2011

Behavioral Risk Factor Surveillance System

Texas

English

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U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Adult and Community Health

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Intro

INTROQST

HELLO, I am calling for the **Texas Department of State Health Services**. My name is [Interviewer 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 **{PHONE7}**?

1	YES, CONTINUE	**SKP**	→	**PRIVRES**
2	NUMBER IS NOT THE SAME	**SKP**	→	**WRONGNUM**

WRONGNUM IF - INTROQST = 2

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

SKP → **INTROQST**

PRIVRES IF - INTROQST = 1

Is this a private residence in **Texas**?

1	YES, CONTINUE	**SKP**	→	**ISCELL**
2	NO, NON-RESIDENTIAL	**SKP**	→	**NONRES**

NONRES IF - PRIVRES = 2

Thank you very much, but we are only interviewing private residences in **Texas**.

SKP DISPOS 420

ISCELL IF - PRIVRES = 1

Is this a cellular telephone?

READ ONLY IF NECESSARY:

"By cellular (or cell) telephone we mean a telephone that is mobile and usable outside of your neighborhood."

1	NO, NOT A CELLULAR TELEPHONE, CONTINUE	**SKP**	→	**ADULTS**
2	YES, A CELLULAR TELEPHONE	**SKP**	→	**CELLYES**

CELLYES IF - ISCELL = 2

Thank you very much, but we are only interviewing land line telephones and private residences.

SKP DISPOS 435

ADULTS

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

__ NUMBER OF ADULTS

MEN IF - ADULTS > 1

How many of these adults are men?

__ NUMBER OF MEN

WOMEN IF - ADULTS > 1

How many of these adults are women?

__ NUMBER OF WOMEN

WRONGTOT IF - MEN + WOMEN <> ADULTS

I'm sorry, something is not right.

Number of Men - **{MEN}**

Number of Women - + **{WOMEN}**

Number of Adults - **{ADULTS}**

1 CORRECT THE NUMBER OF MEN **SKP** → **MEN**
2 CORRECT THE NUMBER OF WOMEN **SKP** → **WOMEN**
3 CORRECT THE NUMBER OF ADULTS **SKP** → **ADULTS**

SELECTED IF - ADULTS > 1 AND (MEN + WOMEN) = ADULTS

The person in your household I need to speak with is the **{SRESP}**.

Are you the **{SRESP}**?

1 YES **SKP** → **YOURTHE1**
2 NO **SKP** → **GETNEWAD**

ONEADULT IF - ADULTS = 1

Are you the adult?

INTERVIEWER NOTE: ASK GENDER IF NECESSARY.

1	YES AND THE RESPONDENT IS A MALE.	**SKP →**	**YOURTHE1**
2	YES AND THE RESPONDENT IS A FEMALE.	**SKP →**	**YOURTHE1**
3	NO		

ASKGENDR IF - ADULTS = 1 AND ONEADULT = 3

Is the Adult a man or a woman?

1 MALE
2 FEMALE

GETADULT IF - ONEADULT = 3

May I speak with...

{IF ASKGENDR = 1, ...him?, ...her?}

1	YES, ADULT IS COMING TO THE PHONE	**SKP →**	**NEWADULT**
2	NO, GO TO NEXT SCREEN, PRESS F3 TO SCHEDULE A CALL-BACK	**SKP →**	**NEWADULT**

YOURTHE1 IF - SELECTED = 1 OR ONEADULT < 3

Then you are the person I need to speak with.

1	PERSON INTERESTED, CONTINUE	**SKP →**	**INTROSCR**
2	GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED	**SKP →**	**ADULTS**

GETNEWAD IF - SELECTED = 2

May I speak with the **{SRESP}**?

1	YES, SELECTED RESPONDENT COMING TO THE PHONE	**SKP →**	**NEWADULT**
2	NO, GO TO NEXT SCREEN, PRESS F3 TO SCHEDULE A CALL-BACK	**SKP →**	**NEWADULT**
3	GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED	**SKP →**	**ADULTS**

NEWADULT	IF - GETADULT = 1 OR GETADULT = 2 OR GETNEWAD = 1

HELLO, I am calling for the **Texas Department of State Health Services**. My name is **[Interviewer 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.

1	PERSON INTERESTED, CONTINUE	**SKP**	→	**INTROSCR**
2	GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED	**SKP**	→	**ADULTS**

Core Sections

INTROSCR

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call **{CPHONE}**.

The interview may be monitored for quality assurance purposes.

1	PERSON INTERESTED, CONTINUE	**SKP**	→	**C01INTRO**
2	GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED	**SKP**	→	**ADULTS**

Section 01: Health Status

C01INTRO

C01Q01

Would you say that in general your health is...

PLEASE READ:

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

7 DON’T KNOW/NOT SURE
9 REFUSED

C01END

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

C02INTRO

C02Q01

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

__ NUMBER OF DAYS

88 NONE
77 DON'T KNOW/NOT SURE
99 REFUSED
1 MIN
30 MAX

C02Q02

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

__ NUMBER OF DAYS

88 NONE
77 DON'T KNOW/NOT SURE
99 REFUSED
1 MIN
30 MAX

CATI NOTE: IF C02Q01 AND C02Q02 = 88(NONE), GO TO NEXT SECTION

C02Q03 IF - NOT(C02Q01=88 AND C02Q02=88)

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

__ NUMBER OF DAYS

88 NONE
77 DON'T KNOW/NOT SURE
99 REFUSED
1 MIN
30 MAX

C02END

Section 03: Health Care Access

C03INTRO

C03Q01

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

1 YES
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

C03Q02

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

INTERVIEWER NOTE: IF "NO" ASK:

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

1 YES, ONLY ONE
2 MORE THAN ONE
3 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

C03Q03

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

1 YES
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

C03Q04

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

1 Within past 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

C03END

Section 04: Hypertension Awareness

C04INTRO

C04Q01

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

READ ONLY IF NECESSARY:

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

INTERVIEWER 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	**SKP**	→	**C04END**
4	TOLD BORDERLINE HIGH OR PRE-HYPERTENSIVE	**SKP**	→	**C04END**
7	DON'T KNOW/NOT SURE	**SKP**	→	**C04END**
9	REFUSED	**SKP**	→	**C04END**

C04Q01V IF - RESPGEND=1 AND C04Q01=2

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS TOLD BY A DOCTOR DURING PREGNANCY THAT SHE HAD HIGH BLOOD PRESSURE. ARE YOU SURE?

THE RESPONDENT SELECTED WAS THE

{SRESP}

IS THE PREVIOUS ANSWER CORRECT?

1	YES			
2	NO	**SKP**	→	**C04Q01**

C04Q02 IF - C04Q01=1

Are you currently taking medicine for your high blood pressure?

1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

C04END

Section 05: Cholesterol Awareness

C05INTRO

C05Q01

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

1 YES
2 NO **SKP → C05END**

7 DON'T KNOW/NOT SURE **SKP → C05END**
9 REFUSED **SKP → C05END**

C05Q02 IF - C05Q01=1

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

READ ONLY IF NECESSARY:

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

7 DON'T KNOW/NOT SURE
9 REFUSED

C05Q03

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

1 YES
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

C05END

Section 06: Chronic Health Conditions

C06INTRO

C06Q01

Now I would like to ask you some questions about general health conditions.

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

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

1 YES
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

C06Q02

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

1 YES
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

C06Q03

(Ever told) you had a stroke?

1 YES
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

C06Q04

(Ever told) you had asthma?

1 YES
2 NO **SKP → C06Q06**

7 DON'T KNOW/NOT SURE **SKP → C06Q06**
9 REFUSED **SKP → C06Q06**

C06Q05 IF - C06Q04=1

Do you still have asthma?

1 YES
2 NO

7 DON’T KNOW/NOT SURE
9 REFUSED

C06Q06

(Ever told) you had skin cancer?

1 YES
2 NO

7 DON’T KNOW/NOT SURE
9 REFUSED

C06Q07

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

1 YES
2 NO

7 DON’T KNOW/NOT SURE
9 REFUSED

C06Q08

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

1 YES
2 NO

7 DON’T KNOW/NOT SURE
9 REFUSED

C06Q09

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

INTERVIEWER NOTE: ARTHRITIS DIAGNOSES INCLUDE:

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

1 YES
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

C06Q10

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

1 YES
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

C06Q11

(Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence.

INTERVIEWER NOTE: INCONTINENCE IS NOT BEING ABLE TO CONTROL URINE FLOW.

1 YES
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

C06Q12

Has a doctor, nurse or other health professional ever said that you have vision impairment in one or both eyes, even when wearing glasses?

1 YES
2 NO
3 NOT APPLICABLE (BLIND)

7 DON'T KNOW/NOT SURE
9 REFUSED

C06Q13

(Ever told) you have diabetes?

INTERVIEWER NOTE: IF "YES" AND RESPONDENT IS FEMALE, ASK:

"Was this only when you were pregnant?"

IF RESPONDENT SAYS PRE-DIABETES OR BORDERLINE DIABETES, USE RESPONSE CODE 4.

1 YES
2 YES, BUT FEMALE TOLD ONLY DURING PREGNANCY
3 NO
4 NO, PRE-DIABETES OR BORDERLINE DIABETES

7 DON'T KNOW/NOT SURE
9 REFUSED

C06Q13V IF - RESPGEND=1 AND C06Q13=2

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS TOLD BY A DOCTOR DURING PREGNANCY THAT SHE HAD DIABETES. ARE YOU SURE?

THE RESPONDENT SELECTED WAS THE

{SRESP}

IS THE PREVIOUS ANSWER CORRECT?

1 YES
2 NO **SKP → C06Q13**

C06END

CATI NOTE: IF C06Q13 = 1 (YES), GO TO DIABETES OPTIONAL MODULE (IF USED). IF ANY OTHER RESPONSE TO C06Q13, GO TO PRE-DIABETES OPTIONAL MODULE (IF USED). OTHERWISE, GO TO NEXT SECTION.

Module 01: Pre-Diabetes (Path A)

CATI NOTE: INSERT AFTER SECTION C06

CATI NOTE: ONLY ASKED OF THOSE NOT RESPONDING "YES" (CODE = 1) TO CORE CO6Q13 (DIABETES AWARENESS QUESTION).

M01INTRO	IF - C06Q13>1

M01Q01	IF - C06Q13>1

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

1 YES
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

CATI NOTE: IF CORE C06Q13 = 4 (NO, PRE-DIABETES OR BORDERLINE DIABETES); ANSWER M01Q02 = YES

M01Q02	IF - (C06Q13>1 AND C06Q13<4) OR C06Q13>4

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

IF "YES" AND RESPONDENT IS FEMALE, ASK: "WAS THIS ONLY WHEN YOU WERE PREGNANT?"

1 Yes
2 Yes, during pregnancy
3 No

7 DON'T KNOW/NOT SURE
9 REFUSED

M01Q02V	IF - RESPGEND=1 AND M01Q02=2

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS TOLD BY A DOCTOR DURING PREGNANCY THAT SHE HAD PRE-DIABETES OR BORDERLINE DIABETES. ARE YOU SURE?

THE RESPONDENT SELECTED WAS THE

{SRESP}

IS THE PREVIOUS ANSWER CORRECT?

1 YES
2 NO **SKP → M01Q02**

M01END

Module 02: Diabetes (Path A)

CATI NOTE: INSERT AFTER SECTION C06

CATI NOTE: ONLY ASKED OF THOSE RESPONDING “YES” (CODE = 1) TO CORE CO6Q13 (DIABETES AWARENESS QUESTION).

M02INTRO IF - C06Q13=1

M02Q01 IF - C06Q13=1

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

__ CODE AGE IN YEARS [97= 97 or older]

98 DON’T KNOW/NOT SURE
99 REFUSED
01 MIN
97 MAX

M02Q02 IF - C06Q13=1

Are you now taking insulin?

1 YES
2 NO

9 REFUSED

M02Q03 IF - C06Q13=1

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

1__ Times per day
2__ Times per week
3__ Times per month
4__ Times per year

888 NEVER
777 DON’T KNOW/NOT SURE
999 REFUSED
101 MIN
499 MAX

M02Q03V	IF - (M02Q03>105 AND M02Q03<200) OR (M02Q03>235 AND M02Q03<300)

INTERVIEWER YOU RECORDED THE RESPONDENT CHECKS BLOOD **{M02Q03}** TIMES PER DAY/WEEK/MONTH/YEAR

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE
2 NO, REASK QUESTION **SKP → M02Q03**

M02Q04	IF - C06Q13=1

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

1__ Times per day
2__ Times per week
3__ Times per month
4__ Times per year

555 NO FEET
888 NEVER
777 DON'T KNOW/NOT SURE
999 REFUSED
101 MIN
499 MAX

M02Q04V	IF - (M02Q04>105 AND M02Q04<200) OR (M02Q04>235 AND M02Q04<300)

INTERVIEWER YOU RECORDED THE RESPONDENT CHECKS THEIR FEET **{M02Q04}** TIMES PER DAY/WEEK/MONTH/YEAR

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE
2 NO, REASK QUESTION **SKP → M02Q04**

M02Q05	IF - C06Q13=1

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

__ NUMBER OF TIMES [76= 76 or more]

88 NONE
77 DON'T KNOW/NOT SURE
99 REFUSED
01 MIN
76 MAX

M02Q05V IF - M02Q05>52 AND M02Q05<77

INTERVIEWER YOU RECORDED THE RESPONDENT HAS SEEN A HEALTH PROFESSIONAL **{M02Q05}** TIMES IN THE PAST 12 MONTHS.

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE
2 NO, REASK QUESTION **SKP → M02Q05**

M02Q06 IF - C06Q13=1

A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?
__ NUMBER OF TIMES [76= 76 or more]

88 NONE
98 NEVER HEARD OF "A ONE C" TEST
77 DON'T KNOW/NOT SURE
99 REFUSED
01 MIN
76 MAX

M02Q06V IF - M02Q06>52 AND M02Q06<77

INTERVIEWER YOU RECORDED THE RESPONDENT HAS BEEN CHECKED FOR "A ONE C" BY A HEALTH PROFESSIONAL **{M02Q06}** TIMES IN THE PAST 12 MONTHS.

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE
2 NO, REASK QUESTION **SKP → M02Q06**

CATI NOTE: IF M02Q04=555 "NO FEET", GO TO M02Q08.

M02Q07 IF - C06Q13=1 AND M02Q04<>555

About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?
__ NUMBER OF TIMES [76= 76 or more]

88 NONE
77 DON'T KNOW/NOT SURE
99 REFUSED
01 MIN
76 MAX

M02Q07V IF - M02Q07>52 AND M02Q07<77

INTERVIEWER YOU RECORDED THE RESPONDENT HAS HAD THEIR FEET CHECKED BY A HEALTH PROFESSIONAL **{M02Q07}** TIMES IN THE PAST 12 MONTHS.

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE
2 NO, REASK QUESTION **SKP** → **M02Q07**

M02Q08 IF - C06Q13=1

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

READ ONLY IF NECESSARY:

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

7 DON'T KNOW/NOT SURE
8 NEVER
9 REFUSED

M02Q09 IF - C06Q13=1

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

1 YES
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

M02Q10 IF - C06Q13 = 1

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

1 YES
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

M02END

Section 07: Tobacco Use

C07INTRO

C07Q01

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

INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES

1 YES
2 NO **SKP → C07Q05**

7 DON'T KNOW/NOT SURE **SKP → C07Q05**
9 REFUSED **SKP → C07Q05**

C07Q02 IF - C07Q01=1

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

1 Everyday
2 Somedays
3 Not at all **SKP → C07Q04**

7 DON'T KNOW/NOT SURE **SKP → C07Q05**
9 REFUSED **SKP → C07Q05**

C07Q03 IF - C07Q02=1 OR C07Q02=2

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

1 YES
2 NO **SKP → C07Q05**

7 DON'T KNOW/NOT SURE **SKP → C07Q05**
9 REFUSED **SKP → C07Q05**

C07Q04 IF - C07Q02>2 AND C07Q02<10

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

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

77 DON'T KNOW/NOT SURE
99 REFUSED

C07Q05

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

INTERVIEWER NOTE: SNUS (RHYMES WITH 'GOOSE')

SNUS (SWEDISH FOR SNUFF) IS A MOIST SMOKELESS TOBACCO, USUALLY SOLD IN SMALL POUCHES THAT ARE PLACED UNDER THE LIP AGAINST THE GUM.

1 Everyday
2 Somedays
3 Not at all

7 DON'T KNOW/NOT SURE
9 REFUSED

C07END

Section 08: Demographics

C08INTRO

C08Q01

What is your age?

__ CODE AGE IN YEARS [99=99 years or older]

07 DON'T KNOW/NOT SURE
09 REFUSED
18 MIN
99 MAX

C08Q01V IF - M02Q01>C08Q01 AND M02Q01<98

INTERVIEWER: THE RESPONDENT INDICATED THEIR AGE TO BE **{C08Q01}** YEARS OLD! YOU INDICATED EARLIER THEY WERE TOLD THEY HAD DIABETES AT AGE **{M02Q01}**! PLEASE VERIFY THAT THIS IS THE CORRECT ANSWER AND CHANGE THE AGE OF THE RESPONDENT OR MAKE A NOTE TO CORRECT THE AGE THE RESPONDENT WAS DIAGNOSED AS A DIABETIC.

1 YES, CORRECT AS IS, CONTINUE
2 NO, REASK QUESTION **SKP → C08Q01**

C08Q02

Are you Hispanic or Latino?

1 YES
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

C08Q03

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

CHECK ALL THAT APPLY

PLEASE READ:

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

8 NO ADDITIONAL CHOICES
7 DON’T KNOW/NOT SURE
9 REFUSED

C08Q04 IF - C08Q03<7 AND C08Q03.2>0 AND C08Q03.2<>8

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

PLEASE READ:

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

7 DON’T KNOW/NOT SURE
9 REFUSED

C08Q05

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

1 Yes
2 No

7 DON’T KNOW/NOT SURE
9 REFUSED

C08Q06

Are you…?

PLEASE READ:

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

9 REFUSED

C08Q07

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

__ NUMBER OF CHILDREN

88 NONE
99 REFUSED
01 MIN
87 MAX

C08Q08

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

READ ONLY IF NECESSARY:

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

9 REFUSED

C08Q09

Are you currently...?

PLEASE READ:

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

9 REFUSED

C08Q10

Is your annual household income from all sources:

INTERVIEWER NOTE: IF RESPONDENT REFUSES ANY INCOME LEVEL, CODE AS "99" REFUSED

READ ONLY IF NECESSARY

01 Less than $10,000

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

77 DON'T KNOW/NOT SURE

99 REFUSED

C08Q10i

ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES IS:

{If C08Q10g = 2, More than $75,000?}

{If C08Q10g = 1, $50,000 to less than $75,000}

{If C08Q10f = 1, $35,000 to less than $50,000}

{If C08Q10e = 1, $25,000 to less than $35,000}

{If C08Q10c = 2, $20,000 to less than $25,000}

{If C08Q10b = 2, $15,000 to less than $20,000}

{If C08Q10a = 2, $10,000 to less than $15,000}

{If C08Q10a = 1, Less than $10,000}

{Default, REFUSED/DON'T KNOW/NOTSURE}

IS THIS CORRECT?

1 YES
2 NO **SKP → C08Q10d**

7 DON'T KNOW/NOT SURE
9 REFUSED

C08Q11

About how much do you weigh without shoes?

NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FRONT (EX. 65 KILOGRAMS IS "965").

ROUND FRACTIONS UP

____ WEIGHT (pounds/kilograms)

7777 DON'T KNOW/NOT SURE
9999 REFUSED

C08Q11V IF - (C08Q11<9000 AND (C08Q11<80 OR C08Q11>350)) OR (C08Q11>9000 AND (C08Q11<9035 OR C08Q11>9159))

INTERVIEWER YOU INDICATED THE RESPONDENT WEIGHS **{C08Q11}**

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE
2 NO, REASK QUESTION **SKP → C08Q11**

C08Q12

About how tall are you without shoes?

NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT “9” IN FRONT (EX. 165 CENTIMETERSS IS “9165”.

ROUND FRACTIONS DOWN

__/__ Ft/inches/meters/centimeters

77/77 DON’T KNOW/NOT SURE
99/99 REFUSED

C08Q12V IF - (C08Q12<9000 AND (C08Q12>608 OR C08Q12<407)) OR (C08Q12>9000 AND (C08Q12>9206 OR C08Q12<9139))

INTERVIEWER YOU INDICATED THE RESPONDENT IS **{C08Q12}**

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE
2 NO, REASK QUESTION **SKP → C08Q12**

ASKCNTY

What county do you live in?

ENTER FIRST LETTER OF COUNTY NAME

___ ANSI COUNTY CODE (FORMERLY FIPS COUNTY CODE)

888 OTHER
777 DON’T KNOW/NOT SURE
999 REFUSED
001 MIN
775 MAX

State Added 07: Houston City Limits (Path A and B)

CATI NOTE: INSERT STATE ADDED 07 AFTER ASKCNTY

TX07INTRO IF - ASKCNTY = 201 OR ASKCNTY = 157 OR ASKCNTY = 039 OR ASKCNTY = 339

TX07Q01 IF - ASKCNTY = 201 OR ASKCNTY = 157 OR ASKCNTY = 039 OR ASKCNTY = 339

Do you live in the city limits of Houston?

1 Yes
2 No

7 DON'T KNOW/NOT SURE
9 REFUSED

TX07END

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

C08Q14

What is the ZIP Code where you live?

_____ ZIP Code

77777 DON'T KNOW/NOT SURE
99999 REFUSED

C08Q15

Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

1 YES
2 NO **SKP → C08Q17**

7 DON'T KNOW/NOT SURE **SKP → C08Q17**
9 REFUSED **SKP → C08Q17**

C08Q16 IF - C08Q15=1

How many of these telephone numbers are residential numbers?

1 One
2 Two
3 Three
4 Four
5 Five
6 Six [6 = 6 or more]
7 DON’T KNOW/NOT SURE
9 REFUSED

C08Q17

Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.

1 YES **SKP → C08Q19**
2 NO

7 DON’T KNOW/NOT SURE
9 REFUSED

C08Q18 IF - C08Q17>1

Do you share a cell phone for personal use (at least one-third of the time) with other adults?

1 YES **SKP → C08Q20**
2 NO **SKP → C08Q21**

7 DON’T KNOW/NOT SURE **SKP → C08Q21**
9 REFUSED **SKP → C08Q21**

C08Q19 IF - C08Q17=1

Do you usually share this cell phone (at least one-third of the time) with any other adults?

1 YES
2 NO
7 DON’T KNOW/NOT SURE
9 REFUSED

C08Q20 IF - C08Q17=1 OR C08Q18=1

Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone?

___ Enter Percent (1 to 100)

888 ZERO
777 DON'T KNOW/NOT SURE
999 REFUSED
001 MIN
100 MAX

C08Q21

Do you own or rent your home?

INTERVIEWER NOTE: "OTHER ARRANGEMENT" MAY INCLUDE GROUP HOME, STAYING WITH FRIENDS OR FAMILY WITHOUT PAYING RENT.

INTERVIEWER NOTE: HOME IS DEFINED AS THE PLACE WHERE YOU LIVE MOST OF THE TIME/THE MAJORITY OF THE YEAR.

1 OWN
2 RENT
3 OTHER ARRANGEMENT

7 DON'T KNOW/NOT SURE
9 REFUSED

C08Q22

INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY

1 MALE
2 FEMALE

C08Q22V IF - RESPGEND<>C08Q22

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS **{C08Q22}**. ARE YOU SURE?

THE RESPONDENT SELECTED WAS THE

{SRESP}

IS THE PREVIOUS ANSWER CORRECT?

1 YES
2 NO **SKP → C08Q22**

C08Q23 IF - C08Q01<45 AND C08Q22=2

To your knowledge, are you now pregnant?

1 YES
2 NO

7 DON’T KNOW/NOT SURE
9 REFUSED

C08END

Section 09: Fruits and Vegetables

C09INTRO

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

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

INTERVIEWER NOTE: IF RESPONDENT RESPONDS LESS THAN ONCE PER MONTH, PUT "0" TIMES PER MONTH. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "WAS THAT PER DAY, WEEK, OR MONTH?"

C09Q01

During the past month, how many times per day, week, or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice.

INTERVIEWER NOTE: DO NOT INCLUDE FRUIT DRINKS WITH ADDED SUGAR OR OTHER ADDED SWEETENERS LIKE KOOL-AID, HI-C, LEMONADE, CRANBERRY COCKTAIL, TAMPICO, SUNNY DELIGHT, SNAPPLE, FRUITOPIA, GATORADE, POWER-ADE, OR YOGURT DRINKS.

DO NOT INCLUDE VEGETABLE JUICE SUCH AS TOMATO AND V8 IF RESPONDENT PROVIDES BUT INCLUDE IN "OTHER VEGETABLES" QUESTION.

DO INCLUDE 100% PURE JUICES INCLUDING ORANGE, MANGO, PAPAYA, PINEAPPLE, APPLE, GRAPE (WHITE OR RED), OR GRAPEFRUIT. ONLY COUNT CRANBERRY JUICE IF THE R PERCEPTION IS THAT IT IS 100% JUICE WITH NO SUGAR OR ARTIFICIAL SWEETENER ADDED. 100% JUICE BLENDS SUCH AS ORANGE-PINEAPPLE, ORANGE-TANGERINE, CRANBERRY-GRAPE ARE ALSO ACCEPTABLE AS ARE FRUIT-VEGETABLE 100% BLENDS. 100% PURE JUICE FROM CONCENTRATE (I.E., RECONSTITUTED) IS COUNTED.

1__ Times per day
2__ Times per week
3__ Times per month

555 NEVER
777 DON'T KNOW/NOT SURE
999 REFUSED
001 MIN
399 MAX

C09Q01V	IF - (C09Q01>105 AND C09Q01<200) OR (C09Q01>235 AND C09Q01<300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT DRINKS 100% PURE FRUIT JUICES **{C09Q01 SHOWTIME}**

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE
2 NO, REASK QUESTION **SKP → C09Q01**

C09Q02

During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit.

READ ONLY IF NECESSARY:

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

INTERVIEWER NOTE: DO NOT COUNT FRUIT JAM, JELLY, OR FRUIT PRESERVES. DO NOT INCLUDE DRIED FRUIT IN READY-TO-EAT CEREALS.

DO INCLUDE DRIED RAISINS, CRAN-RAISINS IF RESPONDENT TELLS YOU- BUT DUE TO THEIR SMALL SERVING SIZE THEY ARE NOT INCLUDED IN THE PROMPT. DO INCLUDE CUT UP FRESH, FROZEN, OR CANNED FRUIT ADDED TO YOGURT, CEREAL, JELLO, AND OTHER MEAL ITEMS. INCLUDE CULTURALLY AND GEOGRAPHICALLY APPROPRIATE FRUITS THAT ARE NOT MENTIONED (E.G. GENIP, SOURSOP, SUGAR APPLE, FIGS, TAMARIND, BREAD FRUIT, SEA GRAPES, CARABOLA, LONGANS, LYCHEES, AKEE, RAMBUTAN, ETC.).

1__ Times per day
2__ Times per week
3__ Times per month

555 NEVER
777 DON’T KNOW/NOT SURE
999 REFUSED
001 MIN
399 MAX

C09Q02V	IF - (C09Q02>105 AND C09Q02<200) OR (C09Q02>235 AND C09Q02<300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS FRUIT **{C09Q02 SHOWTIME}**

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE
2 NO, REASK QUESTION **SKP → C09Q02**

C09Q03

During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, and garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans.

READ ONLY IF NECESSARY:

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

INTERVIEWER NOTE: INCLUDE SOYBEANS ALSO CALLED EDAMAME, TOFU (BEAN CURD MADE FROM SOYBEANS), KIDNEY, PINTO, HUMMUS, LENTILS, BLACK, BLACK-EYED PEAS, COW PEAS, LIMA BEANS AND WHITE BEANS. INCLUDE BEAN BURGERS INCLUDING GARDEN BURGERS AND VEGGIE BURGERS.

INCLUDE FALAFEL AND TEMPEH.

1__ Times per day
2__ Times per week
3__ Times per month

555 NEVER
777 DON’T KNOW/NOT SURE
999 REFUSED
001 MIN
399 MAX

C09Q03V IF - (C09Q03>105 AND C09Q03<200) OR (C09Q03>235 AND C09Q03<300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS COOKED OR CANNED BEANS **{C09Q03 SHOWTIME}**

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE
2 NO, REASK QUESTION **SKP → C09Q03**

C09Q04

During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach?

INTERVIEWER NOTE: EACH TIME A VEGETABLE IS EATEN IT COUNTS AS ONE TIME.

INTERVIEWER NOTE: INCLUDE ALL RAW LEAFY GREEN SALADS INCLUDING SPINACH, MESCLUN, ROMAINE LETTUCE, BOK CHOY, DARK GREEN LEAFY LETTUCE, DANDELIONS, KOMATSUNA, WATERCRESS, AND ARUGULA.

DO NOT INCLUDED ICEBERG (HEAD) LETTUCE IF SPECIFICALLY TOLD TYPE OF LETTUCE. INCLUDE ALL COOKED GREENS INCLUDING KALE, COLLARD GREENS, CHOYS, TURNIP GREENS, MUSTARD GREENS.

1__ Times per day
2__ Times per week
3__ Times per month

555 NEVER
777 DON'T KNOW/NOT SURE
999 REFUSED
001 MIN
399 MAX

C09Q04V IF - (C09Q04>105 AND C09Q04<200) OR (C09Q04>235 AND C09Q04<300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS DARK GREEN VEGETABLES **{C09Q04 SHOWTIME}**

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE
2 NO, REASK QUESTION **SKP → C09Q04**

C09Q05

During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?

READ ONLY IF NEEDED:

“Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash.”

FOR INTERVIEWER: INCLUDE ALL FORMS OF CARROTS INCLUDING LONG OR BABY-CUT. INCLUDE CARROT-SLAW (E.G. SHREDDED CARROTS WITH OR WITHOUT OTHER VEGETABLES OR FRUIT). INCLUDE ALL FORMS OF SWEET POTATOES INCLUDING BAKED, MASHED, CASSEROLE, PIE, OR SWEET POTATOES FRIES. INCLUDE ALL HARD-WINTER SQUASH VARIETIES INCLUDING ACORN, AUTUMN CUP, BANANA, BUTTERNUT, BUTTERCUP, DELICATE, HUBBARD, KABOCHA (ALSO KNOWN AS AN EBISU, DELICA, HOKA, HOKKAIDO, OR JAPANESE PUMPKIM; BLUE KURI), AND SPAGHETTI SQUASH. INCLUDE ALL FORMS INCLUDING SOUP. INCLUDE PUMPKIN, INCLUDING PUMPKIN SOUP AND PIE.

DO NOT INCLUDE PUMPKIN BARS, CAKE, BREAD OR OTHER GRAIN-BASED DESERT-TYPE FOOD CONTAINING PUMPKIN (I.E. SIMILAR TO BANANA BARS, ZUCCHINI BARS WE DO NOT INCLUDE).

1__ Times per day
2__ Times per week
3__ Times per month

555 NEVER
777 DON’T KNOW/NOT SURE
999 REFUSED
001 MIN
399 MAX

C09Q05V IF - (C09Q05>105 AND C09Q05<200) OR (C09Q05>235 AND C09Q04<300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS ORANGE COLORED VEGETABLES **{C09Q05 SHOWTIME}**

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE
2 NO, REASK QUESTION **SKP → C09Q05**

C09Q06

Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.

READ ONLY IF NEEDED:

"Do not count vegetables you have already counted and do not include fried potatoes."

INTERVIEWER NOTE: INCLUDE CORN, PEAS, TOMATOES, OKRA, BEETS, CAULIFLOWER, BEAN SPROUTS, AVACADO, CUCUMBER, ONIONS, PEPPERS (RED, GREEN, YELLOW, ORANGE); ALL CABBAGE INCLUDING AMERICAN-STYLE COLE-SLAW; MUSHROOMS, SNOW PEAS, SNAP PEAS, BROAD BEANS, STRING, WAX-, OR POLE-BEANS. INCLUDE ANY FORM OF THE VEGETABLE (RAW, COOKED, CANNED, FROZEN).

DO NOT INCLUDE PRODUCTS CONSUMED USUALLY AS CONDIMENTS INCLUIDNG KETCHUP, CATSUP, SALSA, CHUTNEY, RELISH.

DO INCLUDE TOMATO JUICE IF RESPONDENT DID NOT COUNT IN FRUIT JUICE. INCLUDE CULTURALLY AND GEOGRAPHICALLY APPROPRIATE VEGETABLES THAT ARE NOT MENTIONED (E.G. DAIKON, JICAMA, ORIENTAL CUCUMBER, ETC.).

DO NOT INCLUDE RICE OR OTHER GRAINS.

101-199 = PER DAY 201-299 = PER WEEK 300-399= PER MONTH

1__ Times per day
2__ Times per week
3__ Times per month

555 NEVER
777 DON'T KNOW/NOT SURE
999 REFUSED
001 MIN
399 MAX

C09Q06V IF - (C09Q06>105 AND C09Q06<200) OR (C09Q06>235 AND C09Q06<300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS OTHER VEGETABLES **{C09Q06 SHOWTIME}**

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE
2 NO, REASK QUESTION **SKP → C09Q06**

C09END

Section 10: Exercise (Physical Activity)

C10INTRO

C10Q01

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

During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

INTERVIEWER NOTE: IF RESPONDENT DOES NOT HAVE A "REGULAR JOB DUTY" OR IS RETIRED, THEY MAY COUNT THE PHYSICAL ACTIVITY OR EXERCISE THEY SPEND MOST OF THE TIME DOING IN A REGULAR MONTH.

1 YES
2 NO **SKP → C10Q08**

7 DON'T KNOW/NOT SURE **SKP → C10Q08**
9 REFUSED **SKP → C10Q08**

C10Q02 IF - C10Q01=1

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

INTERVIEWER NOTE: IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED IN THE CODING LIST A, CHOOSE THE OPTION LISTED AS "OTHER".

INTERVIEWER NOTE: HOUSEWORK MAY BE INCLUDED AS A PHYSICAL ACTIVITY OR EXERCISE SPENT AND CAN BE CODED AS "OTHER".

__ (Specify) [See Coding List A]

77 DON'T KNOW/NOT SURE **SKP → C10Q08**
99 REFUSED **SKP → C10Q08**

C10Q03 IF - C10Q02>0 AND C10Q02<77

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

1__ Times per week
2__ Times per month

777 DON'T KNOW/NOT SURE
999 REFUSED

C10Q03V	IF - (C10Q03>107 AND C10Q03<200) OR (C10Q03>231 AND C10Q03<300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE ACTIVITY RECORDED IN C10Q03 **{C10Q03 SHOWTIME}**

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE
2 NO, REASK QUESTION **SKP → C10Q03**

C10Q04	IF - C10Q02>0 AND C10Q02<77

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

EXAMPLE 1 HOUR 30 MINUTES ENTER AS “130”

___ HOURS AND MINUTES

777 DON’T KNOW/NOT SURE
999 REFUSED

C10Q04V	IF - C10Q04>430 AND C10Q04<777

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT KEEPS AT THIS ACTIVITY FOR **{C10Q04 HOURMIN}**

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE
2 NO, REASK QUESTION **SKP → C10Q04**

C10Q05	IF - C10Q02>0 AND C10Q02<77

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

INTERVIEWER NOTE: IF THE RESPONDENT’S ACTIVITY IS NOT INCLUDED IN THE CODING LIST A, CHOOSE THE OPTION LISTED AS “OTHER”.

INTERVIEWER NOTE: HOUSEWORK MAY BE INCLUDED AS A PHYSICAL ACTIVITY OR EXERCISE SPENT AND CAN BE CODED AS “OTHER”.

__ (Specify) [See Coding List A]

88 NO OTHER ACTIVITY **SKP → C10Q08**
77 DON’T KNOW/NOT SURE **SKP → C10Q08**
99 REFUSED **SKP → C10Q08**

C10Q05V IF - C10Q02=C10Q05

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE SAME ACTIVITY RECORDED IN C10Q02.

FIRST ACTIVITY (C10Q02)= **{C10Q02}**

SECOND ACTIVITY (C10Q05)= **{C10Q05}**

IS THIS CORRECT?

1 NO, CHANGE ACTIVITY IN QUESTION C10Q05 **SKP → C10Q05**
2 NO, CHANGE ACTIVITY IN QUESTION C10Q02 **SKP → C10Q02**
3 YES, CORRECT AS IS, CONTINUE

C10Q06 IF - C10Q05>0 AND C10Q05<77

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

1__ Times per week
2__ Times per month

777 DON'T KNOW/NOT SURE
999 REFUSED
101 MIN
299 MAX

C10Q06V IF - (C10Q06>107 AND C10Q06<200) OR (C10Q06>231 AND C10Q06<300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE ACTIVITY RECORDED IN C10Q06 **{C10Q06 SHOWTIME}**

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE
2 NO, REASK QUESTION **SKP → C10Q06**

C10Q07 IF - C10Q02>0 AND C10Q02<77

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

EXAMPLE 1 HOUR 30 MINUTES ENTER AS "130"

___ HOURS AND MINUTES

777 DON'T KNOW/NOT SURE
999 REFUSED
001 MIN
659 MAX

C10Q07V IF - C10Q07>430 AND C10Q07<777

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT KEEPS AT THIS ACTIVITY FOR **{C10Q07 HOURMIN}**

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE
2 NO, REASK QUESTION **SKP → C10Q07**

C10Q08

During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.

1__ Times per week
2__ Times per month

888 NEVER
777 DON'T KNOW/NOT SURE
999 REFUSED
101 MIN
299 MAX

C10Q08V IF - (C10Q08>107 AND C10Q08<200) OR (C10Q08>231 AND C10Q08<300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN STRENGTHENING EXERCISES **{C10Q08 SHOWTIME}**

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE
2 NO, REASK QUESTION **SKP → C10Q08**

C10END

Section 11: Disability

C11INTRO

C11Q01

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

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

1 YES
2 NO

7 DON’T KNOW/NOT SURE
9 REFUSED

C11Q02

Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

INTERVIEWER NOTE: INCLUDE OCCASIONAL USE OR USE IN CERTAIN CIRCUMSTANCES.

1 YES
2 NO

7 DON’T KNOW/NOT SURE
9 REFUSED

C11END

Section 12: Arthritis Burden

CATI NOTE: IF C06Q09 = 1(YES) THEN CONTINUE, ELSE GO TO NEXT SECTION.

C12INTRO	IF - C06Q09=1

C12Q01	IF - C06Q09=1

Next I will ask you about your arthritis.

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

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

INTERVIEWER NOTE: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN SAY:

“Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”

1 YES
2 NO

7 DON’T KNOW/NOT SURE
9 REFUSED

CATI NOTE: C12Q02 SHOULD BE ASKED OF ALL RESPONDENTS REGARDLESS OF EMPLOYMENT

C12Q02	IF - C06Q09=1

In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?

INTERVIEWER NOTE: IF RESPONDENT GIVES AN ANSWER TO EACH ISSUE (WHETHER WORKS, TYPE OF WORK, OR AMOUNT OF WORK), THEN IF ANY ISSUE IS “YES” MARK THE OVERALL RESPONSE AS “YES.” IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN THE INTERVIEWER SHOULD SAY:

“Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”

1 YES
2 NO

7 DON’T KNOW/NOT SURE
9 REFUSED

C12Q03 IF - C06Q09=1

During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings?

IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN THE INTERVIEWER SHOULD SAY:

"Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

PLEASE READ:

1 A lot
2 A little
3 Not at all

7 DON'T KNOW/NOT SURE
9 REFUSED

C12Q04 IF - C06Q09=1

Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was you joint pain ON AVERAGE? Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.

__ ENTER NUMBER [00-10]

88 ZERO
77 DON'T KNOW/NOT SURE
99 REFUSED
01 MIN
10 MAX

C12END

Section 13: Seatbelt Use

C13INTRO

C13Q01

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

PLEASE READ:

1 Always
2 Nearly always
3 Sometimes
4 Seldom
5 Never

7 DON’T KNOW/NOT SURE
8 NEVER DRIVE OR RIDE IN A CAR
9 REFUSED

C13END

Section 14: Immunization

C14INTRO

C14Q01

Now I will ask you questions about seasonal flu vaccine. There are two ways to get the seasonal flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist. During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?

1	YES			
2	NO	**SKP**	→	**C14Q04**
7	DON'T KNOW/NOT SURE	**SKP**	→	**C14Q04**
9	REFUSED	**SKP**	→	**C14Q04**

C14Q02 IF - C14Q01=1

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

__/____	Month / Year
77/7777	DON'T KNOW/NOT SURE
99/9999	REFUSED
01/1900	MIN
99/2011	MAX

C14Q03

At what kind of place did you get your last flu shot/vaccine?

01 A doctor’s office or health maintenance organization (HMO)
02 A health department
03 Another type of clinic or health center (Example: a community health center)
04 A senior, recreation, or community center
05 A store (Examples: supermarket, drug store)
06 A hospital (Example: inpatient)
07 An emergency room
08 Workplace
09 Some other kind of place
10 RECEIVED VACCINATION IN CANADA/MEXICO (VOLUNTEERED – DO NOT READ)
11 At school
77 DON’T KNOW/NOT SURE (PROBE: “HOW WOULD YOU DESCRIBE THE PLACE WHERE YOU WENT TO GET YOUR MOST RECENT FLU VACCINE?”)
99 REFUSED

C14Q04

A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person’s lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

1 YES
2 NO

7 DON’T KNOW/NOT SURE
9 REFUSED

C14END

Section 15: Alcohol Consumption

C15INTRO

C15Q01

During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

101-107 = DAYS PER WEEK 201-230 = DAYS PER MONTH

___ DAYS

888	NO DRINKS IN THE PAST 30 DAYS	**SKP**	→	**C15END**
777	DON'T KNOW/NOT SURE	**SKP**	→	**C15END**
999	REFUSED	**SKP**	→	**C15END**
101	MIN			
230	MAX			

C15Q02 IF - C15Q01<777

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

NOTE: A 40 OUNCE BEER WOULD COUNT AS 3 DRINKS, OR A COCKTAIL DRINK WITH 2 SHOTS WOULD COUNT AS 2 DRINKS.

__ NUMBER OF DRINKS

77	DON'T KNOW/NOT SURE
99	REFUSED
01	MIN
76	MAX

C15Q02V IF - C15Q02>15 AND C15Q02<77

INTERVIEWER YOU INDICATED **{C15Q02}** DRINKS PER DAY

IS THIS CORRECT?

1	YES, CORRECT AS IS, CONTINUE			
2	NO, REASK QUESTION	**SKP**	→	**C15Q02**

C15Q03	IF - C15Q01<777

Considering all types of alcoholic beverages, how many times during the past 30 days did you have **{IF C08Q22=1, 5, 4}** or more drinks on an occasion?

__ NUMBER OF TIMES

88 NONE
77 DON'T KNOW/NOT SURE
99 REFUSED
01 MIN
76 MAX

C15Q03V	IF - C15Q03>15 AND C15Q03<77

INTERVIEWER YOU INDICATED **{C15Q03}** OCCASIONS WHEN THE RESPONDENT HAD 4/5 OR MORE DRINKS.

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE
2 NO, REASK QUESTION **SKP → C15Q03**

C15Q04	IF - C15Q01<777

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

__ Number of drinks

77 DON'T KNOW/NOT SURE
99 REFUSED
01 MIN
76 MAX

C15Q04V	IF - C15Q04<77 AND ((C08Q22=1 AND C15Q04>=5 AND (C15Q03=88 OR C15Q03<5)) OR (C08Q22=2 AND C15Q04>=4 AND (C15Q03=88 OR C15Q303<4)))

INTERVIEWER YOU INDICATED **{C15Q04}** DRINKS IS THE LARGEST NUMBER OF DRINKS THE RESPONDENT HAD ON ANY OCCASION BUT THE NUMBER OF TIMES THE RESPONDENT HAD **{IF C08Q22=1, 5, 4}** IS **{C15Q03}.**

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE
2 NO, REASK QUESTION **SKP → C15Q04**

C15END

Section 16: HIV/AIDS

C16INTRO

C16Q01

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.

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.

1 YES
2 NO **SKP → C16Q03**

7 DON'T KNOW/NOT SURE **SKP → C16Q03**
9 REFUSED **SKP → C16Q03**

C16Q02 IF - C16Q01=1

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

NOTE: IF RESPONSE IS BEFORE JANUARY 1985, CODE "DON'T KNOW."

CATI INSTRUCTION: IF THE RESPONDENT REMEMBERS THE YEAR BUT CANNOT REMEMBER THE MONTH, CODE THE FIRST TWO DIGITS 77 AND THE LAST FOUR DIGITS FOR THE YEAR.

__/____ CODE MONTH AND YEAR

777777 DON'T KNOW/NOT SURE
999999 REFUSED

C16Q03

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

- You have used intravenous drugs in the past year.

- You have been treated for a sexually transmitted or venereal disease in the past year.

- You have given or received money or drugs in exchange for sex in the past year.

- You had anal sex without a condom in the past year.

Do any of these situations apply to you?

1 YES
2 NO

7 DON’T KNOW/NOT SURE
9 REFUSED

C16END

Transition to Modules and/or State-Added Questions

TRANS

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

Module 06: Visual Impairment and Access to Eye Care (Path B)

CATI NOTE: IF RESPONDENT IS LESS THAN 40 YEARS OF AGE OR C06Q12 = 3 (RESPONDENT IS BLIND), GO TO NEXT MODULE.

M06INTRO	IF - C08Q01>39 AND C06Q12<>3

M06Q01	IF - C08Q01>39 AND C06Q12<>3

Now I would like to ask you questions about your vision. These questions are for all respondents regardless of whether or not you wear glasses or contact lenses. If you wear glasses or contact lenses, answer questions as if you are wearing them.

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

PLEASE READ:

1 No difficulty
2 A little difficulty
3 Moderate difficulty
4 Extreme difficulty
5 Unable to do because of eyesight or
6 Unable to do for other reasons
7 DON'T KNOW/NOT SURE
9 REFUSED

M06Q02	IF - C08Q01>39 AND C06Q12<>3

How much difficulty, if any, do you have reading print in newspapers, magazines, recipes, menus, or numbers on the telephone? Would you say—

PLEASE READ:

1 No difficulty
2 A little difficulty
3 Moderate difficulty
4 Extreme difficulty
5 Unable to do because of eyesight or
6 Unable to do for other reasons
7 DON'T KNOW/NOT SURE
9 REFUSED

M06Q03 IF - C08Q01>39 AND C06Q12<>3

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

READ ONLY IF NECESSARY:

1 Within the past month (anytime less than 1 month ago) **SKP → M06Q05**
2 Within the past year (1 month but less than 12 months ago) **SKP → M06Q05**
3 Within the past 2 years (1 year but less than 2 years ago)
4 2 or more years ago
5 Never

7 DON’T KNOW/NOT SURE
9 REFUSED

M06Q04 IF - C08Q01>39 AND C06Q12<>3 AND M06Q03>2

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

READ ONLY IF NECESSARY:

01 Cost/insurance
02 Do not have/know an eye doctor
03 Cannot get to the office/clinic (too far away, no transportation)
04 Could not get an appointment
05 No reason to go (no problem)
06 Have not thought of it
07 Other

77 DON’T KNOW/NOT SURE
99 REFUSED

CATI NOTE: SKIP M06Q05, IF ANY RESPONSE TO M02Q08 (DIABETES).

M06Q05 IF - C08Q01>39 AND C06Q12<>3 AND M02Q08=0

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

READ ONLY IF NECESSARY:

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

7 DON'T KNOW/NOT SURE
9 REFUSED

M06Q06 IF - C08Q01>39 AND C06Q12<>3

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

1 YES
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

M06Q07 IF - C08Q01>39 AND C06Q12<>3

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

1 YES
2 NO, I HAD THEM REMOVED
3 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

M06Q08 IF - C08Q01>39 AND C06Q12<>3

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

1 YES
2 NO

7 DON’T KNOW/NOT SURE
9 REFUSED

M06Q09 IF - C08Q01>39 AND C06Q12<>3

Age-related Macular Degeneration (AMD) is a disease that affects the macula, the part of the eye that allows you to see fine detail.

NOTE: MACULAR DEGENERATION (MAK·YUH·LUH*R* DI·JEN·UH·REY·SHUH*N*)

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

1 YES
2 NO

7 DON’T KNOW/NOT SURE
9 REFUSED

M06END

Module 10: Actions to Control High Blood Pressure (Path A)

CATI NOTE: IF CORE C4Q01= 1(YES); CONTINUE. OTHERWISE, GO TO NEXT MODULE.

M10INTRO IF - C04Q01=1

M10Q01 IF - C04Q01=1

Earlier you stated that you had been diagnosed with high blood pressure.

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

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

1 YES
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

M10Q02 IF - C04Q01=1

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

1 YES
2 NO
3 DO NOT USE SALT

7 DON'T KNOW/NOT SURE
9 REFUSED

M10Q03 IF - C04Q01=1

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

1 YES
2 NO
3 DO NOT DRINK

7 DON'T KNOW/NOT SURE
9 REFUSED

M10Q04 IF - C04Q01=1

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

1 YES
2 NO

7 DON’T KNOW/NOT SURE
9 REFUSED

M10Q05 IF - C04Q01=1

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?

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

1 YES
2 NO

7 DON’T KNOW/NOT SURE
9 REFUSED

M10Q06 IF - C04Q01=1

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

1 YES
2 NO
3 DO NOT USE SALT

7 DON’T KNOW/NOT SURE
9 REFUSED

M10Q07 IF - C04Q01=1

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

1 YES
2 NO
3 DO NOT DRINK

7 DON’T KNOW/NOT SURE
9 REFUSED

M10Q08 IF - C04Q01=1

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

1 YES
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

M10Q09 IF - C04Q01=1

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

1 YES
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

M10Q10 IF - C04Q01=1

Were you told on TWO OR MORE DIFFERENT VISITS by a doctor or other health professional that you had high blood pressure?

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

M10Q10V IF - C08Q22=1 AND M10Q10=2

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS TOLD BY A DOCTOR DURING PREGNANCY THAT SHE HAD HIGH BLOOD PRESSURE. ARE YOU SURE?

THE RESPONDENT SELECTED WAS THE

{SRESP}

IS THE PREVIOUS ANSWER CORRECT?

1 YES
2 NO **SKP → M10Q10**

M10END

Module 11: Heart Attack and Stroke (Path A)

M11INTRO

M11Q01

Now I would like to ask you about your knowledge of the signs and symptoms of a heart attack and stroke.

Which of the following do you think is a symptom of a heart attack? For each, tell me “yes,” “no,” or you’re “not sure.”

(Do you think) pain or discomfort in the jaw, neck, or back (are symptoms of a heart attack?)

1 YES
2 NO

7 DON’T KNOW/NOT SURE
9 REFUSED

M11Q02

(Do you think) feeling weak, lightheaded, or faint (are symptoms of a heart attack)?

1 YES
2 NO

7 DON’T KNOW/NOT SURE
9 REFUSED

M11Q03

(Do you think) chest pain or discomfort (are symptoms of a heart attack)?

1 YES
2 NO

7 DON’T KNOW/NOT SURE
9 REFUSED

M11Q04

(Do you think) sudden trouble seeing in one or both eyes (is a symptom of a heart attack)?

1 YES
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

M11Q05

(Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack)?

1 YES
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

M11Q06

(Do you think) shortness of breath (is a symptom of a heart attack)?

1 YES
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

M11Q07

Which of the following do you think is a symptom of a stroke? For each tell me "yes," "no," or you're "not sure."

(Do you think) sudden confusion or trouble speaking (are symptoms of a stroke)?

1 YES
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

M11Q08

(Do you think) sudden numbness or weakness of face, arm, or leg, especially on one side, (are symptoms of a stroke)?

1 YES
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

M11Q09

(Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke)?

1 YES
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

M11Q10

(Do you think) sudden chest pain or discomfort (are symptoms of a stroke)?

1 YES
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

M11Q11

(Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke)?

1 YES
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

M11Q12

(Do you think) severe headache with no known cause (is a symptom of a stroke)?

1 YES
2 NO

7 DON’T KNOW/NOT SURE
9 REFUSED

M11Q13

If you thought someone was having a heart attack or a stroke, what is the first thing you would do?

PLEASE READ:

1 Take them to the hospital
2 Tell them to call their doctor
3 Call 911
4 Call their spouse or a family member Or
5 Do something else

7 DON’T KNOW/NOT SURE
9 REFUSED

M11END

Module 27: Cognitive Impairment (Path B)

M27INTRO

M27Q01

The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This DOES NOT REFER to occasionally forgetting your keys or the name of someone you recently met. This REFERS TO things like confusion or memory loss that are happening more often or getting worse. We want to know how these difficulties impact you or someone in your household.

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

1 Yes
2 No

7 DON'T KNOW/NOT SURE
9 REFUSED

CATI NOTE: IF 1 ADULT IN HOUSEHOLD AND M27Q01= 1 (YES), GO TO M27Q04; OTHERWISE, GO TO NEXT MODULE.

CATI NOTE: IF NUMBER OF ADULTS> 1, GO TO M27Q02.

M27Q02 IF - ADULTS>1

{If M27Q01=1, Not including yourself,} How many adults 18 or older in your household experienced confusion or memory loss that is happening more often or is getting worse during the past 12 months?

1 One
2 Two
3 Three
4 Four
5 Five
6 Six [6= 6 or more]
8 NONE
7 DON'T KNOW/NOT SURE
9 REFUSED

M27Q02V IF - M27Q02 >= ADULTS

INTERVIEWER: PREVIOUSLY YOU STATED THERE WERE **{ADULTS}** ADULTS TOTAL IN THE HOUSEHOLD.

YOU RECORDED THERE WERE **{IF M27Q01 = 1, M27Q02 + 1, M27Q02}** ADULTS THAT EXPERIENCED CONFUSION OR MEMORY LOSS THAT IS HAPPENING MORE OFTEN OR IS GETTING WORSE DURING THE PAST 12 MONTHS.

IS THE PREVIOUS ANSWER CORRECT?

1 YES
2 NO **SKP → M27Q02**

CATI NOTE: IF Q1 = 1 AND Q2 > 6, GO TO Q4.

CATI NOTE: IF NUMBER OF ADULTS> 1 AND M27Q02<7; CONTINUE. OTHERWISE, GO TO NEXT MODULE.

CATI NOTE: IF M27Q02<7; GO TO M27Q03. OTHERWISE, GO TO NEXT MODULE.

M27Q03 IF - ADULTS>1 AND M27Q02<7

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

READ ONLY IF NECESSARY:

01 Age 18-29
02 Age 30-39
03 Age 40-49
04 Age 50-59
05 Age 60-69
06 Age 70-79
07 Age 80-89
08 Age 90+

77 DON’T KNOW/NOT SURE
99 REFUSED

M27Q04	IF - M27Q01=1 OR (ADULTS>1 AND M27Q02<7)

{M27Q01>1, For the next set of questions we will refer to the person you identified as 'this person.'}

During the past 12 months, how often **{M27Q011=1, have you, has this person}** given up household activities or chores **{M27Q01=1, you, they}** used to do, because of confusion or memory loss that is happening more or is getting worse?

INTERVIEWER NOTE: REPEAT DEFINITION ONLY AS NEEDED:

"For these questions, please think about confusion or memory loss that is happening more often or getting worse."

PLEASE READ:

1 Always
2 Usually
3 Sometimes
4 Rarely
5 Never

7 DON'T KNOW/NOT SURE
9 REFUSED

M27Q05	IF - M27Q01=1 OR (ADULTS>1 AND M27Q02<7)

As a result of **{M27Q01= 1, your, this person's}** confusion or memory loss, in which of the following four areas **{M27Q01= 1, do you, does this person}** need the MOST assistance?

1 Safety (such as forgetting to turn off the stove or falling)
2 Transportation (such as getting to doctor's appointments)
3 Household activities (Such as managing money or housekeeping)
4 Personal care (such as eating or bathing)
5 NEEDS ASSISTANCE, BUT NOT IN THOSE AREAS
6 DOESN'T NEED ASSISTANCE IN ANY AREAS
7 DON'T KNOW/NOT SURE
9 REFUSED

M27Q06 IF - M27Q01=1 OR (ADULTS>1 AND M27Q02<7)

During the past 12 months, how often has confusion or memory loss interfered with **{M27Q01=1, your, this person's}** ability to work, volunteer, or engage in social activities?

PLEASE READ:

1 Always
2 Usually
3 Sometimes
4 Rarely
5 Never

7 DON'T KNOW/NOT SURE
9 REFUSED

M27Q07 IF - M27Q01=1 OR (ADULTS>1 AND M27Q02<7)

During the past 30 days, how often **{If M27Q01=1, has, have you}** a family member or friend provided any care or assistance for **{If M27Q01=1, you, this person}** because of confusion or memory loss?

PLEASE READ:

1 Always
2 Usually
3 Sometimes
4 Rarely
5 Never

7 DON'T KNOW/NOT SURE
9 REFUSED

M27Q08 IF - M27Q01=1 OR (ADULTS>1 AND M27Q02<7)

Has anyone discussed with a health care professional, increases in **{M27Q01=1, your, this person's}** confusion or memory loss?

1 YES
2 NO **SKP → M27END**

7 DON'T KNOW/NOT SURE **SKP → M27END**
9 REFUSED **SKP → M27END**

M27Q09 IF - M27Q08=1

{IF M27Q01=1, Have you, Has this person} received treatment such as therapy or medications for confusion or memory loss?

1 YES
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

M27Q10 IF - M27Q08=1

Has a health care professional ever said that **{M27Q01=1, you have, this person has}** Alzheimer's disease or some other form of dementia?

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

7 DON'T KNOW/NOT SURE
9 REFUSED

M27END

Module 32: Random Child Selection (Path A and B)

CATI NOTE: IF CORE C08Q07 = 88, OR 99 (NO CHILDREN UNDER AGE 18 IN THE HOUSEHOLD, OR REFUSED), GO TO NEXT MODULE.

M32INTRO IF - C08Q07<88

{If C08Q07=1, 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."}

{If C08Q07>1, Previously, you indicated there were {C08Q07} children age 17 or younger in your household. Think about those {C08Q07} children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.}

I have some additional questions about one specific child. The child I will be referring to is **{SHOWKID}** in your household. All following questions about children will be about **{SHOWKID}**

M32Q01

What is the birth month and year of **{SHOWKID}**?

__/____ Code month and year

77/7777 DON'T KNOW/NOT SURE
99/9999 REFUSED

CATI INSTRUCTION: CALCULATE THE CHILD'S AGE IN MONTHS (CHLDAGE1=0 TO 216) AND ALSO IN YEARS (CHLDAGE2=0 TO 17) BASED ON THE INTERVIEW DATE AND THE BIRTH MONTH AND YEAR USING A VALUE OF 15 FOR THE BIRTH DAY. IF THE SELECTED CHILD IS < 12 MONTHS OLD ENTER THE CALCULATED MONTHS IN CHLDAGE1 AND 0 IN CHLDAGE2. IF THE CHILD IS ≥ 12 MONTHS ENTER THE CALCULATED MONTHS IN CHLDAGE1 AND SET CHLDAGE2=TRUNCATE (CHLDAGE1/12).

M32Q02

Is the child a boy or a girl?

1 Boy
2 Girl

9 REFUSED

M32Q03

Is the child Hispanic or Latino?

1 Yes
2 No

7 DON’T KNOW/NOT SURE
9 REFUSED

M32Q04

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

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]

8 No additional choices
7 DON’T KNOW/NOT SURE
9 REFUSED

CATI NOTE: IF MORE THAN ONE RESPONSE TO M32Q05, CONTINUE.

OTHERWISE, GO TO M32Q06.

M32Q05 IF - M32Q04<7 AND C32Q04.2>0 AND M32Q04.2<>8

Which one of these groups would you say best represents the child’s race?

PLEASE READ:

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

7 DON’T KNOW/NOT SURE
9 REFUSED

M32Q06

How are you related to the child?

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

7 DON’T KNOW/NOT SURE
9 REFUSED

M32END

Module 33: Childhood Asthma Prevalence (Path A and B)

CATI NOTE: IF RESPONSE TO CORE C08Q07 = 88 (NONE) OR 99 (REFUSED), GO TO NEXT MODULE.

M33INTRO

M33Q01 IF - C08Q07>0 AND C08Q07<88

Now, I would like to ask you about **{SHOWKID}**.

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

1 YES
2 NO **SKP → M33END**

7 DON'T KNOW/NOT SURE **SKP → M33END**
9 REFUSED **SKP → M33END**

M33Q02 IF - M33Q01=1

Does the child still have asthma?

1 YES
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

M33END

State Added 01: Childhood Diabetes (Path A & B)

TX01INTRO IF - (C08Q07 > 0 AND C08Q07 < 88)

TX01Q01 IF - (C08Q07 > 0 AND C08Q07 < 88)

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

1	Yes			
2	No	**SKP**	→	**TX01END**
7	DON'T KNOW/NOT SURE	**SKP**	→	**TX01END**
9	REFUSED	**SKP**	→	**TX01END**

TX01Q02 IF - TX01Q01 = 1

Does this child have type 1 or type 2 diabetes?

1	Type 1
2	Type 2
7	DON'T KNOW/NOT SURE
9	REFUSED

TX01END

State Added 02: Breastfeeding Awareness (Path B)

TX02INTRO

TX02Q01

The next questions ask about peoples' attitudes toward breastfeeding. How much would you agree or disagree with these statements...

A mother cannot breastfeed her baby, and also work outside the home.

INTERVIEWER NOTE:

"In your opinion."

READ ONLY IF NECESSARY

1 Agree strongly
2 Agree slightly
3 Neither agree or disagree
4 Disagree slightly
5 Disagree strongly

7 DON'T KNOW/NOT SURE
9 REFUSED

TX02Q02

Employers should provide flexible work schedules, including enough break time, for breastfeeding mothers to feed their babies or pump breast milk.

INTERVIEWER NOTE:

"In your opinion."

READ ONLY IF NECESSARY

1 Agree strongly
2 Agree slightly
3 Neither agree or disagree
4 Disagree slightly
5 Disagree strongly

7 DON'T KNOW/NOT SURE
9 REFUSED

TX02Q03

Employers should provide a private room, such as a lounge or break room, for breastfeeding mothers to feed their babies or pump breast milk.

INTERVIEWER NOTE:

“In your opinion.”

READ ONLY IF NECESSARY

1 Agree strongly
2 Agree slightly
3 Neither agree or disagree
4 Disagree slightly
5 Disagree strongly

7 DON’T KNOW/NOT SURE
9 REFUSED

TX02END

State Added 03: Fast Food Restaurants (Path A)

TX03INTRO

TX03Q01

The next question is about eating out.

During the past month, how many times per day, week, or month did you eat a meal from a fast food place?

READ ONLY IF NEEDED:

"This includes places like McDonald's, KFC, Taco Bell, Taco Cabana, Burger King, Wendy's, Dairy Queen, and convenience stores."

1__ Times per day
2__ Times per week
3__ Times per month

555 NEVER
777 DON'T KNOW/NOT SURE
999 REFUSED
101 MIN
399 MAX

TX03END

State Added 04: Access to Fresh Fruits and Vegetables (Path A)

TX04INTRO

TX04Q01

The next few questions are about fresh fruits and vegetables that are offered in stores or farmer's markets in your neighborhood. I am interested in the food that is available in the local area around your home. These stores may, or may not be where you shop.

From your home, is it easy for you to get to a store or farmer's market that carries fresh fruits and vegetables?

INTERVIEWER NOTE: IF THE RESPONDENT ASKS ABOUT CONVENIENCE STORES, SAY:

"Only count those stores that offer a variety of fresh fruits and vegetables."

1 Yes
2 No

7 DON'T KNOW/NOT SURE
9 REFUSED

TX04Q02

How would you rate the availability of fresh fruits and vegetables in the stores or farmer's market in your neighborhood?

Would you say...

INTERVIEWER NOTE: IF THE RESPONDENT ASKS ABOUT CONVENIENCE STORES, SAY:

"Only count those stores that offer a variety of fresh fruits and vegetables."

1 Very available
2 Somewhat available
3 Not available

7 DON'T KNOW/NOT SURE
9 REFUSED

TX04Q03

How would you rate the cost of fresh fruits and vegetables in the stores or farmer's market in your neighborhood?

Would you say...

INTERVIEWER NOTE: IF THE RESPONDENT ASKS ABOUT CONVENIENCE STORES, SAY:

"Only count those stores that offer a variety of fresh fruits and vegetables."

1 Very expensive
2 Somewhat expensive
3 Not expensive

7 DON'T KNOW/NOT SURE
9 REFUSED

TX04END

State Added 05: Other Tobacco (Path A and B)

TX05INTRO

TX05Q01

The next question is about other tobacco products you may use.

Do you currently use cigars, pipes, bidis, kreteks or other tobacco products? Do not include cigarettes, snus, snuff, or chewing tobacco.

INTERVIEWER NOTE: BIDIS ARE SMALL, BROWN, HAND-ROLLED CIGARETTES FROM INDIA AND OTHER SOUTHEAST ASIAN COUNTRIES.

KRETEKS ARE CLOVE CIGARETTES MADE IN INDONESIA THAT CONTAIN CLOVE EXTRACT AND TOBACCO.

1 Yes
2 No

7 DON’T KNOW/NOT SURE
9 REFUSED

TX05END

State Added 06: Tobacco (Path A and B)

TX06INTRO

TX06Q01

Now I will ask you about interactions you might have had with a doctor, nurse, or other health professional.

In the past 12 months, how many times have you seen a doctor, nurse or other health professional to get any kind of care for yourself?

__ Number of times [01-76]

88 NONE **SKP → TX06END**
77 DON'T KNOW/NOT SURE
99 REFUSED
01 MIN
76 MAX

TX06Q02 IF - C07Q02 = 1 OR C07Q02 = 2

During the past 12 months, that is, since **{DATE FILL}**, on how many visits were you advised to quit smoking cigarettes by a doctor, nurse or other health professional.

__ Number of visits [01-76]

88 NONE
77 DON'T KNOW/NOT SURE
99 REFUSED
01 MIN
76 MAX

TX06Q03 IF - C07Q02 = 1 OR C07Q02 = 2

On how many visits did a 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?

INTERVIEWER NOTE: PRONUNCIATION: WELL BYOU TRIN/ZEYE BAN/BYOU PRO PEE ON

__ Number of visits [01-76]

88 NONE
77 DON'T KNOW/NOT SURE
99 REFUSED
01 MIN
76 MAX

TX06Q04 IF - C07Q02 = 1 OR C07Q02 = 2

On how many visits did a doctor, nurse or other health professional recommend or discuss methods and strategies other than medication to assist you with quitting smoking?

NOTE: EXAMPLES OF OTHER METHODS AND STRATEGIES INCLUDE COUNSELING, HYPNOSIS, MEDICATION, REGULARLY CHEWING GUM, AND EXERCISE.

__ Number of visits [01-76]

88 NONE
77 DON'T KNOW/NOT SURE
99 REFUSED
01 MIN
76 MAX

TX06END

Asthma Call-Back Permission Script (Path A and B)

AFUINTRO

ADLTPERM

We would like to call you again within the next 2 weeks to talk in more detail about **{ADLTCHILD=1, your, your child's}** experiences with asthma. The information will be used to help develop and improve the asthma programs in **Texas**. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

1 Yes
2 No **SKP → AFUEND**

FNAME IF - ADLTPERM=1

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

1 ENTER FIRST NAME, INITIALS,OR NICKNAME **OTHER**

7 DON'T KNOW/NOT SURE
9 REFUSED

CNAME IF - ADLTCHILD=2 AND ADLTPERM=1

Can I please have your child's first name, initials or nickname so we can ask about that child's asthma history.

1 ENTER FIRST NAME, INITIALS,OR NICKNAME **OTHER**

7 DON'T KNOW/NOT SURE
9 REFUSED

MOSTKNOW IF - ADLTCHILD=2 AND ADLTPERM=1

Are you the parent or guardian in the household who knows the most about **{CNAME}**'s asthma?

1 YES
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

OTHNAME IF - MOSTKNOW=2

You said someone else was more knowledgeable about the child's asthma. Can I please have this adult's first name, initials or nickname so we will know who to ask for when we call back regarding your child.

1 ENTER FIRST NAME, INITIALS,OR NICKNAME **OTHER**

7 DON'T KNOW/NOT SURE
9 REFUSED

CBTIME IF - ADLTPERM=1

{If MOSTKNOW=2, What is a good time to call back and speak with {OTHNAME}, What is a good time to call you back?}

For example, evenings, days or weekends?

1 ENTER CALLBACK TIME **OTHER**

7 DON'T KNOW/NOT SURE
9 REFUSED

AFUEND

Closing Statement

CLOSING

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

Activity List for Common Leisure Activities (To be used for Section 10: Physical Activity)

Code Description (Physical Activity, Questions 10.2 and 10.5 above)

01 Active Gaming Devices (Wii Fit, Dance Dance revolution)

02 Aerobics video or class

03 Backpacking

04 Badminton

05 Basketball

06 Bicycling machine exercise

07 Bicycling

08 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)

09 Bowling

10 Boxing

11 Calisthenics

12 Canoeing/rowing in competition

13 Carpentry

14 Dancing-ballet, ballroom, Latin, hip hop, etc

15 Elliptical/EFX machine exercise

16 Fishing from river bank or boat

17 Frisbee

18 Gardening (spading, weeding, digging, filling)

19 Golf (with motorized cart)

20 Golf (without motorized cart)

21 Handball

22 Hiking – cross-country

23 Hockey

24 Horseback riding

25 Hunting large game – deer, elk

26 Hunting small game – quail

27 Inline Skating

28 Jogging

29 Lacrosse

30 Mountain climbing

31 Mowing lawn

32 Paddleball

33 Painting/papering house

34 Pilates

35 Racquetball

36 Raking lawn

37 Running

38 Rock Climbing

39 Rope skipping

40 Rowing machine exercise

41 Rugby

42 Scuba diving

43 Skateboarding

44 Skating – ice or roller

45 Sledding, tobogganing

46 Snorkeling

47 Snow blowing

48 Snow shoveling by hand

49 Snow skiing

50 Snowshoeing

51 Soccer

52 Softball/Baseball

53 Squash

54 Stair climbing/Stair master

55 Stream fishing in waders

56 Surfing

57 Swimming

58 Swimming in laps

59 Table tennis

60 Tai Chi

61 Tennis

62 Touch football

63 Volleyball

64 Walking

66 Waterskiing

67 Weight lifting

68 Wrestling

69 Yoga

70 Other

99 Refused