

Indiana
BRFSS

2012



English
Questionnaire

**Behavioral Risk Factor
Surveillance System 2012 Draft
Questionnaire**

Contents

INTRO	1
INTROQST	1
WRONGNUM	1
PRIVRES	1
COLLEGE	1
NONRES	2
ISCELL	2
CELLYES	2
LLADULT	2
LLNOADLT	2
ADULTS	3
MEN	3
WOMEN	3
WRONGTOT	3
SELECTED	3
ONEADULT	4
ASKGENDR	4
GETADULT	4
YOURTHE1	4
GETNEWAD	4
NEWADULT	5
Core Sections	6
INTROSCR	6
Section 01: Health Status	7
C01INTRO	7
C01Q01	7
C01END	7
Section 02: Healthy Days -- Health-Related Quality of Life8	
C02INTRO	8
C02Q01	8
C02Q02	8
C02Q03	8
C02END	9

Section 03: Health Care Access	10
C03INTRO	10
C03Q01	10
C03Q02	10
C03Q03	10
C03Q04	11
C03END	11
Section 04: Exercise.....	12
C04INTRO	12
C04Q01	12
C04END	12
Section 05: Chronic Health Conditions.....	13
C05INTRO	13
C05Q01	13
C05Q02	13
C05Q03	13
C05Q04	14
C05Q05	14
C05Q06	14
C05Q07	14
C05Q08	15
C05Q09	15
C05Q10	15
C05Q11	16
C05Q12	16
C05Q13	16
C05Q13V	17
C05END	17
Module 01:Pre-Diabetes.....	18
M01INTRO	18
M01Q01	18
M01Q02	18
M01Q02V	19
M01END	19
Module 02: Diabetes.....	20

M02INTRO	20	C07Q10a	30
M02Q01	20	C07Q10e	30
M02Q02	20	C07Q10f	31
M02Q03	20	C07Q10g	31
M02Q03V	21	C07Q10i	31
M02Q04	21	C07Q11	32
M02Q04V	21	C07Q11V	32
M02Q05	22	C07Q12	32
M02Q05V	22	C07Q12V	32
M02Q06	22	ASKCNTY	33
M02Q06V	22	C07Q14	33
M02Q07	23	C07Q15	33
M02Q07V	23	C07Q16	34
M02Q08	23	C07Q17	34
M02Q09	24	C07Q18	34
M02Q10	24	C07Q19	35
M02END	24	C07Q20	35
Section 06: Oral Health	25	C07Q20V	35
C06INTRO	25	C07Q21	35
C06Q01	25	C07END	36
C06Q02	25	Section 08: Disability	37
C06END	25	C08INTRO	37
Section 07: Demographics	26	C08Q01	37
C07INTRO	26	C08Q02	37
C07Q01	26	C08END	37
C07Q01V	26	Section 09: Tobacco Use	38
C07Q02	26	C09INTRO	38
C07Q03	27	C09Q01	38
C07Q04	27	C09Q02	38
C07Q05	28	C09Q03	38
C07Q06	28	C09Q04	39
C07Q07	28	C09Q05	39
C07Q08	29	C09END	39
C07Q09	29	Section 10: Alcohol Consumption	40
C07Q10d	29	C10INTRO	40
C07Q10c	30	C10Q01	40
C07Q10b	30		

C10Q02	40	C15Q07	50
C10Q02V	40	C15END	50
C10Q03	41	Section 16: Prostate Cancer	
C10Q03V	41	Screening.....	51
C10Q04	41	C16INTRO	51
C10Q04V	42	C16Q01	51
C10END	42	C16Q02	51
Section 11: Immunization	43	C16Q03	51
C11INTRO	43	C16Q04	52
C11Q01	43	C16Q05	52
C11Q02	43	C16Q06	52
C11Q03	44	C16END	52
C11Q04	44	Section 17: Colorectal Cancer	
C11END	44	Screening.....	53
Section 12: Falls	45	C17INTRO	53
C12INTRO	45	C17Q01	53
C12Q01	45	C17Q02	53
C12Q02	45	C17Q03	54
C12END	45	C17Q04	54
Section 13: Seatbelt Use	46	C17Q05	54
C13INTRO	46	C17END	55
C13Q01	46	Section 18: HIV / AIDS.....	56
C13END	46	C18INTRO	56
Section 14: Drinking and		C18Q01	56
Driving.....	47	C18Q02	56
C14INTRO	47	C18Q03	57
C14Q01	47	C18END	57
C14END	47	Transition to Modules and/or	
Section 15: Breast and Cervical		State-Added Questions.....	58
Cancer Screening.....	48	TRANS	58
C15INTRO	48	State Added 01: Digital Rectal	
C15Q01	48	Exam.....	59
C15Q02	48	IN01INTRO	59
C15Q03	49	IN01Q01	59
C15Q04	49	IN01END	59
C15Q05	49	State Added 02: Chronic Health	
C15Q06	50	Conditions.....	60
		IN02INTRO	60

IN02Q01	60	IN04Q02	72
IN02Q02	60	IN04Q03	72
IN02Q03	60	IN04Q04	72
IN02Q04	61	IN04END	73
IN02Q05	61	State Added 05: Caregiver...	74
IN02Q06	61	IN05INTRO	74
IN02Q07	62	IN05Q01	74
IN02Q08	62	IN05Q02	74
IN02Q09	62	IN05Q03	74
IN02Q10	63	IN05Q04	75
IN02Q11	63	IN05Q05	75
IN02Q12	63	IN05Q06	76
IN02Q13	64	IN05Q07	77
IN02END	64	IN05Q08	77
State Added 03: Immunizations	65	IN05Q09	78
IN03INTRO	65	IN05Q10	78
IN03Q01	65	IN05END	78
IN03Q02	65	State Added 06: Cognitive	
IN03Q03	65	Impairment.....	79
IN03Q04	66	IN06INTRO	79
IN03Q05	66	IN06Q01	79
IN03Q06	66	IN06Q02	79
IN03Q06V	66	IN06Q03	80
IN03Q07	67	IN06Q04	80
IN03Q08	67	IN06Q05	81
IN03Q09	67	IN06Q06	81
IN03Q10	68	IN06Q07	82
IN03Q11	68	IN06Q08	82
IN03Q12	69	IN06Q09	82
IN03Q13	69	IN06Q10	83
IN03Q14	69	IN06END	83
IN03Q15	70	Asthma Call-Back Permission	
IN03END	70	Script.....	84
State Added 04: School Health	71	AFUINTRO	84
IN04INTRO	71	ADLTPERM	84
IN04Q01	71	FNAME	84
IN04Q01a	71	CNAME	84

MOSTKNOW	85
OTHNAME	85
CBTIME	85
AFUEND	85
Closing Statement	86
CLOSING	86

INTRO

INTROQST		Select
Ask If		
HELLO, I am calling for the {CDEPT} . My name is [Interviewer Name].		
We are gathering information about the health of {STTEXT} 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 {PHONE7} ?		
1	YES, CONTINUE	PRIVRES
2	NUMBER IS NOT THE SAME	WRONGNUM

WRONGNUM		Key
Ask If		INTROQST = 2
Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.		
		INTROQST

PRIVRES		Select
Ask If		INTROQST = 1
Is this a private residence in {STTEXT} ?		
INTERVIEWER NOTE: TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE (INCLUDES VONAGE, MAGIC JACK AND OTHER HOME-BASED PHONE SERVICES.).		
1	YES, CONTINUE	ISCELL
2	NO, NON-RESIDENTIAL	COLLEGE

COLLEGE		Select
Ask If		PRIVRES = 2
Do you live in college housing?		
READ ONLY IF NECESSARY:		
"By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangements provided by a college or university."		
1	YES, CONTINUE	ISCELL
2	NO	NONRES

NONRES	Key
Ask If	COLLEGE = 2
Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.	
DISPOS 4500	

ISCELL	Select
Ask If	PRIVRES = 1 OR COLLEGE = 1
Is this a cellular telephone?	
READ ONLY IF NECESSARY:	
"By cellular (or cell) telephone we mean a telephone that is mobile and usable outside of your neighborhood."	
1	NO, NOT A CELLULAR TELEPHONE, CONTINUE
2	YES, A CELLULAR TELEPHONE CELLYES

CELLYES	Key
Ask If	ISCELL = 2
Thank you very much, but we are only interviewing land line telephones and private residences or college housing.	
DISPOS 4450	

LLADULT	Select
Ask If	COLLEGE = 1
Are you 18 years of age or older?	
NOTE: ASK GENDER IF NECESSARY	
1	Yes and the respondent is male YOURTHE1
2	Yes and the respondent is female YOURTHE1
3	No LLNOADLT

LLNOADLT	Key
Ask If	LLADULT = 3
Thank you very much, but we are only interviewing persons aged 18 or older at this time.	
DISPOS 410	

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

MEN	Numeric
Ask If	ADULTS > 1
How many of these adults are men?	
NUMBER OF MEN	

WOMEN	Numeric
Ask If	ADULTS > 1
How many of these adults are women?	
NUMBER OF WOMEN	

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

Number of Adults - {ADULTS}	
1	CORRECT THE NUMBER OF MEN MEN
2	CORRECT THE NUMBER OF WOMEN WOMEN
3	CORRECT THE NUMBER OF ADULTS ADULTS

SELECTED	Select
Ask If	ADULTS > 1 AND (MEN + WOMEN) = ADULTS
The person in your household I need to speak with is the {SRESP}.	
Are you the {SRESP}?	
1	YES YOURTHE1
2	NO GETNEWAD

ONEADULT	Select
Ask If	ADULTS = 1
Are you the adult?	
INTERVIEWER NOTE: ASK GENDER IF NECESSARY.	
1	YES AND THE RESPONDENT IS A MALE. YOURTHE1
2	YES AND THE RESPONDENT IS A FEMALE. YOURTHE1
3	NO

ASKGENDR	Select
Ask If	ADULTS = 1 AND ONEADULT = 3
Is the Adult a man or a woman?	
1	MALE
2	FEMALE

GETADULT	Select
Ask If	ONEADULT = 3
May I speak with...	
{IF ASKGENDR = 1, ...him?, ...her?}	
1	YES, ADULT IS COMING TO THE PHONE NEWADULT
2	NO, GO TO NEXT SCREEN, PRESS F3 TO SCHEDULE A CALL-BACK NEWADULT

YOURTHE1	Select
Ask If	SELECTED = 1 OR ONEADULT < 3
Then you are the person I need to speak with.	
1	PERSON INTERESTED, CONTINUE INTROSCR
2	GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED ADULTS

GETNEWAD	Select
Ask If	SELECTED = 2
May I speak with the {SRESP}?	
1	YES, SELECTED RESPONDENT COMING TO THE PHONE NEWADULT
2	NO, GO TO NEXT SCREEN, PRESS F3 TO SCHEDULE A CALL-BACK NEWADULT
3	GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED ADULTS

NEWADULT	Select
Ask If	GETADULT = 1 OR GETADULT = 2 OR GETNEWAD = 1 OR GETNEWAD = 2
HELLO, I am calling for the {CDEPT}. My name is [Interviewer Name].	
We are gathering information about the health of {STTEXT} residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.	
1	PERSON INTERESTED, CONTINUE INTROSCR
2	GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED ADULTS

Core Sections

INTROSCR	Select
Ask If	
I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call {CPHONE} .	
1 PERSON INTERESTED, CONTINUE	C01INTRO
2 GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED	ADULTS

Section 01: Health Status

C01INTRO	Pause
Ask If	

C01Q01	Select	73
Ask If		
Would you say that in general your health is...		
PLEASE READ:		
1	Excellent	
2	Very good	
3	Good	
4	Fair or	
5	Poor	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C01END	Pause
Ask If	

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

C02INTRO	Pause	
Ask If		

C02Q01	Numeric	74-75
Ask If		
Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?		
NUMBER OF DAYS		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
1	MIN	CONTROL
30	MAX	CONTROL

C02Q02	Numeric	76-77
Ask If		
Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?		
NUMBER OF DAYS		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
1	MIN	CONTROL
30	MAX	CONTROL

If C02Q01 and C02C02 = 88(none), go to next section

C02Q03	Numeric	
Ask If	NOT(C02Q01=88 AND C02Q02=88)	78-79
During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?		
NUMBER OF DAYS		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
1	MIN	CONTROL
30	MAX	CONTROL

C02END	Pause
Ask If	

Section 03: Health Care Access

C03INTRO	Pause
Ask If	

C03Q01	Select	80
Ask If		
Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Services?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C03Q02	Select	81
Ask If		
Do you have one person you think of as your personal doctor or health care provider?		
INTERVIEWER NOTE: IF "NO" ASK:		
"Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"		
1	YES, ONLY ONE	
2	MORE THAN ONE	
3	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C03Q03	Select	82
Ask If		
Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C03Q04	Select	83
Ask If		
About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.		
1	Within the past year (anytime less than 12 months ago)	
2	Within the past 2 years (1 year but less than 2 years ago)	
3	Within the past 5 years (2 years but less than 5 years ago)	
4	5 or more years ago	
7	DON'T KNOW/NOT SURE	
8	NEVER	
9	REFUSED	

C03END	Pause
Ask If	

Section 04: Exercise

C04INTRO	Pause
Ask If	

C04Q01	Select	84
Ask If		
During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C04END	Pause
Ask If	

Section 05: Chronic Health Conditions

C05INTRO	Pause	
Ask If		

C05Q01	Select	85
Ask If		
Now I would like to ask you some questions about general health conditions.		
Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure."		
(Ever told) you that you had a heart attack also called a myocardial infarction?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C05Q02	Select	86
Ask If		
(Ever told) you had angina or coronary heart disease?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C05Q03	Select	87
Ask If		
(Ever told) you had a stroke?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C05Q04	Select	88
Ask If		
(Ever told) you had asthma?		
1	YES	
2	NO	C05Q06
7	DON'T KNOW/NOT SURE	C05Q06
9	REFUSED	C05Q06

C05Q05	Select	89
Ask If C05Q04 = 1		
Do you still have asthma?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C05Q06	Select	90
Ask If		
(Ever told) you had skin cancer?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C05Q07	Select	91
Ask If		
(Ever told) you had any other types of cancer?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C05Q08	Select	92
Ask If		
(Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema, or chronic bronchitis?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C05Q09	Select	93
Ask If		
(Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?		
INTERVIEWER NOTE: ARTHRITIS DIAGNOSES INCLUDE:		
<ul style="list-style-type: none"> - rheumatism, polymyalgia rheumatica - osteoarthritis (not osteoporosis) - tendonitis, bursitis, bunion, tennis elbow - carpal tunnel syndrome, tarsal tunnel syndrome - joint infection, Reiter's syndrome - ankylosing spondylitis; spondylosis - rotator cuff syndrome - connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome - vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis), - polyarteritis nodosa 		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C05Q10	Select	94
Ask If		
(Ever told) you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C05Q11	Select	95
Ask If		
(Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence.		
INTERVIEWER NOTE: INCONTINENCE IS NOT BEING ABLE TO CONTROL URINE FLOW.		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C05Q12	Select	96
Ask If		
Do you have any trouble seeing, even when wearing glasses or contact lenses?		
1	YES	
2	NO	
3	NOT APPLICABLE (BLIND)	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C05Q13	Select	97
Ask If		
(Ever told) you have diabetes?		
INTERVIEWER NOTE: IF "YES" AND RESPONDENT IS FEMALE, ASK:		
"Was this only when you were pregnant?"		
IF RESPONDENT SAYS PRE-DIABETES OR BORDERLINE DIABETES, USE RESPONSE CODE 4.		
1	YES	
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	

C05Q13V	Select
Ask If	RESPGEND=1 AND C05Q13=2
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS TOLD BY A DOCTOR DURING PREGNANCY THAT SHE HAD DIABETES. ARE YOU SURE? THE RESPONDENT SELECTED WAS THE	
{SRESP}	
IS THE PREVIOUS ANSWER CORRECT?	
1	YES
2	NO
	C05Q13

C05END	Pause
Ask If	

Module 01:Pre-Diabetes

CATI NOTE: Module to be asked after Section 05: Chronic Health

M01INTRO	Pause
Ask If	C05Q13>1

M01Q01	Select	210
Ask If	C05Q13>1	
Have you had a test for high blood sugar or diabetes within the past three years?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

CATI NOTE: If Core C05Q13 = 4 (No, pre-diabetes or borderline diabetes); answer M01Q02 = Yes

M01Q02	Select	211
Ask If	(C05Q13>1 AND C05Q13<4) OR C05Q13>4	
Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?		
INTERVIEWER NOTE: IF "YES" AND RESPONDENT IS FEMALE, ASK:		
"Was this only when you were pregnant?"		
1	Yes	
2	Yes, during pregnancy	
3	No	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M01Q02V	Select
Ask If	RESPGEND=1 AND M01Q02=2
<p>INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS TOLD BY A DOCTOR DURING PREGNANCY THAT SHE HAD PRE-DIABETES OR BORDERLINE DIABETES. ARE YOU SURE?</p> <p>THE RESPONDENT SELECTED WAS THE</p> <p>{SRESP}</p> <p>IS THE PREVIOUS ANSWER CORRECT?</p>	
1	YES
2	NO
	M01Q02

M01END	Pause
Ask If	

Module 02: Diabetes

CATI NOTE: Module to be asked after Section 05: Chronic Health. Only asked of those responding "Yes" (code = 1) to Core C05Q13 (Diabetes awareness question).

M02INTRO	Pause
Ask If	C05Q13=1

M02Q01	Numeric	212-213
Ask If	C05Q13=1	
How old were you when you were told you have diabetes?		
___ CODE AGE IN YEARS [97 = 97 or older]		
98	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
97	MAX	CONTROL

M02Q02	Select	214
Ask If	C05Q13=1	
Are you now taking insulin?		
1	YES	
2	NO	
9	REFUSED	

M02Q03	Numeric	215-217
Ask If	C05Q13=1	
About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.		
101-199 = PER DAY 301-399 = PER MONTH		
201-299 = PER WEEK 401-499 = PER YEAR		
___ TIMES		
888	NEVER	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
101	MIN	CONTROL
499	MAX	CONTROL

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

M02Q04	Numeric	218-220
Ask If	C05Q13=1	
About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.		
101-199 = PER DAY 301-399 = PER MONTH		
201-299 = PER WEEK 401-499 = PER YEAR		
_____ TIMES		
555	NO FEET	
888	NEVER	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
101	MIN	CONTROL
499	MAX	CONTROL

M02Q04V	Select	
Ask If	(M02Q04>105 AND M02Q04<200) OR (M02Q04>235 AND M02Q04<300)	
INTERVIEWER YOU RECORDED THE RESPONDENT CHECKS THEIR FEET {M02Q04} TIMES PER DAY/WEEK/MONTH/YEAR IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	M02Q04

M02Q05	Numeric	221-222
Ask If	C05Q13=1	
About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?		
NUMBER OF TIMES [76 = 76 or more]		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

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

M02Q06	Numeric	223-224
Ask If	C05Q13=1	
A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?		
NUMBER OF TIMES [76 = 76 or more]		
88	NONE	
98	NEVER HEARD OF "A ONE C" TEST	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

M02Q06V	Select	
Ask If	M02Q06>52 AND M02Q06<77	
INTERVIEWER YOU RECORDED THE RESPONDENT HAS BEEN CHECKED FOR "A ONE C" BY A HEALTH PROFESSIONAL {M02Q06} TIMES IN THE PAST 12 MONTHS. IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	M02Q06

CATI NOTE: If M02Q04=555 "No feet", go to M02Q08.

M02Q07	Numeric	225-226
Ask If	C05Q13=1 AND M02Q04<>555	
About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?		
NUMBER OF TIMES [76= 76 or more]		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

M02Q07V	Select	
Ask If	M02Q07>52 AND M02Q07<77	
INTERVIEWER YOU RECORDED THE RESPONDENT HAS HAD THEIR FEET CHECKED BY A HEALTH PROFESSIONAL {M02Q07} TIMES IN THE PAST 12 MONTHS.		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	M02Q07

M02Q08	Select	227
Ask If	C05Q13=1	
When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.		
READ ONLY IF NECESSARY:		
1	Within the past month (anytime less than 1 month ago)	
2	Within the past year (1 month but less than 12 months ago)	
3	Within the past 2 years (1 year but less than 2 years ago)	
4	2 or more years ago	
7	DON'T KNOW/NOT SURE	
8	NEVER	
9	REFUSED	

M02Q09	Select	228
Ask If	C05Q13=1	
Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M02Q10	Select	229
Ask If	C05Q13 = 1	
Have you ever taken a course or class in how to manage your diabetes yourself?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M02END	Pause	
Ask If		

Section 06: Oral Health

C06INTRO	Pause
Ask If	

C06Q01	Select	98
Ask If		
How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.		
READ IF NECESSARY		
1	Within past year (anytime less than 12 months ago)	
2	Within past 2 years (1 year but less than 2 years ago)	
3	Within past 5 years (2 years but less than 5 years ago)	
4	5 or more years ago	
7	DON'T KNOW/NOT SURE	
8	NEVER	
9	REFUSED	

C06Q02	Select	99
Ask If		
How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.		
INTERVIEWER NOTE: IF WISDOM TEETH ARE REMOVED BECAUSE OF TOOTH DECAY OR GUM DISEASE, THEY SHOULD BE INCLUDED IN THE COUNT FOR LOST TEETH.		
1	1 to 5	
2	6 or more but not all	
3	All	
8	None	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06END	Pause
Ask If	

Section 07: Demographics

C07INTRO	Pause
Ask If	

C07Q01	Numeric	100-101
Ask If		
What is your age?		
_____ CODE AGE IN YEARS [99=99 years or older]		
07	DON'T KNOW/NOT SURE	
09	REFUSED	
18	MIN	CONTROL
99	MAX	CONTROL

C07Q01V	Select	
Ask If	M02Q01 > C07Q01 AND M02Q01<98	
INTERVIEWER: THE RESPONDENT INDICATED THEIR AGE TO BE {C07Q01} YEARS OLD! YOU INDICATED EARLIER THEY WERE TOLD THEY HAD DIABETES AT AGE {M02Q01}! PLEASE VERIFY THAT THIS IS THE CORRECT ANSWER AND CHANGE THE AGE OF THE RESPONDENT OR MAKE A NOTE TO CORRECT THE AGE THE RESPONDENT WAS DIAGNOSED AS A DIABETIC.		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C07Q01

C07Q02	Select	102
Ask If		
Are you Hispanic or Latino?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C07Q03	Multiple Select	103-108
Ask If		
Which one or more of the following would you say is your race?		
CHECK ALL THAT APPLY		
PLEASE READ:		
1	White	
2	Black or African American	
3	Asian	
4	Native Hawaiian or Other Pacific Islander	
5	American Indian or Alaska Native Or	
6	Other [Specify]	OTHER
7	DON'T KNOW/NOT SURE	EXCLUSIVE
9	REFUSED	EXCLUSIVE
8	NO ADDITIONAL CHOICES	

CATI NOTE: If more than one response to C07Q03; continue. Otherwise, go to C07Q05

C07Q04	Select	109
Ask If	C07Q03 < 7 AND C07Q03.2 > 0 AND C07Q03.2 <> 8	
Which one of these groups would you say best represents your race?		
PLEASE READ:		
1	White	
2	Black or African American	
3	Asian	
4	Native Hawaiian or Other Pacific Islander	
5	American Indian or Alaska Native or	
6	Other [Specify]	OTHER
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C07Q05	Select	110
Ask If		
Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.		
1	Yes	
2	No	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C07Q06	Select	111
Ask If		
Are you...?		
PLEASE READ:		
1	Married	
2	Divorced	
3	Widowed	
4	Separated	
5	Never married Or	
6	A member of an unmarried couple	
9	REFUSED	

C07Q07	Numeric	112-113
Ask If		
How many children less than 18 years of age live in your household?		
NUMBER OF CHILDREN		
88	NONE	
99	REFUSED	
01	MIN	CONTROL
87	MAX	CONTROL

C07Q08	Select	114
Ask If		
What is the highest grade or year of school you completed?		
READ ONLY IF NECESSARY:		
1	Never attended school or only attended kindergarten	
2	Grades 1 through 8 (Elementary)	
3	Grades 9 through 11 (Some high school)	
4	Grade 12 or GED (High school graduate)	
5	College 1 year to 3 years (Some college or technical school)	
6	College 4 years or more (College graduate)	
9	REFUSED	

C07Q09	Select	115
Ask If		
Are you currently...?		
PLEASE READ:		
1	Employed for wages	
2	Self-employed	
3	Out of work for more than 1 year	
4	Out of work for less than 1 year	
5	A Homemaker	
6	A Student	
7	Retired Or	
8	Unable to work	
9	REFUSED	

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

C07Q10d	Select	
Ask If		
Is your annual household income from all sources:		
Less than \$25,000?		
1	YES	
2	NO	C07Q10e
7	DON'T KNOW/NOT SURE	C07Q10i
9	REFUSED	C07Q10i

C07Q10c		Select
Ask If	C07Q10d = 1	
(Is your annual household income from all sources:)		
Less than \$20,000?		
1	YES	
2	NO	C07Q10i
7	DON'T KNOW/NOT SURE	C07Q10i
9	REFUSED	C07Q10i

C07Q10b		Select
Ask If	C07Q10c = 1	
(Is your annual household income from all sources:)		
Less than \$15,000?		
1	YES	
2	NO	C07Q10i
7	DON'T KNOW/NOT SURE	C07Q10i
9	REFUSED	C07Q10i

C07Q10a		Select
Ask If	C07Q10b = 1	
(Is your annual household income from all sources:)		
Less than \$10,000?		
1	YES	C07Q10i
2	NO	C07Q10i
7	DON'T KNOW/NOT SURE	C07Q10i
9	REFUSED	C07Q10i

C07Q10e		Select
Ask If	C07Q10d = 2	
(Is your annual household income from all sources:)		
Less than \$35,000?		
1	YES	C07Q10i
2	NO	
7	DON'T KNOW/NOT SURE	C07Q10i
9	REFUSED	C07Q10i

C07Q10f	Select
Ask If	C07Q10e = 2
(Is your annual household income from all sources:)	
Less than \$50,000?	
1	YES C07Q10i
2	NO
7	DON'T KNOW/NOT SURE C07Q10i
9	REFUSED C07Q10i

C07Q10g	Select
Ask If	C07Q10f = 2
(Is your annual household income from all sources:)	
Less than \$75,000?	
1	YES C07Q10i
2	NO C07Q10i
7	DON'T KNOW/NOT SURE C07Q10i
9	REFUSED C07Q10i

C07Q10i	Select	116-117
Ask If		
ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES IS:		
{If C07Q10g = 2, More than \$75,000?}		
{If C07Q10g = 1, \$50,000 to less than \$75,000}		
{If C07Q10f = 1, \$35,000 to less than \$50,000}		
{If C07Q10e = 1, \$25,000 to less than \$35,000}		
{If C07Q10c = 2, \$20,000 to less than \$25,000}		
{If C07Q10b = 2, \$15,000 to less than \$20,000}		
{If C07Q10a = 2, \$10,000 to less than \$15,000}		
{If C07Q10a = 1, Less than \$10,000}		
{Default, REFUSED/DON'T KNOW/NOTSURE}		
IS THIS CORRECT?		
1	YES	
2	NO	C07Q10d
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C07Q11	Numeric	118-121
Ask If		
About how much do you weigh without shoes?		
NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FRONT (EX. 65 KILOGRAMS IS "9065" OR 105 KILOGRAMS IS "9105").		
ROUND FRACTIONS UP		
_____ WEIGHT (pounds/kilograms)		
7777 DON'T KNOW/NOT SURE		
9999 REFUSED		

C07Q11V	Select	
Ask If (C07Q11<9000 AND (C07Q11<80 OR C07Q11>350)) OR (C07Q11>9000 AND (C07Q11<9035 OR C07Q11>9159))		
INTERVIEWER YOU INDICATED THE RESPONDENT WEIGHS {C08Q11} IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C07Q11

C07Q12	Numeric	122-125
Ask If		
About how tall are you without shoes?		
NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FRONT (EX. 165 CENTIMETERS IS "9165").		
ROUND FRACTIONS DOWN		
___/___ HEIGHT (Ft/inches/meters/centimeters)		
77/77 DON'T KNOW/NOT SURE		
99/99 REFUSED		

C07Q12V	Select	
Ask If (C07Q12<9000 AND (C07Q12>608 OR C07Q12<407)) OR (C07Q12>9000 AND (C07Q12>9206 OR C07Q12<9139))		
INTERVIEWER YOU INDICATED THE RESPONDENT IS {C07Q12} IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C07Q12

ASKCNTY	Numeric	126-128
Ask If		
What county do you live in?		
ENTER FIRST LETTER OF COUNTY NAME		
—	ANSI COUNTY CODE (FORMERLY FIPS COUNTY CODE)	
888	OTHER	OTHER
777	DON'T KNOW/NOT SURE	
999	REFUSED	
001	MIN	CONTROL
775	MAX	CONTROL

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

C07Q14	Numeric	129-133
Ask If		
What is the ZIP Code where you live?		
_____	ZIP Code	
77777	DON'T KNOW/NOT SURE	
99999	REFUSED	

C07Q15	Select	134
Ask If		
Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.		
1	YES	
2	NO	C07Q17
7	DON'T KNOW/NOT SURE	C07Q17
9	REFUSED	C07Q17

C07Q16	Select	135
Ask If	C07Q15 = 1	
How many of these telephone numbers are residential numbers?		
1	ONE	
2	TWO	
3	THREE	
4	FOUR	
5	FIVE	
6	SIX [6 = 6 OR MORE]	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C07Q17	Select	136
Ask If		
Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.		
1	YES	
2	NO	C07Q19
7	DON'T KNOW/NOT SURE	C07Q19
9	REFUSED	C07Q19

C07Q18	Numeric	137-139
Ask If	C07Q17=1	
Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone?		
ENTER PERCENT (1 to 100)		
888	ZERO	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
001	MIN	CONTROL
100	MAX	CONTROL

C07Q19	Select	140
Ask If		
Do you own or rent your home?		
INTERVIEWER NOTE: "OTHER ARRANGEMENT" MAY INCLUDE GROUP HOME, STAYING WITH FRIENDS OR FAMILY WITHOUT PAYING RENT.		
INTERVIEWER NOTE: HOME IS DEFINED AS THE PLACE WHERE YOU LIVE MOST OF THE TIME/THE MAJORITY OF THE YEAR.		
1	OWN	
2	RENT	
3	OTHER ARRANGEMENT	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C07Q20	Select	141
Ask If		
INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY		
1	MALE	
2	FEMALE	

C07Q20V	Select	
Ask If RESPGEND<>C07Q20		
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS {C07Q20}. ARE YOU SURE?		
THE RESPONDENT SELECTED WAS THE		
{SRESP}		
IS THE PREVIOUS ANSWER CORRECT?		
1	YES	
2	NO	C07Q20

C07Q21	Select	142
Ask If C07Q01<45 AND C07Q20=2		
To your knowledge, are you now pregnant?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C07END	Pause
Ask If	

Section 08: Disability

C08INTRO	Pause
Ask If	

C08Q01	Select	143
Ask If		
The following questions are about health problems or impairments you may have.		
Are you limited in any way in any activities because of physical, mental, or emotional problems?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C08Q02	Select	144
Ask If		
Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?		
INTERVIEWER NOTE: INCLUDE OCCASIONAL USE OR USE IN CERTAIN CIRCUMSTANCES.		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C08END	Pause
Ask If	

Section 09: Tobacco Use

C09INTRO	Pause	
Ask If		

C09Q01	Select	145
Ask If		
Have you smoked at least 100 cigarettes in your entire life?		
INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES		
1	YES	
2	NO	C09Q05
7	DON'T KNOW/NOT SURE	C09Q05
9	REFUSED	C09Q05

C09Q02	Select	146
Ask If	C09Q01=1	
Do you now smoke cigarettes every day, some days, or not at all?		
1	Every day	
2	Some days	
3	Not at all	C09Q04
7	DON'T KNOW/NOT SURE	C09Q05
9	REFUSED	C09Q05

C09Q03	Select	147
Ask If	C09Q02=1 OR C09Q02=2	
During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?		
1	YES	C09Q05
2	NO	C09Q05
7	DON'T KNOW/NOT SURE	C09Q05
9	REFUSED	C09Q05

C09Q04	Select	148-149
Ask If	C09Q02 = 3	
How long has it been since you last smoked a cigarette, even one or two puffs?		
01	Within the past month (less than 1 month ago)	
02	Within the past 3 months (1 month but less than 3 months ago)	
03	Within the past 6 months (3 months but less than 6 months ago)	
04	Within the past year (6 months but less than 1 year ago)	
05	Within the past 5 years (1 year but less than 5 years ago)	
06	Within the past 10 years (5 years but less than 10 years ago)	
07	10 years or more	
77	DON'T KNOW/NOT SURE	
99	REFUSED	

C09Q05	Select	150
Ask If		
Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?		
INTERVIEWER NOTE: SNUS (RHYMES WITH 'GOOSE')		
SNUS (SWEDISH FOR SNUFF) IS A MOIST SMOKELESS TOBACCO, USUALLY SOLD IN SMALL POUCHES THAT ARE PLACED UNDER THE LIP AGAINST THE GUM.		
1	Every day	
2	Some days	
3	Not at all	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C09END	Pause
Ask If	

Section 10: Alcohol Consumption

C10INTRO	Pause
Ask If	

C10Q01	Numeric	151-153
Ask If		
During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?		
101-107 = DAYS PER WEEK 201-230 = DAYS IN PAST 30 DAYS		
_____ DAYS		
888	NO DRINKS IN PAST 30 DAYS	C10END
777	DON'T KNOW/NOT SURE	C10END
999	REFUSED	C10END
101	MIN	CONTROL
230	MAX	CONTROL

C10Q02	Numeric	154-155
Ask If	C10Q01<777	
One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?		
NOTE: A 40 OUNCE BEER WOULD COUNT AS 3 DRINKS, OR A COCKTAIL DRINK WITH 2 SHOTS WOULD COUNT AS 2 DRINKS.		
_____ NUMBER OF DRINKS		
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

C10Q02V	Select
Ask If	C10Q02>15 AND C10Q02<77
INTERVIEWER YOU INDICATED {C10Q02} DRINKS PER DAY IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION C10Q02

C10Q03	Numeric	156-157
Ask If	C10Q01<777	
Considering all types of alcoholic beverages, how many times during the past 30 days did you have {IF C07Q20=1, 5, 4} or more drinks on an occasion?		
NUMBER OF TIMES		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

C10Q03V	Select	
Ask If	C10Q03>15 AND C10Q03<77	
INTERVIEWER YOU INDICATED {C10Q03} OCCASIONS WHEN THE RESPONDENT HAD 4/5 OR MORE DRINKS.		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C10Q03

C10Q04	Numeric	158-159
Ask If	C10Q01<777	
During the past 30 days, what is the largest number of drinks you had on any occasion?		
NUMBER OF DRINKS		
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

C10Q04V	Select
Ask If	(C10Q04 <> 99 AND C10Q04 <> 77)AND C10Q04<77 AND ((C07Q20=1 AND C10Q04>=5 AND (C10Q03=88 OR C10Q03<5)) OR (C07Q20=2 AND C10Q04>=4 AND (C10Q03=88 OR C10Q03<4)))
INTERVIEWER YOU INDICATED {C10Q04} DRINKS IS THE LARGEST NUMBER OF DRINKS THE RESPONDENT HAD ON ANY OCCASION BUT THE NUMBER OF TIMES THE RESPONDENT HAD {IF C07Q20=1, 5, 4} IS {C10Q03}.	
IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION C10Q04

C10END	Pause
Ask If	

Section 11: Immunization

C11INTRO	Pause
Ask If	

C11Q01	Select	160
Ask If		
<p>Now I will ask you questions about the seasonal flu vaccine. There are two ways to get the seasonal flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist. During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?</p> <p>INTERVIEWER NOTE: READ IF NECESSARY:</p> <p>"A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot."</p>		
1	YES	
2	NO	C11Q04
7	DON'T KNOW/NOT SURE	C11Q04
9	REFUSED	C11Q04

C11Q02	Numeric	161-166
Ask If	C11Q01=1	
<p>During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?</p> <p>/ _____ MONTH / YEAR</p>		
77/7777	DON'T KNOW/NOT SURE	
99/9999	REFUSED	
01/1900	MIN	CONTROL
99/2012	MAX	CONTROL

C11Q03	Select	167-168
Ask If	C11Q01 = 1	
At what kind of place did you get your last flu shot/vaccine?		
INTERVIEWER NOTE: IF RESPONDENT REPLIES DON'T KNOW/NOT SURE PROBE:		
"How would you describe the place where you went to get your most recent flu vaccine?"		
01	A doctor's office or health maintenance organization (HMO)	
02	A health department	
03	Another type of clinic or health center (Example: a community health center)	
04	A senior, recreation, or community center	
05	A store (Examples: supermarket, drug store)	
06	A hospital (Example: inpatient)	
07	An emergency room	
08	Workplace	
09	Some other kind of place	
10	RECEIVED VACCINATION IN CANADA/MEXICO (VOLUNTEERED - DO NOT READ)	
11	A school	
77	DON'T KNOW/NOT SURE USE ABOVE PROBE	
99	REFUSED	

C11Q04	Select	169
Ask If		
A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C11END	Pause
Ask If	

Section 12: Falls

C12INTRO	Pause
Ask If	C07Q01 >= 45

C12Q01	Numeric	170-171
Ask If	C07Q01 >= 45	
Next, I will ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.		
In the past 12 months, how many times have you fallen?		
___ NUMBER OF TIMES [76 = 76 or more]		
88	NONE	C12END
77	DON'T KNOW/NOT SURE	C12END
99	REFUSED	C12END

C12Q02	Numeric	172-173
Ask If	C07Q01 >= 45 AND C12Q01 < 77	
{IF C12Q01 = 1, Did this fall cause an injury?}		
{IF C12Q01 > 1 AND C12Q01 < 77, How many of these falls caused an injury?}		
By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.		
INTERVIEWER NOTE: IF ONLY ONE FALL FROM C12Q01 AND RESPONSE IS "YES" (CAUSED AN INJURY); CODE 01. IF RESPONSE IS "NO," CODE 88.		
___ NUMBER OF FALLS [76 = 76 or more]		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	

C12END	Pause
Ask If	

Section 13: Seatbelt Use

C13INTRO	Pause
Ask If	

C13Q01	Select	174
Ask If		
How often do you use seat belts when you drive or ride in a car? Would you say—		
PLEASE READ:		
1	Always	
2	Nearly always	
3	Sometimes	
4	Seldom	
5	Never	
7	DON'T KNOW/NOT SURE	
8	NEVER DRIVE OR RIDE IN A CAR	
9	REFUSED	

CATI NOTE: If C13Q01 = 8 (NEVER DRIVE OR RIDE IN A CAR), go to Section 15; otherwise continue.

C13END	Pause
Ask If	

Section 14: Drinking and Driving

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

C14Q01	Numeric	175-176
Ask If	C10Q01 <> 888 AND C13Q01 <> 8	
The next question is about drinking and driving. During the past 30 days, how many times have you driven when you've had perhaps too much to drink?		
___ NUMBER OF TIMES		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	

C14END	Pause
Ask If	

Section 15: Breast and Cervical Cancer Screening

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

C15INTRO	Pause
Ask If	C07Q20=2

C15Q01	Select	177
Ask If	C07Q20=2	
The next questions are about breast and cervical cancer.		
A mammogram is an x-ray of each breast to look for breast cancer.		
Have you ever had a mammogram?		
1	YES	
2	NO	C15Q03
7	DON'T KNOW/NOT SURE	C15Q03
9	REFUSED	C15Q03

C15Q02	Select	178
Ask If	C15Q01=1	
How long has it been since you had your last mammogram?		
READ ONLY IF NECESSARY		
1	Within the past year (anytime less than 12 months ago)	
2	Within the past 2 years (1 year but less than 2 years ago)	
3	Within the past 3 years (2 years but less than 3 years ago)	
4	Within the past 5 years (3 years but less than 5 years ago)	
5	5 or more years ago	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C15Q03	Select	179
Ask If	C07Q20=2	
A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam?		
1	YES	
2	NO	C15Q05
7	DON'T KNOW/NOT SURE	C15Q05
9	REFUSED	C15Q05

C15Q04	Select	180
Ask If	C15Q03=1	
How long has it been since your last breast exam?		
READ ONLY IF NECESSARY		
1	Within the past year (anytime less than 12 months ago)	
2	Within the past 2 years (1 year but less than 2 years ago)	
3	Within the past 3 years (2 years but less than 3 years ago)	
4	Within the past 5 years (3 years but less than 5 years ago)	
5	5 or more years ago	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C15Q05	Select	181
Ask If	C07Q20=2	
A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?		
1	YES	
2	NO	C15Q07
7	DON'T KNOW/NOT SURE	C15Q07
9	REFUSED	C15Q07

C15Q06	Select	182
Ask If	C15Q05=1	
How long has it been since you had your last Pap test?		
READ ONLY IF NECESSARY		
1	Within the past year (anytime less than 12 months ago)	
2	Within the past 2 years (1 year but less than 2 years ago)	
3	Within the past 3 years (2 years but less than 3 years ago)	
4	Within the past 5 years (3 years but less than 5 years ago)	
5	5 or more years ago	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

CATI note: If response to Core C07Q21 = 1 (is pregnant); then go to next section.

C15Q07	Select	183
Ask If	C07Q20=2 AND C07Q21<>1	
Have you had a hysterectomy?		
READ ONLY IF NECESSARY:		
"A hysterectomy is an operation to remove the uterus (womb)."		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C15END	Pause	
Ask If		

Section 16: Prostate Cancer Screening

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

C16INTRO	Pause
Ask If	C07Q20=1 AND C07Q01>39

C16Q01	Select	184
Ask If	C07Q20=1 AND C07Q01>39	
Now, I will ask you some questions about prostate cancer screening.		
A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the PSA test?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C16Q02	Select	185
Ask If	C07Q20=1 AND C07Q01>39	
Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C16Q03	Select	186
Ask If	C07Q20=1 AND C07Q01>39	
Has a doctor, nurse, or other health professional EVER recommended that you have a PSA test?		
1	YES	
2	NO	C16END
7	DON'T KNOW/NOT SURE	C16END
9	REFUSED	C16END

C16Q04	Select	187
Ask If	C16Q03=1	
Have you EVER HAD a PSA test?		
1	YES	
2	NO	C16END
7	DON'T KNOW/NOT SURE	C16END
9	REFUSED	C16END

C16Q05	Select	188
Ask If	C16Q04=1	
How long has it been since you had your last PSA test?		
READ ONLY IF NECESSARY		
1	Within the past year (anytime less than 12 months ago)	
2	Within the past 2 years (1 year but less than 2 years ago)	
3	Within the past 3 years (2 years but less than 3 years ago)	
4	Within the past 5 years (3 years but less than 5 years ago)	
5	5 or more years ago	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C16Q06	Select	189
Ask If	C16Q04 = 1	
What was the MAIN reason you had this PSA test - was it...?		
PLEASE READ		
1	Part of a routine exam	
2	Because of a prostate problem	
3	Because of a family history of prostate cancer	
4	Because you were told you had prostate cancer	
5	Some other reason	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C16END	Pause	
Ask If		

Section 17: Colorectal Cancer Screening

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

C17INTRO	Pause
Ask If	C07Q01>49

C17Q01	Select	190
Ask If	C07Q01>49	
The next questions are about colorectal cancer screening.		
A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?		
1	YES	
2	NO	C17Q03
7	DON'T KNOW/NOT SURE	C17Q03
9	REFUSED	C17Q03

C17Q02	Select	191
Ask If	C17Q01=1	
How long has it been since you had your last blood stool test using a home kit?		
READ ONLY IF NECESSARY:		
1	Within the past year (anytime less than 12 months ago)	
2	Within the past 2 years (1 year but less than 2 years ago)	
3	Within the past 3 years (2 years but less than 3 years ago)	
4	Within the past 5 years (3 years but less than 5 years ago)	
5	5 or more years ago	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C17Q03	Select	192
Ask If	C07Q01>49	
Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?		
1	YES	
2	NO	C17END
7	DON'T KNOW/NOT SURE	C17END
9	REFUSED	C17END

C17Q04	Select	193
Ask If	C17Q03=1	
For a SIGMOIDOSCOPY , a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy?		
1	SIGMOIDOSCOPY	
2	COLONOSCOPY	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C17Q05	Select	194
Ask If	C17Q03 = 1	
How long has it been since you had your last sigmoidoscopy or colonoscopy?		
READ ONLY IF NECESSARY		
1	Within the past year (anytime less than 12 months ago)	
2	Within the past 2 years (1 year but less than 2 years ago)	
3	Within the past 3 years (2 years but less than 3 years ago)	
4	Within the past 5 years (3 years but less than 5 years ago)	
5	Within the past 10 years (5 years but less than 10 years ago)	
6	10 or more years ago	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C17END	Pause
Ask If	

Section 18: HIV / AIDS

C18INTRO	Pause
Ask If	

C18Q01	Select	195
Ask If		
<p>The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you do not have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.</p> <p>Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.</p>		
1	YES	
2	NO	C18Q03
7	DON'T KNOW/NOT SURE	C18Q03
9	REFUSED	C18Q03

C18Q02	Numeric	196-201
Ask If	C18Q01=1	
<p>Not including blood donations, in what month and year was your last HIV test?</p> <p>NOTE: IF RESPONSE IS BEFORE JANUARY 1985, CODE "DON'T KNOW."</p> <p>CATI INSTRUCTION: IF THE RESPONDENT REMEMBERS THE YEAR BUT CANNOT REMEMBER THE MONTH, CODE THE FIRST TWO DIGITS 77 AND THE LAST FOUR DIGITS FOR THE YEAR.</p>		
/	CODE MONTH AND YEAR	
77/7777	DON'T KNOW/NOT SURE	
99/9999	REFUSED	

C18Q03	Select	202
Ask If		
<p>I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You do not need to tell me which one.</p> <ul style="list-style-type: none"> - You have used intravenous drugs in the past year. - You have been treated for a sexually transmitted or venereal disease in the past year. - You have given or received money or drugs in exchange for sex in the past year. - You had anal sex without a condom in the past year. <p>Do any of these situations apply to you?</p>		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C18END	Pause
Ask If	

Transition to Modules and/or State-Added Questions

TRANS	Key
Ask If	
Next, I have just a few questions left about some other health topics.	

State Added 01: Digital Rectal Exam

IN01INTRO	Pause
Ask If	

IN01Q01	Select	451
Ask If	C07Q20 = 1 AND C07Q01 => 40	
A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam?		
1	YES	
2	NO	
7	DON'T KNOW / NOT SURE	
9	REFUSED	

IN01END	Pause
Ask If	

State Added 02: Chronic Health Conditions

CATI NOTE: For questions IN02Q01-IN02Q11, a maximum of 3 chronic conditions for the core should be used for the following questions. Excludes core questions 5.5 and 5.12]

IN02INTRO	Pause
Ask If	

IN02Q01	Select	452
Ask If	C05Q01 = 1	
You said that a medical professional has told you that you had a heart attack. During the last 12 months, have you gotten information about how to take care of your heart attack?		
1	YES	
2	NO	
7	DON'T KNOW / NOT SURE	
9	REFUSED	

IN02Q02	Select	453
Ask If	C05Q02 = 1	
You said that a medical professional has told you that you had angina or coronary heart disease. During the last 12 months, have you gotten information about how to take care of your angina/coronary heart disease?		
1	YES	
2	NO	
7	DON'T KNOW / NOT SURE	
9	REFUSED	

IN02Q03	Select	454
Ask If	C05Q03 = 1	
You said that a medical professional has told you that you had a stroke. During the last 12 months, have you gotten information about how to take care of your stroke?		
1	YES	
2	NO	
7	DON'T KNOW / NOT SURE	
9	REFUSED	

IN02Q04	Select	455
Ask If	C05Q04 = 1 AND ILLCTR < 3	
You said that a medical professional has told you that you had asthma. During the last 12 months, have you gotten information about how to take care of your asthma?		
1	YES	
2	NO	
7	DON'T KNOW / NOT SURE	
9	REFUSED	

IN02Q05	Select	456
Ask If	C05Q06 = 1 AND ILLCTR < 3	
You said that a medical professional has told you that you had skin cancer. During the last 12 months, have you gotten information about how to take care of your skin cancer?		
1	YES	
2	NO	
7	DON'T KNOW / NOT SURE	
9	REFUSED	

IN02Q06	Select	457
Ask If	C05Q07 = 1 AND ILLCTR < 3	
You said that a medical professional has told you that you had {If C05Q06 = 1, another type of} cancer. During the last 12 months, have you gotten information about how to take care of your cancer?		
1	YES	
2	NO	
7	DON'T KNOW / NOT SURE	
9	REFUSED	

IN02Q07	Select	458
Ask If	C05Q08 = 1 AND ILLCTR < 3	
You said that a medical professional has told you that you had Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis. During the last 12 months, have you gotten information about how to take care of your COPD, emphysema or chronic bronchitis?		
1	YES	
2	NO	
7	DON'T KNOW / NOT SURE	
9	REFUSED	

IN02Q08	Select	459
Ask If	C05Q09 = 1 AND ILLCTR < 3	
You said that a medical professional has told you that you had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia. During the last 12 months, have you gotten information about how to take care of your arthritis, gout, lupus or fibromyalgia?		
1	YES	
2	NO	
7	DON'T KNOW / NOT SURE	
9	REFUSED	

IN02Q09	Select	460
Ask If	C05Q10 = 1 AND ILLCTR < 3	
You said that a medical professional has told you that you had a depressive disorder. During the last 12 months, have you gotten information about how to take care of your depressive disorder?		
1	YES	
2	NO	
7	DON'T KNOW / NOT SURE	
9	REFUSED	

IN02Q10	Select	461
Ask If	C05Q11 = 1 AND ILLCTR < 3	
You said that a medical professional has told you that you have kidney disease. During the last 12 months, have you gotten information about how to take care of your kidney disease?		
1	YES	
2	NO	
7	DON'T KNOW / NOT SURE	
9	REFUSED	

IN02Q11	Select	462
Ask If	C05Q13 = 1 AND ILLCTR < 3	
You said that a medical professional has told you that you have diabetes. During the last 12 months, have you gotten information about how to take care of your diabetes?		
1	YES	
2	NO	
7	DON'T KNOW / NOT SURE	
9	REFUSED	

IN02Q12	Select	463
Ask If	C05Q01 = 1 OR C05Q02 = 1 OR C05Q03 = 1 OR C05Q04 = 1 OR C05Q06 = 1 OR C05Q07 = 1 OR C05Q08 = 1 OR C05Q09 = 1 OR C05Q10 = 1 OR C05Q11 = 1 OR C05Q13 = 1	
People get information about their health from a variety of sources. During the last 12 months, what was the MOST IMPORTANT source of information for your condition(s)? Would you say a doctor or health professional; family or friends; TV show or radio program; the internet; a book, magazine or other publication; a group class; or some other source?		
1	A doctor or health professional	
2	Family or friends	
3	A TV show or radio program	
4	The Internet	
5	A book, magazine, or other publication	
6	A group class	
8	Some other source	
7	DON'T KNOW / NOT SURE	
9	REFUSED	

IN02Q13	Select	464
Ask If	C05Q01 = 1 OR C05Q02 = 1 OR C05Q03 = 1 OR C05Q04 = 1 OR C05Q06 = 1 OR C05Q07 = 1 OR C05Q08 = 1 OR C05Q09 = 1 OR C05Q10 = 1 OR C05Q11 = 1 OR C05Q13 = 1	
Having an illness often means doing different tasks and activities to manage your condition. How confident are you that you can do all the things necessary to manage your condition(s) on a regular basis?		
PLEASE READ		
1	Not at all confident	
2	A little confident	
3	Moderately confident	
4	Very confident	
7	DON'T KNOW / NOT SURE	
9	REFUSED	

IN02END	Pause
Ask If	

State Added 03: Immunizations

IN03INTRO	Pause	
Ask If		

IN03Q01	Select	465
Ask If		
Have you received a Tetanus shot or booster in the last 5 years?		
1	YES	
2	NO	IN03Q03
7	DON'T KNOW / NOT SURE	IN03Q03
9	REFUSED	IN03Q03

IN03Q02	Select	466
Ask If	IN03Q01 = 1	
Did your health care provider say your recent tetanus shot included the pertussis or whooping cough vaccine (Tdap)?		
1	YES	
2	NO	
7	DON'T KNOW / NOT SURE	
9	REFUSED	

IN03Q03	Select	467
Ask If		
Do you work in a healthcare setting where you have direct contact with patients? By direct patient contact we mean physical or hands-on contact with patients.		
1	YES	
2	NO	
7	DON'T KNOW / NOT SURE	
9	REFUSED	

IN03Q04	Select	468
Ask If		
Do you have direct contact with an infant less than a year old? By direct contact, we mean you are a caregiver or handle the child physically.		
1	YES	
2	NO	IN03Q07
7	DON'T KNOW / NOT SURE	IN03Q07
9	REFUSED	IN03Q07

IN03Q05	Select	469
Ask If IN03Q04 = 1		
What is your relationship to the child?		
1	Parent	
2	Grandparent	
3	Babysitter/caregiver	
4	Sibling	
5	Other	
7	DON'T KNOW / NOT SURE	
9	REFUSED	

IN03Q06	Select	470
Ask If IN03Q04 = 1		
Do you live in the same household as the child?		
1	YES	
2	NO	
7	DON'T KNOW / NOT SURE	
9	REFUSED	

IN03Q06V	Select	
Ask If IN03Q06 = 1 AND C07Q07 = 88		
PREVIOUSLY YOU MENTIONED THERE WERE NO CHILDREN RESIDING IN YOUR HOUSEHOLD. ON THE LAST QUESTION YOU STATED THE CHILD YOU ARE GIVING CARE TO LIVES IN THE SAME HOUSEHOLD. IS THIS CORRECT?		
1	YES	
2	NO	IN03Q06

IN03Q07	Numeric	471
Ask If	C07Q07 < 88	
How many children in your household are under the age of 6?		
ENTER NUMBER		
8	ZERO	IN03END
7	DON'T KNOW / NOT SURE	
9	REFUSED	

IN03Q08	Select	472
Ask If	IN03Q07 > 0 AND IN03Q07 <> 8	
{IF IN03Q07 = 1, Do you believe the child's vaccinations are up to date?, Please answer the following questions for the youngest child in the household. Do you believe the youngest child's immunizations are up to date?}		
1	YES	
2	NO	
7	DON'T KNOW / NOT SURE	
9	REFUSED	

IN03Q09	Select	473
Ask If	IN03Q08 = 1	
{If IN03Q07 = 1, Where did the child receive immunizations?, Where did the youngest child receive immunizations?}		
PLEASE READ		
1	Primary physician	
2	Local health department	
3	A school immunization clinic	
4	Other	
7	DON'T KNOW / NOT SURE	
9	REFUSED	

IN03Q10	Select	474
Ask If	IN03Q08 = 2	
Which of the following best describes why the child is not up to date?		
PLEASE READ		
01	Child has no primary physician	
02	Physician does not administer vaccine	
03	Concerns about vaccine safety	
04	Personal objection to vaccination	
05	Religious objection to vaccination	
06	Cost is too high	
08	Immunizations are not a priority	
09	I don't know where to go for immunizations	
10	None of the above	
77	DON'T KNOW / NOT SURE	
99	REFUSED	

IN03Q11	Select	476
Ask If	IN03Q10 > 0 AND IN03Q10 <> 3	
Do you have any concerns about vaccine safety?		
1	YES	
2	NO	
7	DON'T KNOW / NOT SURE	
9	REFUSED	

IN03Q12	Select	477
Ask If	IN03Q10 = 3 OR IN03Q11 = 1	
Which of the following best describes your biggest concern?		
PLEASE READ		
01	I am afraid that vaccines might cause autism	
02	I believe that vaccines have serious side effects	
03	I don't think that vaccines are adequately tested for safety	
04	I feel that vaccine preventable diseases aren't very serious	
05	I have heard that vaccines contain hazardous ingredients	
06	I think it is unsafe when too many vaccines are given at the same time	
07	None of these best describes my biggest concern	
77	DON'T KNOW / NOT SURE	
99	REFUSED	

IN03Q13	Select	479
Ask If	IN03Q10 = 3 OR IN03Q11 = 1	
Would your concern(s) stop you from getting your child vaccinated?		
1	YES	
2	NO	
7	DON'T KNOW / NOT SURE	
9	REFUSED	

IN03Q14	Select	480
Ask If	QSTPATH = 20 AND C07Q01 < 49	
A vaccine to prevent the human papilloma virus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, {If C07Q20 = 1, GARDASIL or CERVARIX, or GARDASIL}. Have you EVER had an HPV vaccination?		
1	YES	
2	NO	IN03END
3	DOCTOR REFUSED WHEN ASKED	IN03END
7	DON'T KNOW / NOT SURE	IN03END
9	REFUSED	IN03END

IN03Q15		Numeric		481	
Ask If		IN03Q14 = 1			
How many HPV shots did you receive?					
NUMBER OF SHOTS					
03 ALL SHOTS					
77 DON'T KNOW / NOT SURE					
99 REFUSED					
01	MIN			CONTROL	
03	MAX			CONTROL	

IN03END		Pause			
Ask If					

State Added 04: School Health

IN04INTRO	Pause
Ask If	

IN04Q01	Select	483
Ask If	ADULTS > 1 AND C07Q07 = 88	
Is there a member of your household, age 18 or over who is currently attending high school?		
1	YES	
2	NO	
7	DON'T KNOW / NOT SURE	
9	REFUSED	

IN04Q01a	Select	484
Ask If	C07Q07 < 88	
{IF C07Q07 = 1, You previously mentioned there is one child in your household. Is this child between the age of 6 and 18?}		
{IF C07Q07 > 1, You previously mentioned there are {C07Q07} children in your household. Are any of these children between the age of 6 and 18?}		
1	YES	
2	NO	
7	DON'T KNOW / NOT SURE	
9	REFUSED	

IN04Q02	Select	485
Ask If	IN04Q01 = 1 Or IN04Q01a = 1	
If you have children in kindergarten through 12 th grade, we are interested in your view of various school wellness practices in the areas of physical activity, nutrition and screenings. How many minutes of physical activity would you prefer children receive in school each day?		
1	None	
2	15 minutes	
3	30 minutes	
4	45 minutes	
5	60 minutes	
6	More than 60 minutes	
8	No children in grades K-12	IN04END
7	DON'T KNOW / NOT SURE	
9	REFUSED	

IN04Q03	Select	486
Ask If	IN04Q02 > 0 AND IN04Q02 <> 8	
To what extent would you support healthier food and beverage options in school vending machines? Would you say you strongly support, support, do not support or strongly do not support?		
1	Strongly support	
2	Support	
3	Do not support	
4	Strongly do not support	
7	DON'T KNOW / NOT SURE	
9	REFUSED	

IN04Q04	Select	487
Ask If	IN04Q02 > 0 AND IN04Q02 <> 8	
To what extent would you support schools measuring the height and weight of every student? Would you say you strongly support, support, do not support or strongly do not support?		
1	Strongly support	
2	Support	
3	Do not support	
4	Strongly do not support	
7	DON'T KNOW / NOT SURE	
9	REFUSED	

IN04END	Pause
Ask If	

State Added 05: Caregiver

IN05INTRO	Pause	
Ask If		

IN05Q01	Select	488
Ask If		
People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability. During the past month, did you provide any such care or assistance to a friend or family member?		
1	YES	
2	NO	IN05END
7	DON'T KNOW / NOT SURE	IN05END
9	REFUSED	IN05END

IN05Q02	Numeric	489
Ask If	IN05Q01 = 1	
What age is the person to whom you are giving care?		
INTERVIEWER NOTE: IF MORE THAN ONE PERSON, ASK:		
"What is the age of the person to whom you are giving the most care?"		
	CODE AGE IN YEARS (1-115)	
777	DON'T KNOW / NOT SURE	
999	REFUSED	
001	MIN	CONTROL
115	MAX	CONTROL

IN05Q03	Select	492
Ask If	IN05Q01 = 1	
The remainder of these questions will be about the person to whom you are giving the most care. Is this person male or female?		
1	Male	
2	Female	
9	REFUSED	

IN05Q04	Select	493
Ask If	IN05Q01 = 1	
What is {IF IN05Q03 = 1, his, her} relationship to you?		
READ ONLY IF NECESSARY"		
"Is {IF IN05Q03 = 1, he, she} your {IF IN05Q03 = 1, father/son, mother/daughter}?		
01	Parent	
02	Parent-in-law	
03	Child	
04	Spouse	
05	Sibling	
06	Grandparent	
07	Grandchild	
08	Other relative	
09	Non-relative	
77	DON'T KNOW / NOT SURE	
99	REFUSED	

IN05Q05	Numeric	495
Ask If	IN05Q01 = 1	
For how long have you provided care for {IF IN05Q04 > 09, that person, your {IN05Q04}}?		
101 - 199	= NUMBER OF DAYS	301 - 399 = NUMBER OF MONTHS
201 - 299	= NUMBER OF WEEKS	401 - 499 = NUMBER OF YEARS
ENTER LENGTH OF TIME		
777	DON'T KNOW / NOT SURE	
999	REFUSED	
101	MIN	CONTROL
499	MAX	CONTROL

IN05Q06	Select	498
Ask If	IN05Q01 = 1	
What has a doctor said is the major health problem, long-term illness, or disability that the person you care for has?		
DO NOT READ		
*DISORDER (ADHD)		
**DEVELOPMENTAL DISABILITY (E.G., SPINAL BIFIDA, MUSCULAR DYSTROPHY, FRAGILE X)		
PHYSICAL HEALTH CONDITION/DISEASE		
01	Arthritis/Rheumatism	
02	Asthma	
03	Cancer	
04	Diabetes	
05	Heart Disease	
06	Hypertension/High Blood Pressure	
07	Lung Disease/Emphysema	
08	Osteoporosis	
09	Parkinson's Disease	
10	Stroke	
DISABILITY		
11	Eye/Vision Problem (blindness)	
12	Hearing Problems (deafness)	
13	Multiple Sclerosis (MS)	
14	Spinal Cord Injury	
15	Traumatic Brain Injury (TBI)	
LEARNING/COGNITION		
16	Alzheimer's Disease or Dementia	
17	Attention-Deficit Hyperactivity*	
18	Learning Disabilities (LD)	
DEVELOPMENTAL DISABILITY		
19	Cerebral Palsy (CP)	
20	Down's Syndrome, Other**	
MENTAL HEALTH		
22	Anxiety	
23	Depression	
24	Other	
77	DON'T KNOW / NOT SURE	
99	REFUSED	

IN05Q07	Select	500
Ask If	IN05Q01 = 1	
In which one of the following areas does the person you care for MOST need your help?		
(*CLEANING, MANAGING MONEY, OR PREPARING MEALS)		
PLEASE READ		
01	Taking care of himself/herself, such as eating, dressing, or bathing	
02	Taking care of his/her residence or personal living spaces, such as*	
03	Communicating with others	
04	Learning or remembering	
05	Seeing or hearing	
06	Moving around within the home	
07	Transportation outside of the home	
08	Getting along with people	
09	Relieving/decreasing anxiety or depression	
10	Something else	
77	DON'T KNOW / NOT SURE	
99	REFUSED	

IN05Q08	Numeric	502
Ask If	IN05Q01 = 1	
In an average week, how many hours do you provide care for {IF IN05Q04 > 09, that person, your {IN05Q04}} because of {IF IN05Q03 = 1, his, her} health problem, long-term illness, or disability?		
INTERVIEWER NOTE: ROUND UP TO THE NEXT WHOLE NUMBER OF HOURS.		
DO NOT READ		
	HOURS PER WEEK	
777	DON'T KNOW / NOT SURE	
999	REFUSED	

IN05Q09	Select	505
Ask If	IN05Q01 = 1	
I am going to read a list of difficulties you may have faced as a caregiver. Please indicate which one of the following is the greatest difficulty you have faced as a caregiver.		
PLEASE READ		
01	Creates a financial burden	
02	Doesn't leave enough time for yourself	
03	Doesn't leave enough time for your family	
04	Interferes with your work	
05	Creates stress	
06	Creates or aggravates health problems	
07	Affects family relationships	
08	Other difficulty	
88	No difficulty	
77	DON'T KNOW / NOT SURE	
99	REFUSED	

IN05Q10	Select	507
Ask If	IN05Q01 = 1	
During the past year, has the person you care for experienced changes in thinking or remembering?		
READ ONLY IF NECESSARY:		
"Had more difficulty remembering people, places, or things, or understanding or making decisions easily as they once did."		
1	YES	
2	NO	
7	DON'T KNOW / NOT SURE	
9	REFUSED	

IN05END	Pause	
Ask If		

State Added 06: Cognitive Impairment

IN06INTRO	Pause
Ask If	

IN06Q01	Select	508
Ask If		
<p>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. This REFERS TO things like confusion or memory loss that are happening more often or getting worse. We want to know how these difficulties impact you or someone in your household.</p> <p>During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?</p>		
1	Yes	
2	No	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

IN06Q02	Numeric	509
Ask If	ADULTS > 1	
<p>{IF IN06Q01 = 1, Not including yourself}, how many adults 18 years or older in your household experienced confusion or memory loss that is happening more often or is getting worse during the past 12 months?</p>		
Number of People (6 = 6 or more)		
8	NONE	
7	DON'T KNOW/NOT SURE	
9	REFUSED	
1	MIN	CONTROL
6	MAX	CONTROL

IN06Q03	Select	510
Ask If	(ADULTS > 1 AND (IN06Q02 > 0 AND IN06Q02 < 7)) AND IN06Q01 > 1	
<p>{IF IN06Q02 > 1, Of these people, please select the person who had the most recent birthday.}</p> <p>How old is this person?</p> <p>READ ONLY IF NECESSARY</p>		
01	Age 18-29	
02	Age 30-39	
03	Age 40-49	
04	Age 50-59	
05	Age 60-69	
06	Age 70-79	
07	Age 80-89	
08	Age 90 +	
77	DON'T KNOW/NOT SURE	
99	REFUSED	

IN06Q04	Select	512
Ask If	IN06Q01 = 1 OR (ADULTS>1 AND IN06Q02 < 7)	
<p>{IF IN06Q01 > 1, For the next set of questions we will refer to the person you identified as 'this person'.</p> <p>During the past 12 months, how often {IF IN06Q01 = 1, have you, has this person} given up household activities or chores {IF IN06Q01 = 1, you, they} used to do, because of confusion or memory loss that is happening more often or is getting worse?</p> <p>INTERVIEWER NOTE: REPEAT DEFINITION ONLY AS NEEDED:</p> <p>"For these questions, please think about confusion or memory loss that is happening more often or getting worse."</p> <p>PLEASE READ:</p>		
1	Always	
2	Usually	
3	Sometimes	
4	Rarely	
5	Never	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

IN06Q05	Select	513
Ask If	IN06Q01 = 1 OR (ADULTS > 1 AND IN06Q02 < 7)	
As a result of {IF IN06Q01 = 1, your, this person's} confusion or memory loss, in which of the following four areas {IF IN06Q01 = 1, do you, does this person} need the MOST assistance?		
1	Safety (such as forgetting to turn off the stove or falling)	
2	Transportation (such as getting to doctor's appointments)	
3	Household activities (such as managing money or housekeeping)	
4	Personal care (such as eating or bathing)	
5	NEEDS ASSISTANCE, BUT NOT IN THOSE AREAS	
6	DOESN'T NEED ASSISTANCE IN ANY AREA	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

IN06Q06	Select	514
Ask If	IN06Q01 = 1 OR (ADULTS > 1 AND IN06Q02 < 7)	
During the past 12 months, how often has confusion or memory loss interfered with {IF IN06Q01 = 1, your, this person's} ability to work, volunteer, or engage in social activities?		
PLEASE READ:		
1	Always	
2	Usually	
3	Sometimes	
4	Rarely	
5	Never	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

IN06Q07	Select	515
Ask If	IN06Q01 = 1 OR (ADULTS > 1 AND IN06Q02 < 7)	
During the past 30 days, how often {If IN06Q01 = 1, has, have you} a family member or friend provided any care or assistance for {If IN06Q01 = 1, you, this person} because of confusion or memory loss?		
PLEASE READ:		
1	Always	
2	Usually	
3	Sometimes	
4	Rarely	
5	Never	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

IN06Q08	Select	516
Ask If	IN06Q01 = 1 OR (ADULTS > 1 AND IN06Q02 < 7)	
Has anyone discussed with a health care professional, increases in {IF IN06Q01 = 1, your, this person's} confusion or memory loss?		
1	Yes	
2	No	IN06END
7	DON'T KNOW/NOT SURE	IN06END
9	REFUSED	IN06END

IN06Q09	Select	517
Ask If	IN06Q08 = 1	
{IF IN06Q01=1, Have you, Has this person} received treatment such as therapy or medications for confusion or memory loss?		
1	Yes	
2	No	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

IN06Q10	Select	518
Ask If	IN06Q08 = 1	
Has a health care professional ever said that {IF IN06Q01=1, you have, this person has} Alzheimer's disease or some other form of dementia?		
PLEASE READ		
1	Yes, Alzheimer's Disease	
2	Yes, some other form of dementia but not Alzheimer's disease	
3	No diagnosis has been given	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

IN06END	Pause
Ask If	

Asthma Call-Back Permission Script

AFUINTRO	Pause
Ask If	

ADLTPERM	Select	422
Ask If	(C05Q04 = 1) OR (M24Q01 = 1 AND (M23Q06 = 1 OR M23Q06 = 3))	
We would like to call you again within the next 2 weeks to talk in more detail about {ADLTCHLD=1, your, your child's} experiences with asthma. The information will be used to help develop and improve the asthma programs in {STATE} . The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?		
1	Yes	
2	No	AFUEND

FNAME	Select
Ask If	ADLTPERM=1
Can I please have either your first name or initials, so we will know who to ask for when we call back?	
1	ENTER FIRST NAME OR INITIALS OTHER
7	DON'T KNOW/NOT SURE
9	REFUSED

CNAME	Select
Ask If	ADLTCHILD=2 AND ADLTPERM=1
Can I please have your child's first name or initials, so we can ask about that child's asthma history?	
1	ENTER FIRST NAME OR INITIALS OTHER
7	DON'T KNOW/NOT SURE
9	REFUSED

MOSTKNOW	Select
Ask If	ADLTCHILD=2 AND ADLTPERM=1
Are you the parent or guardian in the household who knows the most about {CNAME}'s asthma?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

OTHNAME	Select	
Ask If	MOSTKNOW=2	
You said someone else was more knowledgeable about the child's asthma. Can I please have this adult's first name, initials or nickname so we will know who to ask for when we call back regarding your child.		
1	ENTER FIRST NAME, INITIALS, OR NICKNAME	OTHER
7	DON'T KNOW/NOT SURE	
9	REFUSED	

CBTIME	Select	
Ask If	ADLTPERM=1	
{If MOSTKNOW=2, What is a good time to call back and speak with {OTHNAME}, What is a good time to call you back?}		
For example, evenings, days or weekends?		
1	ENTER CALLBACK TIME	OTHER
7	DON'T KNOW/NOT SURE	
9	REFUSED	

AFUEND	Pause
Ask If	

Closing Statement

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