

Maine
BRFSS

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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 (Maine CDC) 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 your 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."	
INTERVIEWER NOTE: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 DAYS INCLUDING VACATION HOMES, RVS OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.	
1	YES, 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 currently live 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 cell telephone?	
INTERVIEWER NOTE: TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE (INCLUDES VONAGE, MAGIC JACK AND OTHER HOME-BASED PHONE SERVICES).	
READ ONLY IF NECESSARY:	
"By cell (or cellular) telephone we mean a telephone that is mobile and usable outside of your neighborhood."	
1	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 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. Excluding adults living away from home such as students away at college, how many members of your household, including yourself, are 18 years of age or older?	
NUMBER OF ADULTS	

MEN	Numeric
Ask If	ADULTS > 1
You said there are {ADULTS} adults in your household. How many of these adults are men?	
NUMBER OF MEN	

CATI NOTE: CATI program to subtract number of men from number of adults provided

WOMEN	Select
Ask If	ADULTS > 1
So the number of adult women in the household is {Calculate: ADULTS - MEN}.	
Is that correct?	
1	YES SELECTED
2	NO ADULTS

WRONGTOT	Select
Ask If	MEN > ADULTS
I'm sorry, something is not right.	
Number of Men - {MEN}	
Number of Women - + {vWOMEN}	

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: VERIFY GENDER OF RESPONDENT..	
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 (Maine CDC) 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 your 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) 287-1420 .	
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	90
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	91-92
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	
30	MAX	CONTROL

C02Q02	Numeric	93-94
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	
30	MAX	CONTROL

Cati note: If C02Q01 and C02Q02 = 88 (none), go to next section.

C02Q03	Numeric	95-96
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	
30	MAX	CONTROL

C02END	Pause
Ask If	

Section 03: Health Care Access

C03INTRO	Pause
Ask If	

C03Q01	Select	97
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	

State Added Section 13: Health Care Access (Path B)

Cati Note: Insert after C03Q01

ME13INTRO	Pause
Ask If	

ME13Q01	Select	952-953
Ask If	C03Q01 = 1	
<p>What is the primary source of your health care coverage? Is it...</p> <p>INTERVIEWER NOTE: IF THE RESPONDENT INDICATES THAT THEY PURCHASED HEALTH INSURANCE THROUGH THE HEALTH INSURANCE MARKETPLACE (NAME OF STATE MARKETPLACE), ASK:</p> <p>"Was it a private health insurance plan purchased on your own or by a family member (private) or did you receive Medicaid (state plan)?"</p> <p>IF PURCHASED ON THEIR OWN (OR BY A FAMILY MEMBER), SELECT 02, IF MEDICAID SELECT 04.</p> <p>PLEASE READ:</p>		
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	
08	None (no coverage)	
77	DON'T KNOW/NOT SURE	
99	REFUSED	

ME13END	Pause
Ask If	

CATI NOTE: IF 1, "YES", to C03Q01 AND USING HEALTH CARE ACCESS MODULE GO TO MODULE 4, QUESTION 1, ELSE CONTINUE TO C03Q02

Module 10: Health Care Access (Path A)

M10INTRO	Pause
Ask If	USEM10 = TRUE

M10Q01	Select	367
Ask If	USEM10 = TRUE AND C03Q01 = 1	
Do you have Medicare?		
INTERVIEWER NOTE: IF NEEDED SAY:		
"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	

M10Q02	Select	368-369
Ask If	USEM10 = TRUE AND 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:		
"Was it a private health insurance plan purchased on your own or by a family member (private) or did you receive 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	
08	None (no coverage)	
77	DON'T KNOW/NOT SURE	
99	REFUSED	

CATI Note: Go to core 3.2

C03Q02	Select	98
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	99
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	

CATI NOTE: IF USING HEALTH CARE ACCESS MODULE GO TO MODULE 10 QUESTION 3, ELSE CONTINUE to C03Q04

M10Q03	Select	370-395
Ask If USEM10 = TRUE		
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: Go to core 3.4

C03Q04	Select	100
Ask If		
A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. About how long has it been since you last visited a doctor for a routine checkup?		
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	

CATI INSTRUCTION: IF USING HEALTH CARE ACCESS MODULE AND C03Q01 = 1 GO TO MODULE 10, QUESTION 4A OR IF USING HEALTH CARE ACCESS MODULE AND C03Q01 = 2, 7, OR 9 GO TO MODULE, QUESTION 4B, OR IF NOT USING HEALTH CARE ACCESS MODULE GO TO NEXT SECTION.

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

M10Q04A	Select	396
Ask If C03Q01 = 1 AND USEM10 = TRUE		
In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage?		
1	YES	M10Q05
2	NO	M10Q05
7	DON'T KNOW/NOT SURE	M10Q05
9	REFUSED	M10Q05

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

M10Q04B	Select	397
Ask If	C03Q01 > 1 AND USEM10 = TRUE	
About how long has it been since you last had health care coverage?		
READ ONLY IF NECESSARY		
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	

M10Q05	Numeric	398-399
Ask If	USEM10 = TRUE	
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

M10Q06	Select	400
Ask If	USEM10 = TRUE	
Not including over the counter (OTC) medications, was there a time in the past 12 months when you did not take your medication as prescribed because of cost?		
1	YES	
2	NO	
3	NO MEDICATION WAS PRESCRIBED	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M10Q07	Select	401
Ask If	USEM10 = TRUE	
In general, how satisfied are you with the health care you received? Would you say...		
PLEASE READ		
1	Very satisfied	
2	Somewhat satisfied	
3	Not at all satisfied	
8	NOT APPLICABLE	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M10Q08	Select	402
Ask If	USEM10 = TRUE	
Do you currently have any health care bills that are being paid off over time?		
INTERVIEWER NOTE: IF NEEDED SAY:		
"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: IF NEEDED SAY:		
"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	

CATI Note: Go to core section 4.

M10END	Pause
Ask If	

C03END	Pause
Ask If	

Section 04: Hypertension Awareness

C04INTRO	Pause
Ask If	

C04Q01	Select	101
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	
3	NO	C04END
4	TOLD BORDERLINE HIGH OR PRE-HYPERTENSIVE	C04END
7	DON'T KNOW/NOT SURE	C04END
9	REFUSED	C04END

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

C04Q02		Select	102
Ask If		C04Q01 = 1	
Are you currently taking medicine for your high blood pressure?			
1	YES		
2	NO		
7	DON'T KNOW/NOT SURE		
9	REFUSED		

C04END		Pause
Ask If		

Section 05: Cholesterol Awareness

C05INTRO	Pause
Ask If	

C05Q01	Select	103
Ask If		
Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your blood cholesterol checked?		
READ ONLY IF NECESSARY:		
1	Never	C05END
2	Within the past year (anytime less than 12 months ago)	
3	Within the past 2 years (1 year but less than 2 years ago)	
4	Within the past 5 years (2 years but less than 5 years ago)	
5	5 or more years ago	
7	DON'T KNOW/NOT SURE	
9	REFUSED	C05END

C05Q02	Select	104
Ask If	C05Q01 > 1 AND C05Q01 < 9	
Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?		
1	YES	
2	NO	C05END
7	DON'T KNOW/NOT SURE	C05END
9	REFUSED	C05END

C05Q03	Select	105
Ask If	C05Q02 = 1	
Are you currently taking medicine prescribed by a doctor or other health professional for your blood cholesterol?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C05END	Pause
Ask If	

Section 06: Chronic Health Conditions

C06INTRO	Pause
Ask If	

C06Q01	Select	106
Ask If		
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	107
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	108
Ask If		
(Ever told) you had a stroke?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06Q04		Select	109
Ask If			
(Ever told) you had asthma?			
1	YES		
2	NO		C06Q06
7	DON'T KNOW/NOT SURE		C06Q06
9	REFUSED		C06Q06

C06Q05		Select	110
Ask If			
C06Q04 = 1			
Do you still have asthma?			
1	YES		
2	NO		
7	DON'T KNOW/NOT SURE		
9	REFUSED		

C06Q06		Select	111
Ask If			
(Ever told) you had skin cancer?			
1	YES		
2	NO		
7	DON'T KNOW/NOT SURE		
9	REFUSED		

C06Q07		Select	112
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	113	
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	114	
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	115	
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	116
Ask If		
(Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence?		
INTERVIEWER NOTE, IF NEEDED SAY:		
"Incontinence is not being able to control urine flow."		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06Q12	Select	117
Ask If		
(Ever told) you have diabetes?		
INTERVIEWER NOTE: IF "YES" AND RESPONDENT IS FEMALE, ASK:		
"Was this only when you were pregnant?"		
INTERVIEWER NOTE: IF RESPONDENT SAYS PRE-DIABETES OR BORDERLINE DIABETES, USE RESPONSE CODE 4.		
1	YES	
2	YES, BUT FEMALE TOLD ONLY DURING PREGNANCY	
3	NO	
4	NO, PRE-DIABETES OR BORDERLINE DIABETES	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

Cati Note: if Q6.12 = 1 (Yes), Go to next question. If any other response to Q6.12, go to pre-diabetes optional module (if used), otherwise, to next section.

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

C06Q13	Numeric	118-119
Ask If	C06Q12 = 1	
How old were you when you were told you have diabetes?		
CODE AGE IN YEARS [97 = 97 AND OLDER]		
98	DON'T KNOW/NOT SURE	
99	REFUSED	
1	MIN	CONTROL
97	MAX	CONTROL

Cati Note: Go to Diabetes Optional Module (if used), otherwise, go to next section.

C06END	Pause
Ask If	

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

Cati note: only asked of those not responding "yes" (code = 1) to core Q6.12 (diabetes awareness question).

M01INTRO	Pause
Ask If	C06Q12 > 1

M01Q01	Select	290
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 Q6.12 = 4 (no, pre-diabetes or borderline diabetes); answer Q2 "yes" (code = 1).

M01Q02	Select	291
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?		
INTERVIEWER INSTRUCTIONS: 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	

State Added Section 03: Diabetes (Paths A and B)

Cati Note: Insert after C06Q13

ME03INTRO	Pause
Ask If	

ME03Q01	Numeric	904-906
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

ME03Q01V	Select
Ask If	(ME03Q01 > 105 AND ME03Q01 < 200) OR (ME03Q01 > 235 AND ME03Q01 < 300)
INTERVIEWER YOU RECORDED THE RESPONDENT CHECKS THEIR FEET {SHOWTIME ME03Q01}.	
IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION ME03Q01

ME03Q02	Numeric	907-908
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

ME03Q02V	Select	
Ask If	ME03Q02 > 52 AND ME03Q02 < 77	
INTERVIEWER YOU RECORDED THE RESPONDENT HAS SEEN A HEALTH PROFESSIONAL {ME03Q02} TIMES IN THE PAST 12 MONTHS. IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	ME03Q02

ME03Q03	Numeric	909-910
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

ME03Q03V	Select
Ask If	ME03Q03 > 52 AND ME03Q03 < 77
INTERVIEWER YOU RECORDED THE RESPONDENT HAS BEEN CHECKED FOR "A ONE C" BY A HEALTH PROFESSIONAL {ME03Q03} TIMES IN THE PAST 12 MONTHS.	
IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION ME03Q03

CATI NOTE: If ME03Q01 = 555 (No feet), go to ME03Q05.

ME03Q04	Numeric	911-912
Ask If	C06Q12 = 1 AND ME03Q01 <> 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

ME03Q04V	Select
Ask If	ME03Q04 > 52 AND ME03Q04 < 77
INTERVIEWER YOU RECORDED THE RESPONDENT HAS HAD THEIR FEET CHECKED BY A HEALTH PROFESSIONAL {ME03Q04} TIMES IN THE PAST 12 MONTHS.	
IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION ME03Q04

ME03Q05	Select	913
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	

ME03Q06	Select	914
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	

ME03END	Pause	
Ask If		

Section 07: Arthritis Burden

C07INTRO	Pause
Ask If	C06Q09 = 1

Cati Note: If C06Q09 = 1 (Yes) then continue, else to next section.

C07Q01	Select	120
Ask If	C06Q09 = 1	
<p>Next, I will ask you about your arthritis. Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint. Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?</p> <p>INTERVIEWER INSTRUCTION: 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	

C07Q02 should be asked of all respondents regardless of employment status.

C07Q02	Select	121
Ask If	C06Q09 = 1	
<p>In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?</p> <p>INTERVIEWER INSTRUCTION: IF RESPONDENT GIVES AN ANSWER TO EACH ISSUE (WHETHER RESPONDENT WORKS, TYPE OF WORK, OR AMOUNT OF WORK), THEN IF ANY ISSUE IS "YES" MARK THE OVERALL RESPONSE AS "YES."</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>		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C07Q03	Select	122
Ask If	C06Q09 = 1	
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?		
INTERVIEWER INSTRUCTION: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN THE INTERVIEWER SHOULD SAY:		
"Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."		
PLEASE READ [1-3]:		
1	A lot	
2	A little	
3	Not at all	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

CATI NOTE: C07Q04 should export to variable C07Q04XX where if C07Q04 = 88, variable C07Q04XX = 00.

C07Q04	Numeric	123-124
Ask If	C06Q09 = 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. On a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be, DURING THE PAST 30 DAYS , how bad was your joint pain ON AVERAGE ?		
ENTER NUMBER [01-10]		
88	ZERO	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
10	MAX	CONTROL

C07END	Pause
Ask If	

Section 08: Demographics

C08INTRO	Pause
Ask If	

C08Q01	Select	125
Ask If		
Are you ...		
INTERVIEWER NOTE: THIS QUESTION MUST BE ASKED EVEN IF INTERVIEWER HAD PREVIOUSLY ENTERED SEX IN THE SCREENING QUESTIONS.		
1	Male	
2	Female	
9	REFUSED	

Cati Note: This question may be populated by landline household enumeration. It may not be populated by interviewer assignment of sex during the screening for cell phone persons living in college housing.

C08Q02	Numeric	126-127
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

C08Q02V	Select
Ask If	C06Q13 > C08Q02 AND C06Q13 < 98 AND C08Q02 > 17
INTERVIEWER: THE RESPONDENT INDICATED THEIR AGE TO BE {C08Q02} 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 C08Q02

C08Q03A	Select	128-131
Ask If		
Are you Hispanic, Latino/a, or Spanish origin?		
1	YES	
2	NO	C08Q04
7	DON'T KNOW/NOT SURE	C08Q04
9	REFUSED	C08Q04

CATI Note: IF C08Q03A = 2, code C08Q03B = 5

C08Q03B	Multiple Select	128-131
Ask If C08Q03A = 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		
INTERVIEWER NOTE: ONE OR MORE CATEGORIES MAY BE SELECTED.		
1	Mexican, Mexican American, Chicano/a	
2	Puerto Rican	
3	Cuban	
4	Another Hispanic, Latino/a, or Spanish origin	
5	NO	EXCLUSIVE
7	DON'T KNOW/NOT SURE	EXCLUSIVE
9	REFUSED	EXCLUSIVE

C08Q04	Multiple Select	132-159
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.		
INTERVIEWER NOTE: SELECT 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 C08Q04; continue. Otherwise, go to C08Q06.

C08Q05	Select	160-161
Ask If	C08Q04 < 77 AND C08Q04.2 > 0 AND C08Q04.2 <> 88	
Which one of these groups would you say best represents your race?		
INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING. IF RESPONDENT HAS SELECTED MULTIPLE RACES IN PREVIOUS AND REFUSES TO SELECT A SINGLE RACE, CODE "REFUSED."		
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	

C08Q06	Select	162
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	

C08Q07	Select	163
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	

C08Q08	Select	164
Ask If		
Do you own or rent your home?		
INTERVIEWER NOTE, IF NEEDED SAY:		
"Other arrangement' may include group home, staying with friends or family without paying rent."		
INTERVIEWER NOTE, IF NEEDED SAY:		
"Home is defined as the place where you live most of the time/the majority of the year."		
INTERVIEWER NOTE, IF RESPONDENT ASKS ABOUT WHY WE ARE ASKING THIS QUESTION, SAY:		
"We ask this question in order to compare health indicators among people with different housing situations."		
READ ONLY IF NECESSARY:		
1	Own	
2	Rent	
3	Other arrangement	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

ASKCNTY	Numeric	165-167
Ask If	(QSTPATH < 20 AND STATEFIPS <> 02) OR NOT(STATEFIPS = 02 AND CPState = 1) OR NOT(STATEFIPS <> 02 AND CPState > 1 AND CPStateR = 02)	
In what county do you currently live?		
{IF STATEFIPS = 48, INTERVIEWER NOTE: PLEASE REPEAT AND VERIFY SPELLING OF COUNTY BEFORE CONTINUING.}		
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

Cati Note: set min and max based on state zip range.

C08Q10	Numeric	168-172
Ask If	What is the ZIP Code where you currently live?	
INTERVIEWER NOTE: PLEASE READ ZIP CODE BACK TO VERIFY ACCURACY.		
ZIP CODE		
77777	DON'T KNOW/NOT SURE	
99999	REFUSED	
ZIPMIN		MIN
ZIPMAX		MAX

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

C08Q11	Select	173
Ask If	QSTAPTH < 20	
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	C08Q13
7	DON'T KNOW/NOT SURE	C08Q13
9	REFUSED	C08Q13

C08Q12	Select	174
Ask If	C08Q11 = 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	

C08Q13	Select	175
Ask If	QSTPATH < 20	
Including phones for business and personal use, do you have a cell phone for personal use?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C08Q14	Select	176
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, IF NEEDED SAY:		
"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	

C08Q15	Select	177
Ask If		
Are you currently...?		
INTERVIEWER NOTE: IF MORE THAN ONE SELECTED SAY:		
"Select the category which best describes you."		
INTERVIEWER NOTE: DO NOT CODE 7 FOR "DON'T KNOW" ON THIS QUESTION		
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	

C08Q16	Numeric	178-179
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

Cati Note: if C08Q16 is answered, this will be considered a partial complete.

C08Q16v	Select	
Ask If C08Q16 > 9 AND C08Q16 < 88		
INTERVIEWER YOU RECORDED {C08Q16} CHILDREN LIVE IN THE HOUSEHOLD.		
IS THIS CORRECT?		
1	YES, CONTINUE	
2	NO, CORRECT C08Q16	C08Q16

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

C08Q17d	Select	
Ask If		
Is your annual household income from all sources—		
Less than \$25,000?		

1	YES			
2	NO			C08Q17e
7	DON'T KNOW/NOT SURE			C08Q17i
9	REFUSED			C08Q17i

C08Q17c		Select		
Ask If C08Q17d = 1				
(Is your annual household income from all sources-)				
Less than \$20,000?				
1	YES			
2	NO			C08Q17i
7	DON'T KNOW/NOT SURE			C08Q17i
9	REFUSED			C08Q17i

C08Q17b		Select		
Ask If C08Q17c = 1				
(Is your annual household income from all sources-)				
Less than \$15,000?				
1	YES			
2	NO			C08Q17i
7	DON'T KNOW/NOT SURE			C08Q17i
9	REFUSED			C08Q17i

C08Q17a		Select		
Ask If C08Q17b = 1				
(Is your annual household income from all sources-)				
Less than \$10,000?				
1	YES			C08Q17i
2	NO			C08Q17i
7	DON'T KNOW/NOT SURE			C08Q17i
9	REFUSED			C08Q17i

C08Q17e		Select		
Ask If C08Q17d = 2				
(Is your annual household income from all sources-)				
Less than \$35,000?				
1	YES			C08Q17i
2	NO			
7	DON'T KNOW/NOT SURE			C08Q17i
9	REFUSED			C08Q17i

C08Q17f		Select		
Ask If C08Q17e = 2				
(Is your annual household income from all sources-)				
Less than \$50,000?				
1	YES			C08Q17i
2	NO			
7	DON'T KNOW/NOT SURE			C08Q17i
9	REFUSED			C08Q17i

C08Q17g		Select		
Ask If C08Q17f = 2				
(Is your annual household income from all sources-)				
Less than \$75,000?				
1	YES			C08Q17i
2	NO			C08Q17i
7	DON'T KNOW/NOT SURE			C08Q17i
9	REFUSED			C08Q17i

C08Q17i	Select	180-181
Ask If		
(Annual Household income from all sources is:)		
{If C08Q17g = 2, More than \$75,000?}		
{If C08Q17g = 1, \$50,000 to less than \$75,000}		
{If C08Q17f = 1, \$35,000 to less than \$50,000}		
{If C08Q17e = 1, \$25,000 to less than \$35,000}		
{If C08Q17c = 2, \$20,000 to less than \$25,000}		
{If C08Q17b = 2, \$15,000 to less than \$20,000}		
{If C08Q17a = 2, \$10,000 to less than \$15,000}		
{If C08Q17a = 1, Less than \$10,000}		
{Default, REFUSED/DON'T KNOW/NOT SURE}		
(Is this correct?)		
1	YES	
2	NO	C08Q17d
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C08Q18	Select	182
Ask If		
Have you used the internet in the past 30 days?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C08Q19	Numeric	183-186
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	

C08Q19V	Select
Ask If	C08Q19 <> 7777 AND C08Q19 <> 9999 AND ((C08Q19 < 9000 AND (C08Q19 < 80 OR C08Q19 > 350)) OR (C08Q19 > 9000 AND (C08Q19 < 9035 OR C08Q19 > 9159)))
INTERVIEWER YOU INDICATED THE RESPONDENT WEIGHS {C08Q19} IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION C08Q19

C08Q20	Numeric	187-190
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)		
7777	DON'T KNOW/NOT SURE	
9999	REFUSED	

C08Q20V	Select
Ask If	(C08Q20 < 9000 AND (C08Q20 > 608 OR C08Q20 < 407)) OR (C08Q20 > 9000 AND (C08Q20 > 9206 OR C08Q20 < 9139)) AND C08Q20 <> 7777 AND C08Q20 <> 9999
INTERVIEWER YOU INDICATED THE RESPONDENT IS {SHOWFTIN C08Q20} IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION C08Q20

Cati Note: If male, go to Q8.22, if female respondent is 50 years old or older, go to Q8.22.

C08Q21	Select	191
Ask If	C08Q01 = 2 AND C08Q02 < 50	
To your knowledge, are you now pregnant?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C08Q22		Select	192
Ask If			
The following questions are about health problems or impairments you may have.			
Some people who are deaf or have serious difficulty hearing may or may not use equipment to communicate by phone.			
Are you deaf or do you have serious difficulty hearing?			
1 YES			
2 NO			
7	DON'T KNOW/NOT SURE		
9	REFUSED		

C08Q23		Select	193
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		

C08Q24		Select	194
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		

C08Q25		Select	195
Ask If			
Do you have serious difficulty walking or climbing stairs?			
1 YES			
2 NO			
7	DON'T KNOW/NOT SURE		
9	REFUSED		

C08Q26		Select	196
Ask If			
Do you have difficulty dressing or bathing?			
1	YES		
2	NO		
7	DON'T KNOW/NOT SURE		
9	REFUSED		

C08Q27		Select	197
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		

State Added Section 01: Gender Identity (Paths A and B)

Cati Note: Inserted into after section 08.

ME01INTRO	Pause
Ask If	

ME01Q01	Select	901
Ask If		
<p>The next questions are about gender identity and sexual orientation.</p> <p>What sex were you assigned at birth, on your original birth certificate?</p> <p>INTERVIEWER NOTE, IF NEEDED SAY:</p> <p>"We ask these questions in order to better understand the health and health care needs of people with different sexual orientations and gender identities."</p>		
1	MALE	
2	FEMALE	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

ME01Q02		Select	902
Ask If			
I'll read a list of terms people sometimes use to describe their gender identity. Please tell me which number best describes how you think of yourself.			
INTERVIEWER NOTE: PLEASE SAY THE NUMBER BEFORE THE TEXT RESPONSE. RESPONDENTS CAN ANSWER WITH EITHER THE NUMBER OF TEXT WORD.			
INTERVIEWER NOTE: IF ASKED ABOUT DEFINITION OF TRANSGENDER, SAY:			
"Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation - straight, gay, lesbian, or bisexual."			
PLEASE READ			
1	1 - Male		
2	2 - Female		
3	3 - Transgender		
4	4 - Do not identify as female, male, or transgender		
7	DON'T KNOW/NOT SURE		
9	REFUSED		

ME01END		Pause
Ask If		

State Added Section 02: Sexual Orientation (Paths A and B)

Cati Note: Insert into core after SAQ 01, before section 09.

ME02INTRO	Pause
Ask If	

ME02Q01	Select
Ask If	
<p>Now I'll read a list of terms people sometimes used 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.</p> <p>INTERVIEWER NOTE: PLEASE SAY THE NUMBER BEFORE THE TEXT RESPONSE. RESPONDENTS CAN ANSWER WITH EITHER THE NUMBER OF THE TEXT/WORD.</p> <p>PLEASE READ</p>	
1	1 - Heterosexual or straight
2	2 - Homosexual (gay or lesbian)
3	3 - Bisexual
4	4 - Other
7	DON'T KNOW/NOT SURE
9	REFUSED

ME02END	Pause
Ask If	

Section 09: Tobacco Use

C09INTRO	Pause
Ask If	

C09Q01	Select	198
Ask If		
Have you smoked at least 100 cigarettes in your entire life?		
INTERVIEWER NOTE: IF NECESSARY, SAY:		
"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."		
INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES		
1	YES	
2	NO	C09Q05
7	DON'T KNOW/NOT SURE	C09Q05
9	REFUSED	C09Q05

C09Q02	Select	199
Ask If	C09Q01 = 1	
Do you now smoke cigarettes every day, some days, or not at all?		
DO NOT READ		
1	EVERY DAY	
2	SOME DAYS	
3	NOT AT ALL	C09Q04
7	DON'T KNOW/NOT SURE	C09Q05
9	REFUSED	C09Q05

C09Q03	Select	200
Ask If	C09Q01 = 1 AND (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	201-202
Ask If	C09Q02 = 3	
How long has it been since you last smoked a cigarette, even one or two puffs?		
READ ONLY IF NECESSARY		
01	Within the past month (less than 1 month ago)	
02	Within the past 3 months (1 month but less than 3 months ago)	
03	Within the past 6 months (3 months but less than 6 months ago)	
04	Within the past year (6 months but less than 1 year ago)	
05	Within the past 5 years (1 year but less than 5 years ago)	
06	Within the past 10 years (5 years but less than 10 years ago)	
07	10 years or more	
08	Never smoked regularly	
77	DON'T KNOW/NOT SURE	
99	REFUSED	

C09Q05	Select	203
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')		
INTERVIEWER NOTE: IF NEEDED SAY:		
"Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum."		
DO NOT READ		
1	EVERY DAY	
2	SOME DAYS	
3	NOT AT ALL	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C09END	Pause
Ask If	

Section 10: E-Cigarettes

C10INTRO	Pause
Ask If	

C10Q01	Select	204
Ask If		
<p>The next questions are about electronic cigarettes and other electronic "vaping" products. These products typically contain nicotine, flavors, and other ingredients. Do not include products used only for marijuana.</p> <p>Have you ever used an e-cigarette or other electronic "vaping" product, even just one time, in your entire life?</p> <p>INTERVIEWER NOTE: THESE QUESTIONS CONCERN ELECTRONIC VAPING PRODUCTS FOR NICOTINE USE. THE USE OF ELECTRONIC VAPING PRODUCTS FOR MARIJUANA USE IS NOT INCLUDED IN THESE QUESTIONS.</p> <p>INTERVIEWER NOTE: READ IF NECESSARY:</p> <p>"Electronic cigarettes (e-cigarettes) and other electronic 'vaping' products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy."</p>		
1	YES	
2	NO	C10END
7	DON'T KNOW/NOT SURE	C10END
9	REFUSED	C10END

C10Q02	Select	205
Ask If	C10Q01 = 1	
<p>Do you now use e-cigarettes or other electronic "vaping" products every day, some days, or not at all?</p>		
1	EVERY DAY	
2	SOME DAYS	
3	NOT AT ALL	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C10END	Pause
Ask If	

Section 11: Alcohol Consumption

C11INTRO	Pause
Ask If	

C11Q01	Numeric	206-208
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	C11END
777	DON'T KNOW/NOT SURE	C11END
999	REFUSED	C11END
101	MIN	CONTROL
230	MAX	CONTROL

C11Q02	Numeric	209-210
Ask If	C11Q01 < 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?		
INTERVIEWER NOTE, IF NEEDED SAY:		
"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

C11Q02V	Select	
Ask If	C11Q02 > 15 AND C11Q02 < 77	
INTERVIEWER YOU INDICATED {C11Q02} DRINKS PER DAY		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C11Q02

C11Q03	Numeric	211-212
Ask If	C11Q01 < 777	
Considering all types of alcoholic beverages, how many times during the past 30 days did you have {IF C08Q01 = 1, 5, 4} or more drinks on an occasion?		
NUMBER OF TIMES		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
76	MAX	CONTROL

C11Q03V	Select	
Ask If	C11Q03 > 15 AND C11Q03 < 77	
INTERVIEWER YOU INDICATED {C11Q03} OCCASIONS WHEN THE RESPONDENT HAD 4/5 OR MORE DRINKS.		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C11Q03

C11Q04	Numeric	213-214
Ask If	C11Q01 < 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

C11Q04V	Select
Ask If	(C11Q04 <> 99 AND C11Q04 <> 77) AND C11Q04 < 77 AND ((C08Q01 = 1 AND (C11Q04 < 5 AND (C11Q03 < 88 AND C11Q03 <>77)) OR (C11Q03 = 88 AND (C11Q04 > 4 AND C11Q04 < 77))) OR (C08Q01 = 2 AND (C11Q04 < 4 AND (C11Q03 < 88 AND C11Q03 <>77)) OR (C11Q03 = 88 AND (C11Q04 > 3 AND C11Q04 < 77)))
INTERVIEWER YOU INDICATED {C11Q04} DRINKS IS THE LARGEST NUMBER OF DRINKS THE RESPONDENT HAD ON ANY OCCASION BUT THE NUMBER OF TIMES THE RESPONDENT HAD {IF C08Q01 = 1, 5, 4} IS {C11Q03}.	
IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION C11Q04

C11END	Pause
Ask If	

Section 12: Fruits and Vegetables

C12INTRO	Pause
Ask If	

C12Q01	Numeric	215-217
Ask If		
<p>Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks. Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month.</p> <p>READ IF RESPONDENT ASKS WHAT TO INCLUDE OR SAYS 'I DON'T KNOW':</p> <p>"Include fresh, frozen or canned fruit. Do not include dried fruits."</p> <p>INTERVIEWER INSTRUCTIONS: IF A RESPONDENT INDICATES THAT THEY CONSUME A FOOD ITEM EVERY DAY THEN ENTER THE NUMBER OF TIMES PER DAY. IF THE RESPONDENT INDICATES THAT THEY EAT A FOOD LESS THAN DAILY, THEN ENTER TIMES PER WEEK OR TIMES PER MONTH. DO NOT ENTER TIMES PER DAY UNLESS THE RESPONDENT REPORTS THAT HE/SHE CONSUMED THAT FOOD ITEM EACH DAY DURING THE PAST MONTH.</p> <p>INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK:</p> <p>"Was that per day, week, or month?"</p> <p>INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH 101-199 = PER DAY 201-299 = PER WEEK 300-399 = PER MONTH</p>		
TIMES		
300 LESS THAN ONCE A MONTH		
555 NEVER		
777 DON'T KNOW		
999 REFUSED		
101	MIN	CONTROL
399	MAX	CONTROL

C12Q01V	Select	
Ask If	(C12Q01 > 105 AND C12Q01 < 201) OR (C12Q01 > 235 AND C12Q01 < 300)	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS FRUIT {C12Q01 SHOWTIME }		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C12Q01

C12Q02	Numeric	218-220
Ask If	Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?	
READ IF RESPONDENT ASKS ABOUT EXAMPLES OF FRUIT-FLAVORED DRINKS:		
"Do not include fruit-flavored drinks with added sugar like cranberry cocktail, HI-C, lemonade, Kool-aid, Gatorade, Tampico, and Sunny delight. Include only 100% pure juices or 100% juice blends."		
INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK:		
"Was that per day, week, or month?"		
INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH 101-199 = PER DAY 201-299 = PER WEEK 300-399 = PER MONTH		
TIMES		
300	LESS THAN ONCE A MONTH	
555	NEVER	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
101	MIN	CONTROL
399	MAX	CONTROL

C12Q02V	Select	
Ask If	(C12Q02 > 105 AND C12Q02 < 201) OR (C12Q02 > 235 AND C12Q02 < 300)	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT DRINKS 100% PURE FRUIT JUICES {C12Q02 SHOWTIME }		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C12Q02

C12Q03	Numeric	221-223
Ask If		
How often did you eat a green leafy or lettuce salad, with or without other vegetables?		
READ IF RESPONDENT ASKS ABOUT SPINACH:		
"Include spinach salads"		
INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK:		
"Was that per day, week, or month?"		
INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH		
101-199 = PER DAY 201-299 = PER WEEK 300-399 = PER MONTH		
TIMES		
300 LESS THAN ONCE A MONTH		
555 NEVER		
777 DON'T KNOW/NOT SURE		
999 REFUSED		
101	MIN	CONTROL
399	MAX	CONTROL

C12Q03V	Select	
Ask If (C12Q03 > 105 AND C12Q03 < 201) OR (C12Q03 > 235 AND C12Q03 < 300)		
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS GREEN LEAFY OR LETTUCE SALAD {C12Q03 SHOWTIME }		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C12Q03

C12Q04	Numeric	224-226
Ask If		
How often did you eat any kind of fried potatoes, including french fries, home fries, or hash browns?		
READ IF RESPONDENT ASKS ABOUT POTATO CHIPS:		
"Do not include potato chips."		
INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK:		
"Was that per day, week, or month?"		
INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH		
101-199 = PER DAY 201-299 = PER WEEK 300-399 = PER MONTH		
TIMES		
300 LESS THAN ONCE A MONTH		
555 NEVER		
777 DON'T KNOW/NOT SURE		
999 REFUSED		
101	MIN	CONTROL
399	MAX	CONTROL

C12Q04V	Select	
Ask If (C12Q04 > 105 AND C12Q04 < 201) OR (C12Q04 > 235 AND C12Q04 < 300)		
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS ANY KIND OF FRIED POTATOES {C12Q04 SHOWTIME}		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C12Q04

C12Q06	Numeric	230-232
Ask If		
Not including lettuce salads and potatoes, how often did you eat other vegetables?		
READ IF RESPONDENT ASKS ABOUT WHAT TO INCLUDE:		
"Include tomatoes, green beans, carrots, corn, cabbage, bean sprouts, collard greens, and broccoli. Include raw, cooked, canned, or frozen vegetables. Do not include rice."		
INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK:		
"Was that per day, week, or month?"		
INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH		
101-199 = PER DAY 201-299 = PER WEEK 300-399 = PER MONTH		
_____ TIMES		
300 LESS THAN ONCE A MONTH		
555 NEVER		
777 DON'T KNOW/NOT SURE		
999 REFUSED		
101	MIN	CONTROL
399	MAX	CONTROL

C12Q06V	Select	
Ask If	(C12Q06 > 105 AND C12Q06 < 201) OR (C12Q06 > 235 AND C12Q06 < 300)	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS OTHER VEGETABLES {C12Q06 SHOWTIME}		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C12Q06

C12END	Pause
Ask If	

Section 13: Exercise (Physical Activity)

C13INTRO	Pause
Ask If	

C13Q01	Select	233
Ask If		
<p>The next few questions are about exercise, recreation, or physical activities other than your regular job duties.</p> <p>INTERVIEWER INSTRUCTION: IF RESPONDENT DOES NOT HAVE A "REGULAR JOB DUTY" OR IS RETIRED, SAY:</p> <p>"You may count the physical activity or exercise you spend the most time doing in a regular month."</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>		
1	YES	
2	NO	C13Q08
7	DON'T KNOW/NOT SURE	C13Q08
9	REFUSED	C13Q08

C13Q02	Numeric	234-235
Ask If	C13Q01 = 1	
<p>What type of physical activity or exercise did you spend the most time doing during the past month?</p> <p>INTERVIEWER INSTRUCTION: IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED IN THE PHYSICAL ACTIVITY CODING LIST, CHOOSE THE OPTION LISTED AS "OTHER".</p> <p>(SPECIFY) [SEE CODING LIST A]</p>		
77	DON'T KNOW/NOT SURE	C13Q08
99	REFUSED	C13Q08

Activity List	Numeric
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
77	DON'T KNOW	
99	REFUSED	

C13Q03	Numeric	236-238
Ask If	C13Q02 > 0 AND C13Q02 <> 77 AND C13Q02 <> 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

C13Q03v	Select	
Ask If	(C13Q03 > 107 AND C13Q03 < 201) OR (C13Q03 > 231 AND C13Q03 < 300)	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE ACTIVITY RECORDED IN C13Q02 {C13Q03 SHOWTIME}		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C13Q03

C13Q04	Numeric	239-241
Ask If	C13Q02 > 0 AND C13Q02 <> 77 AND C13Q02 <> 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

C13Q04V	Select	
Ask If	C13Q04 > 430 AND C13Q04 < 777	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT KEEPS AT THIS ACTIVITY FOR {C13Q04 HOURMIN}		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C13Q04

C13Q05	Numeric	242-243
Ask If	C13Q02 > 0 AND C13Q02 <> 77 AND C13Q02 <> 99	
What other type of physical activity gave you the next most exercise during the past month?		
INTERVIEWER INSTRUCTION: IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED IN THE CODING PHYSICAL ACTIVITY LIST, CHOOSE THE OPTION LISTED AS "OTHER".		
(SPECIFY) [SEE CODING LIST A]		
88	NO OTHER ACTIVITY	C13Q08
77	DON'T KNOW/NOT SURE	C13Q08
99	REFUSED	C13Q08

Activity List	Numeric	234-235
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
77	DON'T KNOW	
99	REFUSED	

C13Q05V	Select
Ask If	C13Q02 = C13Q05
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE SAME ACTIVITY RECORDED IN C13Q02.	
FIRST ACTIVITY (C13Q02)= {C13Q02}	
SECOND ACTIVITY (C13Q05)= {C13Q05}	
IS THIS CORRECT?	
1	NO, CHANGE ACTIVITY IN QUESTION C13Q05 C13Q05
2	NO, CHANGE ACTIVITY IN QUESTION C13Q02 C13Q02
3	YES, CORRECT AS IS, CONTINUE

C13Q06	Numeric	244-246
Ask If	C13Q05 > 0 AND C13Q05 <> 77 AND C13Q05 <> 99 AND C13Q05 <> 88	
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

C13Q06V	Select
Ask If	(C13Q06 > 107 AND C13Q06 < 201) OR (C13Q06 > 231 AND C13Q06 < 300)
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE ACTIVITY RECORDED IN C13Q05 {C13Q06 SHOWTIME}	
IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION C13Q06

C13Q07	Numeric	247-249
Ask If	C13Q05 > 0 AND C13Q05 <> 77 AND C13Q05 <> 99 AND C13Q05 <> 88	
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

C13Q07V	Select	
Ask If	C13Q07 > 430 AND C13Q07 < 777	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT KEEPS AT THIS ACTIVITY FOR {C13Q07 HOURMIN}		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C13Q07

C13Q08	Numeric	250-252
Ask If		
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.		
101-199 = PER WEEK 201-299 = PER MONTH		
_____ TIMES		
888 NEVER		
777 DON'T KNOW/NOT SURE		
999 REFUSED		
101	MIN	CONTROL
299	MAX	CONTROL

C13Q08V	Select
Ask If	(C13Q08 > 107 AND C13Q08 < 201) OR (C13Q08 > 231 AND C13Q08 < 300)
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE ACTIVITY RECORDED IN C13Q05 {C13Q06 SHOWTIME}	
IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION
	C13Q08

C13END	Pause
Ask If	

Section 14: Seatbelt Use

C14INTRO	Pause
Ask If	

C14Q01	Select	253
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	254
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 ONLY 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	255-260
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	
012016	MIN	CONTROL
122017	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 06/2017, response can be no older than 06/2016

C15Q03		Select	261
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		

CATI NOTE: IF RESPONDENT IS <= 49 YEARS OF AGE, GO TO NEXT SECTION

C15Q04		Select	262
Ask If C08Q02 = 7 OR C08Q02 = 9 OR C08Q02 > 49			
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		

C15END		Pause
Ask If		

Section 16: HIV/AIDS

C16INTRO	Pause
Ask If	

C16Q01	Select	263
Ask If		
<p>The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.</p> <p>Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.</p>		
1	YES	
2	NO	C16Q03
7	DON'T KNOW/NOT SURE	C16Q03
9	REFUSED	C16Q03

C16Q02	Numeric	264-269
Ask If	C16Q01 = 1	
<p>Not including blood donations, in what month and year was your last HIV test?</p> <p>INTERVIEWER INSTRUCTIONS: IF RESPONSE IS BEFORE JANUARY 1985, CODE "DON'T KNOW." IF THE RESPONDENT REMEMBERS THE YEAR BUT CANNOT REMEMBER THE MONTH, CODE THE FIRST TWO DIGITS 77 AND THE LAST FOUR DIGITS FOR THE YEAR.</p>		
CODE MONTH AND YEAR		
777777	DON'T KNOW/NOT SURE	
999999	REFUSED	
011985	MIN	CONTROL
772017	MAX	CONTROL

C16Q03	Select	270
Ask If		
<p>I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.</p> <ul style="list-style-type: none"> - You have injected any drug other than those prescribed for you in the past year. - You have been treated for a sexually transmitted disease or STD in the past year. - You have given or received money or drugs in exchange for sex in the past year. - You had anal sex without a condom in the past year. - You had four or more sex partners in the past year. <p>Do any of these situations apply to you?</p>		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C16END	Pause
Ask If	

Module 15: Sodium or Salt-related Behavior (Path A)

M15INTRO	Pause
Ask If	

M15Q01	M15.1	M14.1	Select	430
Ask If				
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.				
Are you currently watching or reducing your sodium or salt intake?				
1	YES			
2	NO			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

M15Q02	M15.2	M14.2	Select	431
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			

M15END	Pause
Ask If	

Module 17: Preconception Health/Family Planning (Path A)

M17INTRO	Pause
Ask If	
<p>CATI NOTE: IF RESPONDENT IS FEMALE AND GREATER THAN 49 YEARS OF AGE, HAS HAD A HYSTERECTOMY, IS PREGNANT, OR IF RESPONDENT IS MALE GO TO THE NEXT MODULE.</p>	
M17Q01	M17.1 M16.1 Select 436
Ask If	RespGend = 2 AND C08Q02 < 50 AND C08Q21 <> 1
<p>The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.</p> <p>Did you or your partner do anything the last time you had sex to keep you from getting pregnant?</p>	
1	Yes
2	No M17Q03
3	No partner/not sexually active M17END
4	Same sex partner M17END
5	Has had a Hysterectomy M17END
7	DON'T KNOW/NOT SURE M17Q03
9	REFUSED M17Q03

M17Q02	M17.2	M16.2	Select	437-438
Ask If	M17Q01 = 1			
What did you or your partner do the last time you had sex to keep you from getting pregnant?				
INTERVIEWER NOTE: IF RESPONDENT REPORTS USING MORE THAN ONE METHOD, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST.				
INTERVIEWER NOTE: IF RESPONDENT REPORTS USING "CONDOMS," PROBE TO DETERMINE IF "FEMALE CONDOMS OR MALE CONDOMS."				
INTERVIEWER NOTE: IF RESPONDENT REPORTS USING AN "IUD" PROBE TO DETERMINE IF "LEVONORGESTREL IUD" OR "COPPER-BEARING IUD."				
INTERVIEWER NOTE: IF RESPONDENT REPORTS "OTHER METHOD," ASK RESPONDENT TO "PLEASE SPECIFIC" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.				
READ ONLY IF NECESSARY:				
01	Female sterilization (ex. Tubal ligation, Essure, Adiana)			M17END
02	Male sterilization (vasectomy)			M17END
03	Contraceptive implant (ex. Implanon)			M17END
04	Levonorgestrel (LEE-voe-nor-JES-trel) (LNG) or hormonal IUD (ex. Mirena)			M17END
05	Copper-bearing IUD (ex. ParaGard)			M17END
06	IUD, type unknown			M17END
07	Shots (ex. Depo-Provera)			M17END
08	Birth control pills, any kind			M17END
09	Contraceptive patch (ex. Ortho Evra)			M17END
10	Contraceptive ring (ex. NuvaRing)			M17END
11	Male condoms			M17END
12	Diaphragm, cervical cap, sponge			M17END
13	Female condoms			M17END
14	Not having sex at certain times (rhythm or natural family planning)			M17END
15	Withdrawal (or pulling out)			M17END
16	Foam, jelly, film, or cream			M17END
17	Emergency contraception (morning after pill)			M17END
18	Other method			M17END
77	DON'T KNOW/NOT SURE			M17END
99	REFUSED			M17END

M17Q03	M17.3	M16.3	Select	439-440
Ask If	M17Q01 = 2 OR M17Q01 > 5			
<p>Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.</p> <p>What was your main reason for not doing anything the last time you had sex to keep you from getting pregnant?</p> <p>INTERVIEWER NOTE: IF RESPONDENT REPORTS "OTHER REASON," ASK RESPONDENT TO "PLEASE SPECIFY" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.</p> <p>READ ONLY IF NECESSARY:</p>				
01	You didn't think you were going to have sex/no regular partner			
02	You just didn't think about it			
03	Don't care if you get pregnant			
04	You want a pregnancy			
05	You or your partner don't want to use birth control			
06	You or your partner don't like birth control/side effects			
07	You couldn't pay for birth control			
08	You had a problem getting birth control when you needed it			
09	Religious reasons			
10	Lapse in use of a method			
11	Don't think you or your partner can get pregnant (infertile or too old)			
12	You had tubes tied (sterilization)			
13	You had a hysterectomy			
14	Your partner had a vasectomy (sterilization)			
15	You are currently breast-feeding			
16	You just had a baby/postpartum			
17	You are pregnant now			
18	Same sex partner			
19	Other reasons			
77	DON'T KNOW/NOT SURE			
99	REFUSED			

M17END	Pause
Ask If	

Module 21: Lung Cancer Screening (Path B)

M21INTRO	Pause		
Ask If			
<p><i>CATI NOTE: IF CORE Q9.1=1 (YES) AND Q9.2 = 1, 2, OR 3 (EVERY DAY, SOME DAYS, OR NOT AT ALL) CONTINUE, ELSE GO TO QUESTION 4.</i></p>			
M21Q01	M21.1	M20.1	Numeric 447-449
Ask If	C09Q01 = 1 AND (C09Q02 = 1 or C09Q02 = 2 or C09Q02 = 3)		
<p>You've told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer.</p> <p>How old were you when you first started to smoke cigarettes regularly?</p> <p>INTERVIEWER NOTE, IF NEEDED SAY:</p> <p>"Regularly is at least one cigarette or more on days that you smoke (either every day or some days) or smoked (not at all) ."</p>			
AGE IN YEARS (001 - 100)			
777	DON'T KNOW/NOT SURE		
888	NEVER SMOKED CIGARETTES REGULARLY		M21Q04
999	REFUSED		
001	MIN		CONTROL
100	MAX		CONTROL

M21Q01V	Select		
Ask If	M21Q01 > C08Q02 AND NOT (C08Q02 = 7 OR C08Q02 = 9 OR M21Q01 = 777 OR M21Q01 = 999)		
<p>THE RESPONDENT INDICATED THEIR AGE TO BE {C08Q02} YEARS OLD. YOU INDICATED THEY STARTED SMOKING REGULARLY AT THE AGE OF {M21Q01} YEARS.</p> <p>IS THIS CORRECT?</p>			
1	YES, CONTINUE		
2	NO, CORRECT M21Q01		M21Q01
3	NO, MAKE NOTE TO CORRECT C08Q02		

M21Q02	M21.2	M20.2	Numeric	450-452
Ask If	M21Q01 > 0 AND M21Q01 <> 888			
How old were you when you last smoked cigarettes regularly?				
INTERVIEWER NOTE, IF NEEDED SAY:				
"Regularly is at least one cigarette or more on days that you smoke (either every day or some days) or smoked (not at all) ."				
AGE IN YEARS				
777 DON'T KNOW/NOT SURE				
999 REFUSED				
001	MIN			CONTROL
100	MAX			CONTROL

M21Q02V	Select			
Ask If	M21Q02 > C08Q02 AND NOT(C08Q02 = 7 OR C08Q02 = 9 OR M21Q02 = 777 OR M21Q02 = 999)			
THE RESPONDENT INDICATED THEIR AGE TO BE {C08Q02} YEARS OLD. YOU INDICATED THEY STARTED SMOKING REGULARLY AT THE AGE OF {M21Q02} YEARS.				
IS THIS CORRECT?				
1	YES, CONTINUE			
2	NO, CORRECT M21Q02			M21Q02
3	NO, MAKE NOTE TO CORRECT C08Q02			

Module 29: Random Child Selection (Paths A and B)

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

M29INTRO	Pause
Ask If	C08Q16 < 88
<p>{If C08Q16 = 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 C08Q16 > 1 AND C08Q16 < 88, Previously, you indicated there were {C08Q16} children age 17 or younger in your household. Think about those {C08Q16} 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>	

M29Q01	M29.1	M28.1	Numeric	689-694
Ask If	C08Q16 < 88			
What is the birth month and year of the {SHOWKID}?				
Code Month and year				
777777	DON'T KNOW/NOT SURE			
999999	REFUSED			
XX1999	MIN			
XX2017	MAX			

CATI NOTE: CALCULATE THE CHILD'S AGE IN MONTHS (CHLDAGE1=0 TO 216) AND ALSO IN YEARS (CHLDAGE2=0 TO 17) BASED ON THE INTERVIEW DATE AND THE BIRTH MONTH AND YEAR USING A VALUE OF 15 FOR THE BIRTH DAY. IF THE SELECTED CHILD IS < 12 MONTHS OLD ENTER THE CALCULATED MONTHS IN CHLDAGE1 AND 0 IN CHLDAGE2. IF THE CHILD IS ≥ 12 MONTHS ENTER THE CALCULATED MONTHS IN CHLDAGE1 AND SET CHLDAGE2=TRUNCATE (CHLDAGE1/12).

M29Q02	M29.2	M28.2	Select	695
Ask If	C08Q16 < 88			
Is the child a boy or a girl?				
1	Boy			
2	Girl			
9	REFUSED			

M29Q03A	M29.3	M28.3	Select	696-699
Ask If	C08Q16 < 88			
Is the child Hispanic, Latino/a, or Spanish origin?				
1	YES			
2	NO			
				M29Q04
7	DON'T KNOW/NOT SURE			
				M29Q04
9	REFUSED			
				M29Q04

M29Q03B	M29.3B	M28.3B	Multiple Select	696-699
Ask If	M29Q03A = 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

M29Q04	M29.4	M28.4	Multiple Select	700-727
Ask If	C08Q16 < 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.				
INTERVIEWER NOTE: SELECT 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			

M29Q05	M29.5	M28.5	Select	727-728
Ask If	M29Q04 < 77 AND M29Q04.2 > 0 AND M29Q04.2 <> 88			
Which one of these groups would you say best represents the child's race?				
INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING.				
10	White			
20	Black or African American			
30	American Indian or Alaska Native			
40	Asian			
41	Asian Indian			
42	Chinese			
43	Filipino			
44	Japanese			
45	Korean			
46	Vietnamese			
47	Other Asian			
50	Pacific Islander			
51	Native Hawaiian			
52	Guamanian or Chamorro			
53	Samoan			
54	Other Pacific Islander			
60	OTHER [SPECIFY]			OTHER
77	DON'T KNOW/NOT SURE			
99	REFUSED			

M29Q06	M29.6	M28.6	Select	729
Ask If	C08Q16 < 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			

M29END	Pause
Ask If	

Module 30: Childhood Asthma Prevalence (Paths A and B)

M30INTRO	Pause
Ask If	C08Q16 < 88

CATI NOTE: If response to Core C08Q16 = 88 (None) or 99 (Refused), go to next module.

M30Q01	M30.1	M29.1	Select	730	
Ask If	C08Q16 < 88				
{IF C08Q16 > 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				M30END
7	DON'T KNOW				M30END
9	REFUSED				M30END

M30Q02	M30.2	M29.2	Select	731
Ask If	M30Q01 = 1			
Does the child still have asthma?				
1	YES			
2	NO			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

M30END	Pause
Ask If	

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

ME04INTRO	Pause
Ask If	

ME04Q01	Select	915
Ask If	C06Q01 = 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	

ME04Q02	Select	916
Ask If	C06Q03 = 1	
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	

ME04END	Pause
Ask If	

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

ME05INTRO	Pause
Ask If	

ME05Q01	Numeric	917-918
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	
14	MAX	Control

ME05Q02	Numeric	919-920
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	
14	MAX	Control

ME05Q03	Select	921
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	922
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 Section 06: Substance Abuse Part 1 (Paths A and B)

ME06INTRO	Pause
Ask If	

ME06Q01	Numeric	923-924
Ask If		
During the past 30 days, on how many days did you use marijuana or hashish?		
(01-30) NUMBER OF DAYS		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
31	MAX	Control

ME06Q02	Select	925
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?		
PLEASE READ		
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	

ME06END	Pause
Ask If	

State Added Section 08: Environmental Health (Path A)

ME08INTRO	Pause	
Ask If		

ME08Q01	Select	929
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	ME08Q05
7	DON'T KNOW/NOT SURE	ME08Q05
9	REFUSED	ME08Q05

ME08Q02	Select	930
Ask If	ME08Q01 = 1	
Have you ever had your current well water tested?		
1	YES	
2	NO	ME08Q05
7	DON'T KNOW/NOT SURE	ME08Q05
9	REFUSED	ME08Q05

ME08Q03	Select	931
Ask If	ME08Q02 = 1	
Arsenic is not included in all water tests. Have you tested your well water for arsenic?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

ME08Q04	Select	932
Ask If	ME08Q02 = 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	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

ME08Q05	Select	933
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	ME08END
7	DON'T KNOW/NOT SURE	ME08END
9	REFUSED	ME08END

ME08Q06	Select	934
Ask If	ME08Q05 = 1	
Were the radon levels in your household above normal?		
1	YES	
2	NO	ME08END
7	DON'T KNOW/NOT SURE	ME08END
9	REFUSED	ME08END

ME08Q07	Select	935
Ask If	ME08Q06 = 1	
Have the radon levels been reduced or fixed?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

ME08END	Pause	
Ask If		

State Added Section 09: Health Care Opinions (Path A)

ME09INTRO	Pause
Ask If	

ME09Q01	Select	936-937
Ask If		
When you are sick or need advice about your health, to which one of the following places do you usually go? Would you say:		
PLEASE READ		
01	A doctors office	
02	A public health clinic or community health center	
03	A hospital outpatient department	
04	A hospital emergency room	
05	Urgent care center	
06	Some other kind of place	
77	DON'T KNOW/NOT SURE	
88	NO USUAL PLACE	
99	REFUSED	

ME09END	Pause
Ask If	

State Added Section 10: Sexual Violence (Path A)

ME10INTRO	Pause
Ask If	

ME10Q01	Select	938
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	ME10END

ME10Q02	Select	939
Ask If	ME10Q01 = 1	
<p>Now, I am going to ask you questions about unwanted sex. Unwanted sex includes things like putting anything into your {IF C08Q01 = 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.</p> <p>Has anyone EVER had sex with you or attempted to have sex with you after you said or showed that you didn't want them to or without your consent?</p>		
1	YES	
2	NO	ME10Q04
7	DON'T KNOW/NOT SURE	ME10Q04
9	REFUSED	ME10Q04

ME10Q03	Select	940
Ask If	ME10Q02 = 1	
Has this happened in the past 12 months?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

ME10Q04	Select	941
Ask If	ME10Q01 = 1	
In the past 12 months, has anyone touched sexual parts of your body after you said or showed that you didn't want them to, or without your consent?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

ME10Q05	Select	942
Ask If	ME10Q01 = 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.		
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	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

ME10Q06	Select	
Ask If	ME10Q01 = 1	
We realize that these questions may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained advocate or would like more information about sexual violence, please call 1-800-871-7741. For domestic violence, please call 1-866-834-HELP (4357). Would you like me to repeat these numbers?		
1	Continue	

ME10END	Pause
Ask If	

State Added Section 11: Substance Abuse Part 2 (Path B)

ME11INTRO	Pause
Ask If	

ME11Q01	Select	943
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	ME11END
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	ME11END
9	REFUSED	ME11END

ME11Q02	Select	944
Ask If	ME11Q01 > 1 AND ME11Q01 < 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	

ME11END	Pause
Ask If	

State Added Section 12: Caregiver (Path B)

ME12INTRO	Pause
Ask If	

ME12Q01	Select	945
Ask If		
<p>People may provide regular care or assistance to a friend or family member who has a health problem or disability.</p> <p>During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?</p> <p>INTERVIEWER INSTRUCTIONS: IF CAREGIVING RECIPIENT HAS DIED IN THE PAST 30 DAYS, CODE 8 AND SAY:</p> <p>"I'm so sorry to hear of your loss."</p>		
1	YES	
2	NO	ME12Q06
7	DON'T KNOW/NOT SURE	ME12Q06
8	CAREGIVING RECIPIENT DIED IN PAST 30 DAYS	ME12END
9	REFUSED	ME12Q06

ME12Q02	Select	946
Ask If	ME12Q01 = 1	
<p>For how long have you provided care for that person? Would you say...</p> <p>PLEASE READ</p>		
1	Less than 30 days	
2	1 month to less than 6 months	
3	6 months to less than 2 years	
4	2 years to less than 5 years	
5	More than 5 years	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

ME12Q03	Select	947
Ask If	ME12Q01 = 1	
In an average week, how many hours do you provide care or assistance? Would you say...		
PLEASE READ		
1	Up to 8 hours per week	
2	9 to 19 hours per week	
3	20 to 39 hours per week	
4	40 hours or more	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

ME12Q04	Select	948-949
Ask If	ME12Q01 = 1	
What is the main health problem, long-term illness, or disability that the person you care for has?		
READ IF NECESSARY:		
"Please tell me which one of these conditions would you say is the MAJOR problem?"		
DO NOT READ: RECORD ONE RESPONSE		
01	ARTHRITIS/RHEUMATISM	
02	ASTHMA	
03	CANCER	
04	CHRONIC RESPIRATORY CONDITIONS SUCH AS EMPHYSEMA OR COPD	
05	DEMENTIA AND OTHER COGNITIVE IMPAIRMENT DISORDERS SUCH AS ALZHEIMER'S DISEASE	
06	DEVELOPMENTAL DISABILITIES SUCH AS AUTISM, DOWN'S SYNDROME, AND SPINA BIFIDA	
07	DIABETES	
08	HEART DISEASE, HYPERTENSION	
09	HUMAN IMMUNODEFICIENCY VIRUS INFECTION (HIV)	
10	MENTAL ILLNESSES, SUCH AS ANXIETY, DEPRESSION, OR SCHIZOPHRENIA	
11	OTHER ORGAN FAILURE OR DISEASES SUCH AS KIDNEY OR LIVER PROBLEMS	
12	SUBSTANCE ABUSE OR ADDICTION DISORDERS	
13	OTHER	
77	DON'T KNOW/NOT SURE	
99	REFUSED	

ME12Q05	Select	950
Ask If	ME12Q01 = 1	
Of the following support services, which one do you most need, that you are not currently getting?		
INTERVIEWER NOTE: IF RESPONDENT ASKS WHAT RESPITE CARE IS, SAY:		
"Respite care means short-term breaks for people who provide care."		
PLEASE READ OPTIONS 1 - 6		
1	Classes about giving care, such as giving medications	
2	Help in getting access to services	
3	Support groups	
4	Individual counseling to help cope with giving care	
5	Respite care	
6	You don't need any of these support services	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

ME12Q06	Select	951
Ask If	ME12Q01 > 1 AND ME12Q01 <> 8	
In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

ME12END	Pause
Ask If	

State Added Section 14: Cigarette Use (Path B)

ME14INTRO	Pause
Ask If	

ME14Q01	Numeric	954-956
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	957-959
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		

ME14Q03	Numeric	960-962
Ask If	C09Q01 = 1	
How old were you when you smoked your first cigarette?		
_____ AGE IN YEARS		
777 DON'T KNOW/NOT SURE		
999 REFUSED		

ME14Q03V	Select
Ask If	ME14Q03 > C08Q02 AND (C08Q02 > 17 AND ME14Q03 > 0 AND ME14Q03 < 777)
INTERVIEWER: THE RESPONDENT INDICATED THEY SMOKED THEIR FIRST CIGARETTE AT AGE {ME14Q03}. YOU INDICATED EARLIER THEY SAID THEIR AGE IS {C08Q02}! PLEASE VERIFY THAT THIS IS THE CORRECT ANSWER AND CHANGE THE AGE AT WHICH THE RESPONDENT SMOKED THEIR FIRST CIGARETTE OR MAKE A NOTE TO CORRECT THEIR AGE	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION ME14Q03

ME14END	Pause
Ask If	

State Added Section 15: Other Tobacco Products (Path B)

ME15INTRO	Pause
Ask If	

ME15Q01	Select	963
Ask If		
<p>Now I would like to ask you some questions about using other kinds of tobacco.</p> <p>Do you now smoke REGULAR CIGARS OR CIGARILLOS 'every day,' 'some days,' or 'not at all'?</p> <p>INTERVIEWER NOTE: REGULAR MEANS NOT FLAVORED OR NOT CIGARETTE SIZED.</p> <p>READ IF NECESSARY</p>		
1	Every day	
2	Some days	
3	Not at all	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

ME15Q02	Select	964
Ask If		
<p>Do you smoke little cigars that look like cigarettes every day, some days or not at all?</p> <p>READ IF NECESSARY</p>		
1	Every day	
2	Some days	
3	Not at all	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

ME15END	Pause
Ask If	

State Added Section 16: E-Cigarettes (Path B)

ME16INTRO	Pause
Ask If	

ME16Q01	Select	965
Ask If	C10Q01 = 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 cigarette smoking is not allowed*	
8	OTHER	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

ME16Q02	Select	966
Ask If	((C09Q02 > 0 AND C09Q02 < 3) OR ME15Q01 < 3 OR ME15Q02 < 3 OR C09Q05 < 3) AND C10Q01 = 1	
Do you or did you use e-cigs the same, more or less frequently than other tobacco products?		
INTERVIEWER NOTE: USE IS 10 MINUTES OR 10-20 PUFFS AT A TIME.		
READ IF NECESSARY		
1 Same		
2 More		
3	Less	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

ME16Q03	Select	967
Ask If	C10Q02 > 0 AND C10Q02 < 3	
Have you stopped using other tobacco products completely?		
1	YES	
2	NO	
3	NEVER USED OTHER TOBACCO PRODUCTS	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

ME16Q04	Select	968
Ask If	C10Q01 = 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	

ME16Q05	Select	969
Ask If	C10Q01 = 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 Section 17: Cessation (Path B)

ME17INTRO	Pause
Ask If	

ME17Q01	Select	970
Ask If	(C09Q02 > 0 AND C09Q02 < 3) OR ME15Q01 < 3 OR ME15Q02 < 3 OR C10Q02 = 1 OR C10Q02 = 2 OR C09Q05 < 3	
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	971
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	972
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	973
Ask If	(C09Q02 > 0 AND C09Q02 < 3) OR ME15Q01 < 3 OR ME15Q02 < 3 OR C10Q02 = 1 OR C10Q02 = 2 OR C09Q05 < 3	
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	ME17Q10
7	DON'T KNOW/NOT SURE	
9	REFUSED	

ME17Q05	Select	974
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	ME17Q07
3	I DID NOT TRY TO QUIT SMOKING OR USING TOBACCO PRODUCTS	ME17Q10
7	DON'T KNOW/NOT SURE	ME17Q07
9	REFUSED	ME17Q07

ME17Q06	Select	975
Ask If	ME17Q05 = 1	
How did you pay for it (nicotine replacement systems)? Would you say...		
PLEASE READ		
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	976
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? INTERVIEWER NOTE: CHANTIX PRONOUNCED "SHAN TIX" VARENICLINE PRONOUNCED "VER EN E KLEEN"		
1	YES	
2	NO	ME17Q09
3	I DID NOT TRY TO QUIT SMOKING OR USING TOBACCO PRODUCTS	ME17Q10
7	DON'T KNOW/NOT SURE	ME17Q09
9	REFUSED	ME17Q09

ME17Q08	Select	977
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. PLEASE READ		
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	978
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 called 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	

ME17Q10	Select	979
Ask If	(C09Q02 > 0 AND C09Q02 < 3) OR ME15Q01 < 3 OR ME15Q02 < 3 OR C10Q02 = 1 OR C10Q02 = 2 OR C09Q05 < 3	
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	

ME17Q11	Select	980
Ask If	(C09Q02 > 0 AND C09Q02 < 3) OR ME15Q01 < 3 OR ME15Q02 < 3 OR C10Q02 = 1 OR C10Q02 = 2 OR C09Q05 < 3	
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	ME17Q15
7	DON'T KNOW/NOT SURE	
9	REFUSED	

ME17Q12	Select	981
Ask If	ME17Q11 > 0 AND ME17Q11 <> 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	

ME17Q13	Select	982
Ask If	ME17Q11 > 0 AND ME17Q11 <> 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	

ME17Q14	Select	983
Ask If	ME17Q11 > 0 AND ME17Q11 <> 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	

ME17Q15	Select	984
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

ME17Q16		Multiple Select		985-989
Ask If		ME17Q15 = 1		
Which ones do you remember?				
DO NOT READ				
CHECK ALL THAT APPLY				
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 THROAT SURGERY)			
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 Section 18: Environmental Tobacco (Path B)

ME18INTRO	Pause
Ask If	

ME18Q01	Select	990
Ask If		
<p>These next questions ask about the type of building you live in and how long you have lived there.</p> <p>In what type of living space do you currently reside?</p> <p>PLEASE READ</p>		
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	991-993
Ask If		
<p>How long have you lived in your current residence?</p> <p>101 - 199 NUMBER OF DAYS 201 - 299 NUMBER OF WEEKS</p> <p>301 - 399 NUMBER OF MONTHS 401 - 499 NUMBER OF YEARS</p> <p>ENTER AMOUNT OF TIME</p>		
777	DON'T KNOW/NOT SURE	
999	REFUSED	
101	MIN	Control
499	MAX	Control

ME18Q03	Select	994
Ask If		
<p>Do you currently live in public/affordable/subsidized housing or participate in a voucher/low-income housing program (Such as Section 8)?</p>		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

ME18Q04		Select	995	
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...				
PLEASE READ				
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	996-997	
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			
76	MAX		Control	

ME18Q06		Numeric	998-999	
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			
30	MAX		Control	

ME18Q07		Select	1000	
Ask If				
Which of the following statements best describes the rules about smoking inside your home?				
PLEASE READ				
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			

ME18Q08		Select	1001	
Ask If				
ME18Q01 > 1 AND ME18Q01 < 7				
Which of the following statements best describes the official smoking policy in your building?				
PLEASE READ				
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			

ME18Q09	Select	1002
Ask If		
Which of the following statements best describes the rules about smoking inside your car?		
PLEASE READ		
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	

ME18Q10	Select	1003
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	

ME18Q11	Numeric	1004-1005
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	
07	MAX	Control

ME18Q12	Select	1006
Ask If	C08Q15 = 1 OR C08Q15 = 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...		
PLEASE READ		
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	

ME18Q13	Select	1007
Ask If	C08Q15 = 1 OR C08Q15 = 2	
Which of these statements best describes your place of work's smoking policy for work areas? Would you say smoking is...		
PLEASE READ		
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	

ME18Q14	Select	1008
Ask If	C08Q15 = 1 OR C08Q15 = 2	
Which of these statements best describes your place of work's smoking policy for vehicles? Would you say smoking is...		
PLEASE READ		
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	

ME18Q15	Numeric	1009-1010
Ask If	C08Q15 = 1 OR C08Q15 = 2	
<p>The next question is about exposure to secondhand smoke.</p> <p>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?</p>		
NUMBER OF DAYS (01-07)		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
07	MAX	Control

ME18END	Pause
Ask If	

State Added Section 19: Smoking Beliefs

ME19INTRO	Pause
Ask If	

ME19Q01	Select	998
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..		
PLEASE READ		
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	Select	1005
Ask If	C08Q16 < 88	
Do you try to prevent the children in your household 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 (Paths A and B)

AFUINTRO	Pause
Ask If	

ADLTPERM	Select	732
Ask If	(C06Q04 = 1) OR (M30Q01 = 1 AND (M29Q06 = 1 OR M29Q06 = 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
<p>Can I please have either your first name or initials, so we will know who to ask for when we call back?</p>	
1	ENTER FIRST NAME OR INITIALS OTHER
9	REFUSED

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

MOSTKNOW	Select
Ask If	ADLTCCHILD = 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

Closing Statement

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