



2013

**Behavioral Risk Factor Surveillance System
Questionnaire**

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Interviewer's Script

HELLO, I am calling for the (health department) . My name is (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 (phone number) ?

If "No"

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. **STOP**

Is this a private residence?

READ ONLY IF NECESSARY: "By private residence, we mean someplace like a house or apartment."

Yes [Go to state of residence]
No [Go to college housing]

No, business phone only

College Housing

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 arrangement provided by a college or university."

Yes
No

If "No",

Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time. **STOP**

State of Residence

Do you reside in (state) ?

Yes [Go to Adult Random Selection]
No [Go to state]

State

Thank you very much, but we are only interviewing persons who live in the state of at this time. **STOP**

Cellular Phone

Is this a cellular telephone?

Interviewer Note: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).

Read only if necessary: "By cellular (or cell) telephone we mean a telephone that is mobile and usable outside of your neighborhood."

If "Yes"

Thank you very much, but we are only interviewing by land line telephones and for private residences or college housing. **STOP**

CATI NOTE: IF (College Housing = Yes) continue; otherwise go to Adult Random Selection Adult

Are you 18 years of age or older?

- | | | |
|----------|----------------------------------|-----------------------|
| 1 | Yes, respondent is male | [Go to Page 6] |
| 2 | Yes, respondent is female | [Go to Page 6] |
| 3 | No | |

If "No",

Thank you very much, but we are only interviewing persons aged 18 or older at this time. **STOP**

Adult Random Selection

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

___ Number of adults

If "1,"

Are you the adult?

If "yes,"

Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary). **Go to page 6.**

If "no,"

Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with **[fill in (him/her) from previous question]**? **Go to "correct respondent" on the next page.**

How many of these adults are men and how many are women?

___ Number of men

___ Number of women

The person in your household that I need to speak with is _____.

If "you," go to page 6

To the correct respondent:

HELLO, I am calling for the (health department) . My name is (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.

Core Sections

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 **(give appropriate state telephone number)**.

Section 1: Health Status

1.1 Would you say that in general your health is— (80)

Please read:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair

Or

- 5 Poor

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Section 2: Healthy Days — Health-Related Quality of Life

2.1 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? (81–82)

- — Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

2.2 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? (83–84)

- – Number of days
- 8 8 None **[If Q2.1 and Q2.2 = 88 (None), go to next section]**
- 7 7 Don't know / Not sure
- 9 9 Refused

2.3 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? (85-86)

- – Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 3: Health Care Access

3.1 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? (87)

- 1 Yes **[If PPHF state go to Module 4, Question 1, else continue]**
- 2 No
- 7 Don't know / Not sure
- 9 Refused

3.2 Do you have one person you think of as your personal doctor or health care provider?

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?” (88)

- 1 Yes, only one
- 2 More than one
- 3 No
- 7 Don't know / Not sure
- 9 Refused

3.3 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (89)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

CATI Note: If PPHF State go to Module 4, Question 3, else continue

3.4 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.

(90)

- 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 Note: If PPHF State and Q3.1 = 1 go to Module 4, Question 4a or If PPHF State and Q3.1 = 2, 7, or 9 go to Module 4, Question 4b, or if not a PPHF State go to next section.

Section 4: Inadequate Sleep

I would like to ask you about your sleep pattern.

4.1 On average, how many hours of sleep do you get in a 24-hour period?

INTERVIEWER NOTE: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.

(91-92)

- Number of hours [01-24]
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 5: Hypertension Awareness

5.1 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?

(93)

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 **[Go to next section]**
- 3 No **[Go to next section]**
- 4 Told borderline high or pre-hypertensive **[Go to next section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

- 5.2** Are you currently taking medicine for your high blood pressure? (94)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 6: Cholesterol Awareness

- 6.1** Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (95)
- 1 Yes
 - 2 No [Go to next section]
 - 7 Don't know / Not sure [Go to next section]
 - 9 Refused [Go to next section]

- 6.2** About how long has it been since you last had your blood cholesterol checked? (96)
- 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
- Do not read:**
- 7 Don't know / Not sure
 - 9 Refused

- 6.3** Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (97)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 7: Chronic Health Conditions

Now I would like to ask you some questions about general health conditions.

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure."

- 7.1** (Ever told) you that you had a heart attack also called a myocardial infarction? (98)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 7.2** (Ever told) you had angina or coronary heart disease? (99)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 7.3** (Ever told) you had a stroke? (100)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 7.4** (Ever told) you had asthma? (101)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 7.5** Do you still have asthma? (102)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 7.6** (Ever told) you had skin cancer? (103)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 7.7** (Ever told) you had any other types of cancer?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

(104)

7.8 (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

(105)

7.9 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

(106)

INTERVIEWER NOTE: Arthritis diagnoses include:

- 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)

7.10 (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

(107)

7.11 (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence. (108)

INTERVIEWER NOTE: Incontinence is not being able to control urine flow.

1	Yes
2	No
7	Don't know / Not sure
9	Refused

7.12 (Ever told) you have diabetes? (109)

If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"

If respondent says pre-diabetes or borderline diabetes, use response code 4.

1	Yes
2	Yes, but female told only during pregnancy
3	No
4	No, pre-diabetes or borderline diabetes
7	Don't know / Not sure
9	Refused

CATI note: If Q7.12 = 1 (Yes), go to Diabetes Optional Module (if used). If any other response to Q7.12, go to Pre-Diabetes Optional Module (if used), otherwise, go to next section.

Section 8: Demographics

8.1 What is your age? (110-111)

-- Code age in years

0 7	Don't know / Not sure
0 9	Refused

8.2 Are you Hispanic, Latino/a, or Spanish origin? (112-115)

1	No, not of Hispanic, Latino/a, or Spanish origin
---	--

If yes, ask: Are you...

Interviewer Note: One or more categories may be selected.

2	Mexican, Mexican American, Chicano/a
3	Puerto Rican
4	Cuban
5	Another Hispanic, Latino/a, or Spanish origin

Do not read:

- 8 No additional choices
- 7 Don't know / Not sure
- 9 Refused

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

(116-143)

Interviewer Note: Select all that apply.

Interviewer Note: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

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

Do not read:

- 60 Other
- 88 No additional choices
- 77 Don't know / Not sure
- 99 Refused

CATI note: If more than one response to Q8.3; continue. Otherwise, go to Q8.5.

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

Interviewer Note: If 04 (Asian) or 05 (Pacific Islander) is selected read and code subcategory underneath major heading.

(144-145)

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

Do not read:

- 60 Other
- 88 No additional choices
- 77 Don't know / Not sure
- 99 Refused

8.5 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.

(146)

- 1 Yes
- 2 No

Do not read:

- 7 Don't know / Not sure
- 9 Refused

8.6 Are you...?

(147)

Please read:

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married

Or

- 6 A member of an unmarried couple

Do not read:

- 9 Refused

8.7 How many children less than 18 years of age live in your household? (148-149)

— — Number of children
8 8 None
9 9 Refused

8.8 What is the highest grade or year of school you completed? (150)

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)

Do not read:

- 9 Refused

8.9 Are you currently...? (151)

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

Do not read:

9 Refused

8.10 Is your annual household income from all sources—

(152-153)

If respondent refuses at ANY income level, code '99' (Refused)

Read only if necessary:

0 4 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**
(\$20,000 to less than \$25,000)

0 3 Less than \$20,000 **If "no," code 04; if "yes," ask 02**
(\$15,000 to less than \$20,000)

0 2 Less than \$15,000 **If "no," code 03; if "yes," ask 01**
(\$10,000 to less than \$15,000)

0 1 Less than \$10,000 **If "no," code 02**

0 5 Less than \$35,000 **If "no," ask 06**
(\$25,000 to less than \$35,000)

0 6 Less than \$50,000 **If "no," ask 07**
(\$35,000 to less than \$50,000)

0 7 Less than \$75,000 **If "no," code 08**
(\$50,000 to less than \$75,000)

0 8 \$75,000 or more

Do not read:

7 7 Don't know / Not sure

9 9 Refused

8.11 About how much do you weigh without shoes?

(154-157)

NOTE: If respondent answers in metrics, put "9" in column 148.

Round fractions up

— — — —	Weight
(pounds/kilograms)	
7 7 7 7	Don't know / Not sure
9 9 9 9	Refused

8.12

About how tall are you without shoes?

(158-161)

NOTE: If respondent answers in metrics, put "9" in column 152.

Round fractions down

__ / __ Height
(f t / inches/meters/centimeters)
7 7 / 7 7 Don't know / Not sure
9 9 / 9 9 Refused

8.13 What county do you live in? (162-164)

__ __ __ ANSI County Code (formerly FIPS county code)
7 7 7 Don't know / Not sure
9 9 9 Refused

8.14 What is the ZIP Code where you live? (165-169)

__ __ __ __ __ ZIP Code
7 7 7 7 7 Don't know / Not sure
9 9 9 9 9 Refused

8.15 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. (170)

1 Yes
2 No **[Go to Q8.17]**
7 Don't know / Not sure **[Go to Q8.17]**
9 Refused **[Go to Q8.17]**

8.16 How many of these telephone numbers are residential numbers? (171)

__ Residential telephone numbers **[6 = 6 or more]**
7 Don't know / Not sure
9 Refused

8.17 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (172)

1 Yes
2 No **[Go to Q8.19]**
7 Don't know / Not sure **[Go to Q8.19]**
9 Refused **[Go to Q8.19]**

8.18 Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone? (173-175)

- — — Enter percent (1 to 100)
- 8 8 8 Zero
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

8.19 Have you used the internet in the past 30 days? (176)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

8.20 Do you own or rent your home? (177)

- 1 Own
- 2 Rent
- 3 Other arrangement
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: "Other arrangement" may include group home, staying with friends or family without paying rent.

NOTE: Home is defined as the place where you live most of the time/the majority of the year.

8.21 Indicate sex of respondent. **Ask only if necessary.** (178)

- 1 Male [Go to Q8.23]
- 2 Female [If respondent is 45 years old or older, go to Q8.23]

8.22 To your knowledge, are you now pregnant? (179)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

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

8.23 Are you limited in any way in any activities because of physical, mental, or emotional problems? (180)

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

8.24 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? (181)

NOTE: Include occasional use or use in certain circumstances.

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

8.25 Are you blind or do you have serious difficulty seeing, even when wearing glasses? (182)

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

8.26 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (183)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

8.27 Do you have serious difficulty walking or climbing stairs? (184)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

8.28 Do you have difficulty dressing or bathing? (185)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

8.29 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (186)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 9: Tobacco Use

9.1 Have you smoked at least 100 cigarettes in your entire life? (187)

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No [Go to Q9.5]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

9.2 Do you now smoke cigarettes every day, some days, or not at all? (188)

- 1 Every day
- 2 Some days
- 3 Not at all [Go to Q9.4]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

9.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (189)

- 1 Yes [Go to Q9.5]
- 2 No [Go to Q9.5]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

9.4 How long has it been since you last smoked a cigarette, even one or two puffs? (190-191)

- 0 1 Within the past month (less than 1 month ago)
- 0 2 Within the past 3 months (1 month but less than 3 months ago)
- 0 3 Within the past 6 months (3 months but less than 6 months ago)
- 0 4 Within the past year (6 months but less than 1 year ago)
- 0 5 Within the past 5 years (1 year but less than 5 years ago)
- 0 6 Within the past 10 years (5 years but less than 10 years ago)
- 0 7 10 years or more
- 0 8 Never smoked regularly
- 7 7 Don't know / Not sure
- 9 9 Refused

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

Snus (rhymes with 'goose')

NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.

(192)

- 1 Every day
- 2 Some days
- 3 Not at all

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Section 10: Alcohol Consumption

10.1 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? (193-195)

- 1 _ _ Days per week
- 2 _ _ Days in past 30 days
- 8 8 8 No drinks in past 30 days [Go to next section]
- 7 7 7 Don't know / Not sure [Go to next section]
- 9 9 9 Refused [Go to next section]

10.2 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? (196-197)

NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

__ __ Number of drinks
7 7 Don't know / Not sure
9 9 Refused

10.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X [CATI X = 5 for men, X = 4 for women]** or more drinks on an occasion? (198-199)

__ __ Number of times
8 8 None
7 7 Don't know / Not sure
9 9 Refused

10.4 During the past 30 days, what is the largest number of drinks you had on any occasion? (200-201)

__ __ Number of drinks
7 7 Don't know / Not sure
9 9 Refused

Section 11: Fruits and Vegetables

These next questions are about the fruits and vegetables **you** ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home.

I will be asking how often **you** ate or drank each one: for example, once a day, twice a week, three times a month, and so forth.

INTERVIEWER NOTE: If respondent responds less than once per month, put "0" times per month. If respondent gives a number without a time frame, ask: "Was that per day, week, or month?"

11.1 During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice. (202-204)

1 __ __ Per day
2 __ __ Per week
3 __ __ Per month
5 5 5 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

INTERVIEWER NOTE: Do not include fruit drinks with added sugar or other added sweeteners like Kool-aid, Hi-C, lemonade, cranberry cocktail, Tampico, Sunny Delight, Snapple, Fruitopia, Gatorade, Power-Ade, or yogurt drinks.

Do not include fruit juice drinks that provide 100% daily vitamin C but include added sugar.

Do not include vegetable juices such as tomato and V8 if respondent provides but include in “other vegetables” question 11.6.

DO include 100% pure juices including orange, mango, papaya, pineapple, apple, grape (white or red), or grapefruit. Only count cranberry juice if the R perception is that it is 100% juice with no sugar or artificial sweetener added. 100% juice blends such as orange-pineapple, orange-tangerine, cranberry-grape are also acceptable as are fruit-vegetable 100% blends. 100% pure juice from concentrate (i.e., reconstituted) is counted.

11.2 During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit (205-207)

1 _ _	Per day
2 _ _	Per week
3 _ _	Per month
5 5 5	Never
7 7 7	Don't know / Not sure
9 9 9	Refused

Read only if necessary: “Your best guess is fine. Include apples, bananas, applesauce, oranges, grape fruit, fruit salad, watermelon, cantaloupe or musk melon, papaya, lychees, star fruit, pomegranates, mangos, grapes, and berries such as blueberries and strawberries.”

INTERVIEWER NOTE: Do not count fruit jam, jelly, or fruit preserves.

Do not include dried fruit in ready-to-eat cereals.

Do include dried raisins, cran-raisins if respondent tells you - *but due to their small serving size they are not included in the prompt.*

Do include cut up fresh, frozen, or canned fruit added to yogurt, cereal, jello, and other meal items.

Include culturally and geographically appropriate fruits that are not mentioned (e.g. genip, soursop, sugar apple, figs, tamarind, bread fruit, sea grapes, carambola, longans, lychees, akee, rambutan, etc.).

11.3 During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans. (208-210)

1 _ _	Per day
2 _ _	Per week
3 _ _	Per month
5 5 5	Never
7 7 7	Don't know / Not sure
9 9 9	Refused

Read only if necessary: “Include round or oval beans or peas such as navy, pinto, split peas, cow peas, hummus, lentils, soy beans and tofu. Do NOT include long green beans such as string beans, broad or winged beans, or pole beans.”

INTERVIEWER NOTE: Include soybeans also called edamame, TOFU (BEAN CURD MADE FROM SOYBEANS), kidney, pinto, hummus, lentils, black, black-eyed peas, cow peas, lima beans and white beans.

Include bean burgers including garden burgers and veggie burgers.

Include falafel and tempeh.

11.4 During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach?

(211-213)

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

INTERVIEWER NOTE: Each time a vegetable is eaten it counts as one time.

INTERVIEWER NOTE: Include all raw leafy green salads including spinach, mesclun, romaine lettuce, bok choy, dark green leafy lettuce, dandelions, komatsuna, watercress, and arugula.

Do not include iceberg (head) lettuce if specifically told type of lettuce. Include all cooked greens including kale, collard greens, choys, turnip greens, mustard greens.

11.5 During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?

(214-216)

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Read only if needed: “Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash.”

FOR INTERVIEWER: Include all forms of carrots including long or baby-cut.

Include carrot-slaw (e.g. shredded carrots with or without other vegetables or fruit).

Include all forms of sweet potatoes including baked, mashed, casserole, pie, or sweet potatoes fries.

Include all hard-winter squash varieties including acorn, autumn cup, banana, butternut, buttercup, delicate, hubbard, kabocha (Also known as an Ebisu, Delica, Hoka, Hokkaido, or Japanese Pumpkin; blue kuri), and spaghetti squash. Include all forms including soup.

Include pumpkin, including pumpkin soup and pie. Do not include pumpkin bars, cake, bread or other grain-based desert-type food containing pumpkin (i.e. similar to banana bars, zucchini bars we do not include).

11.6 Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.

(217-219)

1 _ _	Per day
2 _ _	Per week
3 _ _	Per month
5 5 5	Never
7 7 7	Don't know / Not sure
9 9 9	Refused

Read only if needed: "Do not count vegetables you have already counted and do not include fried potatoes."

INTERVIEWER NOTE: Include corn, peas, tomatoes, okra, beets, cauliflower, bean sprouts, avocado, cucumber, onions, peppers (red, green, yellow, orange); all cabbage including American-style cole-slaw; mushrooms, snow peas, snap peas, broad beans, string, wax-, or pole-beans.

Include any form of the vegetable (raw, cooked, canned, or frozen).

Do include tomato juice if respondent did not count in fruit juice.

Include culturally and geographically appropriate vegetables that are not mentioned (e.g. daikon, jicama, oriental cucumber, etc.).

Do not include rice or other grains.

Do not include products consumed usually as condiments including ketchup, catsup, salsa, chutney, relish.

Section 12: Exercise (Physical Activity)

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

INTERVIEWER INSTRUCTION: If respondent does not have a “regular job duty” or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.

12.1 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? (220)

- 1 Yes
- 2 No [Go to Q12.8]
- 7 Don't know / Not sure [Go to Q12.8]
- 9 Refused [Go to Q12.8]

12.2. What type of physical activity or exercise did you spend the most time doing during the past month? (221-222)

- __ (Specify) [See Physical Activity Coding List]
- 7 7 Don't know / Not Sure [Go to Q12.8]
- 9 9 Refused [Go to Q12.8]

INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Physical Activity Coding List, choose the option listed as “Other “.

12.3 How many times per week or per month did you take part in this activity during the past month? (223-225)

- 1__ Times per week
- 2__ Times per month
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

12.4 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (226-228)

- _:__ Hours and minutes
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

12.5 What other type of physical activity gave you the next most exercise during the past month? (229-230)

- __ (Specify) [See Physical Activity Coding List]
- 8 8 No other activity [Go to Q12.8]
- 7 7 Don't know / Not Sure [Go to Q12.8]
- 9 9 Refused [Go to Q12.8]

INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Coding Physical Activity List, choose the option listed as "Other".

12.6 How many times per week or per month did you take part in this activity during the past month? (231-233)

- 1__ Times per week
- 2__ Times per month
- 777 Don't know / Not sure
- 999 Refused

12.7 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (234-236)

- _:__ Hours and minutes
- 777 Don't know / Not sure
- 999 Refused

12.8 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. (237-239)

- 1__ Times per week
- 2__ Times per month
- 888 Never
- 777 Don't know / Not sure
- 999 Refused

Section 13: Arthritis Burden

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

Next, I will ask you about your arthritis.

Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint.

13.1 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (240)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

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.”

INTERVIEWER NOTE: Q13.2 should be asked of all respondents regardless of employment status.

13.2 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? (241)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

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.”

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.”

13.3 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? (242)

Please read [1-3]:

- 1 A lot
- 2 A little
- 3 Not at all

Do not read:

- 7 Don't know / Not sure
- 9 Refused

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.”

13.4 Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be. (243-244)

- – Enter number [00-10]
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 14: Seatbelt Use

14.1 How often do you use seat belts when you drive or ride in a car? Would you say— (245)

Please read:

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

Do not read:

- 7 Don't know / Not sure
- 8 Never drive or ride in a car
- 9 Refused

Section 15: Immunization

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™.

15.1 During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose? (246)

READ IF NECESSARY:

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.

- 1 Yes
- 2 No **[Go to Q15.3]**
- 7 Don't know / Not sure **[Go to Q15.3]**
- 9 Refused **[Go to Q15.3]**

15.2 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? (247-252)

- __ / ____ Month / Year
- 77 / 7777 Don't know / Not sure
- 99 / 9999 Refused

15.3 Since 2005, have you had a tetanus shot? (253)

If yes, ask: "Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?"

- 1 Yes, received Tdap
- 2 Yes, received tetanus shot, but not Tdap
- 3 Yes, received tetanus shot but not sure what type
- 4 No, did not receive any tetanus since 2005
- 7 Don't know/Not sure
- 9 Refused

15.4 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? (254)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 16: HIV/AIDS

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.

16.1 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. (255)

- 1 Yes
- 2 No [Go to optional module transition]
- 7 Don't know / Not sure [Go to optional module transition]
- 9 Refused [Go to optional module transition]

16.2 Not including blood donations, in what month and year was your last HIV test? (256-261)

NOTE: If response is before January 1985, code "Don't know."

CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

- __ / __ __ __ Code month and year
- 77 / 7777 Don't know / Not sure
- 99 / 9999 Refused / Not sure

CATI NOTE: If Core Q16.2 = within last 12 months continue, else go to optional module transition.

- 16.3** Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, in the **emergency room**, as an inpatient in a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else? (262-263)
- 0 1 Private doctor or HMO office
 - 0 2 Counseling and testing site
 - 0 9 Emergency room**
 - 0 3 Hospital inpatient
 - 0 4 Clinic
 - 0 5 Jail or prison (or other correctional facility)
 - 0 6 Drug treatment facility
 - 0 7 At home
 - 0 8 Somewhere else
 - 7 7 Don't know / Not sure
 - 9 9 Refused

Closing Statement or Transition to Modules and/or State-Added Questions

Closing Statement

Closing Statement or Transition to Modules and/or State-Added Questions

Closing statement

Please read:

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.

Or

Transition to modules and/or state-added questions

Please read:

Finally, I have just a few questions left about some other health topics.

Optional Modules

Module 1: Pre-Diabetes

NOTE: Only asked of those not responding “Yes” (code = 1) to Core Q7.12 (Diabetes awareness question).

1. Have you had a test for high blood sugar or diabetes within the past three years? (270)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

CATI note: If Core Q7.12 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 “Yes” (code = 1).

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

If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”

(271)

- 1 Yes
- 2 Yes, during pregnancy
- 3 No
- 7 Don't know / Not sure
- 9 Refused

Module 2: Diabetes

To be asked following Core Q7.12; if response is "Yes" (code = 1)

1. How old were you when you were told you have diabetes? (272-273)

- — Code age in years [97 = 97 and older]
- 9 8 Don't know / Not sure
- 9 9 Refused

2. Are you now taking insulin? (274)

- 1 Yes
- 2 No
- 9 Refused

3. 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. (275-277)

- 1 _ _ Times per day
- 2 _ _ Times per week
- 3 _ _ Times per month
- 4 _ _ Times per year
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

4. 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. (278-280)

- 1 _ _ Times per day
- 2 _ _ Times per week
- 3 _ _ Times per month
- 4 _ _ Times per year
- 5 5 5 No feet
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

5. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (281-282)

- _ _ Number of times [76 = 76 or more]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

6. 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"?
- (283-284)
- | | | |
|---|---|-----------------------------------|
| — | — | Number of times [76 = 76 or more] |
| 8 | 8 | None |
| 9 | 8 | Never heard of "A one C" test |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused |

CATI note: If Q4 = 555 (No feet), go to Q8.

7. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?
- (285-286)
- | | | |
|---|---|-----------------------------------|
| — | — | Number of times [76 = 76 or more] |
| 8 | 8 | None |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused |

8. 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.
- (287)
- 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 |

Do not read:

- | | |
|---|-----------------------|
| 7 | Don't know / Not sure |
| 8 | Never |
| 9 | Refused |

9. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?
- (288)
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

10. Have you ever taken a course or class in how to manage your diabetes yourself? (289)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Module 4: Health Care Access

- 1 Do you have Medicare? (298)
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused

Note: Medicare is a coverage plan for people age 65 or over and for certain disabled people.

- 2 Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans? (299-312)

(Select all that apply)

Please Read:

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicaid or Medical Assistance [or substitute state program name]
- 05 The military, CHAMPUS, or the VA [or CHAMP-VA]
- 06 The Indian Health Service [or the Alaska Native Health Service]
- 07 Some other source
- 88 None
- 77 Don't know/Not sure
- 99 Refused

CATI Note: If PPHF State go to core 3.2

- 3 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. (313)

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.

Do not read:

- 6 Other _____ (314-338)
specify
- 8 No, I did not delay getting medical care/did not need medical care
- 7 Don't know/Not sure
- 9 Refused

CATI Note: If PPHF State, go to core 3.4

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

4a In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage? (339)

- 1 Yes [Go to Q5]
- 2 No [Go to Q5]
- 7 Don't know/Not sure [Go to Q5]
- 9 Refused [Go to Q5]

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

4b About how long has it been since you last had health care coverage? (340)

- 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

5 How many times have you been to a doctor, nurse, or other health professional in the past 12 months? (341-342)

- __ Number of times
- 8 8 None
- 7 7 Don't know/Not sure
- 9 9 Refused

6 Was there a time in the past 12 months when you did not take your medication as prescribed because of cost? Do not include over-the-counter (OTC) medication. (343)

- 1 Yes

2 No

Do not read:

3 No medication was prescribed.

7 Don't know/Not sure

9 Refused

7 In general, how satisfied are you with the health care you received? Would you say—

(344)

1 Very satisfied

2 Somewhat satisfied

3 Not at all satisfied

Do not read

8 Not applicable

7 Don't know/Not sure

9 Refused

8 Do you currently have any medical bills that are being paid off over time?

(345)

INTERVIEWER NOTE:

This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year.

1 Yes

2 No

7 Don't know/Not sure

9 Refused

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

Module 8: Cardiovascular Health

I would like to ask you a few more questions about your cardiovascular or heart health.

CATI note: If Core Q7.1 = 1 (Yes), ask Q1. If Core Q7.1 = 2, 7, or 9 (No, Don't know, or Refused), skip Q1.

1. Following your heart attack, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (373)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

CATI note: If Core Q7.3 = 1 (Yes), ask Q2. If Core Q7.3 = 2, 7, or 9 (No, Don't know, or Refused), skip Q2.

2. Following your stroke, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (374)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Interviewer Note: Question 3 is asked for all respondents

3. Do you take aspirin daily or every other day? (375)

Interviewer Note: Aspirin can be prescribed by a health care provider or obtained as an over-the-counter (OTC) medication.

- 1 Yes **[Go to question 5]**
- 2 No
- 7 Don't know / Not sure
- 9 Refused

4. Do you have a health problem or condition that makes taking aspirin unsafe for you? (376)

If "Yes," ask "Is this a stomach condition?" Code upset stomach as stomach problems.

- 1 Yes, not stomach related **[Go to next module]**
- 2 Yes, stomach problems **[Go to next module]**
- 3 No **[Go to next module]**
- 7 Don't know / Not sure **[Go to next module]**
- 9 Refused **[Go to next module]**

5. Do you take aspirin to relieve pain? (377)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
6. Do you take aspirin to reduce the chance of a heart attack? (378)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
7. Do you take aspirin to reduce the chance of a stroke? (379)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Module 12: Breast and Cervical Cancer Screening

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

The next questions are about breast and cervical cancer.

1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (389)
- 1 Yes
 - 2 No [Go to Q3]
 - 7 Don't know / Not sure [Go to Q3]
 - 9 Refused [Go to Q3]
2. How long has it been since you had your last mammogram? (390)
- 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

Do not read:

- 7 Don't know / Not sure
- 9 Refused

3. 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?

(391)

- 1 Yes
- 2 No [Go to Q5]
- 7 Don't know / Not sure [Go to Q5]
- 9 Refused [Go to Q5]

4. How long has it been since your last breast exam?

(392)

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

Do not read:

- 7 Don't know / Not sure
- 9 Refused

5. A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?

(393)

- 1 Yes
- 2 No [Go to Q7]
- 7 Don't know / Not sure [Go to Q7]
- 9 Refused [Go to Q7]

6. How long has it been since you had your last Pap test? (394)

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

Do not read:

- 7 Don't know / Not sure
- 9 Refused

CATI note: If response to Core Q8.21 = 1 (is pregnant); then go to next section.

7. Have you had a hysterectomy? (395)

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

Module 13: Colorectal Cancer Screening

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

The next questions are about colorectal cancer screening.

1. 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? (396)

- 1 Yes
- 2 No [Go to Q3]
- 7 Don't know / Not sure [Go to Q3]
- 9 Refused [Go to Q3]

2. How long has it been since you had your last blood stool test using a home kit? (397)

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

Do not read:

- 7 Don't know / Not sure
- 9 Refused

3. 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? (398)

- 1 Yes
- 2 No [Go to next section]
- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

4. 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? (399)

- 1 Sigmoidoscopy
- 2 Colonoscopy
- 7 Don't know / Not sure
- 9 Refused

5. How long has it been since you had your last sigmoidoscopy or colonoscopy? (400)

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

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Module 18: Industry and Occupation

If Core Q8.9 = 1 (Employed for wages) or 2 (Self-employed), continue else go to next module.

Now I am going to ask you about your work.

1. **What kind of work do you do?** (for example, registered nurse, janitor, cashier, auto mechanic) (429-453)

INTERVIEWER NOTE: If respondent is unclear, ask "What is your job title?"

INTERVIEWER NOTE: If respondent has more than one job then ask, "What is your main job?"

[Record answer] _____
99 Refused

2. What kind of business or industry do you work in? (for example, hospital, elementary school, clothing manufacturing, restaurant) (454-478)

[Record answer] _____
99 Refused

State and County Added Questions

State Added 01: Work Related Injury

FL01INTRO	Pause
Ask If	C08Q09 = 1 OR C08Q09 = 2 OR C08Q09 = 4

FL01Q01	Select
Ask If	C08Q09 = 1 OR C08Q09 = 2 OR C08Q09 = 4
During the past 12 months, that is since {CATI INSERT: one year before today date} were you injured seriously enough while performing your job that you got medical advice or treatment?	
1	YES
2	NO
	FL01END
7	DON'T KNOW/NOT SURE
	FL01END
9	REFUSED
	FL01END

FL01Q02	Select
---------	--------

Ask If	FL01Q01 = 1
For your most recent work-related injury, who paid for your treatment? READ ONLY IF NECESSARY:	
*10 MEDICAL TREATMENT	
01	Workers' compensation
02	Private Insurance
03	Medicare, Medicaid
04	Indian Health Service/Alaska Native Health Service
05	The military, Veterans Administration, or Champus
06	Federal government
07	You or your family; out of pocket
08	Your employer through a workers' compensation claim
09	Your employer without a workers' compensation claim
10	Your employer without a workers' compensation claim and through on-site *
11	Workers' compensation claim filed, still in process or not resolved
12	The union
13	Other source
88	NO ONE PAID; NO TREATMENT
77	DON'T KNOW/NOT SURE
99	REFUSED

FL01END	Pause
Ask If	

State Added 02: Physical or Mental Impairment

FL02INTRO	Pause
Ask If	C08Q24 = 1

FL02Q01	Select
---------	--------

Ask If	C08Q24 = 1
Previously you mentioned having a physical, mental, emotional problem or a health problem that required the use of special equipment... What is the main type of health problem you have? INTERVIEWER NOTE: IF RESPONDENT MENTIONS MULTIPLE HEALTH PROBLEMS PROBE FOR THE MAIN HEALTH PROBLEM?	
01	Physical impairment or disability
02	Learning or intellectual disability
03	Memory or cognitive disability
04	Emotional problems, such as depression, bipolar disorder or schizophrenia
05	Hearing disability
06	Blindness
07	Speech impairment
08	Other
77	DON'T KNOW/NOT SURE
99	REFUSED

FL02Q02	Select
Ask If	C08Q24 = 1
How long have you had this health problem?	
1	Since birth (a the tim of your birth or up to 1 year of age)
2	Since a young child (between the ages o 1 to 9)
3	Since adolescence (between the ages of 10 to 17)
4	Since a your adult (between the ages of 18 to 39)
5	Since middle age (between 40 to 64)
6	Since an older adult (over the age of 64)
7	DON'T KNOW/NOT SURE
9	REFUSED

FL02Q03	Select
Ask If	C08Q24 = 1
In the last 12 months how often have you felt that you have been treated unfairly at a doctor's office because of a disability, limitation, or other health condition?	
1	Never
2	Sometimes
3	Usually
4	Always
7	DON'T KNOW/NOT SURE
9	REFUSED

FL02Q04	Multiple Select	
Ask If	C08Q24 = 1	
<p>In the last 12 months did you experience any of the following difficulties to receiving healthcare due to a disability, limitation, or other health condition?</p> <p>CHOOSE ALL THAT APPLY</p> <p>PLEASE READ:</p>		
01	Difficulty getting into the building	
02	Difficulty getting into the exam room	
03	Difficulty getting on the examination table	
04	Difficulty getting a physical exam	
05	Difficulty communicating or talking with your doctor	
06	Difficulty finding a doctor that understands your health condition	
88	NONE OF THE ABOVE	EXCLUSIVE
77	DON'T KNOW/NOT SURE	EXCLUSIVE
99	REFUSED	EXCLUSIVE

FL02END	Pause	
Ask If		

State Added 03: Air Conditioning

FL03INTRO	Pause	
Ask If		

FL03Q01	Select	
Ask If		
<p>Now I would like to ask you a few questions about the air conditioning in your home. Air conditioning is defined as the cooling of air by a refrigeration unit. This definition excludes evaporative coolers, fans, or blowers that are not connected to a refrigeration unit. A “room unit” is an individual air conditioner which is installed in a window or an outside wall and is generally intended to cool one room. A “central system” is a central installation which air-conditions the entire housing unit. In an apartment building, a central system may cool all apartments in the building, each apartment may have its own central system, or there may be several systems that provide central air conditioning for a group of apartments. A central installation with individual room controls is a central air-conditioning system.</p>		

Does your housing unit have central air conditioning?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED
	FL03END
	FL03END

FL03Q02	Select
Ask If	FL03Q01 = 1 or FL03Q01 = 2
Does your housing unit have room air conditioners? INTERVIEWER NOTE: THEY ARE ALSO KNOWN AS WINDOW UNITS.	
1	YES
2	NO
	FL03Q04
7	DON'T KNOW/NOT SURE
	FL03Q04
9	REFUSED
	FL03Q04

FL03Q03	Numeric
Ask If	FL03Q02 = 1
How many room air conditioners do you have? INTERVIEWER NOTE: THEY ARE ALSO KNOWN AS WINDOW UNITS.	
__	NUMBER OF ROOM AIRCONDITIONERS/WINDOW UNITS
77	DON'T KNOW/NOT SURE
99	REFUSED

FL03Q04	Multiple Select	
Ask If		
I'm going to read you a list of reasons why people may not use air conditioning as often as they may want to. By use, I mean to turn it on or set at a lower temperature. This includes use of central air conditioning or room air conditioning units. Please tell me if any of the following apply to your household:		
CHOOSE ALL THAT APPLY		
01	Too expensive	
02	Too noisy	
03	Might make me sick	
04	Don't like how it feels	
05	Causes moisture, mold or mildew problems	
06	It does not work well	
07	It does not work at all	
08	Not energy efficient	
09	Some other reason	
10	None of the above, I use air conditioning as often as I want	Exclusive
77	DON'T KNOW/NOT SURE	Exclusive
99	REFUSED	Exclusive

FL03END	Pause	
Ask If		

State Added 04: Carbon Monoxide

FL04INTRO	Pause	
Ask If		

FL04Q01	Select	
Ask If		
A carbon monoxide or CO detector checks the level of carbon monoxide in your home. It is not a smoke detector.		
Do you have a CO detector in your home?		

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

FL04END	Pause
Ask If	

State Added 05: Infertility

CATI PROGRAMMING NOTE: Replace these questions with the county added questions for counties with specific questions

FL05INTRO	Pause
Ask If	ASKCNTY <> 011 AND ASKCNTY <> 021 AND ASKCNTY <> 031 AND ASKCNTY <> 073 AND ASKCNTY <>117

FL05Q01	Select	
Ask If		
Have you and a spouse or partner EVER tried to get pregnant?		
1	YES	
2	NO	FL05END
7	DON'T KNOW/NOT SURE	FL05END
9	REFUSED	FL05END

FL05Q02	Select	
Ask If	FL05Q01 = 1	
As a couple, were you EVER unable to become pregnant after a year or longer of trying to do so?		
1	YES	
2	NO	FL05END
7	DON'T KNOW/NOT SURE	FL05END
9	REFUSED	FL05END

FL05Q03	Select
Ask If	FL05Q02 = 1
Did you (or your spouse/partner) EVER seek medical consultation or treatment for infertility or problems becoming pregnant?	

1	YES	
2	NO	FL05END
7	DON'T KNOW/NOT SURE	FL05END
9	REFUSED	FL05END

FL05Q04	Multiple Select	
Ask If	FL05Q03 = 1 AND ((C08Q21 = 1 AND C08Q01 <= 59) OR (C07Q21 = 2 AND C08Q01 <= 50))	
<p>Which of the following treatments did you, or your spouse/partner, receive? Was it ...</p> <p>INTERVIEWER NOTE: ALLOW FOR UP TO 4 RESPONSES</p> <p>INTERVIEWER NOTE: READ ONLY IF NECESSARY E.G. RESPONDENT STRUGGLES TO UNDERSTAND THE QUESTION</p> <p>"· Drugs to improve or stimulate ovulation include Clomid ®, Serophene ®, or Pergonal ®.</p> <p>· Artificial insemination or intrauterine insemination includes treatments in which sperm, but NOT eggs, are collected and medically placed into a woman's body.</p> <p>· Assisted reproductive technology includes treatments in which BOTH a woman's eggs and a man's sperm are handled in the laboratory, such as In Vitro Fertilization, Intracytoplasmic Sperm Injection, frozen embryo transfer, or donor embryo transfer."</p> <p>PLEASE READ:</p>		
1	Drugs to improve or stimulate ovulation	
2	Artificial insemination or intrauterine insemination	
3	Assisted reproductive technology	
4	Surgery	
5	Something else [Specify]	OTHER
8	NONE	EXCLUSIVE
7	DON'T KNOW/NOT SURE	EXCLUSIVE
9	REFUSED	EXCLUSIVE

FL05END	Pause	
Ask If		

State Added 06: Reaction to Race

CATI PROGRAMMING NOTE: Replace this question with the county added questions for counties with specific questions

FL06INTRO	Pause
Ask If	ASKCNTY <> 021 AND ASKCNTY <> 031 AND ASKCNTY <> 073

FL06Q01	Select
Ask If	
<p>Earlier I asked you to self-identify your race. Now I will ask you how other people identify you and treat you.</p> <p>How do other people usually classify you in this country? Would you say: White, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or some other group?</p> <p>INTERVIEWER NOTE: IF THE RESPONDENT REQUESTS CLARIFICATION OF THIS QUESTION, SAY:</p> <p>"We want to know how OTHER people usually classify you in this country, which might be different from how you classify yourself."</p>	
1	White
2	Black or African American
3	Hispanic or Latino
4	Asian
5	Native Hawaiian or Other Pacific Islander
6	American Indian or Alaska Native or
8	Some other group
7	DON'T KNOW/NOT SURE
9	REFUSED

FL06END	Pause
Ask If	

County Added: Broward County

BR01INTRO	Pause
Ask If	ASKCNTY = 011

BR01Q01	Select
Ask If	
Do you know where you can go to get an HIV test?	

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

BR01Q02	Select
Ask If	
In the last two years, has a medical provider ever offered you an HIV test?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

BR01Q03	Select
Ask If	
In the last two years, have you ever asked anyone to test you for HIV?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

BR01END	Pause
Ask If	

County Added: Collier County

CO01INTRO	Pause
Ask If ASKCNTY = 021	

CO01Q01	Select
Ask If	
What do you think is the most important thing the Health Department does : READ ONLY IF NECESSARY	

1	Investigations of Communicable Diseases
2	Treatment for sexually transmitted diseases (STDs), Tuberculosis (TB), and HIV
3	Prevention of disease through health education
4	Immunizations
5	Dental care
6	Ensure the safety of food and water
7	DON'T KNOW/NOT SURE
9	REFUSED

CO01Q02	Select
Ask If	
How likely would you be to seek care with an Advanced Nurse Practitioner instead of the Emergency Department?	
1	Very likely
2	Likely
3	Not likely
4	Very unlikely
7	DON'T KNOW/NOT SURE
9	REFUSED

CO01Q03	Multiple Select	
Ask If		
Within the past 24 months (2 years) were you bitten or scratched in Collier County by a wild animal for example a bat, raccoon, or feral cat? INTERVIEWER NOTE: IF RESPONSE IS "YES" PROBE: "Was it a bat, raccoon, feral or undomesticated cat, or a different wild animal?"		
CHOOSE UP TO 3 RESPONSES		
1	Yes, a bat	
2	Yes, a raccoon	
3	Yes, a feral cat or undomesticated cat	
4	Yes, a different wild animal	
5	No wild animal bit me	EXCLUSIVE
7	DON'T KNOW/NOT SURE	EXCLUSIVE
9	REFUSED	EXCLUSIVE

CO01Q04	Select
Ask If	
Within the past 12 months, have you or other adults in your family seen a dentist?	

1	YES	CO01END
2	NO	
7	DON'T KNOW/NOT SURE	CO01END
9	REFUSED	CO01END

CO01Q05	Select
Ask If	
Why did you or your family not see a dentist?	
1	Dentist visits and services cost too much
2	No dentists accept your insurance
3	You needed a specialist and none were available in the county
4	You have no teeth
5	You didn't need a dentist
6	Other
7	DON'T KNOW/NOT SURE
9	REFUSED

CO01END	Pause
Ask If	

County Added: Duval

DU01INTRO	Pause
Ask If	ASKCNTY = 031

DU01Q01	Select	
Ask If		
I am going to ask you questions about pregnancy prevention. Are you or your partner doing anything now to prevent pregnancy?		
1	YES	DU01Q02
2	NO	
7	DON'T KNOW/NOT SURE	DU01Q02
9	REFUSED	DU01Q02

DU01Q02	Select
Ask If	
<p>What is your main reason for not doing anything now to keep {If C08Q21 = 1, her, 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	Didn't think you were going to have sex/no regular partner
02	You want a pregnancy
03	You or your partner don't want to use birth control
04	You or your partner don't like birth control/fear side effects
05	You can't pay for birth control
06	Religious reasons
07	Lapse in use of a method
08	Don't think you or your partner can get pregnant
09	You or your partner had tubes tied (sterilization)
10	You or your partner had a vasectomy (sterilization)
11	You or your partner had a hysterectomy
12	You or your partner are too old
13	You or your partner are currently breast-feeding
14	You or your partner just had a baby/postpartum
15	Other reason
16	Don't care if you get pregnant
17	Partner is pregnant now
18	Not sexually active
19	Actively doing something to prevent pregnancy
77	DON'T KNOW/NOT SURE
99	REFUSED

DU01Q03	Select
Ask If	C08Q09 = 1
Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than the opposite gender?	
1	Worse than male/female
2	The same as male/female
3	Better than male/female
4	WORSE THAN SOME MALE/FEMALE, BETTER THAN OTHERS
5	ONLY ENCOUNTERED PEOPLE OF THE SAME GENDER
7	DON'T KNOW/NOT SURE
9	REFUSED

DU01Q04	Select
Ask If	C08Q21 = 1
How long has it been since your last breast self-examination?	
1	Within the past month
2	Within the past 2 months (1-2 months ago)
3	Within the past 4 months (3-4 months ago)
4	Within the past 6 months (5-6 months ago)
5	Within the past year (7-12 months ago)
6	More than one (1) year ago
8	I HAVE NEVER DONE A BREAST-SELF EXAM
7	DON'T KNOW/NOT SURE
9	REFUSED

DU01Q05	Select
Ask If	
The next question is about mental health and suicide. Please remember that your answers are strictly confidential and that you don't have to answer any questions if you don't want to. During the past 12 months have you attempted suicide?	
INTERVIEWER NOTE: IF RESPONSE IS "YES" PROBE:	
Once, Two to Three times, Four to Five times, Six or more times	
IF RESPONSE IS "NO" CODE NO/NONE	
1	Once (1)
2	Two – three times (2-3)
3	Four to Five times (4-5)
4	Six or more times (6+)
8	NO/NONE, I DID NOT ATTEMPT SUICIDE.
7	DON'T KNOW/NOT SURE
9	REFUSED

DU01Q05a	Key
Ask If	
<p>I realize this can be a sensitive topic and some people may feel uncomfortable with this question. If you or anyone you know would ever like to talk to someone about suicide you can call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or the national hopeline network at 1-800-SUICIDE (784-2433). If you serve in the armed forces, are a veteran or family member you can call 1-800-273-8255 and Press "1". Would you like me to repeat any of these numbers?</p>	
PRESS ANY KEY TO CONTINUE	

DU01Q06	Select
Ask If	
<p>Now I am going to ask you a question about sexual orientation. Remember you don't have to answer any question you don't want to. Do you consider yourself to be:</p>	
1	Heterosexual, that is, straight
2	Homosexual, that is gay or lesbian
3	Bisexual
4	Other
7	DON'T KNOW/NOT SURE
9	REFUSED

DU01END	Pause
Ask If	

County Added: Leon County

LE01INTRO	Pause
Ask If	ASKCNTY = 073

LE01Q01	Select
Ask If	
Thinking of the past month, how often do you get 9 hours of sleep a day?	
1	Everyday
2	Most days
3	Hardly ever
4	Never
7	DON'T KNOW/NOT SURE
9	REFUSED

LE01Q02	Select
Ask If	
Thinking of the past month, on average, how many hours of sleep do you get each day?	
1	Less than 6 hours
2	Between 6 to 9 hours
3	9 hours
4	More than 9 hours
7	DON'T KNOW/NOT SURE
9	REFUSED

LE01Q03	Select
Ask If	
Thinking of the past month, on average, how many hours of recreational screen (television, computer, video games) time do you have a day? This is in addition to work or school related screen time.	
1	Less than 2 hours
2	2 - 3 hours
3	4 - 5 Hours
4	More than 5 hours
5	None
7	DON'T KNOW/NOT SURE
9	REFUSED

LE01Q04	Select
Ask If	
Thinking of the past month, on average, how often do you have sugary flavored drinks per day?	
1	Hardly ever
2	One a day
3	Twice a day
4	More than 2 times a day
5	Never
7	DON'T KNOW/NOT SURE
9	REFUSED

LE01Q05	Select
Ask If	
How often do you have fast foods per week?	
1	Hardly ever
2	Once a week
3	More than twice a week
4	Most days
5	Never
7	DON'T KNOW/NOT SURE
9	REFUSED

LE01END	Pause
Ask If	

County Added: Seminole County

SE01INTRO	Pause
Ask If	ASKCNTY = 117

SE01Q01	Select
Ask If	
<p>Earlier, you told me you had received an influenza vaccination in the past 12 months. At what kind of place did you get your last flu shot/vaccine? INTERVIEWER NOTE: IF NECESSARY PROBE</p> <p style="background-color: #e0e0e0;">"How would you describe the place where you went to get your most recent flu vaccine?"</p> <p>PLEASE READ ONLY IF NECESSARY:</p>	

01	A doctor's office or health maintenance organization (HMO)
02	A health department
03	Another type of clinic or health center (Ex: a community health center)
04	A senior, recreation, or community center
05	A store (Ex: supermarket, drug store)
06	A hospital (Ex: inpatient)
07	An emergency room
08	Workplace
09	Some other kind of place
10	DO NOT READ - VOLUNTEERED: RECEIVED VACCINATION IN CANADA/MEXICO
11	A school
77	DON'T KNOW/NOT SURE
99	REFUSED

SE01Q02	Select	
Ask If		
The next few questions are about the national health problem of HEPATITIS C . 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 HEPATITIS ? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.		
1	YES	
2	NO	SE01END
7	DON'T KNOW/NOT SURE	SE01END
9	REFUSED	SE01END

SE01Q03	Numeric
Ask If SE01Q02 = 1	
Not including blood donations, in what month and year was your last HEPATITIS C test?	
INTERVIEWER NOTE: 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.	
___/____	CODE MONTH/YEAR
77/7777	DON'T KNOW/NOT SURE
99/9999	REFUSED

SE01Q04	Select
Ask If	SE01Q02 = 1
Where did you have your last Hepatitis C test — at a private doctor or HMO office, at a counseling and testing site, in the emergency room, as an inpatient in a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?	
01	Private doctor or HMO office
02	Counseling and testing site
03	Hospital inpatient
04	Clinic
05	Jail or prison (or other correctional facility)
06	Drug treatment facility
07	At home
08	Somewhere else
09	Emergency room
77	DON'T KNOW/NOT SURE
99	REFUSED

SE01END	Pause
Ask If	

State Added 07: Callback

FL07INTRO	Pause
Ask If	

FL07Q01	Select	710
Ask If		
May we call you back at a later time to ask you additional questions about important health topics?		
1	Yes	
2	No	FL07END
7	DON'T KNOW/NOT SURE	FL07END
9	REFUSED	FL07END

FL07Q02		Select
Ask If	FL07Q01 = 1	
<p>What is your name?</p> <p>INTERVIEWER NOTE: IF RESPONDENT REFUSES ASK FOR NICKNAME OR INITIALS. IF RESPONDEND STILL REFUSES ENTER SELECTED ADULT, IE: ONLY ADULT MALE, 2ND OLDEST FEMALE, ETC.</p>		
1	Enter name	OTHER

FL07END		Pause
Ask If		

Reproductive Health Call-Back Permission Script

“We would like to call to you again within the next 2 weeks to talk in more detail about (your/your spouse’s) maternal and reproductive health experiences. The information will be used to help develop and improve the maternal and reproductive health 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 maternal and reproductive health-related questions at a later time?”

- | | | |
|---|-----|-------|
| 1 | Yes | (536) |
| 2 | No | |

Can I please have either your first name or initials so we will know who to ask for when we call back?

_____ Enter first name or initials.

Activity List for Common Leisure Activities

Code Description (Physical Activity, Questions 12.2 and 12.5 above)

0 1 Active Gaming Devices (Wii Fit, Dance Dance revolution)	4 1 Rugby
0 2 Aerobics video or class	4 2 Scuba diving
0 3 Backpacking	4 3 Skateboarding
0 4 Badminton	4 4 Skating – ice or roller
0 5 Basketball	4 5 Sledding, tobogganing
0 6 Bicycling machine exercise	4 6 Snorkeling
0 7 Bicycling	4 7 Snow blowing
0 8 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)	4 8 Snow shoveling by hand
0 9 Bowling	4 9 Snow skiing
1 0 Boxing	5 0 Snowshoeing
1 1 Calisthenics	5 1 Soccer
1 2 Canoeing/rowing in competition	5 2 Softball/Baseball
1 3 Carpentry	5 3 Squash
1 4 Dancing-ballet, ballroom, Latin, hip hop, zumba, etc	5 4 Stair climbing/Stair master
1 5 Elliptical/EFX machine exercise	5 5 Stream fishing in waders
1 6 Fishing from river bank or boat	5 6 Surfing
1 7 Frisbee	5 7 Swimming
1 8 Gardening (spading, weeding, digging, filling)	5 8 Swimming in laps
1 9 Golf (with motorized cart)	5 9 Table tennis
2 0 Golf (without motorized cart)	6 0 Tai Chi
2 1 Handball	6 1 Tennis
2 2 Hiking – cross-country	6 2 Touch football
2 3 Hockey	6 3 Volleyball
2 4 Horseback riding	6 4 Walking
2 5 Hunting large game – deer, elk	6 6 Waterskiing
2 6 Hunting small game – quail	6 7 Weight lifting
2 7 Inline Skating	6 8 Wrestling
2 8 Jogging	6 9 Yoga
2 9 Lacrosse	7 1 Childcare
3 0 Mountain climbing	7 2 Farm/Ranch Work (caring for livestock, stacking hay, etc.)
3 1 Mowing lawn	7 3 Household Activities (vacuuming, dusting, home repair, etc.)
3 2 Paddleball	7 4 Karate/Martial Arts
3 3 Painting/papering house	7 5 Upper Body Cycle (wheelchair sports, ergometer, etc.)
3 4 Pilates	7 6 Yard work (cutting/gathering wood, trimming hedges etc.)
3 5 Racquetball	97 Don't know
3 6 Raking lawn	9 8 Other _____
3 7 Running	9 9 Refused
3 8 Rock Climbing	
3 9 Rope skipping	
4 0 Rowing machine exercise	