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INTRODUCTION AND RANDOM ADULT SELECTION MODULE

INTROQST

HELLO, I’m calling for the [HEALTH DEPARTMENT]. My name is [INTERVIEWER NAME].

We are gathering information about the health of [STATE] residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this [XXX-XXX-XXXX]?

1. CORRECT NUMBER (PROCEED TO NEXT QUESTION) SKP → PRIVRES
2. NUMBER IS NOT THE SAME SKP → WRONGNUM

WRONGNUM – 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.

PRIVRES – IF INTROQST = 1

Is this a private residence?

1. YES, CONTINUE SKP → ISCELL
2. NO, NON-RESIDENTIAL SKP → NONRES

NONRES – IF PRIVRES = 2

Thank you very much, but we are only interviewing private residences.

ISCELL – IF PRIVRES = 1

Is this a cellular telephone?

READ IF NECESSARY: By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood.

1. NO, NOT A CELLULAR TELEPHONE, CONTINUE. SKP → ADULTS
2. YES, A CELLULAR TELEPHONE SKP → CELLYES

CELYYES – IF ISCELL = 2

Thank you very much, but we are only interviewing land line telephones and private residences.
ADULTS - IF ISCELL = 1

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

_ _ ENTER NUMBER OF ADULTS IF ADULTS = 1 SKP ➔ ONEADULT

MEN

How many of these adults are men?

_ _ ENTER NUMBER MEN

WOMEN

How many of these adults are women?

_ _ ENTER NUMBER WOMEN

WRONGTOT - IF MEn + WOMEn <> ADULTS

I'm sorry, something is not right.

Number of Men - 
Number of Women - + 
Number of Adults - ------

1. CORRECT THE NUMBER OF MEn SKP ➔ MEn
2. CORRECT THE NUMBER OF WOMEn SKP ➔ WOMEn
3. CORRECT THE NUMBER OF ADULTS SKP ➔ ADULTS

SELECTED - IF ADULT > 1 AND (MEn + WOMEn) = ADULTS

The person in your household I need to speak with is [RANDOMLY SELECTED ADULT].

Are you the [RANDOMLY SELECTED ADULT]?

1. YES SKP ➔ YOURTHE1
2. NO SKP ➔ GETNEWAD
ONEADULT – IF ADULT = 1

Are you the Adult?

INTERVIEWER NOTE: ASK GENDER IF NECESSARY.

1. YES AND THE RESPONDENT IS A MALE.  
   SKP  \rightarrow  YOURTHE1
2. YES AND THE RESPONDENT IS A FEMALE.  
   SKP  \rightarrow  YOURTHE1
3. NO

ASKGENDR – IF ADULT = 1 AND ONEADULT = 3

Is the Adult a man or a woman?

1. MALE
2. FEMALE

GETADULT – IF ONEADULT = 3

May I speak with...

[IF ASKGENDR = 1 SHOW] ...him?
[IF ASKGENDR = 2 SHOW] ...her?

1. YES, ADULT IS COMING TO THE PHONE
2. NO, GO TO NEXT SCREEN, PRESS F3 TO SCHEDULE A CALL-BACK

YOURTHE1 – IF SELECTED = 1 OR ONEADULT < 3

Then you are the person I need to speak with.

1. PERSON INTERESTED, CONTINUE  
   SKP  \rightarrow  INTROS
2. GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED  
   SKP  \rightarrow  ADULTS

GETNEWAD – IF SELECTED = 2

May I speak with the [RANDOMLY SELECTED RESPONDENT]?

1. YES, SELECTED RESPONDENT COMING TO THE PHONE  
   SKP  \rightarrow  NEWADULT
2. NO, GO TO NEXT SCREEN, PRESS F3 TO SCHEDULE A CALL-BACK  
   SKP  \rightarrow  NEWADULT
3. GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED  
   SKP  \rightarrow  ADULTS
NEWADULT - IF GETNEWAD = 1

HELLO, I am calling for the [HEALTH DEPARTMENT]. My name is [INTERVIEWER NAME].

We are gathering information about the health of [STATE] residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

1. PERSON INTERESTED, CONTINUE
2. GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED

INTROSCR

I will not ask for your 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 this survey, please call [GIVE APPROPRIATE STATE TELEPHONE NUMBER].

1. PERSON INTERESTED, CONTINUE
2. GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED
Core Section 01: Health Status

C01Q01

Would you say that in general your health is...

1. Excellent
2. Very good
3. Good
4. Fair or
5. Poor

7. DON’T KNOW/NOT SURE
9. REFUSED

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

C02Q01

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

C02Q02

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

CATI NOTE: IF C02Q01 = 88 AND C02Q02 = 88 SKP TO C03Q01
C02Q03 – IF 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

Core Section 03: Health Care Access

C03Q01

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

1. YES
2. NO
7. DON’T KNOW/NOT SURE
9. REFUSED

C03Q02

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

Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

1. YES
2. NO
7. DON’T KNOW/NOT SURE
9. REFUSED

### C03Q04

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

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

---

**Core Section 04: Sleep**

### C04Q01

The next question is about getting enough rest or sleep.

During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?

_ _ NUMBER OF DAYS

88. NONE
77. DON’T KNOW/NOT SURE
99. REFUSED
Core Section 05: Exercise

C05Q01

During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

1. YES
2. NO
7. DON’T KNOW/NOT SURE
9. REFUSED

Core Section 06: Diabetes

C06Q01

Have you ever been told by a doctor that 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

Module 02: Diabetes

M02Q01 – IF C06Q01 = 1

How old were you when you were told you have diabetes?

_ _ Code age in years [97 = 97 or higher]

98. DON’T KNOW/NOT SURE
99. REFUSED

M02Q02 – IF C06Q01 = 1

Are you now taking insulin?

1. YES
2. NO
9. REFUSED
M02Q03 - IF C06Q01 = 1

About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

_ _ _  101-199 = times per day
201-299 = times per week
301-399 = times per month
401-499 = times per year

888. NEVER
777. DON’T KNOW/NOT SURE
999. REFUSED

M02Q04 - IF C06Q01 = 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 = times per day
201-299 = times per week
301-399 = times per month
401-499 = times per year

555. NO FEET
SKP \rightarrow M02Q08
888. NEVER
777. DON’T KNOW/NOT SURE
999. REFUSED

M02Q05 - IF C06Q01 = 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 greater]

88. NONE
77. DON’T KNOW/NOT SURE
99. REFUSED

M02Q06 - IF C06Q01 = 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 greater]

88. NEVER
98. NEVER HEARD OF "A one C"
77. DON’T KNOW/NOT SURE
99. REFUSED
M02Q07 – IF C06Q01 = 1 & M02Q04 <> 555

About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

_ _ NUMBER OF TIMES [76 = 76 or greater]

88. NEVER
77. DON’T KNOW/NOT SURE
99. REFUSED

M02Q08 – IF C06Q01 = 1

When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

READ ONLY IF NECESSARY

1. Within the past month (anytime less than 1 month ago)
2. Within the past year (1 month but less than 12 months ago)
3. Within the past 2 years (1 year but less than 2 years ago)
4. 2 or more years ago

7. DON’T KNOW/NOT SURE
8. NEVER
9. REFUSED

M02Q09 – IF C06Q01 = 1

Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

1. Yes
2. No

7. DON’T KNOW/NOT SURE
9. REFUSED

M02Q10 – IF C06Q01 = 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
Core Section 07: Oral Health

C07Q01

How long has it been since you last visited a dentist or a dental clinic for any reason?

READ ONLY IF NECESSARY

1. WITHIN THE PAST YEAR (ANYTIME LESS THAN 12 MONTHS AGO)
2. WITHIN THE PAST 2 YEARS (1 YEAR BUT LESS THAN 2 YEARS AGO)
3. WITHIN THE PAST 5 YEARS (2 YEARS BUT LESS THAN 5 YEARS AGO)
4. 5 OR MORE YEARS AGO

7. DON’T KNOW/NOT SURE
8. NEVER
9. REFUSED

C07Q02

How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

INTERVIEWER NOTE: IF WISDOM TEETH ARE REMOVED BECAUSE OF TOOTH DECAY OR GUM DISEASE, THEY SHOULD BE INCLUDED IN THE COUNT FOR LOST TEETH.

1. 1 to 5
2. 6 or more but not all
3. All

7. DON’T KNOW/NOT SURE
8. NONE
9. REFUSED

C07Q03 – IF C07Q01 <> 8 AND C07Q02 <> 3

How long has it been since you had your teeth cleaned by a dentist or dental hygienist?

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
Core Section 08: Cardiovascular Disease Prevalence

C08Q01

Now I would like to ask you some questions about cardiovascular disease.

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 had a heart attack, also called a myocardial infarction?

1. YES
2. NO
7. DON’T KNOW/NOT SURE
9. REFUSED

C08Q02

Ever told you had angina or coronary heart disease?

1. YES
2. NO
7. DON’T KNOW/NOT SURE
9. REFUSED

C08Q03

Ever told you had a stroke?

1. YES
2. NO
7. DON’T KNOW/NOT SURE
9. REFUSED

Core Section 09: Asthma

C09Q01

Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

1. YES
2. NO
7. DON’T KNOW/NOT SURE
9. REFUSED
C09Q02 - IF C09Q01 = 1

Do you still have asthma?

1. YES
2. NO

7. DON’T KNOW/NOT SURE
9. REFUSED

Core Section 10: Disability

C10Q01

The following questions are about health problems or impairments you may have.

Are you limited in any way in any activities because of physical mental, or emotional problems?

1. YES
2. NO

7. DON’T KNOW/NOT SURE
9. REFUSED

C10Q02

Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

INTERVIEWER NOTE: INCLUDE OCCASIONAL USE OR USE IN CERTAIN CIRCUMSTANCES.

1. YES
2. NO

7. DON’T KNOW/NOT SURE
9. REFUSED
Core Section 11: Tobacco Use

C11Q01

Have you smoked at least 100 cigarettes in your entire life?

INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES

1. YES
2. NO

7. DON’T KNOW/NOT SURE
9. REFUSED

C11Q02 - IF C11Q01 = 1

Do you now smoke cigarettes every day, some days, or not at all?

1. EVERY DAY
2. SOME DAYS
3. NOT AT ALL

7. DON’T KNOW/NOT SURE
9. REFUSED

C11Q03 - IF C11Q01 = 1 AND C11Q02 = 1 OR 2

During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

1. YES
2. NO

7. DON’T KNOW/NOT SURE
9. REFUSED

Core Section 12: Demographics

C12Q01

What is your age?

_ _ CODE AGE IN YEARS

07. DON’T KNOW/NOT SURE
09. REFUSED
C12Q02

Are you Hispanic or Latino?

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

C12Q03

Which one or more of the following would you say is your race?

CHECK ALL THAT APPLY

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian or Alaska Native
Or
6. Other [specify]
8. NO ADDITIONAL CHOICES
7. DON'T KNOW/NOT SURE
9. REFUSED

CATI NOTE: IF MORE THAN ONE RESPONSE TO C12Q03, CONTINUE. OTHERWISE SKP TO C12Q05

C12Q04 – IF C12Q03 HAS MORE THAN ONE RESPONSE

Which one of these groups would you say best represents your race?

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian or Alaska Native
6. Other [specify]

7. DON'T KNOW/NOT SURE
9. REFUSED
C12Q05

Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? **Active duty does not include training for the Reserves or National Guard, but does include activation, for example, for the Persian Gulf War.**

1. YES
2. NO
7. DON’T KNOW/NOT SURE
9. REFUSED

C12Q06

Are you...?

1. Married
2. Divorced
3. Widowed
4. Separated
5. Never married
Or
6. A member of an unmarried couple
9. REFUSED

C12Q07

How many children less than 18 years of age live in your household?

_ _ _ NUMBER OF CHILDREN

88. NONE
99. REFUSED

C12Q08

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
Are you currently...?

1. Employed for wages
2. Self-employed
3. Out of work for more than 1 year
4. Out of work for less than 1 year
5. A Homemaker
6. A Student
7. Retired
 Or
8. Unable to work
9. REFUSED

Is your annual household income from all sources...

INTERVIEWER NOTE: IF RESPONDENT REFUSES ANY INCOME LEVEL, CODE AS "99" REFUSED

READ ONLY IF NECESSARY

01. Less than $10,000
02. Less than $15,000 ($10,000 to less than $15,000)
03. Less than $20,000 ($15,000 to less than $20,000)
04. Less than $25,000 ($20,000 to less than $25,000)
05. Less than $35,000 ($25,000 to less than $35,000)
06. Less than $50,000 ($35,000 to less than $50,000)
07. Less than $75,000 ($50,000 to less than $75,000)
08. $75,000 or more
77. DON’T KNOW/NOT SURE
99. REFUSED

About how much do you weigh without shoes?

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT “9” IN FIRST COLUMN. ROUND FRACTIONS UP.

ENTER WEIGHT IN WHOLE POUNDS (EX. 220 POUNDS = 220) OR
WHOLE KILOGRAMS (EX. 65 KILOGRAMS = 9065 OR 110 KILOGRAMS = 9110)

77777. DON’T KNOW/NOT SURE
99999. REFUSED
C12Q12 - IF C12Q11 <> 7777 OR 9999

About how tall are you without shoes?

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FIRST COLUMN. ROUND FRACTIONS DOWN.

_ _ _ _ ENTER HEIGHT IN FEET AND INCHES (EX. 5 FEET 9 INCHES = 509) OR METERS AND CENTIMETERS (EX. 1 METER 75 CENTIMETERS = 9175)

7777. DON’T KNOW/NOT SURE
9999. REFUSED

C12Q13

How much did you weigh a year ago?

IF FEMALE RESPONDENT SAY: “If you were pregnant a year ago, how much did you weigh before your pregnancy?”

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT “9” IN FIRST COLUMN. ROUND FRACTIONS UP.

_ _ _ _ ENTER WEIGHT IN WHOLE POUNDS (EX. 220 POUNDS = 220) OR WHOLE KILOGRAMS (EX. 65 KILOGRAMS = 9065 OR 110 KILOGRAMS = 9110)

7777. DON’T KNOW/NOT SURE
9999. REFUSED

C12Q14 - IF (C12Q11 <> 7777, 9999) OR (C12Q13 <> C12Q11)

*Programmer Note: IF C12Q13 = C12Q11 SKIP TO C12Q15

Was the change between your current weight and your weight a year ago intentional?

1. YES
2. NO

7. DON’T KNOW/NOT SURE
9. REFUSED

C12Q15

What county do you live in?

_ _ _ FIPS COUNTY CODE

777. DON’T KNOW/NOT SURE
999. REFUSED
C12Q16

What is your ZIP Code where you live?

_ _ _ _ _ ZIP CODE

77777. DON'T KNOW/NOT SURE
99999. REFUSED

C12Q17

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
3. DON'T KNOW/NOT SURE
4. REFUSED

C12Q18 - IF C12Q17 = 1

How many of these telephone numbers are residential numbers?

_ RESIDENTIAL TELEPHONE NUMBERS [6=6 OR MORE]

7. DON'T KNOW/NOT SURE
9. REFUSED

C12Q19

During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters.

1. YES
2. NO
3. DON'T KNOW/NOT SURE
9. REFUSED
INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY.

1. MALE
2. FEMALE

To your knowledge, are you now pregnant?

1. YES
2. NO
7. DON’T KNOW/NOT SURE
9. REFUSED

Core Section 13: Alcohol Consumption

During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

1. YES
2. NO
7. DON’T KNOW/NOT SURE
9. REFUSED

During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

ENTER DAYS PER WEEK OR DAYS IN PAST 30 DAYS
(101-107 = DAYS PER WEEK; 201-230 = IN PAST 30 DAYS)

888. NO DRINKS IN LAST 30 DAYS
777. DON’T KNOW/NOT SURE
999. REFUSED
C13Q03 – IF C13Q01 = 1 AND C13Q02 <> 888

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: A 20 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

C13Q04 – IF C13Q01 = 1 AND C13Q02 <> 888

Considering all types of alcoholic beverages, how many times during the past 30 days did you have...

[IF C12Q20 = 1 SHOW] ...5...
[IF C12Q20 = 2 SHOW] ...4...

...or more drinks on an occasion?

_ _ NUMBER OF TIMES

88. NONE
77. DON’T KNOW/NOT SURE
99. REFUSED

C13Q05 – IF C13Q01 = 1 AND C13Q02 <> 888

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
Core Section 14: Immunization

C14Q01

A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot?

1. YES
2. NO
7. DON’T KNOW/NOT SURE
9. REFUSED

C14Q02 – IF C14Q01 = 1

During what month and year did you receive your most recent flu shot?

_ _ / _ _ _ _ MONTH/YEAR
77 / 7777 DON’T KNOW/NOT SURE
99 / 9999 REFUSED

C14Q03 – IF C14Q01 <> 1

During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine sprayed in the nose is also called FluMist™.

1. YES
2. NO
7. DON’T KNOW/NOT SURE
9. REFUSED

C14Q04 – IF C14Q03 = 1

During what month and year did you receive your most recent flu vaccine that was sprayed in your nose?

_ _ / _ _ _ _ MONTH/YEAR
77 / 7777 DON’T KNOW/NOT SURE
99 / 9999 REFUSED
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

Core Section 15: Falls

The next question asks about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

In the past 3 months, how many times have you fallen?

_ _   NUMBER OF TIMES [76 = 76 OR MORE]

88. NONE SKP → C16Q01
77. DON’T KNOW/NOT SURE SKP → C16Q01
99. REFUSED SKP → C16Q01

C15Q02 – C12Q01 >= 45 & C15Q01 < 77

[IF C15Q01 = 1 SHOW] Did this fall cause an injury?

[IF C15Q01 > 1 SHOW] How many of these falls caused an injury?

How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

_ _   NUMBER OF FALLS [76 = 76 OR MORE]

88. NONE
77. DON’T KNOW/NOT SURE
99. REFUSED
Core Section 16: Seatbelt Use

C16Q01

How often do you use seat belts when you drive or ride in a car? Would you say...

1. Always
2. Nearly always
3. Sometimes
4. Seldom
5. Never

6. DON’T KNOW/NOT SURE
7. NEVER DRIVE OR RIDE IN A CAR  SKP → C18Q01
8. REFUSED

Core Section 17: Drinking and Driving

C17Q01 – IF C13Q01 <> 2 & C16Q01 <> 8

During the past 30 days, how many times have you driven when you’ve had perhaps too much to drink?

    _ _    NUMBER OF TIMES

88. NONE
77. DON’T KNOW/NOT SURE
99. REFUSED

Core Section 18: Women’s Health

C18Q01 – IF C12Q20 = 2

The next questions are about breast and cervical cancer.

A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

1. YES  SKP → C18Q03
2. NO  SKP → C18Q03

7. DON’T KNOW/NOT SURE  SKP → C18Q03
9. REFUSED  SKP → C18Q03
C18Q02 – IF C12Q20 = 2 & C18Q01 = 1

How long has it been since you had your last mammogram?

READ ONLY IF NECESSARY

1. Within the past year (ANYTIME LESS THAN 12 MONTHS AGO)
2. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
3. Within the past 3 years (2 YEARS BUT LESS THAN 3 YEARS AGO)
4. Within the past 5 years (3 YEARS BUT LESS THAN 5 YEARS AGO)
5. 5 or more years ago
7. DON’T KNOW/NOT SURE
9. REFUSED

C18Q03 – IF C12Q20 = 2

A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam?

1. YES 
2. NO  
7. DON’T KNOW/NOT SURE 
9. REFUSED

C18Q04 – IF C12Q20 = 2 & C18Q03 = 1

How long has it been since your last breast exam?

READ ONLY IF NECESSARY

1. Within the past year (ANYTIME LESS THAN 12 MONTHS AGO)
2. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
3. Within the past 3 years (2 YEARS BUT LESS THAN 3 YEARS AGO)
4. Within the past 5 years (3 YEARS BUT LESS THAN 5 YEARS AGO)
5. 5 or more years ago
7. DON’T KNOW/NOT SURE
9. REFUSED
A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?

1. YES
2. NO  \(\text{SKP} \rightarrow \text{C18Q07}\)
7. DON’T KNOW/NOT SURE  \(\text{SKP} \rightarrow \text{C18Q07}\)
9. REFUSED  \(\text{SKP} \rightarrow \text{C18Q07}\)

How long has it been since you had your last Pap test?

READ ONLY IF NECESSARY

1. Within the past year (ANYTIME LESS THAN 12 MONTHS AGO)
2. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
3. Within the past 3 years (2 YEARS BUT LESS THAN 3 YEARS AGO)
4. Within the past 5 years (3 YEARS BUT LESS THAN 5 YEARS AGO)
5. 5 or more years ago
7. DON’T KNOW/NOT SURE
9. REFUSED

Have you had a hysterectomy?

READ ONLY IF NECESSARY: “A hysterectomy is an operation to remove the uterus (womb).”

1. YES
2. NO
7. DON’T KNOW/NOT SURE
9. REFUSED
Core Section 19: Prostate Cancer Screening

C19Q01 – IF C12Q20 = 1 & C12Q01 >= 40

Now, I will ask you some questions about prostate cancer screening.

A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test?

1. YES
2. NO
7. DON’T KNOW/NOT SURE
9. REFUSED

C19Q02 – IF C12Q20 = 1 & C12Q01 >= 40 & C19Q01 = 1

How long has it been since you had your last PSA test?

READ ONLY IF NECESSARY

1. Within the past year (ANYTIME LESS THAN 12 MONTHS AGO)
2. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
3. Within the past 3 years (2 YEARS BUT LESS THAN 3 YEARS AGO)
4. Within the past 5 years (3 YEARS BUT LESS THAN 5 YEARS AGO)
5. 5 or more years ago
7. DON’T KNOW/NOT SURE
9. REFUSED

C19Q03 – IF C12Q20 = 1 & C12Q01 >= 40

A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam?

1. YES
2. NO
7. DON’T KNOW/NOT SURE
9. REFUSED

How long has it been since your last digital rectal exam?

READ ONLY IF NECESSARY

1. Within the past year (ANYTIME LESS THAN 12 MONTHS AGO)
2. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
3. Within the past 3 years (2 YEARS BUT LESS THAN 3 YEARS AGO)
4. Within the past 5 years (3 YEARS BUT LESS THAN 5 YEARS AGO)
5. 5 or more years ago
7. DON’T KNOW/NOT SURE
9. REFUSED

Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer?

1. YES
2. NO
7. DON’T KNOW/NOT SURE
9. REFUSED

Core Section 20: Colorectal Cancer Screening

A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

1. YES
2. NO  SKP → C20Q03
7. DON’T KNOW/NOT SURE  SKP → C20Q03
9. REFUSED  SKP → C20Q03
C20Q02 – C12Q01 >= 50 & C20Q01 = 1

How long has it been since you had your last blood stool test using a home kit?

READ ONLY IF NECESSARY

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 3 years (2 years but less than 3 years ago)
4. Within the past 5 years (3 years but less than 5 years ago)
5. 5 or more years ago
7. DON’T KNOW/NOT SURE
9. REFUSED

C20Q03 – C12Q01 >= 50

Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

1. YES
2. NO
7. DON’T KNOW/NOT SURE
9. REFUSED

C20Q04 – C12Q01 >= 50 & C20Q03 = 1

For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy?

1. SIGMOIDOSCOPY
2. COLONOSCOPY
7. DON’T KNOW/NOT SURE
9. REFUSED
How long has it been since you had your last sigmoidoscopy or colonoscopy?

READ ONLY IF NECESSARY

1. Within the past year (ANYTIME LESS THAN 12 MONTHS AGO)
2. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
3. Within the past 3 years (2 years but less than 3 years ago)
4. Within the past 5 years (3 YEARS BUT LESS THAN 5 YEARS AGO)
5. Within the past 10 years (5 YEARS BUT LESS THAN 10 YEARS AGO)
6. 10 or more years ago
7. DON'T KNOW/NOT SURE
8. REFUSED

Core Section 21: HIV/AIDS

CATI NOTE: IF RESPONDENT IS 65 YEARS OLD OR OLDER, GO TO NEXT SECTION

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.

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.

1. YES
2. NO
3. DON'T KNOW/NOT SURE
4. REFUSED
C21Q02 – C12Q01 < 65 & C21Q01 = 1

Not including blood donations, in what month and year was your last HIV test?

INTERVIEWER NOTE: IF RESPONSE IS BEFORE JANUARY 1985, CODE AS "DON’T KNOW"

INTERVIEWER NOTE: 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.

_ _ / _ _ _ _ CODE MONTH AND YEAR

[EXAMPLE: JUNE OF 2006 = 062006]

77/7777. DON’T KNOW/NOT SURE
99/9999. REFUSED

C21Q03 – IF C12Q01 < 65 & C21Q01 = 1

Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?

01. PRIVATE DOCTOR OR HMO OFFICE
02. COUNSELING AND TESTING SITE
03. HOSPITAL
04. CLINIC
05. JAIL OR PRISION (OR OTHER CORRECTIONAL FACILITY)
06. DRUG TREATMENT FACILITY
07. AT HOME
08. SOMEWHERE ELSE

77. DON’T KNOW/NOT SURE
99. REFUSED

C21Q04 – IF C12Q01 < 65 & C21Q02 = WITHIN LAST 12 MONTHS

CATI NOTE: IF C21Q02 = WITHIN LAST 12 MONTHS; OTHERWISE GO TO C21Q05

Was it a rapid test where you could get your results within a couple of hours?

1. YES
2. NO

7. DON’T KNOW/NOT SURE
9. REFUSED
I’m going to read you a list. When I’m done, please tell me if any of the situations apply to you. You do not need to tell me which one.

- YOU HAVE USED INTRAVENOUS DRUGS IN THE PAST YEAR
- YOU HAVE BEEN TREATED FOR A SEXUALLY TRANSMITTED DISEASE OR VENEREAL DISEASE IN THE PAST YEAR
- YOU HAVE GIVEN OR RECEIVED MONEY OR DRUGS IN EXCHANGE FOR SEX IN THE PAST YEAR
- YOU HAD ANAL SEX WITHOUT A CONDOM IN THE PAST YEAR

Do any of these situations apply to you?

1. YES
2. NO
7. DON’T KNOW/NOT SURE
9. REFUSED

Core Section 22: Emotional Support and Life Satisfaction

The next two questions are about emotional support and your satisfaction with life.

How often do you get the social and emotional support you need?

INTERVIEWER NOTE: IF ASKED SAY: “please include support from any source”.

PLEASE READ

1. Always
2. Usually
3. Sometimes
4. Rarely
5. Never

7. DON’T KNOW/NOT SURE
9. REFUSED
In general, how satisfied are you with your life?

PLEASE READ

1. Very satisfied
2. Satisfied
3. Dissatisfied
4. Very dissatisfied

7. DON’T KNOW/NOT SURE
9. REFUSED

Module 01: Pre-Diabetes

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

Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

1. YES
2. NO

7. DON’T KNOW/NOT SURE
9. REFUSED

CATI NOTE: IF C06Q01 = 4; ANSWER Q2 "YES" (CODE 1)
Module 04: Visual Impairment and Access to Eye Care

M04Q01 - IF C12Q01 >= 40

Now I would like to ask you questions about your vision. These questions are for all respondents regardless of whether or not you wear glasses or contact lenses. If you wear glasses or contact lenses, answer questions as if you are wearing them.

How much difficulty, if any, do you have in recognizing a friend across the street? Would you say—

PLEASE READ

1. No difficulty
2. A little difficulty
3. Moderate difficulty
4. Extreme difficulty
5. Unable to do because of eyesight
6. Unable to do for other reasons
7. DON’T KNOW/NOT SURE
8. NOT APPLICABLE (BLIND)  SKP \rightarrow next module
9. REFUSED

M04Q02 - IF (C12Q01 >= 40) & (M04Q01 <> 8)

How much difficulty, if any, do you have reading print in newspapers, magazines, recipes, menus, or numbers on the telephone? Would you say—

PLEASE READ

1. No difficulty
2. A little difficulty
3. Moderate difficulty
4. Extreme difficulty
5. Unable to do because of eyesight
6. Unable to do for other reasons
7. DON’T KNOW/NOT SURE
8. NOT APPLICABLE (BLIND)  SKP \rightarrow next module
9. REFUSED
M04Q03 - IF (C12Q01 >= 40) & (M04Q01 <> 8) & (M04Q02 <> 8)

When was the last time you had your eyes examined by any doctor or eye care provider?

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  
5. Never  
6. DON’T KNOW/NOT SURE  
7. NOT APPLICABLE (BLIND)  
8. REFUSED

M04Q04 - IF (C12Q01 >= 40) & (M04Q01 <> 8) & (M04Q02 <> 8) & (M04Q03 <> 1 OR 2 OR 8)

What is the main reason you have not visited an eye care professional in the past 12 months?

READ ONLY IF NECESSARY

01. Cost/Insurance  
02. Do not have/know an eye doctor  
03. Cannot get to the office/clinic (too far away, no transportation)  
04. Could not get an appointment  
05. No reason to go (no problem)  
06. Have not thought of it  
07. Other  
77. DON’T KNOW/NOT SURE  
08. NOT APPLICABLE (BLIND)  
99. REFUSED
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
5. Never

7. DON’T KNOW/NOT SURE
8. NOT APPLICABLE (BLIND) SKP → next module
9. REFUSED

Do you have any kind of health insurance coverage for eye care?

1. YES
2. NO

7. DON’T KNOW/NOT SURE
8. NOT APPLICABLE (BLIND) SKP → next module
9. REFUSED

Have you been told by an eye doctor or other health care professional that you NOW have cataracts?

1. YES
2. YES, BUT HAD THEM REMOVED
3. NO

7. DON’T KNOW/NOT SURE
8. NOT APPLICABLE (BLIND) SKP → next module
9. REFUSED
Have you EVER been told by an eye doctor or other health care professional that you had glaucoma?

1. YES
2. NO

7. DON’T KNOW/NOT SURE
8. NOT APPLICABLE (BLIND) SKP → next module
9. REFUSED

Age-related Macular Degeneration (AMD) is a disease that affects the macula, the part of the eye that allows you to see fine detail.

INTERVIEWER NOTE: Age-related Macular Degeneration (Age-related Mak·yu·luh r Di·jen·uh·rey·shuh n)

Have you EVER been told by an eye doctor or other health care professional that you had age-related macular degeneration?

1. YES
2. NO

7. DON’T KNOW/NOT SURE
8. NOT APPLICABLE (BLIND) SKP → next module
9. REFUSED
Module 06: Binge Drinking

CATI Note: If Q13.4 is equal to or greater than 1 but less than 77 continue. Otherwise, go to next module.

Previously, you answered that you drank (CATI X=5 FOR MEN, X=4 FOR WOMEN) or more alcoholic beverages on at least one occasion in the past 30 days. The next questions are about the most recent occasion when this happened. For these questions, one drink equals 12 ounces of beer, 5 ounces of wine, or one and one-half ounces (one shot) of liquor. So, a 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

During the most recent occasion when you had X (CATI X=5 FOR MEN, X=4 FOR WOMEN) or more alcoholic beverages, about how many beers, including malt liquor, did you drink?

INTERVIEWER NOTE, IF ASKED: “OCCASION” MEANS ‘IN A ROW’ OR ‘WITHIN A FEW HOURS’

_ _ NUMBER OF BEERS

77. DON’T KNOW/NOT SURE
88. NONE
99. REFUSED

M06Q02 – IF C13Q04 >= 1 AND C13Q04 <= 30

During the same occasion, about how many glasses of wine did you drink?

_ _ NUMBER OF GLASSES OF WINE

77. DON’T KNOW/NOT SURE
88. NONE
99. REFUSED

M06Q03 – IF C13Q04 >= 1 AND C13Q04 <= 30

During the same occasion, about how many drinks of liquor, including cocktails, did you have?

_ _ NUMBER OF DRINKS OF LIQUOR

77. DON’T KNOW/NOT SURE
88. NONE
99. REFUSED
M06Q04 – IF C13Q04 >= 1 AND C13Q04 <= 30

During this same occasion, about how many other pre-mixed, flavored drinks did you have? By that, we mean drinks such as hard lemonade, wine coolers, or Smirnoff Ice.

_ _ NUMBER OF PRE-MIXED DRINKS INTERVIEW NOTE: ROUND UP

77. DON’T KNOW/NOT SURE
88. NONE
99. REFUSED

M06Q05 – IF C13Q04 >= 1 AND C13Q04 <= 30

During this most recent occasion, where were you when you did most of your drinking?

READ ONLY IF NECESSARY

1. At your home, for example, your house, apartment, condominium or dorm room
2. At another person’s home
3. At a restaurant or banquet hall
4. At a bar or club
5. At a public place, such as at a park, concert, or sporting event
6. OTHER
7. DON’T KNOW/NOT SURE
9. REFUSED

M06Q06 – IF C13Q04 >= 1 AND C13Q04 <= 30

Did you drive a motor vehicle such as a car, truck, or motorcycle during or within a couple of hours after this occasion?

INTERVIEWER NOTE: FOR THOSE WITH CONCERNS ABOUT THIS QUESTION, ANSWERING “YES” IS NOT MEANT TO IMPLY THEY WERE DRUNK DRIVING OR BREAKING THE LAW.

1. YES
2. NO
7. DON’T KNOW/NOT SURE
9. REFUSED
M06Q07 – IF C13Q04 >= 1 AND C13Q04 <= 30 AND M06Q05 = 3 OR 4

During this most recent occasion, approximately how much did you pay for the alcohol which you drank?

_ _ _ TOTAL AMOUNT INTERVIEW NOTE: ROUND UP

888. PAID NOTHING – ALL DRINKS
FREE OR PAID FOR BY OTHERS
777. DON’T KNOW/NOT SURE
999. REFUSED

Module 07: Other Tobacco Products

M07Q01

Now, I would like to ask you questions about your use of tobacco products other than cigarettes. Have you ever used or tried any smokeless tobacco products such as chewing tobacco, snuff, or snus? (Snus rhymes with goose.)

INTERVIEWER NOTE: SNUS (SWEDISH FOR SNUFF) IS A MOIST SMOKELESS TOBACCO, USUALLY SOLD IN SMALL POUCHES THAT IS PLACED UNDER THE LIP AGAINST THE GUM.

1. YES
2. NO SKP → M07Q03
7. DON’T KNOW/NOT SURE SKP → M07Q03
9. REFUSED SKP → M07Q03

M07Q02 – IF M07Q01 = 1

Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

1. EVERY DAY
2. SOME DAYS
3. NOT AT ALL

7. DON’T KNOW/NOT SURE
9. REFUSED
State Added 02: Tobacco

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<thead>
<tr>
<th>Question</th>
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<tbody>
<tr>
<td>WY02Q01</td>
<td>IF M07Q02 = 1, 2</td>
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</tbody>
</table>

During the past 12 months, have you stopped using chewing tobacco, snuff, or snus for one day or longer because you were trying to quit?

1. YES
2. NO
7. DON’T KNOW/NOT SURE
9. REFUSED

Module 07: Other Tobacco Products (cont.)

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<thead>
<tr>
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<tbody>
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<td>M07Q03</td>
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</table>

Do you currently use cigars, pipes, bidis, kreteks, or other tobacco products? Do not include cigarettes, snus, snuff, or chewing tobacco.

INTERVIEWER NOTE: BIDIS ARE SMALL, BROWN, HAND-ROLLED CIGARETTES FROM INDIA AND OTHER SOUTHEAST ASIAN COUNTRIES.

INTERVIEWER NOTE: KRETEKS ARE CLOVE CIGARETTES MADE IN INDONESIA THAT CONTAIN CLOVE EXTRACT AND TOBACCO.

1. YES
2. NO
7. DON’T KNOW/NOT SURE
9. REFUSED
Module 15: Random Child Selection

M15Q01 - IF C12Q07 < 88

[IF C12Q07 = 1 SHOW] 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.

[IF C12Q07 > 1 & <88 SHOW] Previously, you indicated there were [ANS C12Q07] children age 17 or younger in your household. Think about those 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.

I have some additional questions about one specific child. The child I will be referring to is the [Xth] child in your household. All following questions about children will be about the [Xth] child.

What is the birth month and year of the [Xth] child?

_ _ _ _ _ _ CODE MONTH AND YEAR

777777. DON’T KNOW/NOT SURE
999999. REFUSED

M15Q02 - IF C12Q07 < 88

Is the child a boy or a girl?

1. BOY
2. GIRL
9. REFUSED

M15Q03 - IF C12Q07 < 88

Is the child Hispanic or Latino?

1. Yes
2. No
7. DON’T KNOW/NOT SURE
9. REFUSED
M15Q04 - IF C12Q07 < 88

Which one or more of the following would you say is the race of the child?

CHECK ALL THAT APPLY

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian or Alaska Native or
6. Other [SPECIFY]
7. NO ADDITIONAL CHOICES
8. DON’T KNOW/NOT SURE
9. REFUSED

M15Q05 – IF C12Q07 < 88 & m15Q04 HAS MORE THAN ONE RESPONSE INDICATED

Which one of these groups would you say best represents the child’s race?

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

M15Q06 - IF C12Q07 < 88

How are you related to the child?

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
Module 16: Childhood Asthma Prevalence

**M16Q01 – IF C12Q07 < 88**

Has a doctor or other health professional ever said that the child has asthma?

1. Yes
2. No SKP → NEXT MODULE
7. DON’T KNOW/NOT SURE SKP → NEXT MODULE
9. Refused SKP → NEXT MODULE

**M16Q02 – IF C12Q07 < 88 & M16Q01 = 1**

Does the child still have asthma?

1. Yes
2. No
7. DON’T KNOW/NOT SURE
9. Refused

State Added 01: Children’s Health

CATI Note: Continue directly from Childhood Asthma Prevalence Module (M16) if there is a child at home; otherwise skip to WY01Q07.

**WY01Q01 – IF C12Q07 <> 88, 99**

Has a doctor, nurse, or other health professional ever said that this child has diabetes?

1. YES
2. NO
7. DON’T KNOW/NOT SURE
9. REFUSED

**WY01Q02 – IF C12Q07 <> 88, 99**

Thinking back over the past 12 months, tell me as best as you can whether this child has had any sunburns during that time. By sunburn, I mean any reddening or burn of the skin that lasts until the next day.

1. YES
2. NO
7. DON’T KNOW/NOT SURE
9. REFUSED
**WY01Q03 – IF C12Q07 <> 88, 99**

Was there a time during the past 12 months when this child needed to see a doctor but could not because of the cost?

1. YES
2. NO
7. DON’T KNOW/NOT SURE
9. REFUSED

**WY01Q04 – IF C12Q07 <> 88, 99**

Does this child have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid or Kid Care CHIP?

1. YES
2. NO
7. DON’T KNOW/NOT SURE
9. REFUSED

**WY01Q05 – IF C12Q07 <> 88, 99 & WY01Q04 = 1**

What type of health care coverage does this child have? Is it...

PLEASE READ:
1. Through your or someone else’s employer
2. Through Medicaid
3. Through the government’s children’s health insurance program also known as Kid Care CHIP
4. Through some other form of health care coverage

7. DON’T KNOW/NOT SURE
9. REFUSED
WY01Q06 – IF C12Q07 <> 88, 99 & WY01Q04 = 2, 7

There are some types of health care coverage you may not have considered. Does this child have coverage through your employer, someone else’s employer, the military, Medicaid, Medicare, the Indian Health Service, or some other source??

PLEASE READ:
1. Through your or someone else’s employer
2. Through Medicaid
3. Through the government’s children’s health insurance program
   also known as Kid Care CHIP
4. Through some other form of health care coverage
7. DON’T KNOW/NOT SURE
9. REFUSED

WY01Q07

[Transition only if child health care questions (WY01Q01-WY01Q06) are asked...]

These last few questions are about you.

Have you heard of any activities to address the problem of diabetes in your community?

1. YES
2. NO
7. DON’T KNOW/NOT SURE
9. REFUSED

State Added 03: Home Smoking Rules

WY03Q01

Which statement best describes the rules about smoking inside your home?

PLEASE READ:

1. Smoking is not allowed anywhere inside your home
2. Smoking is allowed in some places or at some times
3. Smoking is allowed anywhere inside your home
4. There are no rules about smoking inside your home
7. DON’T KNOW/NOT SURE
9. REFUSED
State Added 04: Workplace Smoking Rules

WY04Q01 – IF C12Q09 = 1, 2

While working at your job, are you indoors most of the time?

1. YES
2. NO SKP → WY05Q01
7. DON’T KNOW/NOT SURE SKP → WY05Q01
9. REFUSED SKP → WY05Q01

WY04Q02 – IF C12Q09 = 1, 2 AND WY04Q01 = 1

Which of the following best describes your place of work’s official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms?

INTERVIEWER NOTE: FOR WORKERS WHO VISIT CLIENTS OR WORK AT HOME, “PLACE OF WORK” MEANS THEIR BASE LOCATION. FOR SELF-EMPLOYED PERSONS WHO WORK AT HOME, THE OFFICIAL SMOKING POLICY MEANS THE HOME SMOKING POLICY.

PLEASE READ:

1. Not allowed in any public areas
2. Allowed in some public areas
3. Allowed in all public areas or
4. No official policy
7. DON’T KNOW/NOT SURE
9. REFUSED

WY04Q03 – IF C12Q09 = 1, 2 AND WY04Q01 = 1

Which of the following best describes your place of work’s official smoking policy for work areas?

PLEASE READ:

1. Not allowed in any work areas
2. Allowed in some work areas
3. Allowed in all work areas or
4. No official policy
7. DON’T KNOW/NOT SURE
9. REFUSED
**WY04Q04 – IF C12Q09 = 1, 2 AND WY04Q01 = 1**

How often are you exposed to secondhand cigarette smoke at your place of work? Would you say…

PLEASE READ:

1. Never
2. Seldom
3. Sometimes
4. Frequently
5. DO NOT WORK OUTSIDE OF HOME
7. DON’T KNOW/NOT SURE
9. REFUSED

**State Added 05: Health Care**

**WY05Q01**

In the last 12 months, how many times have you seen a doctor, nurse or other health professional to get any kind of care for yourself?

_ _ NUMBER OF TIMES (1-76)

88. NONE
77. DON’T KNOW/NOT SURE
99. REFUSED

**WY05Q02 – IF C11Q02 = 1, 2 AND WY05Q01 <> 77, 88, 99**

In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider?

_ _ NUMBER OF TIMES (1-76)

88. NONE
77. DON’T KNOW/NOT SURE
99. REFUSED

**WY05Q03 – IF M07Q02 = 1, 2 AND WY05Q01 <> 77, 88, 99**

In the last 12 months, on how many visits were you advised to quit using smokeless tobacco by a doctor or other health provider?

_ _ NUMBER OF TIMES (1-76)

88. NONE
77. DON’T KNOW/NOT SURE
99. REFUSED
The next question is about sunburns including anytime that even a small part of your skin was red for more than 12 hours.

Have you had a sunburn within the past 12 months?

1. YES
2. NO

7. DON’T KNOW/NOT SURE
9. REFUSED

Including times when even a small part of your skin was red for more than 12 hours, how many sunburns have you had within the past 12 months?

1. ONE
2. TWO
3. THREE
4. FOUR
5. FIVE
6. SIX OR MORE

7. DON’T KNOW/NOT SURE
9. REFUSED

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