



2019

**Indiana Behavioral Risk Factor Surveillance System
Questionnaire**

Imported & Hidden Sample Variables

[ASK ALL]

SAMPTYPE. Imported Sample Variable: Sample Type

1 Landline
2 Cell Phone

[ASK ALL]

STATE. Imported Sample Variable: State

IN Indiana

[ASK ALL]

HEALTHDEPT. Imported Sample Variable: Health Department Name

IN Indiana State Department of Health

[ASK ALL]

DEPTPHONE. Imported Sample Variable: Department Phone Number

IN 1-855-276-3506

[ASK ALL]

ASGCNTY. Imported Sample Variable: County by State

Range 000-999 [NUMBER BOX]

[ASK ALL]

HGENDER. Hidden Variable for storing values entered at SEX1, SEX2, AND MOD28_1

1 Male
2 Female

[ASK ALL]

LENGTH. Imported Sample Variable: Interview Length

IN 21

CDC NOTE: Items in parentheses at any place in the questions or response DO NOT need to be read.

Behavioral Risk Factor Surveillance System

2019 Questionnaire

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Interviewer's Script Landline

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Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a



person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).

NOTE: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at ivk7@cdc.gov.

[ANSWERING MACHINE MESSAGE TO BE LEFT ON 1ST, 4TH, AND 9TH ATTEMPTS THAT RESULT IN ANSWERING MACHINE DISPOSITION]

AM_TEXT. Hello, my name is _____. I am calling on behalf of the [HEALTHDEPT] to conduct an important study on the health of [insert STATE] residents. We will call again in the next few days to conduct the interview. If you have any questions, please call us toll free at [insert DEPTPHONE] at your convenience. Thank you.

[PROMPT ON THE 1ST, 4TH, 9TH ATTEMPT THAT RESULTS IN A PRIVACY MANAGER]

PM_TEXT. Privacy Manager (NAME) calling on behalf of the [HEALTHDEPT]

[ASK IF SAMPTYPE=1]

INT01. Hello, I am calling for the [HEALTHDEPT]. My name is _____. 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. This call may be monitored or recorded for quality control.

Is this \$N?

INTERVIEWER NOTE: 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.

01 Yes – Continue

10 Callback
20 Refusal
D3 Answering Machine
B2 Busy
DA Dead Air
HU Hang Up
NA No Answer
NW Non-Working Number

[ASK IF SELFLAG=1 AND SAMPTYPE=1]

INT02. Hello, I'm _____ calling from ICF for the [STATE] State Department of Health and the Centers for Disease Control and Prevention. We are gathering information about the health of [STATE] residents. This call may be monitored or recorded for quality control. When we called previously the computer randomly selected the [INSERT RSA] to be interviewed.

May I please speak to [IF HGENDER=01 INSERT "him"] [IF HGENDER=02 INSERT "her"]

01 Selected on the line

[ASK IF INT01=01 AND SAMPTYPE=1]

HS1. Is this a private residence?

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

INTERVIEWER NOTE: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.

01 Yes
02 No
03 No, this is a business

[ASK IF HS1=03]

BUS. Thank you very much but we are only interviewing persons on residential phones at this time.

01 Continue [ASSIGN DISPO M8]

[ASK IF HS1=02]

COLLEGE. 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.

INTERVIEWER NOTE: IF NO, PROBE TO FIND OUT IF BUSINESS OR GROUP HOME.

- 01 Yes
- 02 No – Business
- 03 No – Group Home

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF COLLEGE=02,03,97,99]

X2. Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.

01 Continue [ASSIGN DISPO M8]

[ASK IF SAMPTYPE=1]

STRES. Do you currently live in [STATE]?

- 01 Yes
- 02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF STRES=02,97,99]

X3. Thank you very much, but we are only interviewing persons who live in [STATE] at this time.

01 Continue [ASSIGN DISPO M7]

[ASK IF HS1=01 or COLLEGE=01]

HS2. Is this a cell phone?

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

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

01 Yes, it is a cell phone

02 Not a cell phone

[ASK IF HS2=01]

HS2X. Thank you very much, but we are only interviewing by land line telephones in private residences or college housing at this time.

01 Continue [ASSIGN DISPO M3]

[ASK IF COLLEGE=01 AND HS2=02]

ADULT. Are you 18 years of age or older?

01 Yes

02 No

[ASK IF COLLEGE=01 AND HS2=02 AND ADULT=01]

SEX1. Are you male or female?

01 Male

02 Female

97 DON'T KNOW / NOT SURE

99 REFUSED

[IF SEX1=01 SET HGENDER=1 (Male); IF SEX1=02 SET HGENDER=2 (Female)]

[ASK IF HS1=01 AND HS2=02]

ADULTS. I need to randomly select an adult who lives in your household to be interviewed. Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older?

RANGE 0-18 [NUMBER BOX]

[ASK IF ADULTS=0 OR ADULT=02]

XX3. Thank you very much, but we are only interviewing persons aged 18 or older at this time.

01 Continue [ASSIGN DISPO M6]

[ASK IF SEX1=97,99]

XX4. Thank you for your time, your number may be selected for another survey in the future.

01 Continue [ASSIGN DISPO R3]

[ASK IF ADULTS=1]

ONEADULT. Are you the adult?

01 Yes
02 No

[ASK IF ONEADULT=01]

ASKGENDR. Are you male or female?

01 Male
02 Female

97 DON'T KNOW / NOT SURE
99 REFUSED

[IF ASKGENDR=01 SET HGENDER=1 (Male); IF ASKGENDR=02 SET HGENDER=2 (Female)]

[ASK IF ASKGENDR=97,99]

XX5. Thank you for your time, your number may be selected for another survey in the future.

01 Continue [ASSIGN DISPO R3]

[ASK IF ONEADULT=02]

GETADULT. May I speak with the adult in the household that is 18 years of age or older?

01 Yes, adult coming to the phone [GO TO INT01]

02 No, not here [TERM AS CALL BACK]

[ASK IF ONEADULT=01]

YOU. Then you are the person I need to speak with.

01 Continue

[ASK IF ADULTS > 1]

MEN. How many of these adults are men?

RANGE 0-[ADULTS] [NUMBER BOX]

[ASK IF ADULTS > 1]

NWOMEN. CALCULATE NWOMEN=ADULTS MINUS MEN

[ASK IF NWOMEN>0]

WOMEN. So the number of women in the household is [NWOMEN].

Is that correct?

01 Yes

02 No [GO BACK TO ADULTS]

[ASK IF ADULTS>1]

RSA. System Generated Variable: Randomly Selected Adult

01 Oldest Female

02 2nd Oldest Female

- 03 3rd Oldest Female
- 04 4th Oldest Female
- 05 5th Oldest Female
- 06 6th Oldest Female
- 07 7th Oldest Female
- 08 8th Oldest Female
- 09 9th Oldest Female
- 11 Oldest Male
- 12 2nd Oldest Male
- 13 3rd Oldest Male
- 14 4th Oldest Male
- 15 5th Oldest Male
- 16 6th Oldest Male
- 17 7th Oldest Male
- 18 8th Oldest Male
- 19 9th Oldest Male
- 20 No respondent selected

[ASK IF ADULTS>1 AND SAMPTYPE=1]

NBIRTH. The person in your household that I need to speak with is [RSA]. Are you the [RSA] in this household?

- 01 Yes, male
- 02 Yes, female
- 03 No, adult coming to the phone
- 04 No, adult not available at this time. [SUSPEND AND SCHEDULE A CALL BACK]

[IF NBIRTH=01 SET HGENDER=1 (Male); IF NBIRTH=02 SET HGENDER=2 (Female)]

[ASK IF (RSA=01-09 AND NBIRTH=01) OR (RSA=11-19 AND NBIRTH=02)]

NBIRTHCK. I'm sorry. The selected person in the household is [RSA] and you have just told me you are [IF NBIRTH=01 INSERT "Male"] [IF NBIRTH=02 INSERT "Female"]. I must correct this inconsistency.

01 Go Back [GO TO NBIRTH]

[ASK IF NBIRTH=03]

GENDER. Is the adult a man or a woman?

21 Male
22 Female

[IF GENDER=21 SET HGENDER=1 (Male); IF GENDER=22 SET HGENDER=2 (Female)]

[ASK IF \ NBIRTH=03]

NEWADULT. Hello, I am calling for the [HEALTHDEPT]. My name is _____. 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. This call may be monitored or recorded for quality control.

01 Continue

[ASK IF SAMPTYPE=1]

YOURTHE1. 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. [IF STATE=X INSERT "Any information you give me will not be connected to any personal information."; IF STATE=X INSERT "Any personal information that you provide will not be used to identify you."] If you have any questions about the survey, please call [DEPTPHONE].

INTERVIEWER NOTE: The interview takes on average [insert LENGTH] minutes depending on your answers.

01 Person Interested, Continue

02 Go back to Adults question. **WARNING: A NEW RESPONDENT WILL BE SELECTED AND YOU NEED A SUPERVISORS PASSWORD TO CONTINUE [GO BACK TO ADULTS]**

Interviewer's Script Cell Phone

[ASK IF SAMPTYPE=2]

INT01. Hello, I am calling for the [HEALTHDEPT]. My name is _____. 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. This call may be monitored or recorded for quality control.

Is this a safe time to talk with you?

INTERVIEWER NOTE: IF NO: Thank you very much. We will call you back at a more convenient time

01 Yes – Continue

02 No – Not a safe time [GO TO CALL BACK SCREEN]

10 Callback

20 Refusal

D3 Answering Machine

B2 Busy

DA Dead Air

HU Hang Up

NA No Answer

NW Non-Working Number

[ASK IF INT01=01]

PHONE. Is this \$N?

INTERVIEWER NOTE: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

01 Yes

02 No

03 Not a safe time/driving [GO TO TERM]

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF PHONE=02]

XPHONE. 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.

01 Continue [GO TO TERM]

[ASK IF PHONE=01,97,99]

CELLFON2. Is this a cell phone?

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

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

01 Yes
02 No
03 Not a safe time / driving [GO TO TERM]

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF CELLFON2=02]

NOTCELL1. Thank you very much, but we are only interviewing cell telephones at this time.

01 Continue [ASSIGN DISPO M2]

[ASK IF CELLFON2=97,99]

NOTCELL2. Thank you for your time.

01 Continue [ASSIGN DISPO M2]

[ASK IF CELLFON2=01]

CADULT. Are you 18 years of age or older?

01 Yes
02 No

[ASK IF CADULT=02]

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

01 Continue [ASSIGN DISPO M6]

[ASK IF CADULT=01]

SEX2. Are you male or female?

01 Male

02 Female

97 DON'T KNOW / NOT SURE

99 REFUSED

[IF SEX2=01 SET HGENDER=1 (Male); IF SEX2=02 SET HGENDER=2 (Female)]

[ASK SEX2=97,99]

XX6. Thank you for your time, your number may be selected for another survey in the future.

01 Continue [ASSIGN DISPO R3]

[ASK IF CADULT=01]

PVTRES2. Do you live in a private residence?

READ ONLY IF NECESSARY: BY PRIVATE RESIDENCE, WE MEAN SOMEPLACE LIKE A HOUSE OR APARTMENT.

INTERVIEWER NOTE: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 DAYS INCLUDING VACATION HOMES, RV'S OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF PVTRES2=02]

COLLEGE. 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.

INTERVIEWER NOTE: IF NO, PROBE TO FIND OUT IF BUSINESS OR GROUP HOME.

- 01 Yes
- 02 No – business
- 03 No – group home
- 04 Not a safe time / driving [GO TO CALL BACK SCREEN]

- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF COLLEGE=02,03]

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

01 Continue [ASSIGN DISPO M8]

[ASK IF PVTRES2=97,99 OR COLLEGE=97,99]

X4. Thank you very much for your time.

01 Continue [ASSIGN DISPO M8]

[ASK IF PVTRES2=01 OR COLLEGE=01]

CSTATE. Do you currently live in [STATE]?

- 01 Yes
- 02 No
- 03 Not a safe time / driving [GO TO CALL BACK SCREEN]

- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF CSTATE=97,99]

X5. Thank you very much for your time.

01 Continue [ASSIGN DISPO M7]

[ASK IF CSTATE=02]

RSPSTATE. In what state do you currently live?

AL Alabama
AK Alaska
AZ Arizona
AR Arkansas
CA California
CO Colorado
CT Connecticut
DE Delaware
DC District of Columbia
FL Florida
GA Georgia
HI Hawaii
ID Idaho
IL Illinois
IN Indiana
IO Iowa
KS Kansas
KY Kentucky
LA Louisiana
ME Maine
MD Maryland
MA Massachusetts
MI Michigan
MN Minnesota
MS Mississippi
MO Missouri
MT Montana
NE Nebraska
NV Nevada
NH New Hampshire
NJ New Jersey
NM New Mexico

NY New York
NC North Carolina
ND North Dakota
OH Ohio
OK Oklahoma
OR Oregon
PA Pennsylvania
RI Rhode Island
SC South Carolina
SD South Dakota
TN Tennessee
TX Texas
UT Utah
VT Vermont
VA Virginia
WA Washington
WV West Virginia
WI Wisconsin
WY Wyoming
99 Refused

[ASK IF RSPSTATE=99]

REFSTATE. I'm sorry, but our data is compiled by state. In order to qualify for the interview we need to know which state you live in. Thank you for your time.

01 Continue [ASSIGN DISPO M7]

[ASK IF SAMPTYPE=2]

LANDLINE. Do you also have a landline telephone in your home that is used to make and receive calls?

READ ONLY IF NECESSARY: BY LANDLINE TELEPHONE, WE MEAN A REGULAR TELEPHONE IN YOUR HOME THAT IS USED FOR MAKING OR RECEIVING CALLS. PLEASE INCLUDE LANDLINE USED FOR BOTH BUSINESS AND PERSONAL USE.

INTERVIEWER NOTE: TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE (INCLUDES VONAGE, MAGIC JAKE AND OTHER HOME-BASED PHONE SERVICES)

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF PVTRESD2=01]

NUMADULT. How many members of your household, including yourself, are 18 years of age or older?

RANGE 1-18 [NUMBER BOX]

99 REFUSED

[ASK IF SAMPTYPE=2]

SVINTRO. 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 personal information that you provide will not be used to identify you. If you have any questions about the survey, please call [DEPTPHONE].

INTERVIEWER NOTE: The interview takes on average [insert LENGTH] minutes depending on your answers.

01 Continue
02 Driving / not a safe time [GO TO CALL BACK SCREEN]

99 REFUSED [GO TO TERM SCREEN]

Core Sections

Section 1: Health Status

[ASK ALL]

S1Q1. Section 1: Health Status

Would you say that in general your health is —

- 01 Excellent
- 02 Very good
- 03 Good
- 04 Fair, or
- 05 Poor

- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

Section 2: Healthy Days

[ASK ALL]

S2Q1. Section 2: Healthy Days

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?

RANGE 1-30 [NUMBER BOX]

- 88 None

- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK ALL]

S2Q2. 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?

RANGE 1-30 [NUMBER BOX]

- 88 None

- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF S2Q1 NE 88 AND S2Q2 NE 88]

S2Q3. 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?

RANGE 1-30 [NUMBER BOX]

88 None

97 DON'T KNOW / NOT SURE

99 REFUSED

Section 3: Healthcare Access

[ASK ALL]

S3Q1. Section 3: Healthcare Access

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

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

Module 14: Healthcare Access

[ASK IF S3Q1=01 AND CSTATE NE 02]

MOD14_1. Module 14: Healthcare Access

What is the primary source of your health care coverage?

INTERVIEWER NOTE: If the respondent indicates that they purchased health insurance through the Health Insurance Marketplace (name of state Marketplace), ask if it was a private health insurance plan purchased on their own or by a family member (private) or if they received Medicaid (state plan)? If purchased on their own (or by a family member), select 02, if Medicaid select 04.

READ IF NECESSARY:

- 01 A plan purchased through an employer or union (including plans purchased through another person's employer)
 - 02 A plan that you or another family member buys on your own
 - 03 Medicare
 - 04 Medicaid or other state program
 - 05 TRICARE (formerly CHAMPUS), VA, or Military
 - 06 Alaska Native, Indian Health Service, Tribal Health Services
- \$ Or
- 07 Some other source
 - 08 None (no coverage)

DO NOT READ:

- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK ALL]

S3Q2. Do you have one person you think of as your personal doctor or healthcare 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?"

- 01 Yes, only one
- 02 More than one
- 03 No

- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK ALL]

S3Q3. Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

- 01 Yes
- 02 No

- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK ALL]

S3Q4. About how long as it been since you last visited a doctor for a routine checkup?

READ IF NECESSARY: A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition.

INTERVIEWER NOTE: READ LIST ONLY IF NECESSARY

- 01 Within the past year (anytime less than 12 months ago)
- 02 Within the past 2 years (1 year but less than 2 years ago)
- 03 Within the past 5 years (2 years but less than 5 years ago)
- 04 5 or more years ago

- 88 NEVER
- 97 DON'T KNOW
- 99 REFUSED

Section 4: Hypertension Awareness

[ASK ALL]

S4Q1. Section 4: Hypertension Awareness

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

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

INTERVIEWER READ IF NECESSARY: By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.

- 01 Yes
- 02 Yes, but female told only during pregnancy
- 03 No
- 04 Told borderline high or pre-hypertensive

- 97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S4Q1=02 AND HGENDER=1]

S4Q1A. INTERVIEWER: You recorded that the respondent was told by a doctor, nurse, or other health professional that she had high blood pressure. Are you sure? The respondent selected was a male.

You have to go back and correct this INCONSISTENCY ERROR.

01 GO BACK [GO TO S4Q1]

[ASK IF S4Q1=01]

S4Q2. Are you currently taking prescription medicine for your high blood pressure?

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

Section 5: Cholesterol Awareness

[ASK ALL]

S5Q1. Section 5: Cholesterol Awareness

Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your blood cholesterol checked?

01 Never

02 Within the past year (anytime less than one year ago)

03 Within the past 2 years (1 year but less than 2 years ago)

04 Within the past 3 years (2 years but less than 3 years ago)

05 Within the past 4 years (3 years but less than 4 years ago)

06 Within the past 5 years (4 years but less than 5 years ago)

08 5 or more years ago

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S5Q1 NE 01 OR 99]

S5Q2. Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high?

INTERVIEWER READ IF NECESSARY: By other health professional we mean nurse practitioner, a physician assistant, or some other health professional.

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S5Q2=01]

S5Q3. Are you currently taking medicine prescribed by your doctor or other health professional for your blood cholesterol?

01 Yes

02 No

97 DON'T KNOW

99 REFUSED

Section 6: Chronic Health Conditions

[ASK ALL]

S6Q1. Section 6: Chronic Health Conditions

Has a doctor, nurse, or other health professional ever told you that you had any of the following? For each, tell me yes, no, or you're not sure.

(Ever told) you had a heart attack also called a myocardial infarction?

01 Yes

02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK ALL]

S6Q2. (Ever told you had) angina or coronary heart disease?

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK ALL]

S6Q3. (Ever told you had) a stroke?

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK ALL]

S6Q4. (Ever told you had) asthma?

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S6Q4=01]

S6Q5. Do you still have asthma?

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK ALL]

S6Q6. (Ever told you had) skin cancer?

- 01 Yes
- 02 No

- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK ALL]

S6Q7. (Ever told you had) any other types of cancer?

- 01 Yes
- 02 No

- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK ALL]

S6Q8. (Ever told you had) chronic obstructive pulmonary disease, C.O.P.D., emphysema or chronic bronchitis?

- 01 Yes
- 02 No

- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK ALL]

S6Q9. (Ever told you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

- 01 Yes
- 02 No

- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK ALL]

S6Q10. Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease?

READ IF NECESSARY: Incontinence is not being able to control urine flow.

- 01 Yes
- 02 No

- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK ALL]

S6Q11. (Ever told you had) diabetes?

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 04.

- 01 Yes
- 02 Yes, but female told only during pregnancy
- 03 No
- 04 No, pre-diabetes or borderline diabetes

- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF HGENDER=1 AND S6Q11=02]

S6Q11A. INTERVIEWER: You recorded that the respondent was told by a doctor during pregnancy that she had diabetes. Are you sure? The respondent selected as male.

You have to go back and correct this INCONSISTENCY ERROR.

- 01 GO BACK [GO TO S6Q11]

[ASK IF S6Q11=01]

S6Q12. How old were you when you were told you had diabetes?

RANGE 0-97 [NUMBER BOX]

- 997 DON'T KNOW / NOT SURE
- 999 REFUSED

Module 2: Diabetes

[ASK IF S6Q11=01 AND CSTATE NE 02]

MOD2_1. Module 2: Diabetes

Are you now taking insulin?

- 01 Yes
- 02 No

- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF (S6Q11=01 AND CSTATE NE 02)]

MOD2_2. About how often do you check your blood for glucose or sugar?

READ IF NECESSARY: Include times when checked by a family member or friend, but do not include times when checked by a health professional.

INTERVIEWER NOTE: If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in '98 times per day.'

- 1 __ Times per day (RANGE 101-199)
- 2 __ Times per week (RANGE 201-299)
- 3 __ Times per month (RANGE 301-399)
- 4 __ Times per year (RANGE 401-499) [NUMBER BOX]

- 888 Never
- 997 DON'T KNOW / NOT SURE
- 999 REFUSED

[ASK IF MOD2_2=105-120 OR MOD2_2=205-220 OR MOD2_2=305-390]

MOD2_2A. I am sorry, but you said that you check your blood [MOD2_2] times per [MOD2_2].

Is this information correct?

- 01 Yes, correct as is

02 No, re-ask question [GO BACK TO MOD2_2]

[ASK IF (S6Q11=01 AND CSTATE NE 02)]

MOD2_3. Including times when checked by a family member or friend, about how often do you check your feet for any sores or irritations?

- 1 __ Times per day (RANGE 101-199)
- 2 __ Times per week (RANGE 201-299)
- 3 __ Times per month (RANGE 301-399)
- 4 __ Times per year (RANGE 401-499) [NUMBER BOX]

555 No feet
888 Never
997 DON'T KNOW / NOT SURE
999 REFUSED

[ASK IF MOD2_3=105-120 OR MOD2_3=205-220 OR MOD2_3=305-390]

MOD2_3A. I am sorry, but you said that you check your feet for sores or irritations [MOD2_3] times per [MOD2_3]. Is this information correct?

- 01 Yes, correct as is
- 02 No, re-ask question [GO BACK TO MOD2_3]

[ASK IF S6Q11=01 and CSTATE NE 02]

MOD2_4: About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

INTERVIEWER NOTE: ENTER 76 FOR 76 TIMES OR MORE

RANGE 1-76 [NUMBER BOX]

88 None
97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD2_4=52-76]

MOD2_4A: I am sorry, but you said that you have seen a health professional [MOD2_4] times in the past 12 months. Is this correct?

- 01 Yes, correct as is

02 No, re-ask question [GO BACK TO MOD2_4]

[ASK IF S6Q11=01 AND CSTATE NE 02]

MOD2_5. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?

READ IF NECESSARY: A test for A one C measures the average level of blood sugar over the past three months.

RANGE 1-76 [NUMBER BOX]

88 None
98 Never heard of A one C test
97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S6Q11=01 AND MOD2_3 NE 555 AND CSTATE NE 02]

MOD2_6. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

RANGE 1-76 [NUMBER BOX]

88 None
97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S6Q11=01 AND CSTATE NE 02]

MOD2_7. When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?

READ ONLY IF NECESSARY:

01 Within the past month (anytime less than 1 month ago)
02 Within the past year (1 month but less than 12 months ago)
03 Within the past 2 years (1 year but less than 2 years ago)
04 2 or more years ago

DO NOT READ:

88 Never
97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S6Q11=01 AND CSTATE NE 02]

MOD2_8. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S6Q11=01 AND CSTATE NE 02]

MOD2_9. Have you ever taken a course or class in how to manage your diabetes yourself?

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

Section 7: Arthritis

[ASK ALL]

S7Q1. Section 7: Arthritis

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

INTERVIEWER NOTE: Arthritis diagnoses include: rheumatism, polymyalgia rheumatic, 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).

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S7Q1=01]

S7Q2. Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?

INTERVIEWER NOTE: IF THE RESPONDENT IS UNCLEAR ABOUT WHETHER THIS MEANS INCREASE OR DECREASE IN PHYSICAL ACTIVITY, THIS MEANS INCREASE.

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S7Q1=01]

S7Q3. Have you ever taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S7Q1=01]

S7Q4. Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

INTERVIEWER NOTE: If a respondent question arises about medication, say "Please answer the question based on how you are when you are taking any of the medications or treatments you might use."

01 Yes

02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S7Q1=01]

S7Q5. In the 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?

INTERVIEWER NOTE: If respondent gives an answer to each issue (whether works, type or work or amount of work), then if any issues is “yes” mark the overall response as yes.

INTERVIEWER NOTE: If a question arises about medications or treatment, say “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S7Q1=01]

S7Q6. 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 on a scale of 0 to 10 where 0 is no pain and 10 is pain or aching as bad as it can be.

RANGE 0-10 [NUMBER BOX]

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK ALL]

LANG1. INTERVIEWER: DO NOT ASK QUESTION:

IN WHAT LANGUAGE WAS THIS INTERVIEW COMPLETED?

01 ENGLISH
02 SPANISH

Section 8: Demographics

[ASK ALL]

S8Q1. Section 8: Demographics

What is your age?

READ IF NECESSARY: I will ask you some questions about yourself in the next section. We include these questions so that we can compare health indicators by groups.

RANGE 18-99 [NUMBER BOX]

997 DON'T KNOW / NOT SURE
999 REFUSED

[ASK IF S6Q12>s8q1 AND S8Q1<> 997,999 AND S6Q12 NE 997,999]

S8Q1CHK. You said you are [S8Q1] years of age and told you had diabetes at age [S6Q12]. I must correct this inconsistency.

01 GO BACK [GO TO S8Q1]

[ASK ALL]

S8Q2. Are you Hispanic, Latino/a, or Spanish origin?

01 No, not of Hispanic, Latino/a, or Spanish origin
02 Yes

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S8Q2=02]

[MUL=4]

S8Q2B. Are you...

INTERVIEWER NOTE: One or more categories may be selected.

- 01 Mexican, Mexican American, Chicano/a
- 02 Puerto Rican
- 03 Cuban
- 04 Another Hispanic, Latino/a, or Spanish origin

- 05 NO [EXCLUSIVE]
- 97 DON'T KNOW / NOT SURE [EXCLUSIVE]
- 99 REFUSED [EXCLUSIVE]

[DATA PROCESSING NOTE: CDC lists this as one question, s8q3 response 5= not Hispanic, 1-4 hispanic options. Deliver based on CDC layout]

[ASK ALL]

[MUL=6]

S8Q3. Which one or more of the following would you say is your race?

INTERVIEWER NOTE: Select all that apply.

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
- 50 Pacific Islander

- 60 OTHER
- 97 DON'T KNOW / NOT SURE [EXCLUSIVE]
- 99 REFUSED [EXCLUSIVE]

[ASK IF S8Q3=40]

[MUL=7]

S8Q3A. Is that ...

INTERVIEWER NOTE: Select all that apply.

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese

47 Other Asian

97 DON'T KNOW / NOT SURE [EXCLUSIVE]

99 REFUSED [EXCLUSIVE]

[ASK IF S8Q3=50]

[MUL=4]

S8Q3PI. Is that...

INTERVIEWER NOTE: Select all that apply.

51 Native Hawaiian

52 Guamanian or Chamorro

53 Samoan

54 Other Pacific Islander

97 DON'T KNOW / NOT SURE [EXCLUSIVE]

99 REFUSED [EXCLUSIVE]

[ASK IF S8Q3=MUL]

[DISPLAY ONLY RESPONSES CHOSEN AT S8Q3 AND 97 & 99]

S8Q4. Which one of these groups would you say best represents your race?

INTERVIEWER NOTE: If respondent has selected multiple races in previous and refuses to select a single race, code "refused."

10 White

20 Black or African American

30 American Indian or Alaska Native

40 Asian

50 Pacific Islander

60 Other

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S8Q3A=MUL AND (S8Q3=10 OR S8Q4=40)]

[IF S8Q3A NE MUL AND S8Q4=40, AUTO PUNCH S8Q3A RESPONSE]

[DISPLAY ONLY RESPONSES CHOSEN AT S8Q3A AND 97, 99]

S8Q4A. Is that...

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S8Q3PI=MUL AND (S8Q3=10 OR S8Q4=50)]
[IF S8Q3PI NE MUL AND S8Q4=50, AUTO PUNCH S8QSPI RESPONSE]
[DISPLAY ONLY RESPONSES CHOSEN AT S8Q3PI AND 97,99]
S8Q4PI. Is that...

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

97 DON'T KNOW/ NOT SURE
99 REFUSED

[ASK ALL]
S8Q5. Are you...?

- 01 Married
- 02 Divorced
- 03 Widowed
- 04 Separated
- 05 Never married, Or
- 06 A member of an unmarried couple

99 REFUSED

[ASK ALL]
S8Q6. What is the highest grade or year of school you completed?

INTERVIEWER NOTE: READ ONLY IF NECESSARY

- 01 Never attended school or only attended kindergarten
- 02 Grades 1 through 8 (Elementary)
- 03 Grades 9 through 11 (Some high school)
- 04 Grade 12 or GED (High school graduate)
- 05 College 1 year to 3 years (Some college or technical school)
- 06 College 4 years or more (College graduate)
- 99 REFUSED

[ASK ALL]

S8Q7. Do you own or rent your home?

INTERVIEWER READ IF NECESSARY: We ask this question in order to compare health indicators among people with different housing situations.

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

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

- 01 Own
- 02 Rent
- 03 Other arrangement

- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF STATE=IN AND CSTATE NE 02]

IN_CNTY.

In what county do you currently live?

- 001 Adams
- 003 Allen
- 005 Bartholomew

007 Benton
009 Blackford
011 Boone
013 Brown
015 Carroll
017 Cass
019 Clark
021 Clay
023 Clinton
025 Crawford
027 Daviess
029 Dearborn
031 Decatur
033 DeKalb
035 Delaware
037 Dubois
039 Elkhart
041 Fayette
043 Floyd
045 Fountain
047 Franklin
049 Fulton
051 Gibson
053 Grant
055 Greene
057 Hamilton
059 Hancock
061 Harrison
063 Hendricks
065 Henry
067 Howard
069 Huntington
071 Jackson
073 Jasper
075 Jay
077 Jefferson
079 Jennings
081 Johnson
083 Knox
085 Kosciusko

087 LaGrange
089 Lake
091 LaPorte
093 Lawrence
095 Madison
097 Marion
099 Marshall
101 Martin
103 Miami
105 Monroe
107 Montgomery
109 Morgan
111 Newton
113 Noble
115 Ohio
117 Orange
119 Owen
121 Parke
123 Perry
125 Pike
127 Porter
129 Posey
131 Pulaski
133 Putnam
135 Randolph
137 Ripley
139 Rush
141 St. Joseph
143 Scott
145 Shelby
147 Spencer
149 Starke
151 Steuben
153 Sullivan
155 Switzerland
157 Tippecanoe
159 Tipton
161 Union
163 Vanderburgh
165 Vermillion

167 Vigo
169 Wabash
171 Warren
173 Warrick
175 Washington
177 Wayne
179 Wells
181 White
183 Whitley
997 DON'T KNOW / NOT SURE
999 REFUSED

[ASK IF S8Q8 NE 997,999 AND CSTATE NE 02]

S8Q8C. I just want to confirm, you said you live in the county of [S8Q8]. Is that correct?

01 Yes, correct county
02 No, incorrect county [GO BACK TO in_cnty]

[ASK IF CSTATE=02]

CNTY. In what county do you currently live?

01 Gave Response [TEXT BOX]

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK ALL]

S8Q9. What is the ZIP Code where you currently live?

RANGE 00000-99996 [NUMBER BOX]

99997 DON'T KNOW / NOT SURE
99999 REFUSED

[ASK IF S8Q9 NE 99997,99999]

S8Q9C. I just want to confirm, you said your zip code is [S8Q9]. Is that correct?

01 Yes, correct zip code

02 No, incorrect zip code [GO BACK TO S8Q9]

[ASK IF SAMPTYPE=1]

S8Q10. Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household?

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S8Q10=01 AND SAMPTYPE=1]

S8Q11. How many of these telephone numbers are residential numbers?

RANGE 1-6 [NUMBER BOX]

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF SAMPTYPE =1]

S8Q12. How many cell phones do you have for personal use?

INTERVIEWER NOTE: Include cell phones used for both business and personal use.

RANGE 1-5 [NUMBER BOX]

06 Six or more

97 DON'T KNOW / NOT SURE

98 NONE

99 REFUSED

[ASK ALL]

S8Q13. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

INTERVIEWER NOTE: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

- 01 Yes
- 02 No

- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK ALL]

S8Q14. Are you currently...?

INTERVIEWER NOTE: If more than one, say "Select the category which best describes you".

- 01 Employed for wages
- 02 Self-employed
- 03 Out of work for 1 year or more
- 04 Out of work for less than 1 year
- 05 A Homemaker
- 06 A Student
- 07 Retired
- \$ Or
- 08 Unable to work

- 99 REFUSED

[ASK ALL]

S8Q16A. Is your annual household income from all sources—

Less than \$25,000 (\$20,000 to less than \$25,000)?

INTERVIEWER NOTE: If respondent refuses at any income level, code '99' (refused)

- 01 Yes
- 02 No

- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF S8Q16A=01]

S8Q16B. Less than \$20,000 (\$15,000 to less than \$20,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S8Q16B=01]

S8Q16C. Less than \$15,000 (\$10,000 to less than \$15,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S8Q16C=01]

S8Q16D. Less than \$10,000?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S8Q16A=02]

S8Q16E. Less than \$35,000 (\$25,000 to less than \$35,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S8Q16E=02]

S8Q16F. Less than \$50,000 (\$35,000 to less than \$50,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S8Q16F=02]

S8Q16G. Less than \$75,000 (\$50,000 to less than \$75,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

Resp onse	Piping	IF:
01	Less than \$10,000	S8Q16D=01
02	Less than \$15,000 (\$10,000 to less than \$15,000)	S8Q16D=02
03	Less than \$20,000 (\$15,000 to less than \$20,000)	S8Q16C=02
04	Less than \$25,000 (\$20,000 to less than \$25,000)	S8Q16B=02
05	Less than \$35,000 (\$25,000 to less than \$35,000)	S8Q16E=01
06	Less than \$50,000 (\$35,000 to less than \$50,000)	S8Q16F=01

07	Less than \$75,000 (\$50,000 to less than \$75,000)	S8Q16G=01
08	\$75,000 or more	S8Q16G=02
97	Don't Know	S8Q16A=97 OR S8Q16B=97 OR S8Q16C=97 OR S8Q16D=97 OR S8Q16E=97 OR S8Q16F=97 OR S8Q16G=97
99	Refused	S8Q16A=99 OR S8Q16B=99 OR S8Q16C=99 OR S8Q16D=99 OR S8Q16E=99 OR S8Q16F=99 OR S8Q16G=99

[ASK ALL]

S8Q16. Aggregated response to income question

04 Less than \$25,000 (\$20,000 to less than \$25,000)
 03 Less than \$20,000 (\$15,000 to less than \$20,000)
 02 Less than \$15,000 (\$10,000 to less than \$15,000)
 01 Less than \$10,000
 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

97 DON'T KNOW / NOT SURE
 99 REFUSED

[ASK IF S8Q16 NE 97,99]

S8Q16AA. Your Annual Household Income is [S8Q16]. Is This Correct?

01 Yes, correct as is.
 02 No, re-ask question [GO BACK TO S8Q16A]

[ASK ALL]

PS8Q17. About how much do you weigh without shoes?

INTERVIEWER NOTE: ENTER "P" FOR WEIGHT GIVEN IN POUNDS OR ENTER "K" FOR WEIGHT GIVEN IN KILOGRAMS

P Pounds
 K Kilograms

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF PS8Q17=P]

S8Q17. About how much do you weigh without shoes?

INTERVIEWER NOTE: Round fractions up

RANGE 50-776 [NUMBER BOX]

[ASK IF S8Q17=50-79 OR S8Q17=351-776]

S8Q17_A. Just to double-check, you indicated [S8Q17] pounds as your weight. IS THIS CORRECT?

01 Yes
02 No [GO BACK TO S8Q17]

[ASK IF PS8Q17=K]

S8Q17M. About how much do you weigh without shoes?

INTERVIEWER NOTE: Round fractions up

RANGE 23-352 [NUMBER BOX]

[ASK IF S8Q17M=23-352 AND PS8Q17=K]

S8Q17AM. Just to double-check, you indicated [S8Q17M] kilograms as your weight. IS THIS CORRECT?

01 Yes
02 No [GO BACK TO S8Q17M]

[ASK ALL]

PS8Q18. About how tall are you without shoes?

INTERVIEWER NOTE: ENTER "F" FOR HEIGHT GIVEN IN FEET OR ENTER "M" FOR HEIGHT GIVEN IN CENTIMETERS

F Feet
M Centimeters

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF PS8Q18=F]

S8Q18. About how tall are you without shoes?

INTERVIEWER NOTE: Round fractions up. Enter height in Feet and Inches Ex: 5 feet 9 inches would be entered as 509

RANGE 300-311, 400-411, 500-511, 600-611, 700-711 [NUMBER BOX]

[ASK IF S8Q18=300-407 OR S8Q18=609-711]

S8Q18A. Just to double check, you indicated you are [S8Q18] FEET / INCHES TALL. IS THIS CORRECT?

01 Yes
02 No [GO BACK TO S8Q18]

[ASK IF PS8Q18=M]

S8Q18M. About how tall are you without shoes?

INTERVIEWER NOTE: Round fractions up. Enter height in centimeters. Ex: 2 meters 5 centimeters would be entered as 205

RANGE 90-254 [NUMBER BOX]

[ASK IF S8Q18M=90-254 AND PS8Q18=M]

S8Q18AM. Just to double check, you indicated you are [S8Q18M] centimeters tall. IS THIS CORRECT?

01 Yes
02 No [GO BACK TO S8Q18M]

[ASK IF HGENDER=2 AND S8Q1=18-49]

S8Q19. To your knowledge, are you now pregnant?

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK ALL]

S8Q20. Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone.

Are you deaf or do you have serious difficulty hearing?

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK ALL]

S8Q21. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK ALL]

S8Q22. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK ALL]

S8Q23. Do you have serious difficulty walking or climbing stairs?

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK ALL]

S8Q24. Do you have difficulty dressing or bathing?

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK OF ALL]

S8Q25. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

Section 9: Tobacco Use

[ASK ALL]

S9Q1. Section 9: Tobacco Use

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

INTERVIEWER NOTE: For cigarettes, do not include: electronic cigarettes (e-cigarettes, njoy, bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana.

INTERVIEWER NOTE: 5 packs = 100 cigarettes

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S9Q1=01]

S9Q2. Do you now smoke cigarettes every day, some days, or not at all?

DO NOT READ:

01 Every day
02 Some days
03 Not at all

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S9Q2=01,02]

S9Q3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S9Q2=03]

S9Q4. How long has it been since you last smoked a cigarette, even one or two puffs?

READ ONLY IF NECESSARY:

01 Within the past month (less than 1 month ago)
02 Within the past 3 months (1 month but less than 3 months ago)
03 Within the past 6 months (3 months but less than 6 months ago)
04 Within the past year (6 months but less than 1 year ago)
05 Within the past 5 years (1 year but less than 5 years ago)
06 Within the past 10 years (5 years but less than 10 years ago)
07 10 years or more
08 Never smoked regularly

DO NOT READ:

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK ALL]

S9Q5. Do you currently use chewing tobacco, snuff or snus every day, some days, or not at all?

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

DO NOT READ:

01 Every day
02 Some days
03 Not at all

97 DON'T KNOW / NOT SURE
99 REFUSED

Section 10: Alcohol Consumption

[ASK ALL]

S10Q1. Section 10: Alcohol Consumption

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?

INTERVIEWER NOTE: One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

1__ Days per week (RANGE 101-107)

2__ Days in past 30 days (RANGE 201-230) [NUMBER BOX]

888 No drinks in past 30 days
997 DON'T KNOW / NOT SURE
999 REFUSED

[ASK IF S10Q1 NE 888,997,999]

S10Q2. 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 READ ONLY IF NECESSARY: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

RANGE 1-76 [NUMBER BOX]

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S10Q2=12-76]

S10Q2A. I am sorry, you just said that you consume [S10Q2] drinks per day. Is that correct?

01 Correct as is
02 No, Re-ask question [GO BACK TO S10Q2]

[ASK IF S10Q1 NE 888,997,999]

S10Q3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks on an occasion?

RANGE 1-76 [NUMBER BOX]

88 NONE
97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S10Q3=16-76]

S10Q3A. I am sorry, you said that in the past month there were [S10Q3] occasions when you had [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks. Is this correct?

01 Correct as is
02 No, Re-ask question [GO BACK TO S10Q3]

[ASK IF S10Q1 NE 888,997,999]

S10Q4. During the past 30 days, what is the largest number of drinks you had on any occasion?

RANGE 1-76 [NUMBER BOX]

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S10Q4=16-76]

S10Q4A. I am sorry, you said that in the past 30 days you had [S10Q4] drinks on one occasion. Is this correct?

01 Correct as is
02 No, Re-ask question [GO BACK TO S10Q4]

[ASK IF (S10Q3=88 AND HGENDER=2 AND S10Q4=4-76) OR (S10Q3=88 AND HGENDER=1 AND S10Q4=5-76)]

S10Q4B. I'm sorry, but previously you said that you did not have [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks on an occasion. Is this correct?

01 Correct as is
02 No, Re-ask question [GO BACK TO S10Q4]

[ASK IF S10Q3=1-76 AND HGENDER=2 AND S10Q4=1-3) OR (S10Q3=1-76 AND HGENDER=1 AND S10Q4=1-4)]

S10Q4C. I'm sorry, but previously you said that you had [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks on an occasion. And you've said that in the past 30 days you had a maximum of [S10Q4] drinks on one occasion. Is this correct?

01 Correct as is
02 No, Re-ask question [GO BACK TO S10Q3]

Section 11: Exercise (Physical Activity)

[ASK ALL]

S11Q1. Section 11: Exercise (Physical Activity)

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?

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

- 01 Yes
- 02 No

- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF S11Q1=01]

S11Q2. What type of physical activity or exercise did you spend the most time doing during the past month?

- 01 Active Gaming Devices (Wii Fit, Dance, Dance revolution)
- 02 Aerobics video or class
- 03 Backpacking
- 04 Badminton
- 05 Basketball
- 06 Bicycling machine exercise
- 07 Bicycling
- 08 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)
- 09 Bowling
- 10 Boxing
- 11 Calisthenics
- 12 Canoeing/rowing in competition
- 13 Carpentry
- 14 Dancing-ballet, ballroom, Latin, hip hop, Zumba, etc.
- 15 Elliptical/EFX machine exercise
- 16 Fishing from river bank or boat
- 17 Frisbee
- 18 Gardening (spading, weeding, digging, filling)
- 19 Golf (with motorized cart)
- 20 Golf (without motorized cart)
- 21 Handball
- 22 Hiking – cross-country

- 23 Hockey
- 24 Horseback riding
- 25 Hunting large game – deer, elk
- 26 Hunting small game – quail
- 27 Inline Skating
- 28 Jogging
- 29 Lacrosse
- 30 Mountain climbing
- 31 Mowing lawn
- 32 Paddleball
- 33 Painting/papering house
- 34 Pilates
- 35 Racquetball
- 36 Raking lawn/trimming hedges
- 37 Running
- 38 Rock climbing
- 39 Rope skipping
- 40 Rowing machine exercises
- 41 Rugby
- 42 Scuba diving
- 43 Skateboarding
- 44 Skating – ice or roller
- 45 Sledding, tobogganing
- 46 Snorkeling
- 47 Snow blowing
- 48 Snow shoveling by hand
- 49 Snow skiing
- 50 Snowshoeing
- 51 Soccer
- 52 Softball/Baseball
- 53 Squash
- 54 Stair climbing/Stair master
- 55 Stream fishing in waders
- 56 Surfing
- 57 Swimming
- 58 Swimming in laps
- 59 Table tennis
- 60 Tai Chi
- 61 Tennis
- 62 Touch football

- 63 Volleyball
- 64 Walking
- 66 Waterskiing
- 67 Weight lifting
- 68 Wrestling
- 69 Yoga
- 71 Childcare
- 72 Farm/Ranch Work (caring for livestock, stacking hay, etc.)
- 73 Household Activities (vacuuming, dusting, home repair, etc.)
- 74 Karate/Martial Arts
- 75 Upper Body Cycle (wheelchair sports, ergometer
- 76 Yard work (cutting/gathering wood, trimming, etc.)
- 98 Other [TEXT BOX]

- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF S11Q2 =01-76,98]

S11Q3. How many times per week or per month did you take part in this activity during the past month?

1_ _ Days per week (RANGE 101-150)

2_ _ Days in past 30 days (RANGE 201-250) [NUMBER BOX]

- 997 DON'T KNOW / NOT SURE
- 999 REFUSED

[ASK IF S11Q2=01-76,98]

S11Q4. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

EXAMPLE: 30 minutes is coded as 30

60 minutes is coded as 100

1 hour is coded as 100

2 hours and 30 minutes is coded as 230

RANGE=1-59,100-159,200-259,300-359,400-459,500-559,600-659,700-759,800-859,900-959 [NUMBER BOX]

- 997 DON'T KNOW / NOT SURE

999 REFUSED

[ASK IF S11Q1=01]

S11Q5. What other type of physical activity gave you the next most exercise during the past month?

- 01 Active Gaming Devices (Wii Fit, Dance, Dance revolution)
- 02 Aerobics video or class
- 03 Backpacking
- 04 Badminton
- 05 Basketball
- 06 Bicycling machine exercise
- 07 Bicycling
- 08 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)
- 09 Bowling
- 10 Boxing
- 11 Calisthenics
- 12 Canoeing/rowing in competition
- 13 Carpentry
- 14 Dancing-ballet, ballroom, Latin, hip hop, Zumba, etc.
- 15 Elliptical/EFX machine exercise
- 16 Fishing from river bank or boat
- 17 Frisbee
- 18 Gardening (spading, weeding, digging, filling)
- 19 Golf (with motorized cart)
- 20 Golf (without motorized cart)
- 21 Handball
- 22 Hiking – cross-country
- 23 Hockey
- 24 Horseback riding
- 25 Hunting large game – deer, elk
- 26 Hunting small game – quail
- 27 Inline Skating
- 28 Jogging
- 29 Lacrosse
- 30 Mountain climbing
- 31 Mowing lawn
- 32 Paddleball
- 33 Painting/papering house
- 34 Pilates

- 35 Racquetball
- 36 Raking lawn/trimming hedges
- 37 Running
- 38 Rock climbing
- 39 Rope skipping
- 40 Rowing machine exercises
- 41 Rugby
- 42 Scuba diving
- 43 Skateboarding
- 44 Skating – ice or roller
- 45 Sledding, tobogganing
- 46 Snorkeling
- 47 Snow blowing
- 48 Snow shoveling by hand
- 49 Snow skiing
- 50 Snowshoeing
- 51 Soccer
- 52 Softball/Baseball
- 53 Squash
- 54 Stair climbing/Stair master
- 55 Stream fishing in waders
- 56 Surfing
- 57 Swimming
- 58 Swimming in laps
- 59 Table tennis
- 60 Tai Chi
- 61 Tennis
- 62 Touch football
- 63 Volleyball
- 64 Walking
- 66 Waterskiing
- 67 Weight lifting
- 68 Wrestling
- 69 Yoga
- 71 Childcare
- 72 Farm/Ranch Work (caring for livestock, stacking hay, etc.)
- 73 Household Activities (vacuuming, dusting, home repair, etc.)
- 74 Karate/Martial Arts
- 75 Upper Body Cycle (wheelchair sports, ergometer)
- 76 Yard work (cutting/gathering wood, trimming, etc.)

88 No other activity
98 Other [TEXT BOX]

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S11Q5=01-76,98]

S11Q6. How many times per week or per month did you take part in this activity during the past month?

1__ Days per week (RANGE 101-150)
2__ Days in past 30 days (RANGE 201-250) [NUMBER BOX]

997 DON'T KNOW / NOT SURE
999 REFUSED

[ASK IF S11Q5=01-76,98]

S11Q7. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

EXAMPLE: 30 minutes is coded as 30
60 minutes is coded as 100
1 hour is coded as 100
2 hours and 30 minutes is coded as 230

RANGE=1-59,100-159,200-259,300-359,400-459,500-559,600-659,700-759,800-859,900-959 [NUMBER BOX]

997 DON'T KNOW / NOT SURE
999 REFUSED

[ASK ALL]

S11Q8. During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles?

INTERVIEWER NOTE: 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.

1__ Days per week (RANGE 101-150)

2__ Days in past 30 days (RANGE 201-250) [NUMBER BOX]

888 NONE
997 DON'T KNOW / NOT SURE
999 REFUSED

Section 12: Fruits and Vegetables

[ASK ALL]

S12Q1. Section 12: Fruits and Vegetables

Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.

Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month.

READ IF RESPONDENT ASKS WHAT TO INCLUDE OR SAYS 'I DON'T KNOW':
"Include fresh, frozen or canned fruit. Do not include dried fruits."

INTERVIEWER NOTE: If a respondent indicates that they consume a food item every day then enter the number of times per day. If the respondent indicates that they eat a food less than daily, then enter times per week or times per month. Do not enter times per day unless the respondent reports that he/she consumed that food item each day during the past month.

INTERVIEWER NOTE: Enter quantity in days, weeks, or months

1__ Days (RANGE 101-199)
2__ Weeks (RANGE 201-299)
3__ Months (RANGE 301-399) [NUMBER BOX]

300 Less than once a month
888 Never
997 DON'T KNOW / NOT SURE
999 REFUSED

[ASK ALL]

S12Q2. Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?

READ IF RESPONDENT ASKS ABOUT EXAMPLES OF FRUIT-FLAVORED DRINKS: “Do not include fruit-flavored drinks with added sugar like cranberry cocktail, Hi-C, lemonade, Kool-Aid, Gatorade, Tampico, and Sunny Delight. Include only 100% pure juices or 100% juice blends.”

INTERVIEWER NOTE: Enter quantity in days, weeks, or months. If a respondent gives a number without a time frame, ask “Was that per day, week or month?”

- 1__ Days (RANGE 101-199)
- 2__ Weeks (RANGE 201-299)
- 3__ Months (RANGE 301-399) [NUMBER BOX]

300 Less than once a month
888 Never
997 DON'T KNOW / NOT SURE
999 REFUSED

[ASK ALL]

S12Q3. How often did you eat a green leafy or lettuce salad, with or without other vegetables?

READ IF RESPONDENT ASKS ABOUT SPINACH: “Include spinach salads.”

INTERVIEWER NOTE: ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS. If respondent gives a number without a time frame, ask “Was that per day, week or month?”

- 1__ Days (RANGE 101-199)
- 2__ Weeks (RANGE 201-299)
- 3__ Months (RANGE 301-399) [NUMBER BOX]

300 Less than once a month
888 Never
997 DON'T KNOW / NOT SURE
999 REFUSED

[ASK ALL]

S12Q4. How often did you eat any kind of fried potatoes, including french fries, home fries, or hash browns?

READ IF RESPONDENT ASKS ABOUT POTATO CHIPS: “Do not include potato chips”

INTERVIEWER NOTE: ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “**WAS THAT PER DAY, WEEK, OR MONTH?**”

- 1__ Days (RANGE 101-199)
- 2__ Weeks (RANGE 201-299)
- 3__ Months (RANGE 301-399) [NUMBER BOX]

300 Less than once a month
888 Never
997 DON'T KNOW / NOT SURE
999 REFUSED

[ASK ALL]

S12Q5. How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?

READ IF RESPONDENT ASKS ABOUT WHAT TYPES OF POTATOES TO INCLUDE: “Include all types of potatoes except fried. Include potatoes au gratin and scalloped potatoes.”

INTERVIEWER NOTE: ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “**WAS THAT PER DAY, WEEK, OR MONTH?**”

- 1__ Days (RANGE 101-199)
- 2__ Weeks (RANGE 201-299)
- 3__ Months (RANGE 301-399) [NUMBER BOX]

300 Less than once a month
888 Never
997 DON'T KNOW / NOT SURE
999 REFUSED

[ASK ALL]

S12Q6. Not including lettuce salads and potatoes, how often did you eat other vegetables?

INTERVIEWER NOTE: ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?”

- 1__ Days (RANGE 101-199)
- 2__ Weeks (RANGE 201-299)
- 3__ Months (RANGE 301-399) [NUMBER BOX]

300 Less than once a month
888 Never
997 DON'T KNOW / NOT SURE
999 REFUSED

Section 13: Immunization

[ASK ALL]

S13Q1. Section 13: Immunization

During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or flu shot injected into your arm?

READ ONLY 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.

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S13Q1=01]

S13Q2M. During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm?

01 January
02 February
03 March
04 April
05 May
06 June
07 July
08 August
09 September
10 October
11 November
12 December

Code MONTH (RANGE 01-12) [NUMBER BOX]

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S13Q1=01 OR S13Q2CHK=01]

S13Q2Y.

Code YEAR (RANGE 2018-2019) [NUMBER BOX]

9997 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S13Q2Y>0 AND S13Q2Y<CYEARM1]

S13Q2CHK. I'm sorry, but you said you had a flu vaccination within the past 12 months, but you have just given me a date for your most recent vaccination that is more than 12 months ago. Have you had a flu vaccination within the past 12 months?

01 Yes
02 No

[ASK ALL]

S13Q3. Have you received a tetanus shot in the past 10 years?

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

- 01 Yes, received Tdap
- 02 Yes, received tetanus shot, but not Tdap
- 03 Yes, received tetanus shot but not sure what type
- 04 No, did not receive any tetanus shot in the past 10 years

- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK ALL]

S13Q4. Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

INTERVIEWER NOTE: If respondent is confused read: "There are two types of pneumonia shots: polysaccharide, also known as pneumovax, and conjugate, also known as prevnar."

- 01 Yes
- 02 No

- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

Section 14: H.I.V./AIDS

[ASK ALL]

S14Q1. Section 14: H.I.V./AIDS

The next few questions are about the national health problem of H.I.V., 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.

Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for H.I.V.?

- 01 Yes
- 02 No

- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF S14Q1=01]

S14Q2M. Not including blood donations, in what month and year was your last H.I.V. test?

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

INTERVIEWER NOTE: If the respondent remembers the year but cannot remember the month, code the first two digits 97 and the last four digits for the year.

- 01 January
- 02 February
- 03 March
- 04 April
- 05 May
- 06 June
- 07 July
- 08 August
- 09 September
- 10 October
- 11 November
- 12 December

Code MONTH (RANGE 01-12) [NUMBER BOX]

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S14Q1=01]

S14Q2Y.

Code YEAR (RANGE 1985-2019) [NUMBER BOX]

9997 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK ALL]

S14Q3. I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.

You have injected any drug other than those prescribed for you in the past year.

You have been treated for a sexually transmitted disease or STD in the past year.
You have given or received money or drugs in exchange for sex in the past year.
You had anal sex without a condom in the past year.
You had four or more sex partners in the past year.

Do any of these situations apply to you?

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

Optional Modules

Module 20: Cognitive Decline

[ASK IF (S8Q1>=45 OR S8Q1=997,999) AND CSTATE NE 02]

MOD20_1. Module 20: Cognitive Decline

The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things you've always done or forgetting things that you would normally know. We want to know how these difficulties impact you.

During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?

01 Yes

02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD20_1=01,97]

MOD20_2. During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills? Would you say it is...

PLEASE READ:

01 Always
02 Usually
03 Sometimes
04 Rarely
05 Never

DO NOT READ:

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD20_1=01,97]

MOD20_3. As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? Would you say it is...

PLEASE READ:

01 Always
02 Usually
03 Sometimes
04 Rarely
05 Never

DO NOT READ:

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD20_3=01,02,03]

MOD20_4. When you need help with these day-to-day activities, how often are you able to get the help that you need? Would you say it is...

PLEASE READ:

- 01 Always
- 02 Usually
- 03 Sometimes
- 04 Rarely
- 05 Never

DO NOT READ:

- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF MOD20_1=01,97]

MOD20_5. During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home? Would you say it is...

PLEASE READ:

- 01 Always
- 02 Usually
- 03 Sometimes
- 04 Rarely
- 05 Never

DO NOT READ:

- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF MOD20_1=01,97]

MOD20_6. Have you or anyone else discussed your confusion or memory loss with a health care professional?

- 01 Yes
- 02 No

- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

Module 22: Adverse Childhood Experiences

[ASK IF CSTATE NE 02]

MOD22_T. Module 22: Adverse Childhood Experiences

I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age.

01 Continue

[ASK IF CSTATE NE 02]

MOD22_1. Now, looking back before you were 18 years of age--- Did you live with anyone who was depressed, mentally ill, or suicidal?

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF CSTATE NE 02]

MOD22_2. Did you live with anyone who was a problem drinker or alcoholic?

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF CSTATE NE 02]

MOD22_3. Did you live with anyone who used illegal street drugs or who abused prescription medications?

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF CSTATE NE 02]

MOD22_4. (Before you were 18 years of age), did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF CSTATE NE 02]

MOD22_5. Were your parents separated or divorced?

01 Yes
02 No
08 Parents not married

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF CSTATE NE 02]

MOD22_6. How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? Was it --

PLEASE READ:

01 Never
02 Once
03 More than Once

DO NOT READ:

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF CSTATE NE 02]

MOD22_7. Not including spanking, (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Was it --

PLEASE READ:

- 01 Never
- 02 Once
- 03 More than Once

DO NOT READ:

- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF CSTATE NE 02]

MOD22_8. How often did a parent or adult in your home ever swear at you, insult you, or put you down? Was it --

PLEASE READ:

- 01 Never
- 02 Once
- 03 More than Once

DO NOT READ:

- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF CSTATE NE 02]

MOD22_9. How often did anyone at least 5 years older than you or an adult, ever touch you sexually? Was it --

PLEASE READ:

- 01 Never
- 02 Once
- 03 More than Once

DO NOT READ:

- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF CSTATE NE 02]

MOD22_10. How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? Was it --

PLEASE READ:

- 01 Never
- 02 Once
- 03 More than Once

DO NOT READ:

- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF CSTATE NE 02]

MOD22_11. How often did anyone at least 5 years older than you or an adult, force you to have sex? Was it --

PLEASE READ:

- 01 Never
- 02 Once
- 03 More than Once

DO NOT READ:

- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF CSTATE NE 02]

MOD22_C. Would you like for me to provide a toll-free number for an organization that can provide information and referral for the issues in the last few questions?

- 01 Yes
- 02 No

[ASK IF MOD22_C=01 AND CSTATE NE 02]

MOD22_HOT. There are several numbers available that may be helpful. You can dial 1-800-4-A-CHILD (1-800-422-4453) to reach the National Hotline for Child Abuse. You can also dial 1-800-656-HOPE (1-800-656-4673) to reach the Rape, Abuse, and Incest National Network hotline.

- 01 Continue

Module 23: Family Planning

[ASK IF ((HGENDER=2 AND S8Q1=18-49 AND S8Q19=02) or (HGENDER=2 AND S8Q1=18-49 AND MOD9_7=02 AND S8Q19=01)) AND CSTATE NE 02]

MOD23_1. Module 23: Family Planning

The last time you had sex with a man, did you or your partner do anything to keep you from getting pregnant?

- 01 Yes
- 02 No
- 03 No partner / not sexually active
- 04 Same sex partner

- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF MOD23_1=01 AND CSTATE NE 02]

MOD23_2. The last time you had sex with a man, what did you or your partner do to keep you from getting pregnant?

INTERVIEWER NOTE: If respondent reports using more than one method, please code the method that occurs first on the list.

INTERVIEWER NOTE: If respondent reports using “condoms,” probe to determine if “female condoms” or “male condoms.”

INTERVIEWER NOTE: If respondent reports using an “IUD” probe to determine if “levonorgestrel IUD” or “copper-bearing IUD.”

INTERVIEWER NOTE: If respondent reports “other method,” ask respondent to “please be specific” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

READ ONLY IF NECESSARY:

- 01 Female sterilization (ex. Tubal ligation, Essure, Adiana)
- 02 Male sterilization (vasectomy)
- 03 Contraceptive implant (ex. Implanon)
- 04 Levonorgestrel (LNG) or hormonal IUD (ex. Mirena)
- 05 Copper-bearing IUD (ex. ParaGard)

- 06 IUD, type unknown
- 07 Shots (ex. Depo-Provera)
- 08 Birth control pills, any kind
- 09 Contraceptive patch (ex. Ortho Evra)
- 10 Contraceptive ring (ex. NuvaRing)
- 11 Male condoms
- 12 Diaphragm, cervical cap, sponge
- 13 Female condoms
- 14 Not having sex at certain times (rhythm or natural family planning)
- 15 Withdrawal (or pulling out)
- 16 Foam, jelly, film, or cream
- 17 Emergency contraception (morning after pill)
- 18 Other method

DO NOT READ:

- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF MOD23_1=02]

MOD23_3. Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.

What was your main reason for not using a method to prevent pregnancy the last time you had sex with a man?

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.

READ ONLY IF NECESSARY:

- 01 You didn't think you were going to have sex/no regular partner
- 02 You just didn't think about it
- 03 Don't care if you get pregnant
- 04 You want a pregnancy
- 05 You or your partner don't want to use birth control
- 06 You or your partner don't like birth control/side effects
- 07 You couldn't pay for birth control
- 08 You had a problem getting birth control when you needed

- 09 Religious reasons
- 10 Lapse in use of a method
- 11 Don't think you or your partner can get pregnant (infertile or too old)
- 12 You had tubes tied (sterilization)
- 13 You had a hysterectomy
- 14 Your partner had a vasectomy (sterilization)
- 15 You are currently breast-feeding
- 16 You just had a baby/postpartum
- 17 You are pregnant now
- 18 Same sex partner
- 19 Other reasons

DO NOT READ:

- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[Module 30: Random Child Selection](#)

[ASK IF S8Q15=1 AND CSTATE NE 02]

MOD30T1. Module 30: Random Child Selection

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.

01 Continue

[ASK IF S8Q15=2-15 AND CSTATE NE 02]

[RANDOMLY SELECT ONE OF THE CHILDREN. SET **RNDS8Q15** = RANDOMLY SELECTED CHILD]

MOD30T2. Previously, you indicated there were [S8Q15] children age 17 or younger in your household. Think about those [S8Q15] 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 [RNDS8Q15] child in your household. All following questions about children will be about the [RNDS8Q15] child.

01 Continue

[ASK IF S8Q15 NE 88,99 AND CSTATE NE 02]

MOD30_1M. What is the birth month and year of the [RNDS8Q15] child?

- 01 January
- 02 February
- 03 March
- 04 April
- 05 May
- 06 June
- 07 July
- 08 August
- 09 September
- 10 October
- 11 November
- 12 December

Code MONTH (RANGE 01-12) [NUMBER BOX]

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S8Q15 NE 88,99 AND CSTATE NE 02]

MOD30_1Y.

Code YEAR (RANGE 2001-2019) [NUMBER BOX]

9997 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S8Q15 NE 88,99 AND CSTATE NE 02]

MOD30_2. Is the child a boy or a girl?

- 01 Boy
- 02 Girl

99 REFUSED

[ASK IF S8Q15 NE 88,99 AND CSTATE NE 02]

MOD30_3. Is the child Hispanic, Latino/a, or Spanish origin?

05 No, not of Hispanic, Latino/a, or Spanish origin

01 Yes

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF MOD30_3=01]

[MUL=4]

MOD30_3B. Are they...

INTERVIEWER NOTE: One or more categories may be selected

PLEASE READ:

01 Mexican, Mexican American, Chicano/a

02 Puerto Rican

03 Cuban

04 Another Hispanic, Latino/a, or Spanish origin

DO NOT READ:

05 No [EXCLUSIVE]

97 DON'T KNOW / NOT SURE [EXCLUSIVE]

99 REFUSED [EXCLUSIVE]

[ASK IF S8Q15 NE 88,99 AND CSTATE NE 02]

[MUL=5]

MOD30_4. Which one or more of the following would you say is the race of the child?

INTERVIEWER NOTE: SELECT ALL THAT APPLY

PLEASE READ:

10 White

20 Black or African American

30 American Indian or Alaska Native

40 Asian

50 Pacific Islander

DO NOT READ:

- 60 Other
- 97 DON'T KNOW / NOT SURE [EXCLUSIVE]
- 99 REFUSED [EXCLUSIVE]

[ASK IF MOD30_4=40]

[MUL=7]

MOD30_4A. Is that...

INTERVIEWER NOTE: Select all that apply.

PLEASE READ:

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian

DO NOT READ:

- 60 Other
- 97 DON'T KNOW / NOT SURE [EXCLUSIVE]
- 99 REFUSED [EXCLUSIVE]

[ASK IF MOD30_4=50]

[MUL=4]

MOD30_4P. Is that...

INTERVIEWER NOTE: Select all that apply.

PLEASE READ:

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

DO NOT READ:

60 Other
97 DON'T KNOW / NOT SURE [EXCLUSIVE]
99 REFUSED [EXCLUSIVE]

[ASK IF MOD30_4=MUL]

[ONLY SHOW RESPONSES CHOSEN AT MOD30_4 AND 97,99]

MOD30_5. Which one of these groups would you say best represents the child's race?

10 White
20 Black or African American
30 American Indian or Alaska Native
40 Asian
50 Pacific Islander

60 Other
97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD30_4=MUL AND (MOD30_4=10 AND MOD30_5=40)]

[IF MOD30_4 NE MUL AND MOD30_5=40 AUTO PUNCH WITH MOD30_4A RESPONSE]

[DISPLAY ONLY RESPONSES CHOSEN AT MOD30_4A AND 97,99]

MOD30_5A. Is that...

41 Asian Indian
42 Chinese
43 Filipino
44 Japanese
45 Korean
46 Vietnamese
47 Other Asian

60 Other
97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD30_4P=MUL AND (MOD30_4P=51 OR MOD30_5=50)]

[IF MOD30_4P NE MUL AND MOD30_5=50 AUTO PUNCH WITH MOD30_4P RESPONSE]

[DISPLAY ONLY RESPONSES CHOSEN AT MOD30_4P, 97,99]

MOD30_5P. Is that...

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

- 60 Other
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[DATA PROCESSING NOTE: MOD30_5 is presented as one question, combine MOD30_5A and MOD30_5P into MOD30_5 for delivery]

[ASK IF S8Q15 NE 88,99 AND CSTATE NE 02]

MOD30_6. How are you related to the child?

PLEASE READ:

- 01 Parent (include biologic, step, or adoptive parent)
- 02 Grandparent
- 03 Foster parent or guardian
- 04 Sibling (include biologic, step, and adoptive sibling)
- 05 Other relative
- 06 Not related in any way

DO NOT READ:

- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

Module 31: Childhood Asthma Prevalence

[ASK IF S8Q15 NE 88,99 AND CSTATE NE 02]

MOD31_1. Module 31: Childhood Asthma Prevalence

The next two questions are about the [RNDS8Q15] child. Has a doctor, nurse or other health professional EVER said that the child has asthma?

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD31_1=01]

MOD31_2. Does the child still have asthma?

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

Indiana State Added Sections

[IN State Added Section 1: Opioid Questions](#)

[ASK IF STATE=IN AND CSTATE NE 02]

IN1_1. State Added Section 1: Opioid Questions

In the past year, did you use a prescription pain medication that was not prescribed specifically for you by a doctor, dentist, nurse practitioner, or healthcare providers?

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF IN1_1=01 AND CSTATE NE 02]

IN1_2. From whom did you obtain the prescription pain medication?

01 From a friend or relative
02 From an acquaintance
03 From a street dealer or other person I did not know
04 Online
05 Other

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF IN1_1=01 AND CSTATE NE 02]

IN1_3. About how often in the past 12 months did you use prescription pain relievers including that were not prescribed to you by a doctor, dentist, nurse practitioner, or other healthcare providers? Would you say....

INTERVIEWER NOTE: Pain relievers include Codeine, morphine, Lortab, Vicodin, Tylenol #3, Percocet, OxyContin, Xanax, Valium, Ativan

INTERVIEWER NOTE: We only want to know about prescription medication that is not available over the counter.

READ:

01 Never
02 Every day or nearly every day
03 Several times a month
04 Several times a year

DO NOT READ:

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF STATE=IN AND CSTATE NE 02]

IN1_4. In the past 12 months, did you shoot up or inject any drugs other than those prescribed for you? By shooting up, I mean anytime you might have used drugs with a needle, either by mainlining, skin popping, or muscling.

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF STATE=IN AND CSTATE NE 02]

IN1_5. How long has it been since you used any prescription pain reliever?

INTERVIEWER NOTE: Pain relievers include Codeine, morphine, Lortab, Vicodin, Tylenol #3, Percocet, OxyContin, Xanax, Valium, Ativan

INTERVIEWER NOTE: We only want to know about prescription medication that is not available over the counter.

READ ONLY IF NECESSARY:

- 01 Within the past 30 days (or currently taking)
- 02 More than 30 days ago but within the past 12 months
- 03 More than 12 months ago
- 04 Never

- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF IN1_5=01,02 AND CSTATE NE 02]

IN1_6. In the past year have you felt dependent on prescription pain medication or experienced trouble getting off of the medication when you no longer needed it for medical reasons?

- 01 Yes
- 02 No

- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF STATE=IN AND CSTATE NE 02]

IN1_CL. Thank you for answering these questions. If you would like assistance with any of these issues, please call the Indiana Addiction Hotline at 1-800-662-HELP (4357) to find out about mental health and substance related disorder services available in your area.

- 01 CONTINUE

Asthma Call Back Permission

[IF S6Q4=01 AND MOD31_1=02,97,99 CONTINUE WITH ADULT SELECTION]
[IF S6Q4=02,97,99 AND MOD31_1=01 CONTINUE WITH CHILD SELECTION]
[IF S6Q4=01 AND MOD31_1=01 RANDOMLY SELECT ADULT OR CHILD; 50/50 SPLIT]

[ASK IF S6Q4=01 OR MOD31_1=01 AND CSTATE NE 02]

AST1. Asthma Call Back Permission

We would like to call you again within the next 2 weeks to talk in more detail about [IF ADULT IS SELECTED INSERT "your"; IF CHILD IS SELECTED INSERT "your child's"] experiences with asthma. The information will be used to help develop and improve the asthma programs in [STATE]. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you or others may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

- 01 Yes
- 02 No

[ASK IF AST1=01]

AST2A. Can I please have either your first name or initials, so we will know who to ask for when we call back?

- 01 Gave Response [TEXT BOX]
- 97 DON'T KNOW
- 99 REFUSED

[ASK IF AST1=01]

ACFLAG. Which person in the household was selected as the focus of the asthma call-back?

- 01 adult with asthma
- 02 adult had asthma
- 03 child with asthma
- 04 child had asthma

[ASK IF AST2A=01 AND ACFLAG=03,04]

AST2B. Can I please have either your child's first name or initials, so we will know who to ask about when we call back?

- 01 Gave Response [TEXT BOX]

97 DON'T KNOW
99 REFUSED

[ASK ALL]

CLOSE. 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.

01 Continue