

2011

## Iowa Behavioral Risk Factor Surveillance System Questionnaire

### Section 1: Health Status

1.1: Would you say that in general your health is:

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

### Section 2: Healthy Days - Health-related Quality of Life

2.1: Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

\_\_\_ Number of days  
8 8 None

2.2: Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

\_\_\_ Number of days  
8 8 None **If Q2.1 also "None", skip to next module**

### If Q2.1 and Q2.2=88 (None), go to next section.

2.3: During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

\_\_\_ Number of days  
8 8 None

### Section 3: Health Care Access

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

- 1 Yes
- 2 No

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

**If "No," ask: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"**

- 1 Yes, only one
- 2 More than one
- 3 No

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

- 1 Yes
- 2 No

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

- 1 Within past yr (any time less than 12 months ago)
- 2 Within past 2 yrs (one year but less than 2 years ago)
- 3 Within past 5 yrs (two years but less than 5 years ago)
- 4 5 or more years ago
- 8 Never

### Section 4: Hypertension Awareness

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

**Read only if necessary:**

By "other health professional" we mean a nurse practitioner, a physician's assistant, or some other licensed health professional.

- 1 Yes
- 2 Yes, but female told only during pregnancy ⇒ Go to next section
- 3 No ⇒ Go to next section
- 4 Told borderline high or pre-hypertensive ⇒ Go to next section

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

- 1 Yes
- 2 No

### Section 5: Cholesterol Awareness

5.1. Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked?

- 1 Yes
- 2 No ⇒ **Go to next section**

5.2. About how long has it been since you last had your blood cholesterol checked?

- 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

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

- 1 Yes
- 2 No

### Section 6: Chronic Health Conditions

Now I would like to ask you some questions about general health conditions. Has a doctor, nurse, or, other health professional EVER told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure."

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

- 1 Yes
- 2 No

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

- 1 Yes
- 2 No

6.3: (Ever told) you had a stroke?

- 1 Yes
- 2 No

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

- 1 Yes
- 2 No ⇒ **Go to Q6.6**

6.5: Do you still have asthma?

- 1 Yes
- 2 No

6.6. (Ever told) you had skin cancer?

- 1 Yes
- 2 No

6.7. (ever told) you had any other types of cancer?

- 1 Yes
- 2 No

6.8. (Ever told) you have (COPD) chronic obstructive pulmonary disease, emphysema or chronic bronchitis?

- 1 Yes
- 2 No

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

**INTERVIEWER NOTE:** Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

- 1 Yes
- 2 No

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

- 1 Yes
- 2 No

6.11. (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

6.12. (Ever told) you have vision or eye problems?

- 1 Yes
- 2 No

6.13. Have you ever been told by a doctor that you have 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 4.)

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes

#### Module 1: Pre-Diabetes

NOTE: Only asked of those not responding "Yes" (code=1) to Core Q6.13 (Diabetes awareness question).

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

- 1 Yes
- 2 No

CATI note: If Core Q6.13 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 "Yes" (code = 1).

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

- 1. Yes
- 2. No

#### Module 2: Diabetes

To be asked following core Q6.13 if response is "yes"

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

Code age in years [97 = 97 and older]

2. Are you now taking insulin?

- 1 Yes
- 2 No

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

- 1 \_\_\_ Times per day
- 2 \_\_\_ Times per week
- 3 \_\_\_ Times per month
- 4 \_\_\_ Times per year
- 8 8 8 Never

4. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

- 1 \_\_\_ Times per day
- 2 \_\_\_ Times per week
- 3 \_\_\_ Times per month
- 4 \_\_\_ Times per year
- 8 8 8 Never
- 5 5 5 No feet

5. 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]
- 8 8 None

6. A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?

- \_\_\_ Number of times [76 = 76 or more]
- 8 8 None
- 9 8 Never heard of "A one C" test

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

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

- \_\_\_ Number of times [76 = 76 or more]
- 8 8 None

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

- 1 Within the past month (any time 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
- 8 Never

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

- 1 Yes
- 2 No

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

- 1 Yes
- 2 No

Section 7: **Tobacco Use**

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

**5 packs = 100 cigarettes**

- 1 Yes
- 2 No ⇒ **Go to Q7.5**

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

- 1 Every day
- 2 Some days
- 3 Not at all ⇒ **Go to Q7.4**

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

- 1 Yes **Go to Q7.5**
- 2 No **Go to Q7.5**

7.4: How long has it been since you last smoked cigarettes regularly?

- 0 1 Within the past month (less than 1 month ago)
- 0 2 Within the past 3 months (1 month but less than 3 months ago)
- 0 3 Within the past 6 months (3 months but less than 6 months ago)
- 0 4 Within the past year (6 months but less than 1 year ago)
- 0 5 Within the past 5 years (1 year but less than 5 years ago)
- 0 6 Within the past 10 years (5 years but less than 10 years ago)
- 0 7 10 years or more
- 0 8 Never smoked regularly

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

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

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

**Section 8: Demographics**

8.1: What is your age?

\_\_ \_\_ Code age in years

8.2: Are you Hispanic or Latino?

- 1 Yes
- 2 No

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

**Mark all that apply**

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

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

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

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

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

- 1 Yes, now on active duty
- 2 Yes, on active duty during the last 12 months, but not now
- 3 Yes, on active duty in the past, but not during the last 12 months

4 No, training for Reserves or National Guard only

5 No, never served in the military

8.6: Are you:

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married or
- 6 A member of an unmarried couple

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

Number of children

- 8 8 None

8.8: What is the highest grade or year of school you completed?

- 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)

8.9: Are you currently:

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

8.10: Is your annual household income from all sources:

- 01 Less than \$10,000
- 02 \$10,000 to less than \$15,000
- 03 \$15,000 to less than \$20,000
- 04 \$20,000 to less than \$25,000
- 05 \$25,000 to less than \$35,000
- 06 \$35,000 to less than \$50,000
- 07 \$50,000 to less than \$75,000
- 08 \$75,000 or more

8.11: About how much do you weigh without shoes?

If respondent answers in metric, put "9" in the first position, Round fractions up

\_\_ \_\_ \_\_ Weight pounds/kilograms

**CATI note: If Q8.11 = 7777 (Don't know/Not sure) or 9999 (Refused), skip Q8.13 and Q8.14).**

8.12: About how tall are you without shoes?

**If respondent answers in metric, put "9" in the first position, Round fractions down**

\_\_ / \_\_ \_\_ Height ft/inches/meters/centimeters

8.13: What county do you live in?

\_\_ \_\_ \_\_ County name

8.14: What is your ZIP Code where you live?

\_\_ - \_\_ \_\_ \_\_ ZIP Code

8.15: Do you have more than one telephone number in your household?

Do not include cell phones or numbers that are only used by a computer or fax machine.

- 1 Yes
- 2 No ⇒ **Go to 8.17**

- 8.16: How many of these are residential numbers?  
 \_\_\_ Residential telephone numbers [6=6 or more]
- 8.17: Do you have a cell phone for personal use? Please include cell phones used for both **business and personal use**.  
 1 Yes ⇒ **Go to 8.19**  
 2 No
- 8.18. Do you share a cell phone for personal use (at least one-third of the time) with other adults?  
 1 Yes  
 2 No
- 8.19. Do you usually share this cell phone (at least one-third of the time) with any other adults?  
 1 Yes  
 2 No
- 8.20 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)  
 8 8 8 Zero
- 8.21. Do you own or rent your home?  
 1 Own  
 2 Rent  
 3 Other arrangement
- 8.22: Indicate sex of respondent. **Ask only if necessary.**  
 1 Male ⇒ **Go to next section.**  
 2 Female **If respondent 45 years old or older, go to next section**
- 8.23: To your knowledge, are you now pregnant?  
 1 Yes  
 2 No

**Section 9: Fruits and Vegetables**

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

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

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

- 9.1 During the past month, how many times per day, week, or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice.  
 1 \_\_\_ Per day  
 2 \_\_\_ Per week  
 3 \_\_\_ Per month  
 5 5 5 Never

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

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

**Do not include vegetable juices such as tomato and V8 if respondent provides but include in “other vegetables” question 9.6.**

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

- 9.2. During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit  
 1 \_\_\_ Per day  
 2 \_\_\_ Per week  
 3 \_\_\_ Per month  
 5 5 5 Never

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

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

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

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

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

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

- 9.3. During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans.  
 1 \_\_\_ Per day  
 2 \_\_\_ Per week  
 3 \_\_\_ Per month  
 5 5 5 Never

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

**Interviewer NOTE: Include soybeans also called edamame, tofu (bean curd made from soybeans), kidney, pinto, hummus, lentils, black, black-eyed peas, cow peas, lima beans and white beans.**

**Include bean burgers including garden burgers and veggie burgers.**

**Include falafel and tempeh.**

- 9.4 **During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach?**  
 1 \_\_\_ Per day  
 2 \_\_\_ Per week  
 3 \_\_\_ Per month  
 5 5 5 Never

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

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

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

- 9.5. During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?
- 1 \_\_ Per day  
 2 \_\_ Per week  
 3 \_\_ Per month  
 5 5 5 Never

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

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

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

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

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

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

- 9.6. Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.
- 1 \_\_ Per day  
 2 \_\_ Per week  
 3 \_\_ Per month  
 5 5 5 Never

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

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

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

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

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

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

**Do not include rice or other grains.**

#### Section 10: Exercise (Physical Activity)

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

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

- 10.1: During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?
- 1 Yes  
 2 No

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

\_\_ (Specify) [See Coding List A]

**INTERVIEWER INSTRUCTION: If the respondent’s activity is not included in the Coding List A, choose the option listed as “Other “.**

**INTERVIEWER NOTE: Housework may be included as a physical activity or exercise spent and can be coded as “Other”.**

- 10.3. How many times per week or per month did you take part in this activity during the past month?
- 1 \_\_ Times per week  
 2 \_\_ Times per month

- 10.4. And when you took part in this activity, for how many minutes or hours did you usually keep at it?
- \_: \_\_ Hours and minutes

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

\_\_ (Specify) [See Coding List A]

**INTERVIEWER INSTRUCTION: If the respondent’s activity is not included in the Coding List A, choose the option listed as “Other”.**

**INTERVIEWER NOTE: Housework may be included as a physical activity or exercise spent and can be coded as “Other”.**

- 10.6 How many times per week or per month did you take part in this activity during the past month?
- 1 \_\_ Times per week  
 2 \_\_ Times per month

- 10.7 And when you took part in this activity, for how many minutes or hours did you usually keep at it?
- \_: \_\_ Hours and minutes

- 10.8. During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.
- 1 \_\_ Times per week  
 2 \_\_ Times per month  
 8 8 8 Never

#### Section 11: Disability

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

- 11.1: Are you limited in any way in any activities because of physical, mental, or emotional problems?
- 1 Yes  
 2 No

- 11.2: 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?

**Include occasional use or use in certain circumstances**

- 1 Yes  
 2 No

#### Section 12: Arthritis Burden

**If Q6.9 = 1 (yes) then continue, else go to next section.**

Next I will ask you about arthritis.

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

- 12.1. Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?
- 1 Yes  
 2 No

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

**INTERVIEWER NOTE: Q12.2 should be asked of all respondents regardless of employment status.**

- 12.2: In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?
- 1 Yes  
2 No

**INTERVIEWER INSTRUCTION: If respondent gives an answer to each issue (whether works, type work, or amount of work), then if any issue is “yes” mark the overall response as “yes.” If a question arises about medications or treatment, then the interviewer should say: “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”**

- 12.3: During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings?
- 1 A lot  
2 A little  
3 Not at all

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

- 12.4: Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. During the past 30 days, how bad was your joint pain on average? Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.
- \_\_ \_ Enter number [00-10]

### Section 13: Seatbelt Use

- 13.1. How often do you use seatbelts when you drive or ride in a car? Would you say—
- 1 Always  
2 Nearly always  
3 Sometimes  
4 Seldom  
5 Never  
8 Never drive or ride in a car

### Section 14: Immunization

- 14.1: Now I will ask you questions about 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?
- 1 Yes  
2 No ⇒ **Go To 14.4**
- 14.2: During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?
- \_\_ \_ / \_\_ \_ \_ \_ \_ Month / Year

- 14.3: At what kind of place did you get your last flu shot/vaccine?
- 0 1 A doctor’s office or health maintenance organization (HMO)  
0 2 A health department  
0 3 Another type of clinic or health center (Example: a community health center)  
0 4 A senior, recreation, or community center  
0 5 A store (Examples: supermarket, drug store)  
0 6 A hospital (Example: inpatient)  
0 7 An emergency room  
0 8 Workplace  
0 9 Some other kind of place  
1 0 RECEIVED VACCINATION/CANADA/MEXICO (VOLUNTEERED–DON’T TREAD)  
1 1 A school

- 14.4: A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person’s lifetime and is different from the flu shot. Have you ever had a pneumonia shot?
- 1 Yes  
2 No

### Section 15: Alcohol Consumption

- 15.1: During the past 30 days, how many days per week or per month did you have at least 1 drink of any alcoholic beverage?
- 1 \_\_ \_ Days per week  
2 \_\_ \_ Days in past 30  
8 8 8 No drinks in past 30 days ⇒ **Go to next section**

- 15.2: One drink is equivalent to a 12 ounce beer, a 5 ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

**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

- 15.3: Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [X = 5 for men, X = 4 for women] or more drinks on one occasion?
- \_\_ \_ Number of times  
8 8 None

- 15.4: During the past 30 days, what is the largest number of drinks you had on any occasion?
- \_\_ \_ Number

### Section 16: HIV/AIDS

The next few questions are about the national health problem of **HIV**, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

- 16.1: Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include tests using fluid from your mouth.

1 Yes  
2 No ⇒ **Go to Q16.3**

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

**Note: If response is before January 1985, code “Don’t know”.**

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

\_\_ \_ / \_\_ \_ \_ \_ \_ Code month and year

- 16.3. I’m going to read you a list. When I’m done, please tell me if any of the situations apply to you. You do not need to tell me which one.
- \* You have used intravenous drugs in the past year.
  - \* You have been treated for a sexually transmitted or venereal disease in the past year.
  - \* You have given or received money or drugs in exchange for sex in the past year.
  - \* You had anal sex without a condom in the past year.
- Do any of these situations apply to you?

1 Yes  
2 No

### Module 4: Sugar Sweetened Beverages and Menu Labeling

1. About how often do you drink regular soda or pop that contains **sugar**?

Do not include diet soda or diet pop.

- 1 \_\_ Times per day
- 2 \_\_ Times per week
- 3 \_\_ Times per month
- 8 8 8 Never

2. About how often do you drink sweetened fruit drinks, such as Kool-aid, cranberry, and lemonade? Include fruit drinks you made at home and added sugar to.

- 1 \_\_ Times per day
- 2 \_\_ Times per week
- 3 \_\_ Times per month
- 8 8 8 Never

3. The next question is about eating out at fast food and chain restaurants. When calorie information is available in the restaurant, how often does this information help you decide what to order?

- 0 1 Always
- 0 2 Most of the time
- 0 3 About half the time
- 0 4 Sometimes
- 0 5 Never
- 0 6 Never noticed or never looked for calorie information
- 0 8 Usually cannot find calorie information
- 5 5 Do not eat at fast food or chain restaurants

### Module 22: Chronic Obstructive Pulmonary Disease (COPD)

**CATI NOTE: If core Q6.8 = 1 (Yes) then continue, else go to next module.**

Earlier you said that you had been diagnosed with chronic obstructive pulmonary disease (COPD).

1. Have you ever been given a breathing test to diagnose your COPD, chronic bronchitis, or emphysema?

- 1 Yes
- 2 No

2. Would you say that shortness of breath affects the quality of your life?

- 1 Yes
- 2 No

3. Other than a routine visit, have you had to see a doctor in the past 12 months for symptoms related to shortness of breath, bronchitis, or other COPD, or emphysema flare?

- 1 Yes
- 2 No

4. Did you have to visit an emergency room or be admitted to the hospital in the past 12 months because of your COPD, chronic bronchitis, or emphysema?

- 1 Yes
- 2 No

5. How many different medications do you currently take each day to help with your COPD, chronic bronchitis, or emphysema?

\_\_ Number (00-76)

### State Added Smoking

**If core question 7.1 is 'yes' continue, else skip to next module**

1. Previously you said that you had smoked at least 100 cigarettes in your entire life. Over the past year have you been smoking fewer cigarettes, if any, but using more smokeless types of tobacco instead?

- 1 Yes
- 2 No ⇒ Go to Next Module

3 No, haven't smoked cigarettes in the past year

⇒ Go to Next Module

2. Why did you make that change? Was it...

**[SELECT ALL THAT APPLY]**

- 1 the price of cigarettes,
- 2 the ban on smoking in public areas,
- 3 concern about your health,
- 4 personal preference, or
- 5 something else?

### State Added Secondhand Smoke

The next two questions are about smoking rules for your household.

1. Not counting decks, porches, or garages, inside your home, is smoking...?

**INTERVIEWER NOTE: The order of the response categories for this question is being randomly reversed.**

- 1 Always Allowed
- 2 Allowed only at **some** times or in **some** places
- 3 Never allowed
- 6 Family does not have a smoking policy

2. Not counting motorcycles, in the vehicles that you or family members who live with you own or lease, is smoking...

**INTERVIEWER NOTE: The order of the response categories for this question is being randomly reversed.**

- 1 Always allowed in all vehicles
- 2 Sometimes allowed in at least one vehicle
- 3 Never allowed in any vehicle
- 6 Family does not have a vehicle smoking policy
- 8 Respondent's family does not own or lease a vehicle

### State Added Provider Advise on Tobacco Use

**Ask only if Q7.2 = 1 or 2 OR Q7.5 = 1 or 2, otherwise skip to Module 27**

1. In the past 12 months, have you seen a doctor, dentist, nurse, or other health professional?

- 1 Yes
- 2 No ⇒ Go to Module 27

2. In the past 12 months, did any doctor, dentist, nurse, or other health professional advise you to quit smoking cigarettes or using any other tobacco products?

- 1 Yes
- 2 No ⇒ Go to Module 27

3. The last time a health professional advised you to quit using tobacco, did they also offer any assistance, information, or additional advice to help you quit?

- 1 Yes
- 2 No

### Module 27: Cognitive Impairment

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.

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

- 1 Yes
- 2 No

**CATI NOTE: If Q1 = 1 and Q2 > 6, go to Q4.**

**CATI note: If 1 adult in household and Q1 = 1 (Yes), go to Q4; otherwise, go to next module.**

**CATI note: If number of adults > 1, go to Q2.**

2. [If Q1 = 1]; Not including yourself, how many adults 18 or older in your household experienced confusion or memory loss that is happening more often or is getting worse during the past 12 months?

\_\_\_\_\_ Number of people [6 = 6 or more]

8 NONE

**CATI note: If number of adults > 1 and Q2 < 7; continue. Otherwise, go to next module.**

**CATI note: If Q2 < 7; go to Q3. Otherwise, go to next module.**

3. Of these people, please select the person who had the most recent birthday. How old is this person?

- 0 1 Age 18-29
- 0 2 Age 30-39
- 0 3 Age 40-49
- 0 4 Age 50-59
- 0 5 Age 60-69
- 0 6 Age 70-79
- 0 7 Age 80-89
- 0 8 Age 90 +

**CATI note: If Q1 ≠ 1 (Yes); read: "For the next set of questions we will refer to the person you identified as 'this person'."**

**INTERVIEWER NOTE: Repeat definition only as needed: "For these questions, please think about confusion or memory loss that is happening more often or getting worse."**

4. During the past 12 months, how often [If Q1 = 1 (Yes): insert "have you;" otherwise, insert "has this person"] given up household activities or chores [If Q1 = 1 (Yes): insert "you;" otherwise, insert "they"] used to do, because of confusion or memory loss that is happening more often or is getting worse?

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 **Never**

5. As a result of [If Q1 = 1 (Yes): insert "your;" otherwise, insert "this person's"] confusion or memory loss, in which of the following four areas [If Q1 = 1 (Yes): insert "do you;" otherwise, insert "does this person"] need the MOST assistance?

- 1 Safety [read only if necessary: such as forgetting to turn off the stove or falling]
- 2 Transportation [read only if necessary: such as getting to doctor's appointments]
- 3 Household activities [read only if necessary: such as managing money or housekeeping]
- 4 Personal care [read only if necessary: such as eating or bathing]
- 5 Needs assistance, but not in those areas
- 6 Doesn't need assistance in any area

6. During the past 12 months, how often has confusion or memory loss interfered with [If Q1 = 1 (Yes): insert "your;" otherwise, insert "this person's"] ability to work, volunteer, or engage in social activities?

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

7. During the past 30 days, how often [If Q1 = 1 (Yes): insert "has;" otherwise, insert "have you;"] a family member or friend provided any care or assistance for [If Q1 = 1 (Yes): insert "you;" otherwise, insert "this person"] because of confusion or memory loss?

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

8. Has anyone discussed with a health care professional, increases in [If Q1 = 1 (Yes): insert "your;" otherwise, insert "this person's"] confusion or memory loss?

- 1 Yes
- 2 No ⇒ **Go to next module**

9. [If Q1 = 1 (Yes): insert "Have you;" otherwise, insert "Has this person"] received treatment such as therapy or medications for confusion or memory loss?

- 1 Yes
- 2 No

10. Has a health care professional ever said that [If Q1 = 1 (Yes): insert "you have;" otherwise, insert "this person has"]'s disease or some other form of dementia?

- 1 Yes, Alzheimer's Disease
- 2 Yes, some other form of dementia but not Alzheimer's disease
- 3 No diagnosis has been given

#### **State Added Healthy Neighborhood**

The next few questions are about activities you may be involved in where you live.

1. Do you use walking trails, parks, playgrounds, or sports fields in your community for physical activity?

- 1 Yes
- 2 No
- 3 My community does not have these facilities

2. Do you use any public recreation centers in your community for physical activity?

- 1 Yes
- 2 No
- 3 My community does not have any public recreation facilities

3. Do you use schools that are open in your community for public recreation activities?

- 1 Yes
- 2 No
- 3 Schools in my community are not open for the public to use

4. A neighborhood is defined as an area within one-half mile or a ten minute walk from your home. Overall, how would you rate your neighborhood as a place to walk?

Would you say...

- 1 Very pleasant
- 2 Somewhat pleasant
- 3 Not very pleasant
- 4 Not at all pleasant

5. In your neighborhood, how many of the streets have sidewalks? Would you say...

- 1 All,
- 2 Most,
- 3 Some, or
- 4 None? ⇒ **Go to next module]**

6. Of those sidewalks, how many are in good enough condition for walking, jogging, pushing a stroller, using a wheelchair or other activities? Would you say...

- 1 All,
- 2 Most,
- 3 Some, or
- 4 None?

#### **State Added Food Insecurity**

1. Please tell me if the following two statements are true for your household. The food that we bought in the last 30 days just didn't last, and we didn't have money to get more. Would you say that statement was often, sometimes, or never true for your household?

- 1 often true
- 2 sometimes true
- 3 never true

2. We couldn't afford to eat balanced meals. Was that often, sometimes, or never true for your household in the last 30 days?

- 1 often true
- 2 sometimes true
- 3 never true

3. In the last 30 days, did you or other members in your household ever cut the size of your meals because there wasn't enough money for food?
- 1 Yes  
2 No
4. In the last 30 days, did you or other members in your household ever skip meals because there wasn't enough money for food?
- 1 Yes  
2 No
5. In the last 30 days, did you ever eat less than you felt you should because there wasn't enough money for food?
- 1 Yes  
2 No
6. In the last 30 days, were you ever hungry but didn't eat because there wasn't enough money for food?
- 1 Yes  
2 No

**State Added Cancer Survivorship**

**CATI note: If Core Q6.6 = 1 (Yes) or Core Q6.7 = 1 (Yes), continue, otherwise go to next module.**

Previously you said that you had been told by your doctor that you had cancer. I will now ask you about your experiences with cancer.

1. How many different types of cancer have you had?

- 1 Only one  
2 Two  
1 Three or more

2. At what age were you told that you had cancer?

\_ \_ Code age in years [97 = 97 and older]

**CATI note: If Q1 = 2 (Two) or 3 (Three or more), ask: "At what age were you first diagnosed with cancer?"**

**INTERVIEWER NOTE: This question refers to the first time they were told about their first cancer.**

3. What type of cancer was it?

**If Q1 = 2 (Two) or 3 (Three or more), ask: "With your most recent diagnoses of cancer, what type of cancer was it?"**

**INTERVIEWER NOTE: Please read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-28]:**

Breast

- 0 1 Breast cancer  
Female reproductive (Gynecologic)  
0 2 Cervical cancer (cancer of the cervix)  
0 3 Endometrial cancer (cancer of the uterus)  
0 4 Ovarian cancer (cancer of the ovary)

Head/Neck

- 0 5 Head and neck cancer  
0 6 Oral cancer  
0 7 Pharyngeal (throat) cancer  
0 8 Thyroid

Gastrointestinal

- 0 9 Colon (intestine) cancer  
1 0 Esophageal (esophagus)  
1 1 Liver cancer  
1 2 Pancreatic (pancreas) cancer  
1 3 Rectal (rectum) cancer  
1 4 Stomach

Leukemia/Lymphoma (lymph nodes and bone marrow)

- 1 5 Hodgkin's Lymphoma (Hodgkin's disease)  
1 6 Leukemia (blood) cancer  
1 7 Non-Hodgkin's Lymphoma

Male reproductive

- 1 8 Prostate cancer  
1 9 Testicular cancer

Skin

- 2 0 Melanoma  
2 1 Other skin cancer

Thoracic

- 2 2 Heart  
2 3 Lung

Urinary cancer:

- 2 4 Bladder cancer  
2 5 Renal (kidney) cancer

Others

- 2 6 Bone  
2 7 Brain  
2 8 Neuroblastoma  
2 9 Other

4. Are you currently receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.

- 1 Yes ⇒ Go to next module  
2 No

5. What type of doctor provides the majority of your health care?

**INTERVIEWER NOTE: If the respondent requests clarification of this question, say: "We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.)."**

- 0 1 Cancer Surgeon  
0 2 Family Practitioner  
0 3 General Surgeon  
0 4 Gynecologic Oncologist  
0 5 Internist  
0 6 Plastic Surgeon, Reconstructive Surgeon  
0 7 Medical Oncologist  
0 8 Radiation Oncologist  
0 9 Urologist  
1 0 Other

6. Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received?

- 1 Yes  
2 No

7. Have you EVER received instructions from a doctor, nurse, or other health professional about *where* you should return or *who* you should see for routine cancer check-ups after completing your treatment for cancer?

- 1 Yes  
2 No ⇒ Go to Q10

8. Were these instructions written down or printed on paper for you?

- 1 Yes  
2 No

9. With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?

- 1 Yes  
2 No

**INTERVIEWER NOTE: "Health insurance" also includes Medicare, Medicaid, or other types of state health programs.**

10. Were you EVER denied health insurance or life insurance coverage because of your cancer?

- 1 Yes  
2 No

11. Did you participate in a clinical trial as part of your cancer treatment?

- 1 Yes  
2 No

12. Do you currently have physical pain caused by your cancer or cancer treatment?

- 1 Yes  
2 No ⇒ Go to next module

13. Is your pain currently under control?

- 1 Yes
- 2 No

**State Added Colorectal Cancer Screening**

[ASK IF AGE > 49]

1. Next, I would like to ask you some questions about colorectal cancer screening. Has a health care provider ever talked to you about being tested for colorectal or colon cancer?

- 1 Yes
- 2 No ⇒ **Go to Next Module**

2. What test did your health care provider recommend?

- 1 Blood Stool Kit
- 2 Sigmoidoscopy or colonoscopy (exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems)
- 3 Other test
- 4 Recommended both Blood Stool Kit and sigmoidoscopy or Colonoscopy
- 5 Did not recommend a test ⇒ **Go to Next Module**

3. Did you have the test [if Q2 = 4, tests] your health care provider recommended?

- 1 Yes ⇒ **Go to Next Module**
- 2 No

4. What is the main reason you did not have the test?

- 11 No symptoms
- 12 No family history of colorectal cancer
- 13 Cost/Not covered by insurance
- 14 Too old to have test
- 15 Too young to have test
- 16 No time
- 17 Test is distasteful
- 18 Embarrassment
- 19 Fear of finding cancer
- 20 Don't want to do the prep
- 21 Don't know where to get the test
- 22 Don't know how to do the test
- 23 Other

**State Added Colorectal Cancer Advertising**

[ASKED IF AGE > 49]

1. In the past 6 months, have you seen any articles or advertising about colorectal cancer screening?

- 1 Yes
- 2 No ⇒ **Go to Next Module**

2. Where did you see this article or advertisement about colorectal cancer?

[IF MORE THAN ONE, SELECT MOST FREQUENTLY SEEN]

- 11 Magazine
- 12 Doctor's Office
- 13 Television
- 14 Radio
- 15 Health Newsletter
- 16 Billboards
- 17 Bus signs
- 18 Newspaper
- 19 Other

**State Added Colorectal Cancer Knowledge**

[ASK IF AGE > 49]

1. Next, I'm going to read you several statements about colorectal cancer. After I read each one, please tell me how much you agree or disagree.

A person's age is considered a risk factor for developing colorectal cancer. Do you AGREE or DISAGREE? Slightly or strongly?

- 1 Strongly agree,
- 2 Somewhat agree,
- 3 Neither agree nor disagree,

- 4 Somewhat disagree, or
- 5 Strongly disagree?

2. A person's race or ethnicity is considered a risk factor for developing colorectal cancer. Do you AGREE or DISAGREE? Slightly or strongly?

- 1 Strongly agree,
- 2 Somewhat agree,
- 3 Neither agree nor disagree,
- 4 Somewhat disagree, or
- 5 Strongly disagree?

3. A person's gender is considered a risk factor for developing colorectal cancer. Do you AGREE or DISAGREE? Slightly or strongly?

- 1 Strongly agree,
- 2 Somewhat agree,
- 3 Neither agree nor disagree,
- 4 Somewhat disagree, or
- 5 Strongly disagree?

4. Colorectal cancer in a blood relative is considered a risk factor for developing colorectal cancer. Do you AGREE or DISAGREE? Slightly or strongly?

- 1 Strongly agree,
- 2 Somewhat agree,
- 3 Neither agree nor disagree,
- 4 Somewhat disagree, or
- 5 Strongly disagree?

5. A person's use of tobacco is considered a risk factor for developing colorectal cancer. Do you AGREE or DISAGREE? Slightly or strongly?

- 1 Strongly agree,
- 2 Somewhat agree,
- 3 Neither agree nor disagree,
- 4 Somewhat disagree, or
- 5 Strongly disagree?

6. A person's diet and level of physical activity are considered risk factors in developing colorectal cancer. Do you AGREE or DISAGREE? Slightly or strongly?

- 1 Strongly agree,
- 2 Somewhat agree,
- 3 Neither agree nor disagree,
- 4 Somewhat disagree, or
- 5 Strongly disagree?

7. A person's weight is considered a risk factor in developing colorectal cancer. Do you AGREE or DISAGREE? Slightly or strongly?

- 1 Strongly agree,
- 2 Somewhat agree,
- 3 Neither agree nor disagree,
- 4 Somewhat disagree, or
- 5 Strongly disagree?

8. A person's alcohol intake is considered a risk factor in developing colorectal cancer. Do you AGREE or DISAGREE? Slightly or strongly?

- 1 Strongly agree,
- 2 Somewhat agree,
- 3 Neither agree nor disagree,
- 4 Somewhat disagree, or
- 5 Strongly disagree?

**State Added Colorectal Cancer Plans**

[Ask MODULE ONLY if Age > 49]

1. I'd like to get a sense of your plans regarding colorectal cancer screening. Which of the following best describes your plan for gathering information? Would you say...

[Interviewer note: repeat "about colorectal cancer screening" when necessary]

- 1 You do not plan to get more information about colorectal cancer screening,
- 2 You will get more information at some point in the future,
- 3 You will get information within six months,
- 4 You will get information within the next month,
- 5 You have already received more information, or
- 6 You are already knowledgeable and do not need more information?

2. Which of the following best describes your plan for getting screened for colorectal cancer? Would you say...

- 1 You do not plan to get screened for colorectal cancer,
- 2 You plan on getting screened at some point in the future,
- 3 You plan on getting screened within the next six months,
- 4 You plan on getting screened within the next month
- 5 You have made an appointment to get screened , or
- 6 You have already been screened for colorectal cancer.

⇒ Go to Next Module

[IF SACCSQ3 = 1 OR 2, SKIP TO Next Module]

3. If you have not been screened for colorectal cancer, what has kept you from being screened?

- 11 no symptoms
- 12 no family history of colorectal or colon cancer
- 13 Cost/Not covered by insurance
- 14 Don't know where to get the exam
- 15 I am nervous about the procedure
- 16 Doctor didn't recommend it.
- 17 OTHER
- 88 I have been screened

**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.**

**State Added Colorectal Cancer Risk**

[Ask MODULE ONLY if Age > 49]

1. In terms of your own risk, what would you say your chances are of developing colorectal cancer? Would you say ...

- 1 High,
- 2 Medium,
- 3 Low, or
- 4 None?

2. If a person is of average risk for colorectal cancer, at what age should the person be screened for the first time?

\_\_\_ AGE [18-97]  
97. 97 years old or older

**Module 32: Random Child Selection**

**CATI note: If Core Q8.7 = 88, (no children under age 18 in the household, or refused), go to next module.**

**If Core Q8.7 = 1; INTERVIEWER:** "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." ⇒ Go to Q1.

**If Core Q8.7 is > 1 and Core Q8.7 does not equal to 88; INTERVIEWER:** "Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] 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."

**CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the "Xth" child. Please substitute "Xth" child's number in all questions below.**

**INTERVIEWER:** "I have some additional questions about one specific child. The child I will be referring to is the "Xth" [CATI: please fill in correct number] child in your household. All following questions about children will be about the "Xth" [CATI: please fill in correct number] child."

1. What is the birth month and year of the "Xth" child?  
\_\_ / \_\_\_\_ Code month and year

2. Is the child a boy or a girl?

- 1 Boy
- 2 Girl

3. Is the child Hispanic or Latino?

- 1 Yes
- 2 No

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

[Check all that apply]

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

**If more than one response to Q4; continue. Otherwise, ⇒ Go to Q6.**

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

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other

6. How are you related to the child?

- 1 Parent (mother or father) include biologic, step or adoptive parent
- 2 Grandparent
- 3 Foster parent or guardian
- 4 Sibling (include biologic, step and adoptive sibling)
- 5 Other relative
- 6 Not related in any way

**Module 33: Childhood Asthma Prevalence**

**CATI Note: If response to core Q8.7 is '88' (none or refused) go to next module.**

**The next two questions are about the "Xth" [CATI: please fill in correct number] child.**

1. Has a doctor, nurse or other health professional EVER said that the child has asthma

- 1 Yes
- 2 No ⇒ Go to next module

2. Does the child still have asthma?

- 1 Yes
- 2 No

**Module 34: Childhood Immunization**

**CATI note: If Core Q8.7 = 88, (No children under age 18 in the household, or Refused), go to next module.**

**CATI note: If selected child's age is ≥ 6 months, continue. Otherwise, go to next module.**

1. Now I will ask you questions about seasonal flu. There are two types of seasonal flu vaccinations. One is a shot and the other is a spray in the nose. During the past 12 months, has [Fill: he/she] had a seasonal flu vaccination?

- 1 Yes
- 2 No ⇒ Go to next module

2. The flu vaccination may have been either the flu shot or the flu spray. The flu spray is the flu vaccination that is sprayed in the nose.

During what month and year did [Fill: he/she] receive [Fill: his/her] most recent seasonal flu vaccination?

\_\_ / \_\_\_\_ Month / Year

3. At what kind of place did [he/she] get [his/her] last seasonal flu vaccine?
- 0 1 A doctor's office or health maintenance organization (HMO)
  - 0 2 A health department
  - 0 3 Another type of clinic or health center (Example: a community health center)
  - 0 4 A senior, recreation, or community center
  - 0 5 A store (Examples: supermarket, drug store)
  - 0 6 A hospital (Example: inpatient)
  - 0 7 An emergency room
  - 0 8 Workplace
  - 0 9 Some other kind of place
  - 1 0 Received vaccination in Canada/Mexico (Volunteered – Do not read)
  - 1 1 A school

**State Added Gambling**

1. In the past 12 months have you bet money or possessions on any of the following activities? Casino gaming including slot machines and table games; lottery including scratch tickets, pull tabs and lotto; sports betting; internet gambling; bingo or any other type of wagering.
- 1 Yes
  - 2 No