

Texas

2007

**Behavioral Risk Factor Surveillance System
Questionnaire**

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Introduction & Selection

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".**

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

The interview takes approximately 20 minutes to complete.

The call may be monitored for quality assurance.

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
- 8 8 None
 - 7 7 Don't know / Not sure
 - 9 9 Refused
- 2.2** Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (76–77)
- — Number of days
- 8 8 None
 - 7 7 Don't know / Not sure
 - 9 9 Refused

{CATI: If 2.1 and 2.2 = 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? (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?
[NOTE: If "No," ask: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"] (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?
- [NOTE: If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”]**
- [If respondent says pre-diabetes or borderline diabetes, use response code 4.]** (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 3: Diabetes [split 1, 3]

{CATI: If split = 1 or 3, continue; else if Split = 2 or 4, go to next section}

{CATI: If core Q5.1=1, continue, otherwise go to next section.}

- Mod3_1** How old were you when you were told you have diabetes? (221-222)
- | | | |
|---|---|---------------------------------------|
| — | — | Code age in years [97 = 97 and older] |
| 9 | 8 | Don't know / Not sure |
| 9 | 9 | Refused |

- Mod3_2** Are you now taking insulin? (223)
- | | |
|---|---------|
| 1 | Yes |
| 2 | No |
| 9 | Refused |

Mod3_3 Are you now taking diabetes pills? (224)

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

Mod3_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. (225-227)

- 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

Mod3_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. (228-230)

- 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

Mod3_6 Have you ever had any sores or irritations on your feet that took more than four weeks to heal? (231)

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

Mod3_7 About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (232-233)

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

Mod3_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"? (234-235)

		Number of times [76 = 76 or more]
8	8	None
9	8	Never heard of "A one C" test
7	7	Don't know / Not sure
9	9	Refused

{CATI: If Mod3_5 = 555 (No feet), go to Mod3_10.}

Mod3_9 About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (236-237)

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

Mod3_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. (238)

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

Mod3_11 Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (239)

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

Mod3_12 Have you ever taken a course or class in how to manage your diabetes yourself? (240)

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

Section 6: Hypertension Awareness

- 6.1** Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (86)

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

- | | | |
|---|--|----------------------|
| 1 | Yes | |
| 2 | Yes, but female told only during pregnancy | {Go to next section} |
| 3 | No | {Go to next section} |
| 4 | Told borderline high or pre-hypertensive | {Go to next section} |
| 7 | Don't know / Not sure | {Go to next section} |
| 9 | Refused | {Go to next section} |

- 6.2** Are you currently taking medicine for your high blood pressure? (87)

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

Section 7: Cholesterol Awareness

- 7.1** Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (88)

- | | | |
|---|-----------------------|----------------------|
| 1 | Yes | |
| 2 | No | {Go to next section} |
| 7 | Don't know / Not sure | {Go to next section} |
| 9 | Refused | {Go to next section} |

- 7.2** About how long has it been since you last had your blood cholesterol checked? (89)

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 |

- 7.3** Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (90)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 8: 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."

- 8.1** Ever told you had a heart attack, also called a myocardial infarction? (91)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- 8.2** (Ever told) you had angina or coronary heart disease? (92)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- 8.3** (Ever told) you had a stroke? (93)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 9: Asthma

- 9.1** Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (94)
- 1 Yes
 - 2 No {Go to next section}
 - 7 Don't know / Not sure {Go to next section}
 - 9 Refused {Go to next section}

- 9.2** Do you still have asthma? (95)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 10: Immunization

- 10.1** A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot? (96)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- 10.2** 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™. (97)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- 10.3** 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? (98)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- 10.4** Have you EVER received the hepatitis B vaccine? The hepatitis B vaccine is completed after the third shot is given. (99)

[NOTE: Response is "Yes" only if respondent has received the entire series of three shots.]

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

The next question is about behaviors related to Hepatitis B.

10.5 Please 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 have had sex with 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?

(100)

- 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 11: Tobacco Use

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

(101)

[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}

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

(102)

- 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}

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

(103)

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

Section 12: Demographics

12.1 What is your age? (104-105)

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

12.2 Are you Hispanic or Latino? (106)

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

12.3 Which one or more of the following would you say is your race? (107-112)

[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: If more than one response to 12.3, continue. Otherwise, go to 12.5}

12.4 Which one of these groups would you say best represents your race? (113)

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

12.5 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. (114)

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

12.6 Are you...? (115)

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

12.7 How many children less than 18 years of age live in your household? (116-117)

- — Number of children
- 8 8 None
- 9 9 Refused

12.8 What is the highest grade or year of school you completed? (118)

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

12.9 Are you currently...?

(119)

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

12.10 Is your annual household income from all sources—

(120-121)

[NOTE: 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

12.11 About how much do you weigh without shoes? (122-125)

Note: If respondent answers in metrics, put “9” in column 122.

Round fractions up

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

12.12 About how tall are you without shoes? (126-129)

Note: If respondent answers in metrics, put “9” in column 126.

Round fractions down

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

{CATI: If 12.11=7777 (Don't Know/Not sure) or 9999(Refused) go to 12.15}

12.13 How much did you weigh a year ago? *[Female respondent: If you were pregnant a year ago, how much did you weigh before your pregnancy?]* (130-133)

[Note: If respondent answers in metrics, put “9” in column 130.]

Round fractions up

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

{CATI: Subtract weight one year ago from current weight. If weight is same, skip Q12.14.}

12.14 Was the change between your current weight and your weight a year ago intentional? (134)

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

12.15 What county do you live in? (135-137)

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

12.16 What is your ZIP Code where you live? (138-142)

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

12.17 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. (143)

1 Yes
2 No {Go to Q12.19}
7 Don't know / Not sure {Go to Q12.19}
9 Refused {Go to Q12.19}

12.18 How many of these telephone numbers are residential numbers? (144)

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

12.19 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. (145)

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

12.20 Indicate sex of respondent. **Ask only if necessary.** (146)

1 Male {Go to next section}
2 Female {If respondent is 45 years old or older, go to next section}

{CATI: If core q12.1 < 45 and q12.20=2, continue; else go to next section}

12.21 To your knowledge, are you now pregnant? (147)

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? (143)

- | | | |
|---|-----------------------|----------------------|
| 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? (144-146)

- | | | |
|-------|---------------------------|----------------------|
| 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? (147-148)

- | | | |
|-----|-----------------------|--|
| | 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? (149-150)

- | | | |
|-----|-----------------------|--|
| | 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? (151-152)

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

Section 14: Disability

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

14.1 Are you limited in any way in any activities because of physical, mental, or emotional problems? (153)

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

14.2 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? (154)

[Include occasional use or use in certain circumstances]

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

Section 15: Arthritis Burden

The next questions refer to the joints in your body. Please do **NOT** include the back or neck.

15.1 During the past 30 days, have you had symptoms of pain, aching, or stiffness in or around a joint? (155)

- 1 Yes
- 2 No {Go to 15.4}
- 7 Don't know / Not sure {Go to 15.4}
- 9 Refused {Go to 15.4}

15.2 Did your joint symptoms first begin more than 3 months ago? (156)

- 1 Yes
- 2 No {Go to 15.4}
- 7 Don't know / Not sure {Go to 15.4}
- 9 Refused {Go to 15.4}

15.3 Have you ever seen a doctor or other health professional for these joint symptoms? (157)

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

- 15.4** Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (158)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

[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)**

{CATI: If either Q15.2 = 1 (Yes) or Q.15.4 = 1 (Yes); continue. Otherwise, go to next section}

- 15.5** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (159)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

[NOTE: If a respondent question arises about medication, then the interviewer should reply: "Please answer the question based on how you are when you are taking any of the medications or treatments you might use."]

Section 16: Fruits and Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods **you** eat. Include all foods *you* eat, both at home and away from home.

- 16.1** How often do you drink fruit juices such as orange, grapefruit, or tomato? (160-162)
- 1 _ _ Per day
 - 2 _ _ Per week
 - 3 _ _ Per month
 - 4 _ _ Per year
 - 5 5 5 Never
 - 7 7 7 Don't know / Not sure
 - 9 9 9 Refused

- 16.2** Not counting juice, how often do you eat fruit? (163-165)
- 1 _ _ Per day
 2 _ _ Per week
 3 _ _ Per month
 4 _ _ Per year
 5 5 5 Never
 7 7 7 Don't know / Not sure
 9 9 9 Refused
- 16.3** How often do you eat green salad? (166-168)
- 1 _ _ Per day
 2 _ _ Per week
 3 _ _ Per month
 4 _ _ Per year
 5 5 5 Never
 7 7 7 Don't know / Not sure
 9 9 9 Refused
- 16.4** How often do you eat potatoes not including French fries, fried potatoes, or potato chips? (169-171)
- 1 _ _ Per day
 2 _ _ Per week
 3 _ _ Per month
 4 _ _ Per year
 5 5 5 Never
 7 7 7 Don't know / Not sure
 9 9 9 Refused
- 16.5** How often do you eat carrots? (172-174)
- 1 _ _ Per day
 2 _ _ Per week
 3 _ _ Per month
 4 _ _ Per year
 5 5 5 Never
 7 7 7 Don't know / Not sure
 9 9 9 Refused
- 16.6** Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (Example: A serving of vegetables at both lunch and dinner would be two servings.) (175-177)
- 1 _ _ Per day
 2 _ _ Per week
 3 _ _ Per month
 4 _ _ Per year
 5 5 5 Never
 7 7 7 Don't know / Not sure
 9 9 9 Refused

Section 17: Physical Activity

{CATI: If 12.9 = 1 (employed for wages) or 2 (self-employed) then continue. Otherwise, Go to 17.2}

17.1 When you are at work, which of the following best describes what you do? Would you say—

(178)

[NOTE: If respondent has multiple jobs, include all jobs.]

Please read

- 1 Mostly sitting or standing
- 2 Mostly walking
- 3 Mostly heavy labor or physically demanding work

Do not read

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

Please read

We are interested in two types of physical activity - vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

17.2 Now, thinking about the moderate activities you do {fill in “when you are not working” if “employed” or self-employed”} in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

(179)

- 1 Yes
- 2 No {Go to 17.5}
- 7 Don't know / Not sure {Go to 17.5}
- 9 Refused {Go to 17.5}

17.3 How many days per week do you do these moderate activities for at least 10 minutes at a time?

(180-181)

- $\overline{} \overline{}$ Days per week
- $\overline{8} \overline{8}$ Do not do any moderate physical activity for at least 10 minutes at a time? {Go to 17.5}
- $\overline{7} \overline{7}$ Don't know / Not sure {Go to 17.5}
- $\overline{9} \overline{9}$ Refused {Go to 17.5}

17.4 On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

(182-184)

- $\overline{} \overline{} \overline{}$ Hours and minutes per day
- $\overline{7} \overline{7} \overline{7}$ Don't know / Not sure
- $\overline{9} \overline{9} \overline{9}$ Refused

17.5 Now, thinking about the vigorous activities you do {fill in “when you are not working” if “employed” or “self-employed”} in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

(185)

- | | | |
|---|-----------------------|----------------------|
| 1 | Yes | |
| 2 | No | {Go to next section} |
| 7 | Don't know / Not sure | {Go to next section} |
| 9 | Refused | {Go to next section} |

17.6 How many days per week do you do these vigorous activities for at least 10 minutes at a time?

(186-187)

- | | | |
|---------------------|--|----------------------|
| <u> </u> <u> </u> | Days per week | |
| 8 8 | Do not do any vigorous physical activity for at least 10 minutes at a time | {Go to next section} |
| 7 7 | Don't know / Not sure | {Go to next section} |
| 9 9 | Refused | {Go to next section} |

17.7 On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

(188-190)

- | | |
|-------------|---------------------------|
| <u> </u> : | Hours and minutes per day |
| 7 7 7 | Don't know / Not sure |
| 9 9 9 | Refused |

Section 18: HIV/AIDS

{CATI: 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.

18.1 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.

(191)

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

18.2 Not including blood donations, in what month and year was your last HIV test? (192-197)

[NOTE: If response is before January 1985, code “Don’t know.”]

<u> </u> / <u> </u>	Code month and year
7 7 / 7 7 7 7	Don’t know / Not sure
9 9 / 9 9 9 9	Refused

18.3 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? (198-199)

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: If 18.2 = within last 12 months, continue. Otherwise, go to next section.}

18.4 Was it a rapid test where you could get your results within a couple of hours? (200)

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

Section 19: Emotional Support and Life Satisfaction

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

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

[NOTE: If asked, say “please include support from any source”.]

(201)

Please read

1	Always
2	Usually
3	Sometimes
4	Rarely
5	Never

Do not read

7	Don’t know / Not sure
9	Refused

19.2 In general, how satisfied are you with your life? (202)

Please read

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied

Do not read

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

Section 20: Gastrointestinal Disease

Now I would like to ask you some questions about diarrhea that you may have experienced and about medical care you sought for your diarrheal illness.

20.1 In the past 30 days, did you have diarrhea that began within the 30 day period? *Diarrhea is defined as 3 or more loose stools or bowel movements in a 24-hour period.* (208)

- 1 Yes
- 2 No {Go to Core closing statement}
- 7 Don't know / Not sure {Go to Core closing statement}
- 9 Refused {Go to Core closing statement}

20.2 Did you visit a doctor, nurse or other health professional for this diarrheal illness?

Note: Do not answer "Yes" if you just had telephone contact with a health professional.

(209)

- 1 Yes
- 2 No {Go to Core closing statement}
- 7 Don't know / Not sure {Go to Core closing statement}
- 9 Refused {Go to Core closing statement}

20.3 When you visited your health care professional, did you provide a stool sample for testing? (210)

- 1 Yes
- 2 No
- 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.

Module 1: Random Child Selection [split 1, 2]

{CATI: If split = 1 or 2, continue; if split = 3 or 4, go to next section}

{CATI: If core Q12.7 = 88, or 99 (no children under age 18 in the household, or refused), go to next module.}

{CATI: If Q12.7 = 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 Mod1_1]}

{CATI: If Q12.7 is >1 and Q12.7 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: 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?

(203-208)

<u> </u> / <u> </u>	Code month and year
<u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u>	Don't know / Not sure
9 9 / 9 9 9 9	Refused

{CATI: 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?

(209)

1	Boy
2	Girl
9	Refused

Mod1_3 Is the child Hispanic or Latino?

(210)

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? (211-216)

[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? (217)

- 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? (218)

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 2: Childhood Asthma Prevalence [split 1, 2]

{CATI: If split = 1 or 2, continue; Else if split = 3 or 4, go to next section.}

{CATI: If response to core Q12.7 = 88 (None) or 99 (Refused), go to next section.}

~~The next two questions are about the "Xth" {CATI: please fill in correct number} child.~~

Mod2_1 Has a doctor, nurse or other health professional EVER said that the child has asthma? (219)

- 1 Yes
- 2 No {Go to next module}
- 7 Don't know / Not sure {Go to next module}
- 9 Refused {Go to next module}

Mod2_2 Does the child still have asthma? (220)

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

State-Added 1: Other Child Questions [split 1, 2]

{CATI: If split = 1 or 2, continue; Else if split = 3 or 4, go to next section.}

{CATI: If response to core Q12.7 = 88 (None) or 99 (Refused), go to next section.}

I have a couple more questions concerning the "Xth" {CATI: please fill in correct number} child.

TX1_1 Has a doctor, nurse, or other health professional EVER said that this child has diabetes? (401)

- 1 Yes
- 2 No {Go to TX1_4}
- 7 Don't know / Not sure {Go to TX1_4}
- 9 Refused {Go to TX1_4}

TX1_2 Does this child have type 1 or type 2 diabetes? (402)

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

TX1_3 On the average day during the past week, what was the MAIN thing this child did to control his/her blood sugar or diabetes? Would you say: exercise, diet, pills or oral medication, insulin injection, insulin pump, or nothing? (403)

- 1 Exercise
- 2 Diet
- 3 Pills or oral medication
- 4 Insulin injection
- 5 Insulin pump
- 6 Nothing
- 7 Don't know / Not sure
- 9 Refused

TX1_4 Was this child breastfed, bottle fed formula, or both? (404)

- 1 Breastfed
- 2 Bottle fed formula **{Go to next section}**
- 3 Both
- 7 Don't know / Not sure **{Go to next section}**
- 9 Refused **{Go to next section}**

{CATI: If CHLDAGE2<6 or CHLDAGE1<72, ask TX1_5, else go to next section.}

TX1_5 How long was this child breast fed for? (405-407)

- 1__ Number of days [101-199]
- 2__ Number of weeks [201-299]
- 3__ Number of months [301-360]
- 4__ Number of years [401-405]
- 888 Still breastfeeding child
- 777 Don't know / Not sure
- 999 Refused

Module 4: Visual Impairment and Access to Eye Care [split 1, 3]

{CATI: If split = 1 or 3, continue; else if split = 2 or 4, go to next section}

{CATI: If respondent is less than 40 years of age (core Q12.1<40), go to next section.}

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.

Mod4_1 How much difficulty, if any, do you have in recognizing a friend across the street? Would you say—
(241)

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 section}**
- 9 Refused

Mod4_2 How much difficulty, if any, do you have reading print in newspaper, magazine, recipe, menu, or numbers on the telephone? Would you say—
(242)

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 section}**
- 9 Refused

Mod4_3. When was the last time you had your eyes examined by any doctor or eye care provider?
(243)

Read only if necessary

- 1 Within the past month (anytime less than 1 month ago) **{Go to Mod4_5}**
- 2 Within the past year (1 month but less than 12 months ago) **{Go to Mod4_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 section}
- 9 Refused

Mod4_4 What is the main reason you have not visited an eye care professional in the past 12 months? (244-245)

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 section}
- 9 9 Refused

{CATI: Skip Mod4_5, if any response to Mod3_10 (Diabetes)}

Mod4_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. (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
- 5 Never

Do not read

- 7 Don't know / Not sure
- 8 Not applicable (Blind) {Go to next section}
- 9 Refused

Mod4_6 Do you have any kind of health insurance coverage for eye care? (247)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 8 Not applicable (Blind) {Go to next section}
- 9 Refused

Mod4_7 Have you been told by an eye doctor or other health care professional that you NOW have cataracts? (248)

- 1 Yes
- 2 Yes, but had them removed
- 3 No
- 7 Don't know / Not sure
- 8 Not applicable (Blind) {Go to next section}
- 9 Refused

Mod4_8 Have you EVER been told by an eye doctor or other health care professional that you had glaucoma? (249)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 8 Not applicable (Blind) {Go to next section}
- 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.

Mod4_9 Have you EVER been told by an eye doctor or other health care professional that you had age-related macular degeneration? (250)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 8 Not applicable (Blind) {Go to next section}
- 9 Refused

Mod4_10 Have you EVER had an eye injury that occurred at your workplace while you were doing your work? (251)

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

Module 5: Healthy Days (Symptoms) [Split 3,4]

{If split = 3 or 4, continue; else if split = 1 or 2, go to next section}

The next few questions are about health-related problems or symptoms.

Mod5_1 During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation?
(252-253)

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

Mod5_2 During the past 30 days, for about how many days have you felt sad, blue, or depressed?
(254-255)

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

Mod5_3 During the past 30 days, for about how many days have you felt worried, tense, or anxious?
(256-257)

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

Mod5_4 During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?
(258-259)

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

Mod5_5 During the past 30 days, for about how many days have you felt very healthy and full of energy?
(260-261)

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

Module 6: Cardiovascular Health [split 1, 3]

{CATI: If split = 1 or 3, continue; else if split = 2 or 4, go to next section}

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

{CATI: If core Q8.1 = 1 (Yes), ask Mod6_1. If core Q8.1 = 2, 7, or 9, go to Mod6_2.}

Mod6_1 After you left the hospital following your heart attack did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (262)

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

{CATI: If core Q8.3 = 1 (Yes), ask Mod6_2. If core Q8.3 = 2, 7, or 9 (No, Don't know, or Refused), go to Mod6_3.}

Mod6_2 After you left the hospital following your stroke did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (263)

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

{CATI: Mod6_3 is asked of all respondents.}

Mod6_3 Do you take aspirin daily or every other day? (264)

1	Yes {Go to next section}
2	No
7	Don't know / Not sure
9	Refused

Mod6_4 Do you have a health problem or condition that makes taking aspirin unsafe for you? (265)

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

1	Yes, not stomach related
2	Yes, stomach problems
3	No
7	Don't know / Not sure
9	Refused

Module 7: Actions to Control High Blood Pressure [split 1, 3]

{CATI: if split = 1 or 3, continue; else if split = 2 or 4, go to next section}

{CATI note: If core Q6.1 = 1 (Yes); continue. Otherwise, go to next section.}

Are you now doing any of the following to help lower or control your high blood pressure?

Mod7_1 Are you changing your eating habits to help lower or control your high blood pressure? (266)

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

Mod7_2 (Are you) cutting down on salt (to help lower or control your high blood pressure)? (267)

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't know / Not sure
- 9 Refused

Mod7_3 (Are you) reducing alcohol use (to help lower or control your high blood pressure)? (268)

- 1 Yes
- 2 No
- 3 Do not drink
- 7 Don't know / Not sure
- 9 Refused

Mod7_4 (Are you) exercising (to help lower or control your high blood pressure)? (269)

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

Has a doctor or other health professional ever advised you to do any of the following to help lower or control your high blood pressure?

Mod7_5 Ever advised you to) change your eating habits to help lower or control your high blood pressure? (270)

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

M7_6 (Ever advised you to) cut down on salt (to help lower or control your high blood pressure)? (271)

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't know / Not sure
- 9 Refused

Mod7_7 (Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)? (272)

- 1 Yes
- 2 No
- 3 Do not drink
- 7 Don't know / Not sure
- 9 Refused

Mod7_8 (Ever advised you to) exercise (to help lower or control your high blood pressure)? (273)

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

Mod7_9 (Ever advised you to) take medication (to help lower or control your high blood pressure)? (274)

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

Mod7_10 Were you told on **two or more different visits** to a doctor or other health professional that you had high blood pressure? (275)

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

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

Module 13: Arthritis Management [split 1, 3]

{CATI: if split = 1 or 3, continue; else go to next section}

{CATI: If 15.2 or 15.4 = 1 (Yes), continue. Otherwise, go to next section.}

Mod13_1 Earlier you indicated that you had arthritis or joint symptoms. Thinking about your arthritis or joint symptoms, which of the following best describes you **today**? (322)

Please read

- 1 I can do everything I would like to do
- 2 I can do most things I would like to do
- 3 I can do some things I would like to do
- 4 I can hardly do anything I would like to do

Do not read

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

Mod13_2 Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms? (323)

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

Mod13_3 Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms? (324)

[Note: If the respondent is unclear about whether this means an increase or decrease in physical activity, this means increase.]

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

Mod13_4 Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms? (325)

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

Module 14: Veterans' Health Status [Split 2, 4]

{If split = 2 or 4, continue; else if split = 1 or 3, go to next section}

{CATI: If Core Q12.5 = 1(Yes), continue. Otherwise, go to next section.}

The next questions relate to military service.

Mod14_1 Which of the following best describes your service in the United States military? (326)

Please read:

- 1 Currently on active duty
- 2 Currently in a National Guard or Reserve unit
- 3 Retired from military service
- 4 Medically discharged from military service
- 5 Discharged from military service

Do not read:

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

Mod14_2 In the last 12 months, have you received some or all of your health care from VA facilities? (327)

[NOTE: If “yes”; probe for “all” or “some” of the health care]

- 1 Yes, all of my healthcare
- 2 Yes, some of my healthcare
- 3 No, no VA health care received
- 7 Don't know / Not sure
- 9 Refused

Mod14_3 Since September 11, 2001, have you been deployed to the regions of Afghanistan or Iraq in support of U.S. military operations? (328)

[NOTE: This includes countries in the Middle East region such as Iraq, Saudi Arabia, Kuwait, the Persian Gulf, and other forward deployed operating areas such as the countries bordering Afghanistan.]

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

Module 16: Mental Illness & Stigma [split 1, 2]

{CATI: If split = 1 or 2, continue; else if split = 3 or 4, go to next section}

Now, I am going to ask you some questions about how you have been feeling during the **past 30 days**. ..

Mod16_1 About how often during the past 30 days did you feel **nervous** — would you say **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time? (335)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

Mod16_2 During the past 30 days, about how often did you feel **hopeless** — **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time? (336)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

Mod16_3 During the past 30 days, about how often did you feel **restless** or **fidgety**?

[NOTE: If necessary, all, most, some, a little, or none of the time?]

(337)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

Mod16_4 During the past 30 days, about how often did you feel **so depressed** that nothing could cheer you up?

[NOTE: necessary: all, most, some, a little, or none of the time?] (338)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

Mod16_5 During the past 30 days, about how often did you feel that **everything was an effort?**

[NOTE: If necessary: all, most, some, a little, or none of the time?] (339)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

Mod16_6 During the past 30 days, about how often did you feel **worthless?**

[NOTE: If necessary, all, most, some, a little, or none of the time?] (340)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

The next question asks if any type of **mental health condition or emotional problem has** recently kept you from doing your work or other usual activities.

Mod16_7 During the past 30 days, for about how many days did a mental health condition or emotional problem **keep you from doing** your work or other usual activities? (341-342)

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

[NOTE: If asked, "**usual activities**" includes housework, self-care, caregiving, volunteer work, attending school, studies, or recreation.]

Mod16_8 Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem? (343)

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

These next questions ask about peoples' attitudes toward mental illness and its treatment. How much **do** you **agree** or **disagree** with these statements about people with mental illness...

Mod16_9 Treatment can help people with mental illness lead normal lives. Do you –**agree** slightly or strongly, or **disagree** slightly or strongly? (344)

[NOTE: If asked for the purpose of M16Q09 or M16Q10: say: "answers to these questions will be used by health planners to help understand public attitudes about mental illness and its treatment and to help guide health education programs".

Read only if necessary

- 1** Agree strongly
- 2** Agree slightly
- 3** Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly

Do not read

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

Mod16_10 People are generally caring and sympathetic to people with mental illness. Do you –**agree** slightly or strongly, or **disagree** slightly **or** strongly? (345)

[NOTE: If asked for the purpose of M16Q09 or M16Q10: say: "answers to these questions will be used by health planners to help understand public attitudes about mental illness and its treatment and to help guide health education programs".

Read only if necessary

- 1** Agree strongly
- 2** Agree slightly
- 3** Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly

Do not read

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

Module 18: Intimate Partner Violence [Split 2, 4]

{If split = 2 or 4, continue; else if split = 1 or 3, go to next section}

The next questions are about different types of violence in relationships with an intimate partner. By an intimate partner I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner. This information will help us to better understand the problem of violence in relationships. This is a sensitive topic. Some people may feel uncomfortable with these questions. At the end of this section, I will give you phone numbers of organizations that can provide information and referral for these issues. Please keep in mind that if you are not in a safe place you can ask me to skip any question you do not want to answer.

IPV Consent. Are you in a safe place to answer these questions?

(356)

- 1 Yes
- 2 No {Go to SV_closing}

Mod18_1 Has an intimate partner EVER THREATENED you with physical violence? This includes threatening to hit, slap, push, kick, or hurt you in any way.

(357)

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

Mod18_2 Has an intimate partner EVER ATTEMPTED physical violence against you? This includes times when they tried to hit, slap, push, kick, or otherwise hurt you, BUT THEY WERE NOT ABLE TO.

(358)

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

Mod18_3 Has an intimate partner EVER hit, slapped, pushed, kicked, or hurt you in any way?

(359)

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

Now, I am going to ask you about unwanted sex. Unwanted sex includes things like putting anything into your [vagina {if female}], anus, or mouth or making you do these things to them after you said or showed that you didn't want to. It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused.

Mod18_4 Have you EVER experienced any unwanted sex by a current or former intimate partner?
(360)

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

{CATI: If Q3 = 1 (Yes) or Q4 = 1 (Yes), continue. Otherwise, go to closing statement at end of module.}

Mod18_5 In the past 12 months, have you experienced any physical violence or had unwanted sex with an intimate partner?
(361)

- 1 Yes
- 2 No {Go to Mod18_7}
- 7 Don't know / Not sure {Go to Mod18_7}
- 9 Refused {Go to Mod18_7}

Mod18_6 In the past 12 months, have you had any physical injuries, such as bruises, cuts, scrapes, black eyes, vaginal or anal tears, or broken bones, as a result of this physical violence or unwanted sex?
(362)

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

Mod18_7 At the time of the most recent incident involving an intimate partner who **was physically violent** –or- **had unwanted sex** with you, what was that person's relationship to you?
(363-364)

Do not read:

- 01 Current boyfriend
- 02 Current girlfriend
- 03 Former boyfriend
- 04 Former girlfriend
- 05 Fiancé (male)
- 06 Fiancé (female)
- 07 Male you were dating
- 08 Female you were dating
- 09 Female first date
- 10 Male first date
- 11 Husband or male live-in partner
- 12 Wife or female live-in partner
- 13 Former husband or former male live-in partner
- 14 Former wife or former female live-in partner
- 15 Other
- 77 Don't know / Not sure
- 99 Refused

IPV Closing: We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, there is a toll-free and confidential intimate partner violence telephone hotline you can call. The number is **1- 800-799-SAFE (7233)**. Would you like me to repeat the number?

State-Added 10: Chronic Liver Disease & Cirrhosis Awareness [Split 3, 4]

{If Split = 3 or 4, continue; else if split = 1 or 2, go to next section}

TX10_1 Have you EVER been told by a doctor, nurse, or other health professional that you have chronic liver disease or cirrhosis? (495)

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

TX10_2 What did the doctor, nurse, or other health professional say may have caused the chronic liver disease or cirrhosis? (496)

[NOTE: If respondent has either multiple responses OR respondent does not know which Hepatitis, code as "other" and specify.]

Read if necessary

- 1 Alcohol or drinking
- 2 Exposure to toxic chemicals or pesticides
- 3 Hepatitis B
- 4 Hepatitis C
- 5 Use of street drugs
- 6 Other [specify: _____]

Don't read

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

TX10_3 Are you currently taking medicine or being treated for your chronic liver disease or cirrhosis? (497)

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

State-Added 11: Immunization [Split 3, 4]

{If split = 3 or 4, continue; else if split = 1 or 2, go to next section}

TX11_1 During the past ten years, have you had either a tetanus shot or the new tetanus shot that also includes pertussis (whooping cough)? It is often called Td or Tdap. (498)

- 1 Yes
- 2 No {Go to TX11_3}
- 7 Don't know / Not sure {Go to TX11_3}
- 9 Refused {Go to TX11_3}

TX11_2 Which tetanus vaccine did you receive? If you have received more than one tetanus shot in the past ten years, tell us about the most recent one that you received. (499)

Read if necessary

- 1 The shot that includes only tetanus and diphtheria. This vaccine is called Td.
- 2 The new shot that includes tetanus and diphtheria but also includes pertussis, also known as whooping cough. The vaccine is called Tdap.

Do not read

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

TX11_3 Do you currently have regular close contact with an infant (a child less than one year of age)? Examples of close contact would include living with or taking care of an infant as a parent, grandparent, childcare provider or healthcare provider. (500)

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

State-Added 12: 2-1-1 [Split 3, 4]

{If split = 3 or 4, continue; else if split = 1 or 2, go to next section}

The next set of questions asks about your level of awareness about the 2-1-1 system.

TX12_1 Have you ever dialed 2-1-1 before? (501)

- 1 Yes
- 2 No {Go to TX12_4}
- 7 Don't know / Not sure {Go to TX12_4}
- 9 Refused {Go to TX12_4}

TX12_2 When you dialed 2-1-1, did you receive the information you were looking for? (502)

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

TX12_3 Would you dial 2-1-1 again? (503)

- 1 Yes **{Go to next section}**
- 2 No **{Go to next section}**
- 7 Don't know / Not sure **{Go to next section}**
- 9 Refused **{Go to next section}**

{If TX12_1=2, 7, 9, continue; else go to next section}

TX12_4 Have you heard of the 2-1-1 number before? (504)

- 1 Yes **{Go to TX12_5}**
- 2 No **{Go to TX12_5int}**
- 7 Don't know / Not sure **{Go to TX12_5int}**
- 9 Refused **{Go to next section}**

TX12_5int Just like you can dial 9-1-1 for fire, emergency, and police, you can now dial 2-1-1 for access to information about local health and human services such as rent and utility assistance, food, health care, and job training. It's the number to call when you need help, but don't know where to turn.

TX12_5 Do you think that you are likely to dial 2-1-1 if you needed information about where to find help? (505)

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

State-Added 13: Worker's Compensation [Split 3, 4]

{If split = 3 or 4, continue; else if split = 1 or 2, go to next section}

{CATI: If 12.9 = 3 (Out of work for more than a year) OR 12.9 = 9 (Refused), then go to the next section.}

{CATI: If 12.9 = 1 (Employed for wages), 2 (Self-employed), or 4 (Out of work less than a year), then go to TX13_2}

{CATI: If 12.9 = 5 (Homemaker), 6 (Student), 7 (Retired), or 8 (Unable to work), continue.}

TX13_1 We would like to know if you have worked in the last year. During the past twelve months, have you been employed for any period of time, either part time, full time, or self-employed? (506)

- 1 Yes, employed full time or part time
- 2 Yes, self-employed
- 3 No **{Go to next section}**
- 7 Don't know / Not sure **{Go to next section}**
- 9 Refused **{Go to next section}**

TX13_2 The next questions are about your work and whether you had a work-related injury. As a reminder, all your responses are strictly confidential. What kind of business or industry do you work in? (507-508)

[Note (if needed): What is the main activity of the company you work for?]

Do not Read

- 01 Transportation and Warehousing
- 02 Agriculture, Forestry, Fishing & Hunting
- 03 Manufacturing
- 04 Public Administration (federal, state and local government, including police & sheriff personnel)
- 05 Health Care and Social Assistance
- 06 Education
- 07 Construction
- 08 Retail Trade
- 09 Administrative & Support Services (services for day-to-day operations, including temporary personnel, cleaning/janitorial, pest control, landscaping, etc.)
- 10 Financial and Real Estate Services
- 11 Leisure and Hospitality (arts, entertainment, lodging, eating & drinking establishments)
- 12 Wholesale Trade
- 13 Utilities and Mining (including oil & gas extraction)
- 66 Other **[specify: _____]**
- 77 Don't know / Not sure
- 99 Refused

TX13_3

During the past 12 months, that is since **{CATI: enter today's date}** were you injured seriously enough while performing your job that you got medical advice or treatment?
(509)

- 1 Yes
- 2 No **{Go to next section}**
- 7 Don't know / Not sure **{Go to next section}**
- 9 Refused **{Go to next section}**

TX13_4

For your most recent work-related injury, who paid for your treatment?
(510-511)

Please read

- 01 Worker's compensation **{Go to next section}**
- 02 Private insurance
- 03 Medicare, Medicaid
- 04 Indian Health Service / Alaska Native Health Service
- 05 The military, Veterans Administration or CHAMPUS **{Go to next section}**
- 06 Federal government (OWCP program) **{Go to next section}**
- 07 You or your family, out of pocket
- 08 Your employer through a worker's compensation claim **{Go to next section}**
- 09 Your employer without a worker's compensation claim
- 10 Your employer without a worker's compensation claim and through on-site medical treatment.
- 11 The union
- 66 Other **[specify: _____]**
- 55 Worker's compensation claim filed, still in process or not resolved **{Go to next section}**

Do not read

- 88 No one paid, no treatment **{Go to next section}**
- 77 Don't know / Not sure **{Go to next section}**
- 99 Refused **{Go to next section}**

TX13_5

For your most recent work-related injury, why was the treatment not paid by worker's compensation?
(512-513)

Do not Read

- 01 You didn't know you could file a claim
- 02 Your doctor did not want a claim to be filed
- 03 You didn't want to file a claim because you were worried about retaliation
- 04 The workers compensation claim was rejected
- 05 Your employer paid for treatment
- 06 No claim was filed because you were not covered by worker's compensation

Do not read

- 66 Other **[specify: _____]**
- 77 Don't know/Not sure
- 99 Refused

State-Added 2: Diabetes Add-On Questions [split 1, 3]

{CATI: if split = 1 or 3, continue; else if split = 2 or 4, go to next section}

{CATI: Ask to everybody in split 1 and 3}

TX2_1 Next, I have a few more questions about diabetes.

In the past 12 months, have you heard, seen or read anything about ways a person can avoid or prevent diabetes?

(408)

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

TX2_2 Do you think people can do something to prevent developing diabetes?

(409)

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

TX2_3 Please name for me up to three risk factors for developing diabetes. A risk factor is something that makes you more likely to develop a disease like diabetes.

(410-415)

Do not read

- 01 Age
- 02 Weight / Overweight / Obesity
- 03 Family member with diabetes
- 04 Race / Ethnic minorities
- 05 Eating a lot of sugar or sweets
- 06 Limited exercise / physical activity / sedentary lifestyle
- 66 Other (specify)
- 55 No additional choices
- 77 Don't know / Not sure
- 99 Refused

TX2_4 Please name for me up to three signs or symptoms of diabetes.

[Note: A symptom is how your body reacts in response to an illness or disease, example: sneezing is sometimes a symptom of allergies.]

(416-421)

Do not read

- 01 Blurred vision
- 02 Fatigue
- 03 Thirsty / hungry
- 04 Frequent urination
- 05 Sudden change in weight
- 06 Slow healing sore or cut
- 07 Numbness or tingling in hands or feet

- 08 Frequent infection
- 09 Depression
- 66 Other (specify)
- 55 No additional choices
- 77 Don't know / Not sure
- 99 Refused

{CATI: If Q5.1 > 1, go to CATI Note before TX2_8.}

TX2_5 Did a doctor or health care provider instruct you to eat or not eat certain foods to control your diabetes or high blood sugar? (422)

- 1 Yes
- 2 No **{Go to TX2_7}**
- 7 Don't know / Not sure **{Go to TX2_7}**
- 9 Refused **{Go to TX2_7}**

TX2_6 On the average day, during the past week, how often would you say you followed these instructions? Would you say: Always, Most of the time, Sometimes, Hardly ever, or Never? (423)

Do not read

- 1 Always
- 2 Most of the time
- 3 Sometimes
- 4 Hardly ever
- 5 Never
- 7 Don't know / Not sure
- 9 Refused

TX2_7 How many times in the past year have you been hospitalized for reasons related to your diabetes? (424-425)

- __ Number of times **[01-76]**
- 88 None
- 77 Don't know / Not sure
- 99 Refused

{CATI: If core Q5.1 = 1, go to next section. Else if core Q5.1 = 2 or 4, go to TX2_9; else if core Q5.1 = 3, 7, or 9, continue with TX2_8}

TX2_8 Have you ever been told by a doctor or other health professional that you have pre-diabetes, borderline diabetes, or high blood sugar? (514)

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

TX2_9 During the past 12 months, have you had a blood test or a finger prick to check for diabetes? Diabetes is also referred to as “sugar” or “high blood sugar.” (515)

1	Yes
2	No
7	Don't know
9	Refused

State-Added 3: Smoking Cessation [Split 1, 3]

{CATI: If split = 1 or 3, continue; else if split = 2 or 4, go to next section.}

{CATI Note: If core Q11.2 =3 (Not at all), continue; If core Q11.2=1 or 2 ('every day' or 'some days'), Go to TX3_2; IF core Q11.1=2,7,9 or core Q11.2=7,9, go to next section}

Previously you said you have smoked cigarettes:

TX3_1 About how long has it been since you last smoked cigarettes? (426-427)

Read only if necessary:

- | | |
|--------------------|--|
| 01 | Within the past month (anytime less than 1 month ago) |
| 02 | Within the past 3 months (1 month but less than 3 months ago) |
| 03 | Within the past 6 months (3 months but less than 6 months ago) |
| 04 | Within the past year (6 months but less than 1 year ago) |
| 05 | Within the past 5 years (1 year but less than 5 years ago) [Go to next section] |
| 06 | Within the past 10 years (5 years but less than 10 years ago) [Go to next section] |
| 07 | 10 or more years ago [Go to next section] |
| Do not read | |
| 77 | Don't know / Not sure [Go to next section] |
| 99 | Refused [Go to next section] |

{CATI: If TX3_1= 01, 02, 03, or 04, OR if Core Q11.2=1 or 2 continue; else go to next section}

The next questions are about interactions you might have had with a doctor, nurse, or other health professional.

TX3_2 In the last 12 months, how many times have you seen a doctor, nurse or other health professional to get any kind of care for yourself? (428-429)

- | | |
|-----|--------------------------|
| — | Number of times [01-76] |
| 8 8 | None [Go to next module] |
| 7 7 | Don't know / Not sure |
| 9 9 | Refused |

TX3_3 In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider? (430-431)

— — Number of visits [01-76]
8 8 None
7 7 Don't know / Not sure
9 9 Refused

TX3_4 On how many visits did your doctor, nurse or other health professional recommend or discuss medication to assist you with quitting smoking, such as nicotine gum, patch, nasal spray, inhaler, lozenge, or prescription medication such as Wellbutrin/Zyban/Bupropion?

[NOTE: Pronunciation: Well BYOU trin/ZEYE ban/byou PRO pee on] (432-433)

— — Number of visits [01-76]
8 8 None
7 7 Don't know / Not sure
9 9 Refused

TX3_5 On how many visits did your doctor or health provider recommend or discuss methods and strategies other than medication to assist you with quitting smoking? (434-435)

— — Number of visits [01-76]
8 8 None
7 7 Don't know / Not sure
9 9 Refused

State-Added 4: Secondhand Smoke [Split 1, 3]

{CATI: If split = 1 or 3, continue; else if split = 2 or 4, go to next section.}

TX4_1 Which statement best describes the rules about smoking inside your home? (436)

Please read

- 1 Smoking is not allowed anywhere inside your home
- 2 Smoking is allowed in some places or at some times
- 3 Smoking is allowed anywhere inside your home
- or
- 4 There are no rules about smoking inside your home

DO NOT READ

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

{CATI: If response to core Q12.9= 1 or 2 ('employed' or 'self-employed'), continue; Else, Go to TX4_5}

TX4_2 While working at your job, are you indoors most of the time? (437)

- 1 Yes
- 2 No {Go to TX4_5}
- 7 Don't know / Not sure {Go to TX4_5}
- 9 Refused {Go to TX4_5}

TX4_3 Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms? (438)

[Note: For workers who visit clients or work at home, "place of work" means their base location. For self-employed persons who work at home, the official smoking policy means the home smoking policy.]

Please read

- 1 Not allowed in any public areas
 - 2 Allowed in some public areas
 - 3 Allowed in all public areas
- or
- 4 No official policy

DO NOT READ

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

TX4_4 Which of the following best describes your place of work's official smoking policy for work areas? (439)

Please read

- 1 Not allowed in any work areas
 - 2 Allowed in some work areas
 - 3 Allowed in all work areas
- or
- 4 No official policy

DO NOT READ

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

TX4_5

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

(440)

[NOTE: 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

TX4_6

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?

(441)

[NOTE: 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: TV Viewing [Split 1, 3]

{CATI: If split = 1 or 3, continue; else if split = 2 or 4, go to next section.}

TX5_1

Over the past 30 days, on a typical day, how much time did you spend sitting and watching TV or videos or using a computer outside of work? Would you say...

(442)

Please Read

- 1 Less than 1 hour
- 2 1 hour
- 3 2 hours
- 4 3 hours
- 5 4 hours
- 6 5 hours or more
- 8 You do not watch TV or videos or use computer outside of work.

Do Not Read

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

State-Added 8: Breastfeeding Awareness [Split 1,2,3,4]

{Split 1,2,3,4, continue}

{CATI: If Core Q12.21=1, ask TX8_1, else go to pre-TX8_2.}

The next question is about breastfeeding.

TX8_1 Previously you mentioned that you are pregnant. Do you plan to breast feed the child you are currently carrying? (462)

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

Pre-TX8_2: {if split = 1 or 3, go to next section; else if split = 2 or 4, continue}

I'm going to read 14 statements about breastfeeding. After I read each one, please tell me whether you strongly agree, agree, neither agree or disagree, disagree, or strongly disagree concerning the statement.

TX8_2 Feeding a baby formula instead of breast milk increase the chances the baby will get sick. (463)

- 1 Strongly agree
- 2 Agree
- 3 Neither agree or disagree
- 4 Disagree
- 5 Strongly disagree
- 7 Don't know / Not sure
- 9 Refused

TX8_3 Breastfeeding makes a woman's breasts look unattractive later in life. (464)

- 1 Strongly agree
- 2 Agree
- 3 Neither agree or disagree
- 4 Disagree
- 5 Strongly disagree
- 7 Don't know / Not sure
- 9 Refused

- TX8_4** Breastfeeding will tie a mother down and interfere too much with her social life. (465)
- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree or disagree
 - 4 Disagree
 - 5 Strongly disagree
 - 7 Don't know / Not sure
 - 9 Refused
- TX8_5** It is appropriate to show a woman breastfeeding her baby on a magazine cover. (466)
- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree or disagree
 - 4 Disagree
 - 5 Strongly disagree
 - 7 Don't know / Not sure
 - 9 Refused
- TX8_6** It is appropriate to show a woman breastfeeding her baby on a billboard or poster. (467)
- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree or disagree
 - 4 Disagree
 - 5 Strongly disagree
 - 7 Don't know / Not sure
 - 9 Refused
- TX8_7** It is appropriate to show a woman breastfeeding her baby on a television show that you would watch with your children or grandchildren. (468)
- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree or disagree
 - 4 Disagree
 - 5 Strongly disagree
 - 7 Don't know / Not sure
 - 9 Refused
- TX8_8** Breast milk is the best source of nutrition for infants. (469)
- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree or disagree
 - 4 Disagree
 - 5 Strongly disagree

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

TX8_9 A mother cannot breastfeed her baby and work outside the home. (470)

- 1 Strongly agree
- 2 Agree
- 3 Neither agree or disagree
- 4 Disagree
- 5 Strongly disagree
- 7 Don't know / Not sure
- 9 Refused

TX8_10 I am embarrassed when a woman who I do not know breastfeeds in front of me. (471)

- 1 Strongly agree
- 2 Agree
- 3 Neither agree or disagree
- 4 Disagree
- 5 Strongly disagree
- 7 Don't know / Not sure
- 9 Refused

TX8_11 Breastfed infants are less likely to be obese when they are older. (472)

- 1 Strongly agree
- 2 Agree
- 3 Neither agree or disagree
- 4 Disagree
- 5 Strongly disagree
- 7 Don't know / Not sure
- 9 Refused

TX8_12 Employers should provide flexible work schedules, such as additional break time, for breastfeeding mothers to feed their babies or pump breast milk. (473)

- 1 Strongly agree
- 2 Agree
- 3 Neither agree or disagree
- 4 Disagree
- 5 Strongly disagree
- 7 Don't know / Not sure
- 9 Refused

TX8_13 Employers should provide a private room, such as a lounge or break room, for breastfeeding mothers to feed their babies or pump breast milk? (474)

- 1 Strongly agree
- 2 Agree
- 3 Neither agree or disagree
- 4 Disagree
- 5 Strongly disagree
- 7 Don't know / Not sure
- 9 Refused

TX8_14 Mothers should only breastfeed in their own homes. (475)

- 1 Strongly agree
- 2 Agree
- 3 Neither agree or disagree
- 4 Disagree
- 5 Strongly disagree
- 7 Don't know / Not sure
- 9 Refused

TX8_15 Formula feeding is healthier for babies than breastfeeding. (476)

- 1 Strongly agree
- 2 Agree
- 3 Neither agree or disagree
- 4 Disagree
- 5 Strongly disagree
- 7 Don't know / Not sure
- 9 Refused

TX8_16 I have a few last questions about breastfeeding.

When a breastfeeding woman is out of her house and needs to feed her baby, should she: (477)

Please read

- 1 Only bottle feed her baby
- 2 Breastfeed so that no one sees her breasts
- 3 Breastfeed openly even if she shows her breasts

Do not read

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

TX8_17 What is the earliest age a child should stop breastfeeding? (478-480)

- 1__ Number of days
- 2__ Number of weeks
- 3__ Number of months
- 4__ Number of years
- 777 Don't know / Not sure
- 999 Refused

TX8_18 How many biological children do you have? Please include those that do not live in the household. (481-482)

- __ Number of children [1-76]
- 88 None {Go to next section}
- 77 Don't know / Not sure
- 99 Refused

TX8_19 If TX8_18 = 1, ask: Was this child breastfed?
If TX8_18 > 1, ask: Was the last child you had breastfed? (483)

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

TX8_20 What was the main reason why this child was not breastfed? (484-485)

- Do not read**
- 01 Did not want to / Chose not to
 - 02 Did not know how to
 - 03 Mother's medication
 - 04 Mother's medical condition
 - 05 Infant's medical condition
 - 06 Breast soreness and/or pain
 - 07 Problem with milk supply
 - 66 Other [specify: _____]
 - 77 Don't know / Not sure
 - 99 Refused

{CATI: If TX8_18=01, skip to next section.}

- TX8_21** {CATI: If TX8_18=02, ask: Was your other biological child breastfed?}
- {CATI: If TX8_18>2, ask: Were any of your other biological children breastfed?}
- (486)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

State-Added 9: Family Planning [Split 2, 4]

{If split = 2 or 4, continue; else if split = 1 or 3, go to next section}

{CATI: If Core Q12.20=2 and (Core Q12.21=1 OR Core Q12.1 > 45) go to TX9_6.}

{CATI: If Core Q12.20=1 and Core Q12.1 > 60, go to next section.}

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

- TX9_1** Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, implants, shots, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy. Are you or your {CATI: if Q12.20=2 (female), insert "husband/partner", if Q12.20=1 (male), insert "wife/partner"} doing anything now to keep {CATI: if Q12.20=2 (female), insert "you"; if Q12.20=1 (male), insert "her"} from getting pregnant?

[Note: If more than one partner, consider usual partner.]

(487)

- 1 Yes
- 2 No {Go to TX9_3}
- 3 No partner / Not sexually active {Go to next section}
- 4 Same sex partner {Go to next section}
- 7 Don't know / Not sure {Go to next section}
- 9 Refused {Go to next section}

- TX9_2** What are you or your {CATI: if Q12.20=2 (female), insert "husband/partner", if Q12.20=1 (male), insert "wife/partner"} doing now to keep {if Q12.20=2 (female), insert "you", if Q12.20=1 (male), insert "her"} from getting pregnant?

(488-489)

Read only if necessary

- 01 Tubes tied {Go to pre-TX9_6}
- 02 Hysterectomy (female sterilization) {Go to pre-TX9_6}
- 03 Vasectomy (male sterilization) {Go to pre-TX9_6}
- 04 Pill, all kinds (Seasonale, etc.) {Go to TX9_4}
- 05 Male condoms {Go to TX9_4}
- 06 Female condoms {Go to TX9_4}
- 07 Contraceptive implants (Jadelle or Implants) {Go to TX9_4}

- 08 Shots (Depo-Provera {Go to TX9_4}
- 09 Shots (Lunelle) {Go to TX9_4}
- 10 Contraceptive Patch {Go to TX9_4}
- 11 Diaphragm, cervical ring, or cap (Nuvaring or others) {Go to TX9_4}
- 12 IUD (including Mirena) {Go to TX9_4}
- 13 Emergency contraception (EC) {Go to TX9_4}
- 14 Withdrawal {Go to TX9_4}
- 15 Not having sex at certain times (natural or rhythm) {Go to TX9_4}
- 16 Other method (foam, jelly, cream, etc.) {Go to TX9_4}
- 17 Abstinence {Go to TX9_4}

Do not read

- 77 Don't know / Not sure – {Go to TX9_4}
- 99 Refused – {Go to TX9_4}

TX9_3

What is the main reason for not doing anything to keep {CATI: if Q12.20=2 (female), insert “you,” if Q12.20=1 (male), insert “your wife/partner”} from getting pregnant?

(490-491)

Read only if necessary

- 01 Didn't think was going to have sex/no regular partner
- 02 You want a pregnancy
- 03 You or your partner don't want to use birth control
- 04 You or your partner don't like birth control/fear side effects
- 05 You can't pay for birth control
- 06 Lapse in use of a method
- 07 Don't think you or your partner can get pregnant
- 08 You or your partner had tubes tied (sterilization) {Go to pre-TX9_6}
- 09 You or your partner had a vasectomy (sterilization) {Go to pre-TX9_6}
- 10 You or your partner had a hysterectomy {Go to pre-TX9_6}
- 11 You or your partner are too old
- 12 You or your partner are currently breast-feeding
- 13 You or your partner just had a baby/postpartum
- 14 Other reason
- 15 Don't care if get pregnant
- 16 You or Your Partner are pregnant now {Go to pre-TX9_6}

Do not read

- 77 Don't know / Not sure
- 99 Refused

TX9_4

How do you feel about having a child now or sometime in the future? Would you say:

(492)

- 1 You don't want to have one {Go to pre-TX9_6}
- 2 You do want to have one {Go to TX9_5}
- 3 You're not sure if you do or don't {Go to pre-TX9_6}
- 7 Don't know / Not sure {Go to pre-TX9_6}
- 9 Refused {Go to pre-TX9_6}

TX9_5 How soon would you want to have a child? Would you say... (493)

Please read

- 1 Less than 12 months from now
- 2 Between 12 months to less than two years from now
- 3 Between two years to less than 5 years from now, or
- 4 5 or more years from now

Do not read

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

Pre-TX9_6: {CATI: If 12.20=1, go to next section.}

TX9_6 Where is your usual source of services for female health concerns, such as family planning, annual exams, breast exams, tests for sexually transmitted disease, and other female health concerns? Would you say... (494)

Please Read

- 1 Family planning clinic
- 2 Health department
- 3 Private gynecologist
- 4 Family doctor
- 5 I don't get these services
- 6 Other

Do not read

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

State-Added 6: Health Care Coverage & Utilization [Split 1,2,3,4]

{Split 1,2,3,4, continue}

Next, I have a few questions concerning health care coverage and utilization.

{CATI: If Core Q3.1=2, go to pre-TX6_2}

TX6_1 During the past 12 months, was there any time that you did not have any health insurance or coverage? (443)

- 1 Yes {Go to pre-TX6_2}
- 2 No {Go to pre-TX6_2}
- 7 Don't know / Not sure {Go to pre-TX6_2}
- 9 Refused {Go to pre-TX6_2}

Pre-TX6_2: {If split = 3 or 4, go to pre-TX6_8; If split = 1 or 2 and TX6_1=2, go to TX6_3; Else if split = 1 or 2, continue}

TX6_2

{CATI: If core Q3.1=2 read: “What is the main reason you are without health care coverage”?}

{CATI: If TX6_1=1 AND Core Q3.1=1, 7, or 9 read: “What was the main reason you were without health care coverage during the past twelve months?”}

(444-445)

Read if Necessary

- 01 Lost job or changed employers
- 02 Spouse or parent lost job or changed employers (includes any person who had been providing insurance prior to job loss or change)
- 03 Became divorced or separated
- 04 Spouse or parent died
- 05 Became ineligible because of age or because left school
- 06 Employer doesn't offer or stopped offering coverage
- 07 Cut back to part time or became temporary employee
- 08 Benefits from employer or former employer ran out
- 09 Couldn't afford to pay the premiums
- 10 Insurance company refused coverage
- 11 Lost Medicaid or medical assistance eligibility
- 66 Other
- 77 Don't know / Not sure
- 99 Refused

TX6_3

Is there one particular clinic, health center, doctor's office, or other place that you usually go to if you are sick or need advice about your health?

(446)

[NOTE: If “no,” ask “Is there more than one or is there no place you usually go to?”]

- 1 Yes **{Go to TX6_5}**
- 2 More than one place
- 3 No **{Go to TX6_6}**
- 7 Don't know / Not sure **{Go to TX6_6}**
- 9 Refused **{Go to TX6_6}**

TX6_4

Is there one of these places that you go to most often when you are sick or need advice about your health?

(447)

- 1 Yes
- 2 No **{Go to TX6_6}**
- 7 Don't know / Not sure **{Go to TX6_6}**
- 9 Refused **{Go to TX6_6}**

TX6_5 What kind of place is it? Would you say: A doctor's office or HMO, A clinic or health center, A hospital outpatient department, A hospital emergency room, An urgent care center, or some other kind of place?

(448)

Do not read

- 1 A doctor's office or HMO
- 2 A clinic or health center
- 3 A hospital outpatient department
- 4 A hospital emergency room
- 5 An urgent care center
- 8 Some other kind of place
- 7 Don't know / Not sure
- 9 Refused

TX6_6 In the last 12 months, how many times did you go to an emergency room to get care for yourself?

(449-450)

[NOTE: Do not include stand-alone urgent care centers]

- __ Number of times **[1-76]**
- 88 None
 - 77 Don't know / Not sure
 - 99 Refused

TX6_7 In the last 12 months, **{CATI: if TX6_6 = 1-76, fill in "not counting times you went to an emergency room" }**, how many times did you go to a doctor's office or clinic to get care for yourself?

(451)

Would you say:

Please read

- 8 None
- 1 Once
- 2 Twice
- 3 3 times
- 4 4 times
- 5 5 to 9 times, or
- 6 10 or more times

Do Not Read

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

Pre-TX6_8: Splits 1, 2, 3, and 4, do:

{CATI Note: If **Core Q12.15 (county) = 043 (Brewster), 047 (Brooks), 061 (Cameron), 105 (Crockett), 109 (Culberson), 127 (Dimmit), 131 (Duval), 137 (Edwards), 141 (El Paso), 163 (Frio), 215 (Hidalgo), 229 (Hudspeth), 243 (Jeff Davis), 247 (Jim Hogg), 261 (Kenedy), 271 (Kinney), 283 (La Salle), 323 (Maverick), 311 (McMullen), 371 (Pecos), 377 (Presidio), 385 (Real), 389 (Reeves), 427 (Starr), 435 (Sutton), 443 (Terrell), 463 (Uvalde), 465 (Val Verde), 479 (Webb), 489 (Willacy), 505 (Zapata), 507 (Zavala), **continue with TX6_8, else go to next section.**}**

TX6_8 In the last year, how often did your household **buy any medications** in Mexico? (452-453)

__ Number of times **[01-76]**
88 None
77 Don't know / Not sure
99 Refused

TX6_9 How many times in the last year did you seek medical care in Mexico? (454-455)

__ Number of times **[01-76]**
88 None
77 Don't know / Not sure
99 Refused

State-Added 7: Acculturation **[Split 1,2,3,4]**

{Split 1,2,3,4 continue}

TX7_1 What language would you say you speak most of the time? (456)

Read if necessary

1 English
2 Spanish
3 Other **[specify: _____]**

Do not read

7 Don't know / Not sure
9 Refused

TX7_2 What country were you born in? (457-458)

01 United States **[Go to next section]**

02 Mexico

03 Canada

U.S. Territories

04 Guam

05 Puerto Rico

06 Virgin Islands

Central America

07 Belize

08 Costa Rica

09 El Salvador

10 Guatemala

11 Honduras

12 Nicaragua

13 Panama

South America

14 Argentina

- 15 Bolivia
- 16 Brazil
- 17 Chile
- 18 Columbia
- 19 Ecuador
- 20 Falkland Islands (Islas Malvinas)
- 21 French Guiana
- 22 Guyana
- 23 Paraguay
- 24 Peru
- 25 South Georgia and the South Sandwich Islands
- 26 Suriname
- 27 Uruguay
- 28 Venezuela
- Asia**
- 29 China
- 30 Japan
- 31 North Korea
- 32 South Korea
- 33 Vietnam
- 66 Other **[specify: _____]**
- 77 Don't know / Not sure **[Go to next section]**
- 99 Refused **[Go to next section]**

TX7_3 How long have you lived in the United States?

(459-461)

- 1__ Number of days
- 2__ Number of weeks
- 3__ Number of months
- 4__ Number of years
- 777 Don't know / Not sure
- 999 Refused

State-Added 14: HPV Vaccine Questions **[Split 1, 2]**

{If split 1 or 2, continue; if split = 3 or 4, go to next section}
{Administered June through December 2007}

TX14_1 The human papillomavirus, also called HPV, is a common virus known to cause genital warts and some cancers, such as cervical cancer in women. A vaccine to prevent HPV infection is available and is called the HPV vaccine, cervical cancer vaccine, or GARDASIL®. The vaccine was licensed and approved in June 2006. Before today, have you ever heard of the HPV vaccine?

- 1 Yes
- 2 No **[SKIP TO CATI NOTES BEFORE AST1]**
- 7 Don't know / Not sure **[SKIP TO CATI NOTES BEFORE AST1]**
- 9 Refused **[SKIP TO CATI NOTES BEFORE AST1]**

{CATI Note: If Core Q12.20=2 and (Core Q12.1 ≥ 18 and Core Q12.1 ≤ 44), proceed with TX14_2.}

{CATI Note: If Core Q12.20=1 or [Core Q12.20=2 and (Core Q12.1 ≥ 45)], go to CATI Note before TX14_3.}

TX14_2 Have you ever had a discussion with a doctor or health care professional about being vaccinated for HPV?

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

{CATI Note: (If CHLDAGE1 ≥ 96 or CHLDAGE2 ≥ 8) and (Mod1_6 = 1 or Mod1_6 = 3), proceed with TX14_3, otherwise go to TX14_4.}

TX14_3 Previously you said you were the {Fill-in "parent" if Mod1_6=1 or "foster parent or guardian" if Mod1_6=3} of a {Fill-in "boy" if Mod1_2=1 or "girl" if Mod1_2=2} born in {Fill-in month and year of birth from Mod1_1, have interviewer state the Month and Year as in "January 1992"}. Have you ever had a discussion with {Fill-in "his" if Mod1_2=1 or "her" if Mod1_2=2} doctor or health care professional about the HPV vaccine?

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

TX14_4 The next question is about people's attitudes toward the HPV vaccine. Do you agree slightly or strongly, or disagree slightly or strongly with the following statement. Girls should receive the HPV vaccine before they enter sixth grade.

Interviewer Note: If necessary, "The HPV vaccine is also known as the cervical cancer vaccine or GARDASIL®."

- | | | |
|---|----------------------------|-------------------------|
| 1 | Agree strongly | [CONTINUE] |
| 2 | Agree slightly | [CONTINUE] |
| 3 | Neither agree nor disagree | [SKIP TO AST1] |
| 4 | Disagree slightly | [SKIP TO TX14_6] |
| 5 | Disagree strongly | [SKIP TO TX14_6] |

Do Not Read

- | | | |
|---|-----------------------|-----------------------|
| 7 | Don't know / Not sure | [SKIP TO AST1] |
| 9 | Refused | [SKIP TO AST1] |

TX14_5

What are your top two reasons for being in favor of this recommendation?

Interviewer Note: If needed say, “for having girls receive the HPV vaccine before they enter sixth grade.”

Do not read

- 01 Reduces the likelihood of getting cervical cancer
- 02 Girls will not need to have Pap tests
- 03 Vaccines are safe
- 04 Prevents ALL HPV infections
- 05 Prevents SOME HPV infections
- 06 Prevents ALL types of cervical cancer
- 07 Prevents MOST types of cervical cancer
- 08 Prevents ALL types of genital warts
- 09 Prevents MOST types of genital warts
- 88 Other (specify)

- 77 Don't know / Not sure
- 99 Refused

Interviewer Note: There is a big difference between “ALL” and “SOME” or “ALL” and “MOST.” If a respondent does not say these exact words, please code as 88 and specify.

{CATI Note: Go to next Section.}

TX14_6

What are your top two reasons for not being in favor of this recommendation?

Interviewer Note: If needed say, “for having girls receive the HPV vaccine before they enter sixth grade.”

Do not read

- 01 Cost
- 02 Will promote early sexual behavior
- 03 Vaccine has not been on the market that long
- 04 Don't know the side effects of the vaccine
- 05 Girls may not have Pap tests/smears in the future
- 06 Does not prevent genital warts
- 07 Does not prevent ALL types of cervical cancer
- 08 Does not prevent cervical cancer
- 09 Boys should be getting vaccinated for HPV as well
- 88 Other (specify)

- 77 Don't know / Not sure
- 99 Refused

Asthma Call-Back Question [Split 1, 2]

{If split 1 or 2, continue; if split = 3 or 4, go to next section}

{CATI: If core Q9.1 = 1 or Core Q9.2 = 1 or Mod2_1 = 1 or Mod2_2 = 1 continue, else go to next section}

{CATI: If ADULT only, proceed with ADULT; If CHILD only, proceed with CHILD.}

{CATI: If both adult and child EVER had asthma, randomly select 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 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?

(525)

- 1 Yes
- 2 No

Closing Statement [ALL]

{Splits 1,2,3,4 continue}

Please Read

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 [ALL]

{splits 1,2,3,4 continue}

Lang1. INTERVIEWER DO NOT READ

Code language of interview

(526)

- 1 English
- 2 Spanish