**Texas**

# 2006

# Behavioral Risk Factor Surveillance System

# Questionnaire

# Behavioral Risk Factor Surveillance System
# 2006 Questionnaire

## *Table of Contents*

# Introduction and Screener

HELLO, I am calling for the **Texas Department of State Health Services.** My name is **(name)**. We are gathering information about the health of **Texas** residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this **(phone number)** ?

**If "no,"**
Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **STOP**

Is this a private residence?

**If "no,"**
Thank you very much, but we are only interviewing private residences. **STOP**

Is this a cellular telephone? **Read only if necessary: By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood.**

**If "yes,"**
Thank you very much, but we are only interviewing land line telephones and private residences. **STOP**

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

__ Number of adults

**If "1,"**
Are you the adult?

**If "yes,"**
Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary). **Go to "confidentiality statement".**

**If "no,"**
Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with **[fill in (him/her) from previous question]**? **Go to "correct respondent" on the next page.**

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

__ Number of men

__ Number of women

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

**If "you," go to "confidentiality statement"**

**To the correct respondent:**

HELLO, I am calling for the **Texas Department of State Health Services.** My name is **(name)**. We are gathering information about the health of **Texas** 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.

**Confidentiality Statement:**

I will not ask for your name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions, I will provide a telephone number for you to call to get more information.

# Core Sections

## Section 1: Health Status

**1.1** Would you say that in general your health is— (73)

**Please read:**

1 Excellent
2 Very good
3 Good
4 Fair

**Or**

5 Poor

**Do not read:**

7 Don't know / Not sure
9 Refused

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

**2.1** Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (74–75)

Number of days
88 None
77 Don't know / Not sure
99 Refused

**2.2** Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (76–77)

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

**2.3** During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (78-79)

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

## Section 3: Health Care Access

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

(80)

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

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

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

(81)

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

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

(82)

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

**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.

(83)

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

## Section 4: Exercise

**4.1** 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?

(84)

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

## Section 5: Diabetes

**5.1** 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.**

(85)

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

## Module 4: Diabetes

**To be asked following Core Q5.1 if response is "Yes" (code = 1)**

**Mod4_1.** How old were you when you were told you have diabetes?

(229-230)

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

**Mod4_2.** Are you now taking insulin?

(231)

1 Yes
2 No
9 Refused

**Mod4_3.** Are you now taking diabetes pills?

(232)

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

**Mod4_4.** 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.

(233-235)

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

**Mod4_5.** 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.

(236-238)

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

**Mod4_6.** Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

(239)

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

**Mod4_7.** About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

(240-241)

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

**Mod4_8.** 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"?

(242-243)

| | |
|---|---|
| _ _ | Number of times **[76 = 76 or more]** |
| 8 8 | None |
| **9 8** | **Never heard of A 1 C test** |
| 7 7 | Don't know / Not sure |
| 9 9 | Refused |

**CATI Note: If Mod4_5 = 555 (No feet), go to Mod4_10.**

**Mod4_9.** About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

(244-245)

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

**Mod4_10.** 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.

(246)

**Read only if necessary:**

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

**Do not read:**

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

**Mod4_11.** Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

(247)

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

**Mod4_12.** Have you ever taken a course or class in how to manage your diabetes yourself?

(248)

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

## Section 6: Oral Health

**6.1** 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.

(86)

**Read only if necessary:**

1 Within the past year (anytime less than 12 months ago)
2 Within the past 2 years (1 year but less than 2 years ago)
3 Within the past 5 years (2 years but less than 5 years ago)
4 5 or more years ago

**Do not read:**

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

**6.2** 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.

**NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.**

(87)

1 1 to 5
2 6 or more but not all
3 All
8 None
7 Don't know / Not sure
9 Refused

**CATI note: If Q6.1 = 8 (Never) or Q 6.2 = 3 (All), go to next section.**

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

(88)

**Read only if necessary:**

1 Within the past year (anytime less than 12 months ago)

2 Within the past 2 years (1 year but less than 2 years ago)
3 Within the past 5 years (2 years but less than 5 years ago)
4 5 or more years ago

**Do not read:**

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

## Section 7: Cardiovascular Disease Prevalence

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

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

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

(89)

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

**7.2** (Ever told) you had angina or coronary heart disease?

(90)

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

**7.3** (Ever told) you had a stroke?

(91)

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

## Section 8: Asthma

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

(92)

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

9 Refused **[Go to next section]**

**8.2** Do you still have asthma?

(93)

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

## Section 9: Disability

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

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

(94)

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

**9.2** 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?

(95)

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

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

## Section 10: Tobacco Use

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

(96)

**NOTE: 5 packs = 100 cigarettes**

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

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

(97)

1 Every day
2 Some days
3 Not at all **[Go to next section]**
7 Don't know/Not sure **[Go to next section]**
9 Refused **[Go to next section]**

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

(98)

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

## Section 11: Demographics

**11.1** What is your age?

(99-100)

__ __ Code age in years
0 7 Don't know / Not sure
0 9 Refused

**11.2** Are you Hispanic or Latino?

(101)

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

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

(102-107)

**(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]_____

**Do not read:**

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

**{CATI note: If more than one response to Q11.3; continue. Otherwise, go to Q11.5}**

**11.4** Which one of these groups would you say best represents your race? (108)

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

**Do not read:**

7 Don't know / Not sure
9 Refused

**11.5** Are you…? (109)

**Please read:**

1 Married
2 Divorced
3 Widowed
4 Separated
5 Never married

**Or**

6 A member of an unmarried couple

**Do not read:**

9 Refused

**11.6** How many children less than 18 years of age live in your household? (110-111)

_ _ Number of children
8 8 None
9 9 Refused

**11.7** What is the highest grade or year of school you completed? (112)

**Read only if necessary:**

1 Never attended school or only attended kindergarten
2 Grades 1 through 8 (Elementary)
3 Grades 9 through 11 (Some high school)
4 Grade 12 or GED (High school graduate)
5 College 1 year to 3 years (Some college or technical school)
6 College 4 years or more (College graduate)

**Do not read:**

9 Refused

**11.8** Are you currently…?

(113)

**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

**Do not read:**

9 Refused

**11.9** Is your annual household income from all sources—

(114-115)

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

**Read only if necessary:**

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

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

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

01 Less than $10,000 **If "no," code 02**

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

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

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

08 $75,000 or more

**Do not read:**

77 Don't know / Not sure
99 Refused

**11.10** About how much do you weigh without shoes? (116-119)

**Note: If respondent answers in metrics, put "9" in column 116.**

**Round fractions up**

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

**11.11** About how tall are you without shoes? (120-123)

**Note: If respondent answers in metrics, put "9" in column 120.**

**Round fractions down**

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

**11.12** What county do you live in? (124-126)

_ _ _ FIPS county code
7 7 7 Don't know / Not sure
9 9 9 Refused

**11.13** What is your ZIP Code where you live? (127-131)

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

**11.14** 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.

(132)

| | | |
|---|---|---|
| 1 | Yes | |
| 2 | No | **[Go to Q11.16]** |
| 7 | Don't know / Not sure | **[Go to Q11.16]** |
| 9 | Refused | **[Go to Q11.16]** |

**11.15** How many of these telephone numbers are residential numbers?

(133)

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

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

(134)

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

**11.17** **Indicate sex of respondent. Ask only if necessary.**

(135)

| | | |
|---|---|---|
| 1 | Male | **[Go to next section]** |
| 2 | Female | **[If respondent is 45 years old or older, go to next section]** |

**11.18** To your knowledge, are you now pregnant?

(136)

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

## Section 12: Veteran's Status

The next question relates to military service.

**12.1** 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?

(137)

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

## Section 13: Alcohol Consumption

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

(138)

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

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

(139-141)

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

**13.3** 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?

(142-143)

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

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

(144-145)

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

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

(146-147)

_ _ Number of drinks

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

## Section 14: Immunization/Adult Influenza Supplement

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

(148)

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

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

(149)

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

**{CATI note: If Q14.1 or Q14.2 = 1 (Yes), continue; otherwise go to Q14.4s.}**

**NOTE: Questions 14.3s through 14.8s are intended for use only if the Adult Influenza Supplement is activated. The Behavioral Surveillance Branch will provide notification and instructions for implementing the Adult Influenza Supplement.**

**{Per CDC – questions 14.3s-14.8s will not be activated for January 2006 data collection.}**

**14.3s** During what month and year did you receive your most recent flu vaccination? The most recent flu vaccination may have been either the flu shot or the flu spray.

(150-155)

_ _ / _ _ _ _ Month / Year
7 7 / 7 7 7 7 Don't know / Not sure **(Probe: "Was it before September 2005?" Code approximate month and year)**
9 9 / 9 9 9 9 Refused

**CATI note: If Q14.3s is before 09/2005 or Q14.3s = 77/7777 (Don't know) or 99/9999 (Refused), continue. Otherwise, go to Q14.5s.**

**14.4s** What is the MAIN reason you have NOT received a flu vaccination for this current flu season?

(156-157)

**INTERVIEWER NOTE: The current flu season = Sept. '05 – Mar .'06.**

**Do <u>not</u> read answer choices below. Select category that best matches response.**

0 1 Need: Do not think need it / not recommended
0 2 Concern about vaccine: side effects / can cause flu / does not work
0 3 Access / cost / inconvenience
0 4 Vaccine shortage: saving vaccine for people who need it more
0 5 Vaccine shortage: tried to find vaccine, but could not get it
0 6 Vaccine shortage: not eligible to receive vaccine
0 7 Some other reason
7 7 Don't know / Not sure **(Probe: "What was the <u>main</u> reason?")**
9 9 Refused

**14.5s** Has a doctor, nurse, or other health professional ever said that you have any of the following health problems?

(158)

**<u>Read each problem listed below</u>:**

Lung problems, including asthma
Heart problems
Diabetes
Kidney problems
Weakened immune system caused by a chronic illness, such as cancer or HIV/AIDS, or medicines, such as steroids
-Or-
Sickle Cell Anemia or other anemia

1 Yes
2 No **[Go to Q14.8s]**
7 Don't know / Not sure **[Go to Q14.8s]**
9 Refused **[Go to Q14.8s]**

**14.6s** Do you still have (this/any of these) problem(s)?

(159)

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

**14.7s** Do you currently work in a health care facility, such as a medical clinic, hospital, or nursing home? This includes part-time and volunteer work.

(160)

1 Yes
2 No **[Go to Q14.9]**
7 Don't know / Not sure **[Go to Q14.9]**
9 Refused **[Go to Q14.9]**

**14.8s** Do you have direct face-to-face or hands-on contact with patients as a part of your routine work?

(161)

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

**14.9** 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? (162)

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

**14.10** Have you EVER received the hepatitis B vaccine? The hepatitis B vaccine is completed after the third shot is given. (163)

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

The next question is about behaviors related to Hepatitis B.

**{CATI note: If female, do not read response #2}**

**14.11** Tell me if ANY of these statements is true for YOU. Do NOT tell me WHICH statement or statements are true for you, just if ANY of them are:

You have hemophilia and have received clotting factor concentrate
You are a man who has had sex with other men, even just one time
You have taken street drugs by needle, even just one time
You traded sex for money or drugs, even just one time
You have tested positive for HIV
You have had sex (even just one time) with someone who would answer "yes" to any of these statements
You had more than two sex partners in the past year

Are any of these statements true for you? (164)

1 Yes, at least one statement is true
2 No, none of these statements is true
7 Don't know / Not sure
9 Refused

## Section 15: Falls

**If respondent is 45 years or older continue, otherwise go to next section.**

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

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

(165-166)

| | | |
|---|---|---|
| _ _ | Number of times | **[76 = 76 or more]** |
| 8 8 | None | **[Go to next section]** |
| 7 7 | Don't know / Not sure | **[Go to next section]** |
| 9 9 | Refused | **[Go to next section]** |

**If only one fall in Q15.1, fill in "Did this fall (from Q15.1) cause an injury"**

**15.2** Did any of these falls cause 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.

**If only one fall and respondent answers "yes", code as 01.**
**If response is "no", code as 88** (167-168)

| | | |
|---|---|---|
| _ _ | Number of falls | **[76 = 76 or more]** |
| 8 8 | None | **[Go to next section]** |
| 7 7 | Don't know / Not sure | **[Go to next section]** |
| 9 9 | Refused | **[Go to next section]** |

## Section 16: Seatbelt Use

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

(169)

**Please read:**

1 Always
2 Nearly always
3 Sometimes
4 Seldom
5 Never

**Do not read:**

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

**{CATI Note: If Q16.1=8 (Never drive or ride in a car), go to Section 18; otherwise continue}**

## Section 17: Drinking and Driving

**CATI note: If Q13.1 = 2 (No); go to next section.**

The next question is about drinking and driving.

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

(170-171)

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

## Section 18: Women's Health

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

The next questions are about breast and cervical cancer.

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

(172)

| | | |
|---|---|---|
| 1 | Yes | |
| 2 | No | **[Go to Q18.3]** |
| 7 | Don't know / Not sure | **[Go to Q18.3]** |
| 9 | Refused | **[Go to Q18.3]** |

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

(173)

**Read only if necessary:**

| | |
|---|---|
| 1 | Within the past year (anytime less than 12 months ago) |
| 2 | Within the past 2 years (1 year but less than 2 years ago) |
| 3 | Within the past 3 years (2 years but less than 3 years ago) |
| 4 | Within the past 5 years (3 years but less than 5 years ago) |
| 5 | 5 or more years ago |

**Do not read:**

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

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

(174)

| | | |
|---|---|---|
| 1 | Yes | |
| 2 | No | **[Go to Q18.5]** |
| 7 | Don't know / Not sure | **[Go to Q18.5]** |
| 9 | Refused | **[Go to Q18.5]** |

**18.4** How long has it been since your last breast exam?

(175)

**Read only if necessary:**

1 Within the past year (anytime less than 12 months ago)
2 Within the past 2 years (1 year but less than 2 years ago)
3 Within the past 3 years (2 years but less than 3 years ago)
4 Within the past 5 years (3 years but less than 5 years ago)
5 5 or more years ago

**Do not read:**

7 Don't know / Not sure
9 Refused

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

(176)

1 Yes
2 No **[Go to Q18.7]**
7 Don't know / Not Sure **[Go to Q18.7]**
9 Refused **[Go to Q18.7]**

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

(177)

**Read only if necessary:**

1 Within the past year (anytime less than 12 months ago)
2 Within the past 2 years (1 year but less than 2 years ago)
3 Within the past 3 years (2 years but less than 3 years ago)
4 Within the past 5 years (3 years but less than 5 years ago)
5 5 or more years ago

**Do not read:**

7 Don't know / Not sure
9 Refused

**CATI note: If response to Core Q11.18 = 1 (is pregnant); then go to next section.**

**18.7** Have you had a hysterectomy? (178)

**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

## Section 19: Prostate Cancer Screening

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

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

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

(179)

| | | |
|---|---|---|
| 1 | Yes | |
| 2 | No | **[Go to Q19.3]** |
| 7 | Don't Know / Not Sure | **[Go to Q19.3]** |
| 9 | Refused | **[Go to Q19.3]** |

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

(180)

**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)
3 Within the past 3 years (2 years but less than 3 years)
4 Within the past 5 years (3 years but less than 5 years)
5 5 or more years ago

**Do not read:**

7 Don't know
9 Refused

**19.3** 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?

(181)

| | | |
|---|---|---|
| 1 | Yes | |
| 2 | No | **[Go to Q19.5]** |
| 7 | Don't know / Not sure | **[Go to Q19.5]** |
| 9 | Refused | **[Go to Q19.5]** |

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

(182)

**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)
3 Within the past 3 years (2 years but less than 3 years)
4 Within the past 5 years (3 years but less than 5 years)
5 5 or more years ago

**Do not read:**

7 Don't know / Not sure
9 Refused

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

(183)

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

## Section 20: Colorectal Cancer Screening

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

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

(184)

1 Yes
2 No **[Go to Q20.3]**
7 Don't know / Not sure **[Go to Q20.3]**
9 Refused **[Go to Q20.3]**

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

(185)

**Read only if necessary:**

1 Within the past year (anytime less than 12 months ago)
2 Within the past 2 years (1 year but less than 2 years ago)
3 Within the past 5 years (2 years but less than 5 years ago)
4 5 or more years ago

**Do not read:**

7 Don't know / Not sure
9 Refused

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

(186)

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

**20.4** How long has it been since you had your last sigmoidoscopy or colonoscopy?

(187)

**Read only if necessary:**

1 Within the past year (anytime less than 12 months ago)
2 Within the past 2 years (1 year but less than 2 years ago)
3 Within the past 5 years (2 years but less than 5 years ago)
4 Within the past 10 years (5 years but less than 10 years ago)
5 10 or more years ago

**Do not read:**

7 Don't know / Not sure
9 Refused

## Section 21: HIV/AIDS

**{CATI note: If respondent is 65 years old or older, go to next section.}**

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

**21.1** Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.

(188)

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

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

(189–194)

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

| | |
|---|---|
| _ _/_ _ _ _ | Code month and year |
| 7 7/ 7 7 7 7 | Don't know / Not sure |
| 9 9/ 9 9 9 9 | Refused |

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

(195-196)

01 Private doctor or HMO office

02 Counseling and testing site
03 Hospital
04 Clinic
05 Jail or prison (or other correctional facility)
06 Drug treatment facility
07 At home
08 Somewhere else
77 Don't know/Not sure
99 Refused

**{CATI Note: Ask Q21.4 only if Q21.2 is within the last 12 months; otherwise go to next section}**

21.4 Was it a rapid test where you could get your results within a couple of hours? (197)

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

## Section 22: Emotional Support and Life Satisfaction

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

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

**INTERVIEWER NOTE: If asked, say "please include support from any source".** (198)

**Please read:**

1 Always
2 Usually
3 Sometimes
4 Rarely
5 Never

**Do not read:**

7 Don't know / Not sure
9 Refused

**22.2** In general, how satisfied are you with your life? (199)

**Please read:**

1 Very satisfied
2 Satisfied
3 Dissatisfied

4 Very dissatisfied

**Do not read:**

7 Don't know / Not sure
9 Refused

# Transition to Modules and State-Added Questions

**Please read:**

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

# Optional Modules

## Module 1: Random Child Selection

**CATI note: If Core Q11.6 = 88, or 99 (no children under age 18 in the household, or refused), go to next module.**

**If Core Q11.6 = 1, Interviewer please read:** "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 Q11.6 is >1 and Core Q11.6 does not equal 88 or 99, Interviewer please read:** "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 PLEASE READ:**
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]** child."

**Mod1_1.** What is the birth month and year of the "**Xth**" child?

(200-205)

| | |
|---|---|
| _ _ / _ _ _ _ | Code month and year |
| 7 7/ 7 7 7 7 | Don't know / Not sure |
| 9 9/ 9 9 9 9 | Refused |

**{CATI INSTRUCTION: Calculate the child's age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is ≥ 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).}**

**Mod1_2.** Is the child a boy or a girl?

(206)

| | |
|---|---|
| 1 | Boy |
| 2 | Girl |
| 9 | Refused |

**Mod1_3.** Is the child Hispanic or Latino?

(207)

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

**Mod1_4.** Which one or more of the following would you say is the race of the child?

(208-213)

**[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, Alaska Native

**Or**

6 Other [specify] _____

**Do not read:**

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

**{CATI note: If more than one response to Mod1_4, continue. Otherwise, go to Mod1_6.}**

**Mod1_5.** Which one of these groups would you say best represents the child's race?

(214)

1 White
2 Black or African American
3 Asian
4 Native Hawaiian or Other Pacific Islander
5 American Indian, Alaska Native
6 Other
7 Don't know / Not sure
9 Refused

**Mod1_6.** How are you related to the child?

(215)

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

**Do not read:**
7 Don't know / Not sure
9 Refused

## Module 3: Childhood Asthma Prevalence

**CATI note: If response to Core Q11.6 = 88 (None) or 99 (Refused), go to next module.**

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

**Mod3_1.** Has a doctor, nurse or other health professional EVER said that the child has asthma?

(227)

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

**Mod3_2.** Does the child still have asthma?

(228)

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

## Module 5: Visual Impairment and Access to Eye Care

**{CATI note: If respondent is less than 40 years of age, go to next module.}**
I would like to ask you questions about how much difficulty, if any, you have doing certain activities. If you usually wear glasses or contact lenses, please rate your ability to do them while wearing glasses or contact lenses.

**Mod5_1.** How much difficulty, if any, do you have in recognizing a friend across the street? Would you say—

(249)

**Please read:**

| | |
|---|---|
| 1 | No difficulty |
| 2 | A little difficulty |
| 3 | Moderate difficulty |
| 4 | Extreme difficulty |
| 5 | Unable to do because of eyesight |
| 6 | Unable to do for other reasons |

**Do not read:**

| | | |
|---|---|---|
| 7 | Don't know / Not sure | |
| 8 | Not applicable (Blind) | **[Go to next module]** |
| 9 | Refused | |

**Mod5_2.** How much difficulty, if any, do you have reading print in newspaper, magazine, recipe, menu, or numbers on the telephone? Would you say—

(250)

**Please read:**

1 No difficulty
2 A little difficulty
3 Moderate difficulty
4 Extreme difficulty
5 Unable to do because of eyesight
6 Unable to do for other reasons

**Do not read:**

7 Don't know / Not sure
8 Not applicable (Blind) **[Go to next module]**
9 Refused

**Mod5_3.** When was the last time you had your eyes examined by any doctor or eye care provider?

(251)

**Read only if necessary:**

1 Within the past month (anytime less than 1 month ago) **[Go to Mod5_5]**
2 Within the past year (1 month but less than 12 months ago) **[Go to Mod5_5]**
3 Within the past 2 years (1 year but less than 2 years ago)
4 2 or more years ago
5 Never

**Do not read:**

7 Don't know / Not sure
8 Not applicable (Blind) **[Go to next module]**
9 Refused

**Mod5_4.** What is the main reason you have not visited an eye care professional in the past 12 months?

(252-253)

**Read only if necessary:**

0 1 Cost/insurance
0 2 Do not have/know an eye doctor
0 3 Cannot get to the office/clinic (too far away, no transportation)
0 4 Could not get an appointment
0 5 No reason to go (no problem)
0 6 Have not thought of it
0 7 Other

**Do not read:**

7 7 Don't know / Not sure
0 8 Not Applicable (Blind) **[Go to next module]**
9 9 Refused

**{CATI note: Skip Mod5_5, if any response to Module 4_10 (Diabetes).}**

**Mod5_5.** 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.

(254)

**Read only if necessary:**

1 Within the past month (anytime less than 1 month ago)
2 Within the past year (1 month but less than 12 months ago)
3 Within the past 2 years (1 year but less than 2 years ago)
4 2 or more years ago
5 Never

**Do not read:**

7 Don't know / Not sure
8 Not applicable (Blind) **[Go to next module]**
9 Refused

**Mod5_6.** Do you have any kind of health insurance coverage for eye care?

(255)

1 Yes
2 No
7 Don't know / Not sure
8 Not applicable (Blind) **[Go to next module]**
9 Refused

**Mod5_7.** Have you been told by an eye doctor or other health care professional that you NOW have cataracts?

(256)

1 Yes
2 Yes, but had them removed
3 No
7 Don't know / Not sure
8 Not applicable (Blind) **[Go to next module]**
9 Refused

**Mod5_8.** Have you EVER been told by an eye doctor or other health care professional that you had glaucoma?

(257)

1 Yes
2 No
7 Don't know / Not sure
8 Not applicable (Blind) **[Go to next module]**
9 Refused

**Please read:**

Age-related Macular Degeneration (AMD) is a disease that blurs the sharp, central vision you need for "straight-ahead" activities such as reading, sewing, and driving. AMD affects the macula, the part of the eye that allows you to see fine detail.

**Mod5_9.** Have you EVER been told by an eye doctor or other health care professional that you had age-related macular degeneration?

(258)

1 Yes
2 No
7 Don't know / Not sure
8 Not applicable (Blind) **[Go to next module]**
9 Refused

**Mod5_10.** Have you EVER had an eye injury that occurred at your workplace while you were doing your work?

(259)

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

## Module 14: Anxiety and Depression

Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks.

**Mod14_1.** Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?

(325-326)

_ _ 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

**Mod14_2.** Over the last 2 weeks, how many days have you felt down, depressed or hopeless?

(327-328)

_ _ 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

**Mod14_3.** Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much?

(329-330)

_ _ 01-14 days
8 8 None

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

**Mod14_4.** Over the last 2 weeks, how many days have you felt tired or had little energy?

(331-332)

_ _ 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

**Mod14_5.** Over the last 2 weeks, how many days have you had a poor appetite or eaten too much?

(333-334)

_ _ 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

**Mod14_6.** Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down?

(335-336)

_ _ 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

**Mod14_7**. Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV?

(337-338)

_ _ 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

**Mod14_8.** Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?

(339-340)

_ _ 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

**Mod14_9.** Has a doctor or other healthcare provider EVER told you that you had an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)?

(341)

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

**Mod14_10.** Has a doctor or other healthcare provider EVER told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

(342)

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

## State-Added 1: Weight Control

TX01Q01. Are you now trying to lose weight?

1 Yes **[SKIP TO TX01Q03]**
2 No
7 Don't know / Not sure
9 Refused

TX01Q02. Are you now trying to maintain your current weight that is to keep from gaining weight?

1 Yes
2 No **[SKIP TO NEXT SECTION]**
7 Don't know / Not sure **[SKIP TO NEXT Section]**
9 Refused **[SKIP TO Next Section]**

TX01Q03. Are you eating either fewer calories or less fat to.

**Probe for which:..**

lose weight? **[if "Yes" TO TX01Q01]**

keep from gaining weight? **[If "Yes" TO TX01Q02]**

1 Yes, fewer calories
2 Yes, less fat
3 Yes, fewer calories and less fat
4 No
7 Don't know / Not sure
9 Refused

TX01Q04. Are you using physical activity or exercise to….

lose weight? **[if "Yes" TO TX01Q01]**

keep from gaining weight? **[If "Yes" to TX01Q02]**

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

TX01Q05. In the past 12 months, has a doctor, nurse or other health professional given you advice about your weight?

**Probe for which:**

1 Yes, lose weight
2 Yes, gain weight
3 Yes, maintain current weight
4 No
7 Don't know / Not sure
9 Refused

## State-Added 2: Epilepsy

**TX02Q01.** Have you ever been told by a doctor that you have a seizure disorder or epilepsy?

1 Yes
2 No [SKIP TO NEXT SECTION]
7 Don't know/Not sure [SKIP TO NEXT SECTION]
9 Refused [SKIP TO NEXT SECTION]

**TX02Q02.** Are you currently taking any medicine to control your seizure disorder or epilepsy?

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

**TX02Q03.** How many seizures of any type have you had in the last three months?

Instructions to interviewer: If the respondent mentions and counts "auras" as seizures, accept the response. If a respondent indicates that he/she has had nothing more than an aura and is unsure about counting the aura(s), do NOT count auras as seizures.

1 None
2 One
3 More than one
4 No longer have epilepsy or seizure disorder [**SKIP TO NEXT SECTION]**
7 Don't know/not sure
9 Refused

**TX02Q04.** In the past year, have you seen a neurologist or epilepsy specialist for your epilepsy or seizure disorder?

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

**TX02Q05.** During the past month, to what extent has epilepsy or its treatment interfered with your normal activities like working, school, or socializing with family or friends? Would you say: Not at all, Slightly, Moderately, Quite a bit, or Extremely

1 Not at all?
2 Slightly?
3 Moderately?
4 Quite a bit?
5 Extremely?
7 Don't know/not sure
9 Refused

## State-Added 3: Smokeless Tobacco

**TX03Q01.** Do you currently use chewing tobacco or snuff every day, some days, or not at all?

1 Every day
2 Some days
3 Not at all
7 Don't know / Not sure
9 Refused

## State-Added 4: Secondhand Smoke

**TX04Q01.** If there were a total ban on smoking in restaurants, would you eat out more, less, or would it make no difference?

Instructions to interviewer: If the respondent indicates that they already have a total ban on smoking in restaurants, ask if, after implementation did they eat out more, less or no difference.

1 More often
2 Less often
3 No difference
7 Don't know / Not sure
9 Refused

**TX04Q02.** If there were a total ban on smoking in bars and music clubs, would you go to bars and music clubs more, less or would it make no difference?

Instructions to interviewer: If the respondent indicates that they already have a total ban on smoking in bars and music clubs, ask if, after implementation did they go out more, less or no difference.

1 More often
2 Less often
3 No difference
7 Don't know / Not sure
9 Refused

## State-Added 5: Hurricane Relocation

**TX05Q01a.** Which state and county were you living in during August 2005 before Hurricanes Katrina and Rita hit the Louisiana and Texas Gulf Coasts?

SELECT STATE: (list of states to be provided in CATI program)
77777 Don't know / Not sure **[go to TX05Q02]**
99999 Refused **[go to TX05Q02]**

**TX05Q01b.** ENTER COUNTY: _____
77777 Don't know / Not sure **[go to TX05Q02]**
99999 Refused **[go to TX05Q02]**

**TX05Q02.** Did you have to move out of your home because of Hurricane Katrina or Hurricane Rita?

1 Yes **[GO TO TX05Q03]**
2 No **[GO TO NEXT SECTION]**
7 Don't know / Not sure **[GO TO NEXT SECTION]**
9 Refused **[GO TO NEXT SECTION]**

**TX05Q03.** If you had to move out of your home, did you eventually…

[**Please Read]**
1 Move back to your former home
2 Move back to another home in your former town
3 Move to another home somewhere else in Texas
4 Still in temporary housing
7 Do not know / Not sure
9 Refused

# Asthma Follow-up Questions

**{Texas will participate in the Adult & Child Asthma Callback survey}**

**{If s8q1 or s8q2=1 or mod3_1 or mod3_2=1 continue, else go to closing}**

**{If ADULT only, proceed with ADULT; IF CHILD only, proceed with CHILD}**

**Asthma Selection: {ASTHMA CALLBACK SELECTION: CHOSE ADULT OR CHILD. (50% ADULT / 50% CHILD)}**

**ast1.** We would like to call to you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in Texas.

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 **[go to closing]**

**ast2.** Can I please have (**fill-in:** your/your child's) first name or initials so we will know who to ask for when we call back?

1 Gave Information
9 Refused

**ast3.** ENTER NAME: _____

## Closing Statement

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

## Language Indicator

**Lang1.** INTERVIEWER DO NOT READ

CODE LANGUAGE OF INTERVIEW

1 English
2 Spanish