino/a, or Spanish origin?		
1	YES	
2	NO	C08Q03
7	DON'T KNOW/NOT SURE	C08Q03
9	REFUSED	C08Q03

CATI NOTE: IF C08Q02A = 2, code C08Q02B = 5

State Added 02: Demographics (French Origin) (Paths A and B)

Cati Note: Insert after C08Q02

ME02INTRO	Pause
Ask If	

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

ME02END	Pause
Ask If	

C08Q02B	Multiple Select	112-115
Ask If	C08Q02A = 1	
(Are you Hispanic, Latino/a, or Spanish origin?)		
Are you...		
Mexican, Mexican American, Chicano/a		
Puerto Rican		
Cuban or		
Another Hispanic, Latino/a, or Spanish Origin		
CHECK ALL THAT APPLY		
1	Mexican, Mexican American, Chicano/a	
2	Puerto Rican	
3	Cuban	
4	Another Hispanic, Latino/a, or Spanish Origin	
5	NO	EXCLUSIVE
7	DON'T KNOW/NOT SURE	EXCLUSIVE
9	REFUSED	EXCLUSIVE

C08Q03	Multiple Select	116-143
Ask If		
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:		
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	EXCLUSIVE
99	REFUSED	EXCLUSIVE
88	NO ADDITIONAL CHOICES	

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

C08Q04	Select	144-145
Ask If	C08Q03 < 77 AND C08Q03.2 > 0 AND C08Q03.2 <> 88	
Which one of these groups would you say best represents your race?		
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	146
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?		
INTERVIEWER NOTE: ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION, FOR EXAMPLE, FOR THE PERSIAN GULF WAR.		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C08Q06	Select	147
Ask If		
Are you...?		
PLEASE READ:		
1	Married	
2	Divorced	
3	Widowed	
4	Separated	
5	Never married Or	
6	A member of an unmarried couple	
9	REFUSED	

State Added 03: Demographics (Sexual Orientation) (Paths A and B)

Cati Note: Insert after C08Q06

ME03INTRO	Pause
Ask If	

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

ME03END	Pause
Ask If	

C08Q07	Numeric	148-149
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	150
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	151
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	154-157
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	158-161
Ask If		
About how tall are you without shoes?		
NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FRONT (EX. 165 CENTIMETERS IS "9165").		
NOTE: ENTER HEIGHT IN FEET AND INCHES (EX. 5 FEET 9 INCHES = 509) OR METERS AND CENTIMETERS (EX. 1 METER 75 CENTIMETERS = 9175)		
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	162-164
Ask If	What county do you live in?		
ENTER FIRST LETTER OF COUNTY NAME			
___	ANSI COUNTY CODE (FORMERLY FIPS COUNTY CODE)		
888	OTHER		OTHER
777	DON'T KNOW/NOT SURE		
999	REFUSED		
001	MIN		CONTROL
775	MAX		CONTROL

State Added 04: Demographics (Town) (Paths A and B)

Cati Note: Insert after C08Q13 (ASKCNTY)

ME04INTRO	Pause
Ask If	

ME04Q01	Numeric
Ask If	
What town do you live in?	
	GEOCODE CODE
01010	MIN CONTROL
77777	DON'T KNOW/NOT SURE
99999	REFUSED

ME04END	Pause
Ask If	

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

C08Q14	Numeric	165-169
Ask If		
What is the ZIP Code where you live?		
	ZIP Code	
77777	DON'T KNOW/NOT SURE	
99999	REFUSED	

C08Q15	Select	170
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	171
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	172
Ask If		
Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.		
1	YES	C08Q19
2	NO	C08Q19
7	DON'T KNOW/NOT SURE	C08Q19
9	REFUSED	C08Q19

CATI NOTE: C08Q18 always skipped due to new overlapping frame

C08Q18	Numeric	173-175
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	176
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	177
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.		
INTERVIEWER NOTE:		
We ask this question in order to compare health indicators among people with different housing situations.		
1 OWN		
2 RENT		
3 OTHER ARRANGEMENT		
7 DON'T KNOW/NOT SURE		
9 REFUSED		

C08Q21	Select	178
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	179
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	180
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	081
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	182
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	183
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	184
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	185
Ask If		
Do you have difficulty dressing or bathing?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C08Q29	Select	186
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	

C08END	Pause	
Ask If		

Section 09: Tobacco Use

C09INTRO	Pause	
Ask If		

C09Q01	Select	187
Ask If		
Have you smoked at least 100 cigarettes in your entire life?		
INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES		
INTERVIEWER NOTE:		
For cigarettes, do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana.		
1	YES	
2	NO	C09Q05
7	DON'T KNOW/NOT SURE	C09Q05
9	REFUSED	C09Q05

C09Q02	Select	188
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	189
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	190-191
Ask If	C09Q02=3	
How long has it been since you last smoked a cigarette, even one or two puffs?		
01	Within the past month (less than 1 month ago)	
02	Within the past 3 months (1 month but less than 3 months ago)	
03	Within the past 6 months (3 months but less than 6 months ago)	
04	Within the past year (6 months but less than 1 year ago)	
05	Within the past 5 years (1 year but less than 5 years ago)	
06	Within the past 10 years (5 years but less than 10 years ago)	
07	10 years or more	
77	DON'T KNOW/NOT SURE	
99	REFUSED	

C09Q05	Select	192
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	193-195
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	196-197
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	198-199
Ask If	C10Q01 < 777	
Considering all types of alcoholic beverages, how many times during the past 30 days did you have {IF C08Q21 = 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	200-201
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 ((C08Q21 = 1 AND C10Q04 >= 5 AND (C10Q03 = 88 OR C10Q03 < 5)) OR (C08Q21 = 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 C08Q21=1, 5, 4} IS {C10Q03}.		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C10Q04

C10END	Pause
Ask If	

Section 11: Immunization

C11INTRO	Pause
Ask If	

C11Q01	Select	202
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	C11Q03
7	DON'T KNOW/NOT SURE	C11Q03
9	REFUSED	C11Q03

C11Q02	Numeric	203-208
Ask If	C11Q01 = 1	
<p>During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?</p> <p>Month / Year</p>		
777777	DON'T KNOW/NOT SURE	
999999	REFUSED	
012012	MIN	CONTROL
122014	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 06/2014, response can be no older than 06/2013.

C11Q03	Select	209
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		

C11Q04	Select	210
Ask If C08Q01 > 48		
The next question is about the Shingles vaccine. Have you ever had the shingles or zoster vaccine?		
INTERVIEWER NOTE: READ IF NECESSARY:		
Shingles is caused by the chicken pox virus. It is an outbreak of rash or blisters on the skin that may be associated with severe pain. A vaccine for shingles has been available since May 2006; it is called Zostavax®, the zoster vaccine, or the shingles vaccine.		
1 YES		
2 NO		
7 DON'T KNOW/NOT SURE		
9 REFUSED		

C11END	Pause	
Ask If		

Section 12: Falls

C12INTRO	Pause
Ask If	C08Q01 >= 45 OR C08Q01 = 07 or C08Q01 = 09

C12Q01	Numeric	211-212
Ask If	C08Q01 >= 45 OR C08Q01 = 07 or C08Q01 = 09	
Next, I will ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.		
In the past 12 months, how many times have you fallen?		
NUMBER OF TIMES [76 = 76 or more]		
88	NONE	C12END
77	DON'T KNOW/NOT SURE	C12END
99	REFUSED	C12END
01	MIN	CONTROL
76	MAX	CONTROL

C12Q02	Numeric	213-214
Ask If	C12Q01 > 0 AND C12Q01 < 77	
{IF C12Q01 = 1, Did this fall cause an injury?}		
{IF C12Q01 > 1 AND C12Q01 < 77, How many of these falls caused an injury?}		
By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.		
INTERVIEWER NOTE: IF ONLY ONE FALL FROM C12Q01 AND RESPONSE IS "YES" (CAUSED AN INJURY); CODE 01. IF RESPONSE IS "NO," CODE 88.		
NUMBER OF FALLS [76 = 76 or more]		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

C12END	Pause
Ask If	

Section 13: Seatbelt Use

C13INTRO	Pause
Ask If	

C13Q01	Select	215
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	

C13END	Pause
Ask If	

Section 14: Drinking and Driving

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

C14Q01	Numeric	216-217
Ask If	C10Q01 <> 888 AND C13Q01 <> 8	
The next question is about drinking and driving. During the past 30 days, how many times have you driven when you've had perhaps too much to drink?		
NUMBER OF TIMES		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

C14END	Pause
Ask If	

Section 15: Breast and Cervical Cancer Screening

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

C15INTRO	Pause
Ask If	C08Q21 = 2

C15Q01	Select	218
Ask If	C08Q21 = 2	
The next questions are about breast and cervical cancer.		
A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?		
1	YES	
2	NO	C15Q03
7	DON'T KNOW/NOT SURE	C15Q03
9	REFUSED	C15Q03

C15Q02	Select	219
Ask If	C15Q01 = 1	
How long has it been since you had your last mammogram?		
READ ONLY IF NECESSARY:		
1	Within the past year (anytime less than 12 months ago)	
2	Within the past 2 years (1 year but less than 2 years ago)	
3	Within the past 3 years (2 years but less than 3 years ago)	
4	Within the past 5 years (3 years but less than 5 years ago)	
5	5 or more years ago	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C15Q03	Select	220
Ask If	C08Q21 = 2	
A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam?		
1	YES	
2	NO	C15Q05
7	DON'T KNOW/NOT SURE	C15Q05
9	REFUSED	C15Q05

C15Q04	Select	221
Ask If	C15Q03 = 1	
How long has it been since your last breast exam?		
READ ONLY IF NECESSARY:		
1	Within the past year (anytime less than 12 months ago)	
2	Within the past 2 years (1 year but less than 2 years ago)	
3	Within the past 3 years (2 years but less than 3 years ago)	
4	Within the past 5 years (3 years but less than 5 years ago)	
5	5 or more years ago	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C15Q05	Select	222
Ask If	C08Q21 = 2	
A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?		
1	YES	
2	NO	C15Q07
7	DON'T KNOW/NOT SURE	C15Q07
9	REFUSED	C15Q07

C15Q06	Select	223
Ask If	C15Q05 = 1	
How long has it been since you had your last Pap test?		
READ ONLY IF NECESSARY:		
1	Within the past year (anytime less than 12 months ago)	
2	Within the past 2 years (1 year but less than 2 years ago)	
3	Within the past 3 years (2 years but less than 3 years ago)	
4	Within the past 5 years (3 years but less than 5 years ago)	
5	5 or more years ago	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

CATI note: If response to Core C08Q22 = 1 (is pregnant); then go to next section.

C15Q07	Select	224
Ask If	C08Q21 = 2 AND C08Q22 <> 1	
Have you had a hysterectomy?		
READ ONLY IF NECESSARY:		
"A hysterectomy is an operation to remove the uterus (womb)."		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C15END	Pause
Ask If	

Section 16: Prostate Cancer Screening

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

C16INTRO	Pause
Ask If	C08Q21 = 1 AND (C08Q01 > 39 OR C08Q01 = 7 OR C08Q01 = 9)

C16Q01	Select	225
Ask If	C08Q21 = 1 AND (C08Q01 > 39 OR C08Q01 = 7 OR C08Q01 = 9)	
Now, I will ask you some questions about prostate cancer screening.		
A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the PSA test?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C16Q02	Select	226
Ask If	C08Q21 = 1 AND (C08Q01 > 39 OR C08Q01 = 7 OR C08Q01 = 9)	
Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C16Q03	Select	227
Ask If	C08Q21 = 1 AND (C08Q01 > 39 OR C08Q01 = 7 OR C08Q01 = 9)	
Has a doctor, nurse, or other health professional EVER recommended that you have a PSA test?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C16Q04	Select	228
Ask If	C08Q21 = 1 AND (C08Q01 > 39 OR C08Q01 = 7 OR C08Q01 = 9)	
Have you EVER HAD a PSA test?		
1	YES	
2	NO	C16END
7	DON'T KNOW/NOT SURE	C16END
9	REFUSED	C16END

C16Q05	Select	229
Ask If	C16Q04 = 1	
How long has it been since you had your last PSA test?		
READ ONLY IF NECESSARY:		
1	Within the past year (anytime less than 12 months ago)	
2	Within the past 2 years (1 year but less than 2 years ago)	
3	Within the past 3 years (2 years but less than 3 years ago)	
4	Within the past 5 years (3 years but less than 5 years ago)	
5	5 or more years ago	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C16Q06	Select	230
Ask If	C16Q04 = 1	
What was the MAIN reason you had this PSA test - was it...?		
PLEASE READ:		
1	Part of a routine exam	
2	Because of a prostate problem	
3	Because of a family history of prostate cancer	
4	Because you were told you had prostate cancer	
5	Some other reason	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C16END	Pause
Ask If	

Section 17: Colorectal Cancer Screening

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

C17INTRO	Pause
Ask If	C08Q01 > 49 OR C08Q01 = 7 OR C08Q01 = 9

C17Q01	Select	231
Ask If	C08Q01 > 49 OR C08Q01 = 7 OR C08Q01 = 9	
The next questions are about colorectal cancer screening.		
A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?		
1	YES	
2	NO	C17Q03
7	DON'T KNOW/NOT SURE	C17Q03
9	REFUSED	C17Q03

C17Q02	Select	232
Ask If	C17Q01 = 1	
How long has it been since you had your last blood stool test using a home kit?		
READ ONLY IF NECESSARY:		
1	Within the past year (anytime less than 12 months ago)	
2	Within the past 2 years (1 year but less than 2 years ago)	
3	Within the past 3 years (2 years but less than 3 years ago)	
4	Within the past 5 years (3 years but less than 5 years ago)	
5	5 or more years ago	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C17Q03	Select	233
Ask If	C08Q01 > 49 OR C08Q01 = 7 OR C08Q01 = 9	
Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?		
1	YES	
2	NO	C17END
7	DON'T KNOW/NOT SURE	C17END
9	REFUSED	C17END

C17Q04	Select	234
Ask If	C17Q03 = 1	
For a SIGMOIDOSCOPY , a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy?		
1	SIGMOIDOSCOPY	
2	COLONOSCOPY	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C17Q05	Select	235
Ask If	C17Q03 = 1	
How long has it been since you had your last sigmoidoscopy or colonoscopy?		
READ ONLY IF NECESSARY:		
1	Within the past year (anytime less than 12 months ago)	
2	Within the past 2 years (1 year but less than 2 years ago)	
3	Within the past 3 years (2 years but less than 3 years ago)	
4	Within the past 5 years (3 years but less than 5 years ago)	
5	Within the past 10 years (5 years but less than 10 years ago)	
6	10 or more years ago	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C17END	Pause
Ask If	

Section 18: HIV/AIDS

C18INTRO	Pause
Ask If	

C18Q01	Select	236
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	C18END
7	DON'T KNOW/NOT SURE	C18END
9	REFUSED	C18END

C18Q02	Numeric	237-242
Ask If	C18Q01 = 1	
<p>Not including blood donations, in what month and year was your last HIV test?</p> <p>NOTE: IF RESPONSE IS BEFORE JANUARY 1985, CODE "DON'T KNOW."</p> <p>CATI INSTRUCTION: IF THE RESPONDENT REMEMBERS THE YEAR BUT CANNOT REMEMBER THE MONTH, CODE THE FIRST TWO DIGITS 77 AND THE LAST FOUR DIGITS FOR THE YEAR.</p>		
CODE MONTH AND YEAR		
777777	DON'T KNOW/NOT SURE	
999999	REFUSED	
011985	MIN	CONTROL
772014	MAX	CONTROL

C18Q03	Select	243-244
Ask If	C18Q01 = 1	
Where did you have your last HIV test – at a private doctor or HMO office, at a counseling and testing site, at an 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	

C18END	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 04: Health Care Access (Path A)

M04INTRO	Pause
Ask If	

M04Q01	Select	281
Ask If	C03Q01 = 1	
Do you have Medicare?		
NOTE: MEDICARE IS A COVERAGE PLAN FOR PEOPLE AGE 65 OR OVER AND FOR CERTAIN DISABLED PEOPLE.		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M04Q02	Select	282-283
Ask If	C03Q01 = 1	
What is the PRIMARY source of your health care coverage? Is it...		
INTERVIEWER NOTE: IF THE RESPONDENT INDICATES THAT THEY PURCHASED HEALTH INSURANCE THROUGH THE HEALTH INSURANCE MARKETPLACE (NAME OF STATE MARKETPLACE), ASK IF IT WAS A PRIVATE HEALTH INSURANCE PLAN PURCHASED ON THEIR OWN OR BY A FAMILY MEMBER (PRIVATE) OR IF THEY RECEIVED MEDICAID (STATE PLAN)? IF PURCHASED ON THEIR OWN (OR BY A FAMILY MEMBER), SELECT 02, IF MEDICAID SELECT 04.		
PLEASE READ:		
01	A plan purchased through an employer or union (includes plans purchased through another person's employer)	
02	A plan that you or another family member buys on your own	
03	Medicare	
04	Medicaid or other state program	
05	TRICARE (formerly CHAMPUS), VA, or Military	
06	Alaska Native, Indian Health Service, Tribal Health Services Or	
07	Some other source	
88	None (no coverage)	
77	DON'T KNOW/NOT SURE	
99	REFUSED	

CATI Note: If PPHF State go to core 3.2

M04Q03	Select	284
Ask If		
Other than cost, there are many other reasons people delay getting needed medical care.		
Have you delayed getting needed medical care for any of the following reasons in the past 12 months? Select the most important reason.		
PLEASE READ:		
1	You couldn't get through on the telephone	
2	You couldn't get an appointment soon enough	
3	Once you got there, you had to wait too long to see the doctor	
4	The (clinic/doctor's) office wasn't open when you got there	
5	You didn't have transportation	
6	OTHER, SPECIFY	OTHER
8	NO, I DID NOT DELAY GETTING MEDICAL CARE/DID NOT NEED MEDICAL CARE	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

CATI Note: If PPHF State, go to core 3.4

CATI Note: If Q3.1 = 1 (Yes) continue, else go to Q4b

M04Q04A	Select	310
Ask If C03Q01 = 1		
In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage?		
1	YES	M04Q05
2	NO	M04Q05
7	DON'T KNOW/NOT SURE	M04Q05
9	REFUSED	M04Q05

CATI Note: If Q3.1 = 2, 7, or 9 continue, else go to next question (Q5)

M04Q04B	Select	311
Ask If	C03Q01 > 1	
About how long has it been since you last had health care coverage?		
1	6 months or less	
2	More than 6 months, but not more than 1 year ago	
3	More than 1 year, but not more than 3 years ago	
4	More than 3 years	
5	Never	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M04Q05	Numeric	312-313
Ask If		
How many times have you been to a doctor, nurse, or other health professional in the past 12 months?		
NUMBER OF TIMES		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

M04Q06	Select	314
Ask If		
Was there a time in the past 12 months when you did not take your medication as prescribed because of cost? Do not include over-the-counter (OTC) medication.		
1	Yes	
2	No	
3	NO MEDICATION WAS PRESCRIBED	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M04Q07	Select	315
Ask If		
In general, how satisfied are you with the health care you received? Would you say...		
1 Very satisfied		
2 Somewhat satisfied		
3 Not at all satisfied		
8 NOT APPLICABLE		
7 DON'T KNOW/NOT SURE		
9 REFUSED		

M04Q08	Select	316
Ask If		
Do you currently have any health care bills that are being paid off over time?		
INTERVIEWER NOTE: THIS COULD INCLUDE MEDICAL BILLS BEING PAID OFF WITH A CREDIT CARD, THROUGH PERSONAL LOANS, OR BILL PAYING ARRANGEMENTS WITH HOSPITALS OR OTHER PROVIDERS. THE BILLS CAN BE FROM EARLIER YEARS AS WELL AS THIS YEAR.		
INTERVIEWER NOTE: HEALTH CARE BILLS CAN INCLUDE MEDICAL, DENTAL, PHYSICAL THERAPY AND/OR CHIROPRACTIC COST.		
1 Yes		
2 No		
7 DON'T KNOW/NOT SURE		
9 REFUSED		

M04END	Pause	
Ask If		

CATI Note: If PPHF state, Go to core section 4.

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

M06INTRO	Pause	
Ask If		

M06Q01	Select	322
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	323-325
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 = DAYS 301-399 = MONTHS</p> <p>201-299 = WEEKS 401-499 = YEARS</p> <p>_____ TIMES</p>		
555	ALL MY LIFE	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
101	MIN	CONTROL
499	MAX	CONTROL

M06Q03	Select	326
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: Influenza (Path A)

CATI note: If Core Q11.1 = 1 (Yes) then continue, else go to next section.

M08INTRO	Pause
Ask If	C11Q01 = 1

M08Q01	Select	343-344
Ask If	C11Q01 = 1	
<p>Earlier, you told me you had received an influenza vaccination in the past 12 months.</p> <p>At what kind of place did you get your last flu shot/vaccine?</p> <p>NOTE:</p> <p>"How would you describe the place where you went to get your most recent flu vaccine?"</p> <p>READ ONLY IF NECESSARY:</p>		
01	A doctor's office or health maintenance organization (HMO)	
02	A health department	
03	Another type of clinic or health center (Example: a community health center)	
04	A senior, recreation, or community center	
05	A store (Examples: supermarket, drug store)	
06	A hospital (Example: inpatient)	
07	An emergency room	
08	Workplace	
09	Some other kind of place	
10	RECEIVED VACCINATION IN CANADA/MEXICO (VOLUNTEERED-DO NOT READ)	
11	A school	
77	DON'T KNOW/NOT SURE	
99	REFUSED	

M08END	Pause
Ask If	

Module 17: 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.

M17INTRO	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>	

M17Q01	Numeric	584-589
Ask If	C08Q07 < 88	
What is the birth month and year of {SHOWKID}?		
CODE MONTH AND YEAR		
777777	DON'T KNOW/NOT SURE	
999999	REFUSED	
XX1995	MIN	CONTROL
XX2014	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 2014

M17Q02	Select	590
Ask If	C08Q07<88	
Is the child a boy or a girl?		
1	Boy	
2	Girl	
9	REFUSED	

M17Q03A	Select	
Ask If		
Is the child Hispanic, Latino/a, or Spanish origin?		
1	YES	
2	NO	M17Q04
7	DON'T KNOW/NOT SURE	M17Q04
9	REFUSED	M17Q04

M17Q03B	Multiple Select	591-594
Ask If	M17Q03A = 1	
(Is the child Hispanic, Latino/a, or Spanish origin?)		
Are they...		
Mexican, Mexican American, Chicano/a		
Puerto Rican		
Cuban or		
Another Hispanic, Latino/a, or Spanish Origin		
CHECK ALL THAT APPLY		
1	Mexican, Mexican American, Chicano/a	
2	Puerto Rican	
3	Cuban	
4	Another Hispanic, Latino/a, or Spanish Origin	
5	NO	EXCLUSIVE
7	DON'T KNOW/NOT SURE	EXCLUSIVE
9	REFUSED	EXCLUSIVE

M17Q04	Multiple Select	595-622
Ask If	C08Q07 < 88	
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:		
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	EXCLUSIVE
99	REFUSED	EXCLUSIVE
88	NO ADDITIONAL CHOICES	

CATI note: If more than one response to M17Q04, continue.
 Otherwise, go to Q6.

M17Q05	Select	623-624
Ask If	M17Q04 < 77 AND M17Q04.2 > 0 AND M17Q04.2 <> 88	
Which one of these groups would you say best represents the race of the child?		
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	

M17Q06	Select	625
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	

M17END	Pause
Ask If	

Module 18: Childhood Asthma Prevalence (Path A)

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

M18INTRO	Pause
Ask If	C08Q07 > 0 AND C08Q07 < 88

M18Q01	Select	626
Ask If	C08Q07 > 0 AND C08Q07 < 88	
{IF C08Q07 > 1, 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	M18END
7	DON'T KNOW/NOT SURE	M18END
9	REFUSED	M18END

M18Q02	Select	627
Ask If	M18Q01 = 1	
Does the child still have asthma?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M18END	Pause
Ask If	

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

ME05INTRO	Pause
Ask If	

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

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

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

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

ME05END	Pause
Ask If	

State Added 06: Environmental (Path A)

ME06INTRO	Pause
Ask If	

ME06Q01	Select	
Ask If		
Now I would like to ask some questions about well water. When I ask about using well water, I am asking about the water you currently use for drinking, cooking or bathing.		
Do you get any of your water from a well?		
1	Yes	
2	No	ME06Q05
7	DON'T KNOW/NOT SURE	ME06Q05
9	REFUSED	ME06Q05

ME06Q02	Select	
Ask If	ME06Q01 = 1	
Have you ever had your current well water tested?		
1	Yes	
2	No	ME06Q05
7	DON'T KNOW/NOT SURE	ME06Q05
9	REFUSED	ME06Q05

ME06Q03	Select
Ask If	ME06Q02 = 1
Arsenic is not included in all water tests. Have you tested your well water for arsenic?	
1	Yes
2	No
3	APARTMENT DWELLING
7	DON'T KNOW/NOT SURE
9	REFUSED

ME06Q04	Select
Ask If	ME06Q02 = 1
Radon is not included in all water tests. Testing water for radon is not the same as testing your household air for radon. Have you tested your well water for radon?	
1	Yes
2	No
3	APARTMENT DWELLING
7	DON'T KNOW/NOT SURE
9	REFUSED

ME06Q05	Select	
Ask If		
Testing household air for radon is not the same as testing your water for radon. Has your household air been tested for the presence of radon gas?		
1	Yes	
2	No	ME06Q08
7	DON'T KNOW/NOT SURE	ME06Q08
9	REFUSED	ME06Q08

ME06Q06	Select	
Ask If	ME06Q05 = 1	
Were the radon levels in your household above normal?		
1	Yes	
2	No	ME06Q08
7	DON'T KNOW/NOT SURE	ME06Q08
9	REFUSED	ME06Q08

ME06Q07	Select
Ask If	ME06Q06 = 1
Have the radon levels been reduced or fixed?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME06Q08	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
7	DON'T KNOW/NOT SURE
9	REFUSED

ME06END	Pause
Ask If	

State Added 07: Substance Abuse (Path A)

ME07INTRO	Pause
Ask If	

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

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

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

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

ME07END	Pause
Ask If	

State Added 08: Lyme Disease (Path A)

ME08INTRO	Pause
Ask If	

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

ME08END	Pause
Ask If	

State Added 09: Oral Health (Path A)

ME09INTRO	Pause
Ask If	

ME09Q01	Select
Ask If	(C07Q01 > 1 AND C07Q01 < 7) OR C07Q01 = 8
What is the main reason you have not visited the dentist in the last year?	
* APPOINTMENTS AVAILABLE)	
01	Fear, apprehension, nervousness, pain, dislike going
02	Cost
03	Do not have/know a dentist
04	Cannot get to the office/clinic (too far away, no transportation, no*
05	No reason to go (no problems, no teeth)
06	Other priorities
07	Have not thought of it
08	OTHER
77	DON'T KNOW/NOT SURE
99	REFUSED

ME09Q02	Select
Ask If	
Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid, also called MaineCare?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME09Q03	Pause
Ask If	

State Added 10: Oral Cancer (Path A)

ME10INTRO	Pause
Ask If	

ME10Q01	Select
Ask If	
Have you ever had a test or examination for oral or mouth cancer in which the doctor or dentist pulls on your tongue, sometimes with gauze wrapped around it, and feels under your tongue and inside the cheeks?	
1	Yes
2	No
3	I think so
7	DON'T KNOW/NOT SURE
9	REFUSED

ME10END	Pause
Ask If	

State Added 11: Skin Cancer/Sun Safety (Path A)

ME11INTRO	Pause
Ask If	

ME11Q01	Select
Ask If	
Do you use artificial sources of ultraviolet light such as sunlamps and tanning booths?	
1	Yes
2	No
	ME11END
7	DON'T KNOW/NOT SURE
	ME11END
9	REFUSED
	ME11END

ME11Q02	Select
Ask If	ME11Q01 = 1
How often do you use sunlamps and tanning booths? * THE BEACH, ETC.)	
1	Weekly
2	Monthly
3	Seasonally (a few times before a trip, so I won't get burned when going to*
7	DON'T KNOW/NOT SURE
9	REFUSED

ME11END	Pause
Ask If	

State Added 12: Sexual Violence (Path A)

ME12INTRO	Pause
Ask If	

ME12Q01	Select
Ask If	
<p>Now I'd like to ask you some questions about different types of physical and/or sexual violence or other unwanted sexual experiences. This information will allow us to better understand the problem of violence and unwanted sexual contact and may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. At the end of this section, I will give you phone numbers for organizations that can provide information and referral for these issues.</p> <p>Are you in a safe place to answer these questions?</p>	
1	YES
2	NO
	ME12END

ME12Q02	Select
Ask If	ME12Q01 = 1
<p>In the past 12 months, has anyone touched sexual parts of your body after you said or showed that you didn't want them to, or without your consent?</p>	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME12Q03	Select	
Ask If	ME12Q01 = 1	
Now, I am going to ask you questions about unwanted sex. Unwanted sex includes things like putting anything into your {IF C08Q21 = 2, vagina}, anus, or mouth or making you do these things to them after you said or showed that you didn't want to. It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused. Has anyone EVER had sex with you or attempted to have sex with you after you said or showed that you didn't want them to or without your consent?		
1	Yes	
2	No	ME12Q05
7	DON'T KNOW/NOT SURE	ME12Q05
9	REFUSED	ME12Q05

ME12Q04	Select
Ask If	ME12Q03 = 1
Has this happened in the past 12 months?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME12Q05	Key
Ask If	ME12Q01 = 1
The next questions are about conflicts in relationships with an intimate partner. By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you dated would also be considered an intimate partner.	

ME12Q06	Select	
Ask If	ME12Q01 = 1	
Have you EVER been frightened for your safety or the safety of your family or friends because of anger or threats by a current or former intimate partner?		
1	Yes	
2	No	ME12Q08
7	DON'T KNOW/NOT SURE	ME12Q08
9	REFUSED	ME12Q08

ME12Q07	Select
Ask If	ME12Q06 = 1
Has this happened in the past 12 months?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME12Q08	Select
Ask If	ME12Q01 = 1
In the past 12 months, have you experienced physical violence or had unwanted sex with a current or former intimate partner? Physical violence includes being hit, kicked, punched, choked or otherwise physically hurt.	
1	Yes
2	No
	ME12Q10
7	DON'T KNOW/NOT SURE
	ME12Q10
9	REFUSED
	ME12Q10

ME12Q09	Select
Ask If	ME12Q08 = 1
In the past 12 months, have you had any serious injuries such as bruises, cuts, burns, black eyes, genital injuries, broken bones, or loss of consciousness as a result of this physical violence or unwanted sex?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME12Q10	Select
Ask If	ME12Q01 = 1
We realize that these questions may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained advocate or would like more information about sexual violence, please call 1-800-871-7741. For domestic violence, please call 1-866-834-HELP (4357). Would you like me to repeat these numbers?	
1	Continue

ME12END	Pause
Ask If	

State Added 13: Suicide (Path A)

ME13INTRO	Pause
Ask If	

ME13Q01	Select
Ask If	
<p>The next questions deal with the topic of suicide. Answering these questions may bring up strong feelings. If you feel that you need help with these feelings, please write down the statewide crisis number 1-888-568-1112 so that you can call them if needed.</p> <p>During the past 12 months, did you ever seriously consider attempting suicide?</p>	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME13Q02	Select
Ask If	
<p>During the past 12 months, did you make a plan about how you would attempt suicide?</p>	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME13Q03	Select	
Ask If		
<p>During the past 12 months, did you ever attempt suicide?</p>		
1	Yes	
2	No	ME13Q05
7	DON'T KNOW/NOT SURE	ME13Q05
9	REFUSED	ME13Q05

ME13Q04	Select
Ask If	ME13Q03 = 1
Did any attempt result in an injury, poisoning or overdose that had to be treated by a doctor or nurse?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME13Q05	Select
Ask If	
Would you like me to repeat the statewide crisis number?	
1	Yes- Interviewer Say: The number is 1-888-568-1112
2	No

ME13END	Pause
Ask If	

State Added 14: Cigarette Use (Path B)

ME14INTRO	Pause
Ask If	

ME14Q01	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

ME14Q02	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

ME14END	Pause
Ask If	

State Added 15: Other Tobacco Products (Path B)

ME15INTRO	Pause
Ask If	

ME15Q01	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

ME15Q02	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

ME15END	Pause
Ask If	

State Added 16: E- Cigarettes (Path B)

ME16INTRO	Pause
Ask If	

ME16Q01	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	ME16END
7	DON'T KNOW/NOT SURE	ME16END
9	REFUSED	ME16END

ME16Q02	Select
Ask If	ME16Q01 = 1
Are you currently using e-cigs?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME16Q03	Select			
Ask If	ME16Q01 = 1			
Why did you start to use e-cigs?				
* (RESTAURANTS, BARS, OR OTHER PUBLIC PLACES)				
1	Try something new			
2	To quit smoking			
3	Friends (introduced, pressured, recommended)			
4	Health (improve, less harmful)			
5	To be able to smoke in places where cigarettes smoking is not allowed*			
8	OTHER			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

ME16Q04		Select		
Ask If		ME16Q01 = 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			

ME16Q05		Select		
Ask If		ME16Q02 = 1		
Have you stopped using other tobacco products completely?				
1	Yes			
2	No			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

ME16Q06		Select		
Ask If		ME16Q01 = 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			

ME16Q07		Select		
Ask If		ME16Q01 = 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			

ME16END	Pause
Ask If	

State Added 17: Cessation (Path B)

ME17INTRO	Pause
Ask If	

ME17Q01	Select	
Ask If	(C09Q02 > 0 AND C09Q02 < 3) OR ME15Q01 < 3 OR ME15Q02 < 3 OR ME16Q02 = 1	
The next questions are about quitting tobacco use. Would you like to quit smoking or using other tobacco products?		
1	Yes	
2	No	ME17Q04
7	DON'T KNOW/NOT SURE	ME17Q04
9	REFUSED	ME17Q04

ME17Q02	Select	
Ask If	ME17Q01 = 1	
Are you seriously considering quitting WITHIN THE NEXT 6 MONTHS?		
1	Yes	
2	No	ME17Q04
7	DON'T KNOW/NOT SURE	
9	REFUSED	

ME17Q03	Select
Ask If	ME17Q01 = 1 AND (ME17Q02 > 0 AND ME17Q02 <> 2)
Are you planning to stop WITHIN THE NEXT 30 DAYS?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME17Q04		Select		
Ask If (C09Q02 > 0 AND C09Q02 < 3) OR ME15Q01 < 3 OR ME15Q02 < 3 OR ME16Q02 = 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			ME17Q11
7	DON'T KNOW/NOT SURE			
9	REFUSED			

ME17Q05		Select		
Ask If ME17Q04 > 0 AND ME17Q04 <> 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				
3 I DID NOT TRY TO QUIT SMOKING OR USING TOBACCO PRODUCTS				
7 DON'T KNOW/NOT SURE				
9 REFUSED				

ME17Q06		Select		
Ask If ME17Q05 = 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			

ME17Q07	Select
Ask If	(ME17Q04 > 0 AND ME17Q04 <> 3) OR (ME17Q05 > 0 AND ME17Q05 <> 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 ME17Q09
3	I DID NOT TRY TO QUIT SMOKING OR USING TOBACCO PRODUCTS ME17Q11
7	DON'T KNOW/NOT SURE ME17Q09
9	REFUSED ME17Q09

ME17Q08	Select
Ask If	ME17Q07 = 1
How did you pay for it (non-nicotine medication)? Would you say.. INTERVIEWER NOTE: ANY CASH PAYMENT IS CODED AS RESPONSE 1.	
1	You paid for it on your own
2	Insurance paid for some of it
3	Insurance paid for all of it
4	You were given the medication free of charge
7	DON'T KNOW/NOT SURE
9	REFUSED

ME17Q09	Select
Ask If	(ME17Q04 > 0 AND ME17Q04 <> 3) OR (ME17Q05 > 0 AND ME17Q05 <> 3) OR (ME17Q07 > 0 AND ME17Q07 <> 3)
In the last month, have you used a quit smoking class or group?	
1	YES
2	NO
3	I DID NOT TRY TO QUIT SMOKING OR USING TOBACCO PRODUCTS ME17Q11
7	DON'T KNOW/NOT SURE
9	REFUSED

ME17Q10		Select	
Ask If	(ME17Q04 > 0 AND ME17Q04 <> 3) OR (ME17Q05 > 0 AND ME17Q05 <> 3) OR (ME17Q07 > 0 AND ME17Q07 <> 3) OR (ME17Q09 > 0 AND ME17Q09 <> 3)		
In the last month have you called the Maine Tobacco Hotline?			
1	YES		
2	NO		
3	I DID NOT TRY TO QUIT SMOKING OR USING TOBACCO PRODUCTS		
7	DON'T KNOW/NOT SURE		
9	REFUSED		

ME17Q11		Select	
Ask If	(C09Q02 > 0 AND C09Q02 < 3) OR ME15Q01 < 3 OR ME15Q02 < 3 OR ME16Q02 = 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		

ME17Q12		Select	
Ask If	(C09Q02 > 0 AND C09Q02 < 3) OR ME15Q01 < 3 OR ME15Q02 < 3 OR ME16Q02 = 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		ME17Q16
7	DON'T KNOW/NOT SURE		
9	REFUSED		

ME17Q13	Select
Ask If	ME17Q12 > 0 AND ME17Q12 <> 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

ME17Q14	Select
Ask If	ME17Q12 > 0 AND ME17Q12 <> 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

ME17Q15	Select
Ask If	ME17Q12 > 0 AND ME17Q12 <> 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

ME17Q16	Select
Ask If	
During the past 30 days, have you seen any advertisements on television about help to quit smoking?	
1	Yes
2	No
	ME17END
7	DON'T KNOW/NOT SURE
	ME17END
9	REFUSED
	ME17END

ME17Q17	Multiple Select
Ask If	
	ME17Q16 = 1
Which ones do you remember?	
* THROAT SURGERY)	
DO NOT READ	
1	HelpLine (Maine's Quitline may also be called the Partnership For A Tobacco-Free Maine (PTM) helpline or the Center for Tobacco Independence helpline)
2	QuitNow (Tips from former smokers - has graphic ads with heart surgery or*
3	QuitLink (The Maine community of online support to quit smoking, may also be called the Maine quit smoking website.)
4	Other cessation (which could include NRT ads, hospital cessation programs, etc)
5	Tobacco industry ad (which could include e-cigarettes)
7	DON'T KNOW/NOT SURE
	EXCLUSIVE
9	REFUSED
	EXCLUSIVE

ME17END	Pause
Ask If	

State Added 18: Environmental Tobacco (Path B)

ME18INTRO	Pause
Ask If	

ME18Q01	Select			
Ask If				
These next questions ask about the type of building you live in and how long you have lived there.				
In what type of living space do you currently reside?				
1	Single Family Home			
2	Duplex			
3	Double or Multi-Family Home			
4	Condominium			
5	Townhouse			
6	Apartment Building			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

ME18Q02	Numeric			
Ask If				
How long have you lived in your current residence?				
101 - 199 NUMBER OF DAYS 201 - 299 NUMBER OF WEEKS				
301 - 399 NUMBER OF MONTHS 401 - 499 NUMBER OF YEARS				
ENTER AMOUNT OF TIME				
777	DON'T KNOW/NOT SURE			
999	REFUSED			
101	MIN		CONTROL	
499	MAX		CONTROL	

ME18Q03	Select			
Ask If				
Do you currently live in public/affordable/subsidized housing or participate in a voucher/low-income housing program (Such as Section 8)?				
1	Yes			
2	No			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

ME18Q04		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			

ME18Q05		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	

ME18Q06		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			

ME18Q07	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

ME18Q08	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 not allowed if children are in the home.		
3	Smoking is allowed in some places or at some times.		
4	Smoking is permitted anywhere inside your home.		
7	DON'T KNOW/NOT SURE		
9	REFUSED		

ME18Q09	Select		
Ask If	ASK IF ME18Q01 > 1 AND ME18Q01 < 7		
Which of the following statements best describes the official smoking policy in your building?			
1	Smoking is NOT allowed in any areas of the building including living units		
2	Smoking is not allowed in shared areas, but is allowed inside living units		
3	Smoking is allowed anywhere		
7	DON'T KNOW/NOT SURE		
9	REFUSED		

ME18Q10		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			

ME18Q11		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			

ME18Q12		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	

ME18Q13		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			

ME18Q14		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			

ME18Q15		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 areas				
2 Allowed in some work areas				
3 Allowed in all work areas				
7	DON'T KNOW/NOT SURE			
9	REFUSED			

ME18Q16		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				

ME18Q17		Numeric		
Ask If		C08Q09 = 1 OR C08Q09 = 2		
The next question is 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		

ME18END		Pause		
Ask If				

State Added 19: Smoking Beliefs (Path B)

ME19INTRO	Pause
Ask If	

ME19Q01	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

ME19Q02	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

ME19Q03	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

ME19Q04	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

ME19END	Pause
Ask If	

Asthma Call-Back Permission Script (Path A)

AFUINTRO	Pause
Ask If	

ADLTPERM	Select	630
Ask If (C06Q04 = 1) OR (M18Q01 = 1 AND (M18Q06 = 1 OR M18Q06 = 3))		
<p>We would like to call you again within the next 2 weeks to talk in more detail about {ADLTCHLD = 1, your, your child's} experiences with asthma. The information will be used to help develop and improve the asthma programs in {STATE}. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?</p>		
1	Yes	
2	No	AFUEND

FNAME	Select
Ask If ADLTPERM = 1	
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.	