

Florida  
BRFSS

2010



State Added Questions



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## Interviewer Script

<b>INTROQST</b>		Select
Ask If		
HELLO, I am calling for the [Health Department]. My name is [Interviewer Name].		
We are gathering information about the health of [State] 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 [XXX-XXX-XXXX]?		
1	Yes, CONTINUE	PRIVRES
2	NUMBER IS NOT THE SAME	WRONGNUM

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

<b>PRIVRES</b>		Select
Ask If		
INTROQST = 1		
Is this a private residence in (State)?		
1	Yes, CONTINUE	ISCELL
2	No, NON-RESIDENTIAL	NONRES

<b>NONRES</b>		Key
Ask If		
PRIVRES = 2		
Thank you very much, but we are only interviewing private residences in <b>[State]</b> .		

<b>ISCELL</b>		Select
Ask 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	ADULTS
2	YES, A CELLULAR TELEPHONE	CELLYES

<b>CELLYES</b>	Key
Ask If	ISCELL = 2
Thank you very much, but we are only interviewing land line telephones and private residences.	

<b>ADULTS</b>	Numeric
Ask If	
I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?	
Number of Adults	
77	DON'T KNOW/NOT SURE
99	REFUSED

<b>MEN</b>	Numeric
Ask If	
How many of these adults are men?	
Number of Adults	

<b>WOMEN</b>	Numeric
Ask If	
How many of these adults are women?	
Number of Adults	

<b>WRONGTOT</b>	Numeric	
Ask If	MEN + WOMEN <> ADULTS	
I'm sorry, something is not right.		
<pre> Number of Men      - {MEN}                     + Number of Women    - {WOMEN}                     ----- Number of Adults  - {ADULTS} </pre>		
1	CORRECT THE NUMBER OF MEN	MEN
2	CORRECT THE NUMBER OF WOMEN	WOMEN
3	CORRECT THE NUMBER OF ADULTS	ADULTS

<b>SELECTED</b>	Select
Ask If	ADULT > 1 AND (MEN + WOMEN) = ADULTS
The person in your household I need to speak with is [ <b>RANDOMLY SELECTED ADULT</b> ].	
Are you the [ <b>RANDOMLY SELECTED ADULT</b> ]?	
1	YES <span style="float: right;">YOURTHE1</span>
2	NO <span style="float: right;">GETNEWAD</span>

<b>ONEADULT</b>	Select
Ask If	NUMADLT = 1
Are you the adult?	
INTERVIEWER NOTE: ASK GENDER IF NECESSARY.	
1	YES AND THE RESPONDENT IS A MALE. <span style="float: right;">YOURTHE1</span>
2	YES AND THE RESPONDENT IS A FEMALE. <span style="float: right;">YOURTHE1</span>
3	NO

<b>ASKGENDR</b>	Select
Ask If	ADULT =1 AND ONEADULT = 3
Is the Adult a man or a woman?	
1	MALE
2	FEMALE

<b>GETADULT</b>	Select
Ask If	ONEADULT = 3
May I speak with...	
[IF ASKGENDR = 1 SHOW] ...him?	
[IF ASKGENDR = 2 SHOW] ...her?	
1	YES, ADULT IS COMING TO THE PHONE
2	NO, GO TO NEXT SCREEN, PRESS F3 TO SCHEDULE A CALL-BACK

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

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

<b>NEWADULT</b>	Select
Ask If	GETNEWAD = 1
HELLO, I am calling for the <b>[Health Department]</b> . My name is <b>[Interviewer Name]</b> .	
We are gathering information about the health of <b>[State]</b> 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 PRIVRES
2	GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED WRONGNUM

## Core Sections

<b>INTROSCR</b>	Select
Ask If	
I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call <b><u>(give appropriate state telephone number)</u></b> .	
1 PERSON INTERESTED, CONTINUE	C01Q01
2 GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED	ADULTS

## Section 01: Health Status

<b>C01INTRO</b>	Pause
Ask If	

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

<b>C01END</b>	Pause
Ask If	

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

<b>C02INTRO</b>	Pause
Ask If	

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

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



CATI NOTE: IF C02Q01 = 88 AND C02Q02 = 88 SKP TO C02END

<b>C02Q03</b>	Numeric	
Ask If	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	
01	MIN	CONTROL
30	MAX	CONTROL

<b>C02END</b>	Pause	
Ask If		

### Section 03: Health Care Access

<b>C03INTRO</b>	Pause
Ask If	

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

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

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

<b>C03Q04</b>	Select
Ask If	
About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.	
1	Within 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

<b>C03END</b>	Pause
Ask If	

## Section 04: Sleep

<b>C04INTRO</b>	Pause
Ask If	

<b>C04Q01</b>	Numeric	
Ask If		
The next question is about getting enough rest or sleep. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?		
NUMBER OF DAYS		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
30	MAX	CONTROL

<b>C04END</b>	Pause
Ask If	

## Section 05: Exercise

<b>C05INTRO</b>	Pause
Ask If	

<b>C05Q01</b>	Select
Ask If	
During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise.	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C05END</b>	Pause
Ask If	

## Section 06: Diabetes

<b>C06INTRO</b>	Pause
Ask If	

<b>C06Q01</b>	Select
Ask If	
Have you ever been told by a doctor that you have diabetes? INTERVIEWER NOTE: IF "YES" AND RESPONDENT IS FEMALE, ASK: "Was this only when you were pregnant?"	
INTERVIEWER NOTE: 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	

<b>C06END</b>	Pause
Ask If	

## Module 01: Pre-Diabetes

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

<b>M01INTRO</b>	Pause
Ask If	

<b>M01Q01</b>	Select
Ask If	
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 Q6.1 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 "Yes" (code = 1).

<b>M01Q02</b>	Select
Ask If	
Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?	
"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	

<b>M01END</b>	Pause
Ask If	

## Module 02 : Diabetes

To be asked following Core Q6.1; if response is "Yes" (code = 1)

<b>M02INTRO</b>	Pause
Ask If	

<b>M02Q01</b>	Numeric
Ask If	
How old were you when you were told you have diabetes?	
Code age in years (97 = 97 or older)	
98	DON'T KNOW/NOT SURE
99	REFUSED
01	MIN CONTROL
30	MAX CONTROL

<b>M02Q02</b>	Select
Ask If	
Are you now taking insulin?	
1	YES
2	NO
9	REFUSED

<b>M02Q03</b>	Numeric
Ask If	STATE = 5 AND M02Q01 = 0
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.	
NOTE:	
101-199 = TIME PER DAY	301-399 = TIMES PER MONTH
201-299 = TIMES PER WEEK	401-499 = TIMES PER YEAR
888	Never
777	DON'T KNOW/NOT SURE
999	REFUSED



<b>M02Q04</b>	Numeric
Ask If	STATE = 5 AND M02Q01 = 0
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.	
NOTE:	
101-199 = TIME PER DAY 301-399 = TIMES PER MONTH	
201-299 = TIMES PER WEEK 401-499 = TIMES PER YEAR	
555	NO FEET
888	NEVER
777	DON'T KNOW/NOT SURE
999	REFUSED

<b>M02Q05</b>	Numeric
Ask If	
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 <b>[76 = 76 or more]</b>	
88	NONE
77	DON'T KNOW/NOT SURE
99	REFUSED

<b>M02Q06</b>	Numeric
Ask If	
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 <b>[76 = 76 or more]</b>	
88	NONE
98	Never heard of "A one C" test
77	DON'T KNOW/NOT SURE
99	REFUSED

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

<b>M02Q07</b>	Numeric
Ask If	
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

<b>M02Q08</b>	Select
Ask If	
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	No 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

<b>M02Q09</b>	Select
Ask If	
Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?	
1	YES
2	NO
Do not read:	
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>M02Q10</b>	Select
Ask If	
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

<b>M02END</b>	Pause
Ask If	

## Section 07: Oral Health

<b>C07INTRO</b>	Pause
Ask If	

<b>C07Q01</b>	Select
Ask If	
How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.	
READ 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
7	DON'T KNOW/NOT SURE
8	NEVER
9	REFUSED

<b>C07Q02</b>	Select
Ask If	
How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.	
NOTE: IF WISDOM TEETH ARE REMOVED BECAUSE OF TOOTH DECAY OR GUM DISEASE, THEY SHOULD BE INCLUDED IN THE COUNT FOR LOST TEETH.	
1	1 to 5
2	6 Or more but not all
3	All
4	None
7	DON'T KNOW/NOT SURE
9	REFUSED

CATI note: If Q7.1 = 8 (Never) or Q 7.2 = 3 (All), go to next section

<b>C07Q03</b>	Select
Ask If	NOT(C07Q01 = 8 AND C07Q03 = 3)
How long has it been since you had your teeth cleaned by a dentist or dental hygienist?	
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
7	DON'T KNOW/NOT SURE
8	NEVER
9	REFUSED

<b>C07END</b>	Pause
Ask If	

## Section 08: Cardiovascular Disease Prevalence

<b>C08INTRO</b>	Pause
Ask If	

<b>C08Q01</b>	Select
Ask If	
Now I would like to ask you some questions about cardiovascular disease.	
Has a doctor, nurse, or other health professional <b>ever</b> told you that you had any of the following? For each, tell me "Yes", "No", or you're "Not sure."	
Ever told you had a heart attack, also called a myocardial infarction?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C08Q02</b>	Select
Ask If	
Ever told you had angina or coronary heart disease?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C08Q01</b>	Select
Ask If	
Ever told you had a stroke?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C08END</b>	Pause
Ask If	

## Section 09: Asthma

<b>C09INTRO</b>	Pause
Ask If	

<b>C09Q01</b>	Select
Ask If	
Have you ever been told by a doctor, nurse, or other health professional that you had asthma?	
1 YES	
2 NO	C09END
7 DON'T KNOW/NOT SURE	C09END
9 REFUSED	C09END

<b>C09Q02</b>	Select
Ask If	C09Q01 = 1
Do you still have asthma?	
1 YES	
2 NO	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

<b>C09END</b>	Pause
Ask If	

## Section 10: Disability

<b>C10INTRO</b>	Pause
Ask If	

<b>C10Q01</b>	Select
Ask If	
The following questions are about health problems or impairments you may have.	
Are you limited in any way in any activities because of physical, mental, or emotional problems?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C10Q02</b>	Select
Ask If	
Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?	
<b>NOTE: INCLUDE OCCASIONAL USE OR USE IN CERTAIN CIRCUMSTANCES.</b>	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C10END</b>	Pause
Ask If	



## Section 11: Tobacco Use

<b>C11INTRO</b>	Pause
Ask If	

<b>C11Q01</b>	Select
Ask If	
Have you smoked at least 100 cigarettes in your entire life?	
INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES	
1 YES	
2 NO	C11Q05
7 DON'T KNOW/NOT SURE	C11Q05
9 REFUSED	C11Q05

<b>C11Q02</b>	Select
Ask If	C11Q01 = 1
Do you now smoke cigarettes every day, some days, or not at all?	
1 Everyday	
2 Somedays	
3 Not at all	C11Q04
7 DON'T KNOW/NOT SURE	C11Q05
9 REFUSED	C11Q05

<b>C11Q03</b>	Select
Ask If	C11Q02 = 1 OR C11Q02 = 2
During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?	
1 YES	C11Q05
2 NO	C11Q05
7 DON'T KNOW/NOT SURE	C11Q05
9 REFUSED	C11Q05

CATI note: If Q11.2 = 3 (Not at all); continue. Otherwise, go to Q11.5

C11Q04		Select
Ask If	C11Q02 = 3	
How long has it been since you last smoked cigarettes regularly?		
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	

C11Q05		Select
Ask If		
Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?		
<b>Snus (rhymes with 'goose')</b>		
NOTE: 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	

C11END		Pause
Ask If		

## Section 12: Demographics

<b>C12INTRO</b>	Pause
Ask If	

<b>C12Q01</b>	Numeric
Ask If	
What is your age?	
_____	YEARS
07	DON'T KNOW/NOT SURE
09	REFUSED

<b>C12Q02</b>	Select
Ask If	
Are you Hispanic or Latino?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C12Q03</b>	Multiple Select
Ask If	
Which one or more of the following would you say is your race? (CHECK ALL THAT APPLY)	
PLEASE READ:	
1	White
2	Black or African American
3	Asian
4	Native Hawaiian or Other Pacific Islander
5	American Indian or Alaska Native Or
6	Other [Specify] OTHER
8	NO ADDITIONAL CHOICES
7	DON'T KNOW/NOT SURE
9	REFUSED

CATI note: If more than one response to Q12.3; continue.  
 Otherwise, go to Q12.5

<b>C12Q04</b>	Select
Ask If	
Which one of these groups would you say best represents your race?	
PLEASE READ:	
1	White
2	Black or African American
3	Asian
4	Native Hawaiian or Other Pacific Islander
5	American Indian or Alaska Native Or
6	Other [Specify] OTHER
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C12Q05</b>	Select
Ask If	
Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, the Persian Gulf War.	
1	Yes, now on active duty
2	Yes, on active duty during the last 12 months, but not now
3	Yes, on active duty in the past, but not during the last 12months
4	No, training for Reserves or National Guard only
5	No, never served in the military
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C12Q06</b>	Select
Ask If	
Are you...?	
PLEASE READ:	
1	Married
2	Divorced
3	Widowed
4	Separated
5	Never married Or
6	A member of an unmarried couple
9	REFUSED

<b>C12Q07</b>	Numeric
Ask If	
How many children less than 18 years of age live in your household?	
	NUMBER OF CHILDREN
88	NONE
99	REFUSED

<b>C12Q08</b>	Select
Ask If	
What is the highest grade or year of school you completed?	
READ ONLY IF NECESSARY:	
1	Never attended school or only attended kindergarten
2	Grades 1 through 8 (Elementary)
3	Grades 9 through 11 (Some high school)
4	Grade 12 or GED (High school graduate)
5	College 1 year to 3 years (Some college or technical school)
6	College 4 years or more (College graduate)
9	REFUSED

<b>C12Q09</b>	Select
Ask If	
Are you currently...?	
PLEASE READ:	
01	Employed for wages
02	Self-employed
03	Out of work for more than 1 year
04	Out of work for less than 1 year
05	A Homemaker
06	A Student
07	Retired Or
08	Unable to work
99	REFUSED

<b>C12Q10d</b>	Select	
Ask If		
Is your annual household income from all sources: Less than \$25,000?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	C12Q10i
9	REFUSED	C12Q10i

<b>C12Q10c</b>	Select	
Ask If      C12Q10d = 1		
Is your annual household income from all sources: Less than \$20,000?		
1	YES	
2	NO	C12Q10i
7	DON'T KNOW/NOT SURE	C12Q10i
9	REFUSED	C12Q10i

<b>C12Q10b</b>		Select
Ask If	C12Q10c = 1	
Is your annual household income from all sources: Less than \$15,000?		
1	YES	
2	NO	C12Q10i
7	DON'T KNOW/NOT SURE	C12Q10i
9	REFUSED	C12Q10i

<b>C12Q10a</b>		Select
Ask If	C12Q10b = 1	
Is your annual household income from all sources: Less than \$10,000?		
1	YES	C12Q10i
2	NO	C12Q10i
7	DON'T KNOW/NOT SURE	C12Q10i
9	REFUSED	C12Q10i

<b>C12Q10e</b>		Select
Ask If	C12Q10d = 2	
Is your annual household income from all sources: Less than \$35,000?		
1	YES	C12Q10i
2	NO	
7	DON'T KNOW/NOT SURE	C12Q10i
9	REFUSED	C12Q10i

<b>C12Q10f</b>		Select
Ask If	C12Q10e = 2	
Is your annual household income from all sources: Less than \$50,000?		
1	YES	C12Q10i
2	NO	
7	DON'T KNOW/NOT SURE	C12Q10i
9	REFUSED	C12Q10i

<b>C12Q10g</b>	Select
Ask If	C12Q10f = 2
Is your annual household income from all sources: Less than \$75,000?	
1	YES C12Q10i
2	NO C12Q10i
7	DON'T KNOW/NOT SURE C12Q10i
9	REFUSED C12Q10i

<b>C12Q10i</b>	Select
Ask If	
ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES IS: {If C12Q10g = 2, More than \$75,000?} {If C12Q10g = 1, \$50,000 to less than \$75,000} {If C12Q10f = 1, \$35,000 to less than \$50,000} {If C12Q10e = 1, \$25,000 to less than \$35,000} {If C12Q10c = 2, \$20,000 to less than \$25,000} {If C12Q10b = 2, \$15,000 to less than \$20,000} {If C12Q10a = 2, \$10,000 to less than \$15,000} {If C12Q10a = 1, Less than \$10,000} {Default, REFUSED/DON'T KNOW/NOTSURE}	
IS THIS CORRECT?	
1	YES
2	NO C12Q10d
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C12Q11</b>	Numeric
Ask If	
About how much do you weigh without shoes? NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN COLUMN 122. ROUND FRACTIONS UP	
WEIGHT	
7777	DON'T KNOW/NOT SURE
9999	REFUSED



<b>C12Q12</b>	Numeric
Ask If	
About how tall are you without shoes?	
NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN COLUMN 126.	
ROUND FRACTIONS DOWN	
/	HEIGHT
77/77	DON'T KNOW/NOT SURE
99/99	REFUSED

<b>C12Q13</b>	Numeric
Ask If	
What county do you live in?	
	FIPS COUNTY CODE
777	DON'T KNOW/NOT SURE
999	REFUSED

<b>C12Q14</b>	Numeric
Ask If	
What is your ZIP Code where you live?	
	ZIP Code
77777	DON'T KNOW/NOT SURE
99999	REFUSED

<b>C12Q15</b>	Select
Ask If	
Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.	
1	YES
2	NO
	C12Q17
7	DON'T KNOW/NOT SURE
	C12Q17
9	REFUSED
	C12Q17

<b>C12Q16</b>	Numeric
Ask If	C12Q15 = 1
How many of these telephone numbers are residential numbers?	
_ Residential Telephone Numbers [6 = 6 or more]	
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C12Q17</b>	Select
Ask If	
During the past 12 months, has your household been without landline telephone service for 1 week or more? Do not include interruptions of landline telephone service because of weather or natural disasters.	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

**[CELL PHONE QUESTIONS]**

<b>C12Q18A</b>	Select
Ask If	
Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.	
1	YES <span style="float: right;">C12Q18C</span>
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C12Q18B</b>	Select
Ask If	C12Q18A <> 1
Do you share a cell phone for personal use (at least one-third of the time) with other adults?	
1	YES <span style="float: right;">C12Q18D</span>
2	NO <span style="float: right;">C12Q19</span>
7	DON'T KNOW/NOT SURE <span style="float: right;">C12Q19</span>
9	REFUSED <span style="float: right;">C12Q19</span>

<b>C12Q18C</b>	Select
Ask If	C12Q18A = 1
Do you usually share this cell phone (at least one-third of the time) with any other adults?	
1	YES C12Q18D
2	NO C12Q19
7	DON'T KNOW/NOT SURE C12Q19
9	REFUSED C12Q19

<b>C12Q18D</b>	Numeric
Ask If	C12Q18A = 1 OR C12Q18B = 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	NONE
777	DON'T KNOW/NOT SURE
999	REFUSED

<b>C12Q19</b>	Select
Ask If	
Indicate sex of respondent. Ask only if necessary.	
1	MALE C12END
2	FEMALE

<b>C12Q20</b>	Select
Ask If	C12Q19 = 2 AND C12Q01 <= 45
To your knowledge, are you now pregnant?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C12END</b>	Pause
Ask If	

## Section 13: Alcohol Consumption

<b>C13INTRO</b>	Pause
Ask If	

<b>C13Q01</b>	Select
Ask If	
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?	
1	YES
2	NO
	C13END
7	DON'T KNOW/NOT SURE
	C13END
9	REFUSED
	C13END

<b>C13Q02</b>	Numeric
Ask If	C13Q01 = 1
During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?	
1	Days per week
2	Days per month
888	No drinks in the past 30 days
	C13END
	D
777	DON'T KNOW/NOT SURE
999	REFUSED

<b>C13Q03</b>	Numeric
Ask If	C13Q01 = 1 AND C13Q02 <> 888
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

<b>C13Q04</b>	Numeric
Ask If	C13Q01 = 1 AND C13Q02 <> 888
Considering all types of alcoholic beverages, how many times during the past 30 days did you have [ <b>If C12Q19 = 1, 5, 4</b> ] or more drinks on an occasion?	
_____	Number of times
88	NONE
77	DON'T KNOW/NOT SURE
99	REFUSED

<b>C13Q05</b>	Numeric
Ask If	C13Q01 = 1 AND C13Q02 <> 888
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

<b>C13END</b>	Pause
Ask If	

## Section 14: Immunization

<b>C14INTRO</b>	Pause
Ask If	

<b>C14Q01</b>	Select
Ask If	
Now I will ask you questions about seasonal flu. A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a seasonal flu shot?	
1 YES	
2 NO	C14Q03
7 DON'T KNOW/NOT SURE	C14Q03
9 REFUSED	C14Q03

<b>C14Q02</b>	Numeric
Ask If	
During what month and year did you receive your most recent seasonal flu shot?	
/	Month / Year
77/7777	DON'T KNOW/NOT SURE
99/9999	REFUSED

<b>C14Q03</b>	Select
Ask If	
The seasonal flu vaccine sprayed in the nose is also called FluMist™. During the past 12 months, have you had a seasonal flu vaccine that was sprayed in your nose?	
1 YES	
2 NO	C14Q05
7 DON'T KNOW/NOT SURE	C14Q05
9 REFUSED	C14Q05

<b>C14Q04</b>	Numeric
Ask If	
During what month and year did you receive your most recent seasonal flu vaccine that was sprayed in your nose?	
/	Month / Year
77/7777	DON'T KNOW/NOT SURE
99/9999	REFUSED

<b>C14Q05</b>	Select
Ask If	
A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C14END</b>	Pause
Ask If	

## Section 15: Falls

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

<b>C15INTRO</b>	Pause
Ask If	C12Q01 >= 45

<b>C15Q01</b>	Numeric	
Ask If		
The next questions ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.		
In the past 3 months, how many times have you fallen?		
_____ Number of times [76 = 76 or more]		
88	NONE	C15END
77	DON'T KNOW/NOT SURE	C15END
99	REFUSED	C15END

<b>C15Q02</b>	Numeric	
Ask If	C15q01 < 77	
[FILL IN "DID THIS FALL (FROM Q15.1) CAUSE AN INJURY?"]. IF ONLY ONE FALL FROM Q15.1 AND RESPONSE IS "YES" (CAUSED AN INJURY); CODE 01. IF RESPONSE IS "NO," CODE 88.		
How many of these falls caused an injury? By an injury, we mean the fall caused you to _____ limit your regular activities for at least a day or to go see a doctor.		
_____ Number of falls [76 = 76 or more]		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	

<b>C15END</b>	Pause
Ask If	



## Section 16: Seatbelt Use

<b>C16INTRO</b>	Pause
Ask If	

<b>C16Q01</b>	Select
Ask If	
How often do you use seat belts when you drive or ride in a car? Would you say—	
PLEASE READ:	
1 Always	
2 Nearly always	
3 Sometimes	
4 Seldom	
5 Never	
7 DON'T KNOW/NOT SURE	
8 NEVER DRIVE OR RIDE IN A CAR	C16END
9 REFUSED	

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

<b>C16END</b>	Pause
Ask If	

## Section 17: Drinking and Driving

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

<b>C17INTRO</b>	Pause
Ask If	C16Q01 <> 8 AND C13Q01 <> 2

<b>C17Q01</b>	Numeric
Ask If	
The next question is about drinking and driving. During the past 30 days, how many times have you driven when you've had perhaps too much to drink?	
Number of times [76 = 76 or more]	
88	NONE
77	DON'T KNOW/NOT SURE
99	REFUSED

<b>C17END</b>	Pause
Ask If	

## Section 18: Women's Health

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

<b>C18INTRO</b>	Pause
Ask If	C12Q19 = 2

<b>C18Q01</b>	Select
Ask If	
The next questions are about breast and cervical cancer. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?	
1 YES	
2 NO	C18Q03
7 DON'T KNOW/NOT SURE	C18Q03
9 REFUSED	C18Q03

<b>C18Q02</b>	Select
Ask If	C18Q01 = 1
How long has it been since you had your last mammogram?	
READ ONLY IF NECESSARY	
1 Within the past year (anytime less than 12 months ago)	
2 Within the past 2 years (1 year but less than 2 years ago)	
3 Within the past 3 years (2 years but less than 3 years ago)	
4 Within the past 5 years (2 years but less than 5 years ago)	
5 5 or more years ago	
<b>Do not read:</b>	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

<b>C18Q03</b>	Select
Ask If	
A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam?	
1 YES	
2 NO	C18Q05
7 DON'T KNOW/NOT SURE	C18Q05
9 REFUSED	C18Q05

<b>C18Q04</b>	Select
Ask If	C18Q03 = 1
How long has it been since your last breast exam?	
READ ONLY IF NECESSARY	
1 Within the past year (anytime less than 12 months ago)	
2 Within the past 2 years (1 year but less than 2 years ago)	
3 Within the past 3 years (2 years but less than 3 years ago)	
4 Within the past 5 years (2 years but less than 5 years ago)	
5 5 or more years ago	
<b>Do not read:</b>	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

<b>C18Q05</b>	Select
Ask If	
A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?	
1 YES	
2 NO	C18Q07
7 DON'T KNOW/NOT SURE	C18Q07
9 REFUSED	C18Q07

<b>C18Q06</b>	Select
Ask If	C18Q05 = 1
How long has it been since you had your last Pap test?	
READ ONLY IF NECESSARY	
1	Within the past year (anytime less than 12 months ago)
2	Within the past 2 years (1 year but less than 2 years ago)
3	Within the past 3 years (2 years but less than 3 years ago)
4	Within the past 5 years (2 years but less than 5 years ago)
5	5 or more years ago
7	DON'T KNOW/NOT SURE
9	REFUSED

CATI note: If response to Core Q12.20 = 1 (is pregnant); then go to next section

<b>C18Q07</b>	Select
Ask If	C12Q20 <> 1
Have you had a hysterectomy?	
READ ONLY IF NECESSARY: A HYSTERECTOMY IS AN OPERATION TO REMOVE THE UTERUS (WOMB).	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C18END</b>	Pause
Ask If	

## Section 19: Prostate Cancer Screening

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

<b>C19INTRO</b>	Pause
Ask If	C12Q01 > 39 AND C12Q19 = 1

<b>C19Q01</b>	Select
Ask If	
Now, I will ask you some questions about prostate cancer screening.	
A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test?	
1	YES
2	NO
	C19Q03
7	DON'T KNOW/NOT SURE
	C19Q03
9	REFUSED
	C19Q03

<b>C19Q02</b>	Select
Ask If	C19Q01 = 1
How long has it been since you had your last PSA test?	
READ ONLY IF NECESSARY	
1	Within the past year (anytime less than 12 months ago)
2	Within the past 2 years (1 year but less than 2 years ago)
3	Within the past 3 years (2 years but less than 3 years ago)
4	Within the past 5 years (2 years but less than 5 years ago)
5	5 or more years ago
<b>Do not read:</b>	
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C19Q03</b>	Select
Ask If	
A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam?	
1 YES	
2 NO	C19Q05
7 DON'T KNOW/NOT SURE	C19Q05
9 REFUSED	C19Q05

<b>C19Q04</b>	Select
Ask If	C19Q03 = 1
How long has it been since your last digital rectal exam?	
READ ONLY IF NECESSARY	
1 Within the past year (anytime less than 12 months ago)	
2 Within the past 2 years (1 year but less than 2 years ago)	
3 Within the past 3 years (2 years but less than 3 years ago)	
4 Within the past 5 years (2 years but less than 5 years ago)	
5 5 or more years ago	
<b>Do not read:</b>	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

<b>C19Q05</b>	Select
Ask If	
Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer?	
1 YES	
2 NO	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

<b>C19END</b>	Pause
Ask If	

## Section 20: Colorectal Cancer Screening

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

<b>C20INTRO</b>	Pause
Ask If	C12Q01 > 49

<b>C20Q01</b>	Select
Ask If	
The next questions are about colorectal cancer screening. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?	
1 YES	
2 NO	C20Q03
7 DON'T KNOW/NOT SURE	C20Q03
9 REFUSED	C20Q03

<b>C20Q02</b>	Select
Ask If	C20Q01 = 1
How long has it been since you had your last blood stool test using a home kit?	
READ ONLY IF NECESSARY	
1 Within the past year (anytime less than 12 months ago)	
2 Within the past 2 years (1 year but less than 2 years ago)	
3 Within the past 3 years (2 years but less than 3 years ago)	
4 Within the past 5 years (2 years but less than 5 years ago)	
5 5 or more years ago	
7 DON'T KNOW/NOT SURE	
9 REFUSED	



<b>C20Q03</b>	Select
Ask If	
Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?	
1	YES
2	NO
	C21Q01
7	DON'T KNOW/NOT SURE
	C21Q01
9	REFUSED
	C21Q01

<b>C20Q04</b>	Select
Ask If	C20Q03 = 1
For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy?	
1	SIGMOIDOSCOPY
2	COLONOSCOPY
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C20Q05</b>	Select
Ask If	
How long has it been since you had your last sigmoidoscopy or colonoscopy?	
READ ONLY IF NECESSARY	
01	Within the past year (anytime less than 12 months ago)
02	Within the past 2 years (1 year but less than 2 years ago)
03	Within the past 3 years (2 years but less than 3 years ago)
04	Within the past 5 years (2 years but less than 5 years ago)
05	5 or more years ago
06	Within the past 10 years (5 years but less than 10 years ago)
07	10 or more years ago
77	DON'T KNOW/NOT SURE
99	REFUSED

<b>C20END</b>	Pause
Ask If	

## Section 21: HIV/AIDS

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

<b>C21INTRO</b>	Pause
Ask If	C12Q20 < 65

<b>C21Q01</b>	Select	
Ask If		
<p>The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you 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.</p> <p>Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.</p>		
1	YES	
2	NO	C21Q05
7	DON'T KNOW/NOT SURE	C21Q05
9	REFUSED	C21Q05

<b>C21Q02</b>	Numeric
Ask If	C21Q01 = 1
<p>Not including blood donations, in what month and year was your last HIV test?</p> <p>NOTE: IF RESPONSE IS BEFORE JANUARY 1985, CODE "DON'T KNOW."</p> <p>CATI INSTRUCTION: IF THE RESPONDENT REMEMBERS THE YEAR BUT CANNOT REMEMBER THE MONTH, CODE THE FIRST TWO DIGITS 77 AND THE LAST FOUR DIGITS FOR THE YEAR.</p>	
/	Month / Year
77/7777	DON'T KNOW/NOT SURE
99/9999	REFUSED

<b>C21Q03</b>	Select
Ask If	C21Q01 = 1
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?	
READ ONLY IF NECESSARY	
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
<b>Do not read:</b>	
77	DON'T KNOW/NOT SURE
99	REFUSED

CATI note: Ask Q21.4; if Q21.2 = within last 12 months.  
Otherwise, go to Q21.5.

<b>C21Q04</b>	Select
Ask If	C21Q01 = 1 AND C21Q02 = WITHIN LAST 12 MONTHS
Was it a rapid test where you could get your results within a couple of hours?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C21Q05</b>	Select
Ask If	
<p>I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You do not need to tell me which one.</p> <ul style="list-style-type: none"> <li>▪ You have used intravenous drugs in the past year.</li> <li>▪ You have been treated for a sexually transmitted or venereal disease in the past year.</li> <li>▪ You have given or received money or drugs in exchange for sex in the past year.</li> <li>▪ You had anal sex without a condom in the past year.</li> </ul> <p>Do any of these situations apply to you?</p>	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C21END</b>	Pause
Ask If	

## Section 22: Emotional Support and Life Satisfaction

<b>C22INTRO</b>	Pause
Ask If	

<b>C22Q01</b>	Select
Ask If	
<p>The next two questions are about emotional support and your satisfaction with life.</p> <p>How often do you get the social and emotional support you need?</p> <p>INTERVIEWER NOTE: IF ASKED, SAY</p> <p>"please include support from <u>any</u> source."</p> <p>PLEASE READ:</p>	
1	Always
2	Usually
3	Sometimes
4	Rarely
5	Never
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C22Q02</b>	Select
Ask If	
<p>In general, how satisfied are you with your life?</p> <p>PLEASE READ:</p>	
1	Very satisfied
2	Satisfied
3	Dissatisfied
4	Very dissatisfied
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>C22END</b>	Pause
Ask If	

## Module 7: Family Planning

If respondent is female and 45 years of age or older, has had a hysterectomy, is pregnant, or male 60 years of age or older, go to next module.

<b>M07INTRO</b>	Pause
Ask If	
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.	

<b>M07Q01</b>	Select	
Ask If		
Some things people do to keep from getting pregnant include not having sex at certain times, withdrawal, 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 [If female, insert "husband/partner," if male, insert "wife/partner"] doing anything <b>now</b> to keep [If female, insert "you," if male, insert "her"] from getting pregnant?		
NOTE: IF MORE THAN ONE PARTNER, CONSIDER USUAL PARTNER.		
1	YES	
2	NO	M07Q03
3	No partner/not sexually active	M07END
4	Same sex partner	M07END
7	DON'T KNOW/NOT SURE	M07END
9	REFUSED	M07END

M07Q02		Select
Ask If		
<p>What are you or your [If female, insert "husband/partner," if male, insert "wife/partner"] doing <u>now</u> to keep [If female, insert "you," if male, insert "her"] from getting pregnant?</p> <p>NOTE: IF MORE THAN ONE PARTNER, CONSIDER USUAL PARTNER.</p> <p>NOTE: IF RESPONDENT REPORTS USING "CONDOM," PROBE TO DETERMINE IF "FEMALE CONDOMS" OR "MALE CONDOMS."</p> <p>READ ONLY IF NECESSARY:</p>		
01	Tubes tied (or female sterilization)	M07END
02	Vasectomy (or male sterilization)	M07END
03	Birth control pills, any kind	M07Q04
04	Male condoms	M07Q04
05	Female condoms	M07Q04
06	Contraceptive implant (for example, Implanon)	M07Q04
07	Shots (for example, Depo-Provera)	M07Q04
08	Contraceptive ring (for example, Nuvaring)	M07Q04
09	Contraceptive patch (for example, Ortho Evra)	M07Q04
10	Diaphragm, cervical cap, or sponge	M07Q04
11	Foam, jelly, or cream	M07Q04
12	IUD (for example, Mirena)	M07Q04
13	Emergency contraceptive (morning after pill)	M07Q04
14	Withdrawal (or pulling out)	M07Q04
15	Other method	M07Q04
<b>Do not read:</b>		
77	DON'T KNOW/NOT SURE	M07Q04
99	REFUSED	M07Q04



M07Q03		Select
Ask If		
<p>Some reasons for not doing anything now to keep [If female, "you", if male, insert "her"] from getting pregnant include wanting a pregnancy, not being able to pay for birth control, or not thinking that [If female, insert "you", if male, insert "she"] can get pregnant.</p> <p>What is your main reason for not doing anything <u>now</u> to keep [If female, "you", if male, insert "her"] from getting pregnant?</p> <p>READ ONLY IF NECESSARY:</p> <p>INTERVIEWER NOTE: IF RESPONDENT REPORTS "OTHER REASON," ASK RESPONDENT TO "PLEASE SPECIFY" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.</p>		
01	Didn't think you were 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	Religious reasons	
07	Lapse in use of a method	
08	Don't think you or your partner can get pregnant	
09	You or your partner had tubes tied (sterilization)	M07END
10	You or your partner had a vasectomy (sterilization)	M07END
11	You or your partner had a hysterectomy	M07END
12	You or your partner are too old	
13	You or your partner are currently breast-feeding	
14	You or your partner just had a baby/postpartum	
15	Other reason	
16	Don't care if you get pregnant	
17	Partner is pregnant now	M07END
<b>Do not read:</b>		
77	DON'T KNOW/NOT SURE	
99	REFUSED	

<b>M07Q04</b>	Select
Ask If	
How do you feel about having a child now or sometime in the future? Would you say---	
PLEASE READ:	
1 You don't want to have one	
2 You do want to have one, less than 12 months from now	
3 You do want to have one, between 12 months to less than 2 years from now	
4 You do want to have one, between 2 years to less than 5 years from now	
5 You do want to have one, 5 or more years from now	
<b>Do not read:</b>	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

<b>M07END</b>	Pause
Ask If	

## Module 23: Random Child Selection (Through June only)

CATI note: If Core Q12.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

<b>M23INTRO</b>	Pause
Ask If	
<p><b>If Core Q12.7 = 1, Interviewer please read:</b> "Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child." [Go to Q1]</p> <p><b>If Core Q12.7 is &gt;1 and Core Q12.7 does not equal 88 or 99, Interviewer please read:</b> "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. <b>CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the "Xth" child. Please substitute "Xth" child's number in all questions below.</b></p> <p><b>INTERVIEWER PLEASE READ:</b>          "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."</p>	

<b>M23Q01</b>	Numeric
Ask If	
What is the birth month and year of the "Xth" child?	
__ / __ Code month and year	
77/777 DON'T KNOW/NOT SURE 7	
99/999 REFUSED 9	

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).

<b>M23Q02</b>	Select
Ask If	
Is the child a boy or a girl?	
1	Boy
2	Girl
9	REFUSED

<b>M23Q03</b>	Select
Ask If	
Is the child Hispanic or Latino?	
1	Yes
2	No
<b>Do not read:</b>	
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>M23Q04</b>	Select
Ask If	
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]
<b>Do not read:</b>	
8	No additional choices
7	DON'T KNOW/NOT SURE
9	REFUSED

CATI note: If more than one response to Q4, continue. Otherwise, go to Q6.

<b>M23Q05</b>	Select
Ask If	
Which one of these groups would you say best represents the child's race? <b>PLEASE READ:</b>	
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]
<b>Do not read:</b>	
8	No additional choices
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>M23Q06</b>	Select
Ask If	
How are you related to the child? <b>PLEASE READ:</b>	
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
<b>Do not read:</b>	
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>M23END</b>	Pause
Ask If	

## Module 25: Childhood Immunization (Through June Only)

CATI note: If Core Q12.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

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

<b>M25INTRO</b>	Pause
Ask If	

<b>M25Q01</b>	Select
Ask If	
Now I will ask you questions about seasonal flu. There are two types of seasonal flu vaccinations. One is a shot and the other is a spray in the nose. During the past 12 months, has <b>[Fill: he/she]</b> had a seasonal flu vaccination?	
1	Yes
2	No
	M25END
7	DON'T KNOW/NOT SURE
	M25END
9	REFUSED
	M25END

<b>M25Q02</b>	Numeric
Ask If	
The flu vaccination may have been either the flu shot or the flu spray. The flu spray is the flu vaccination that is sprayed in the nose. During what month and year did <b>[Fill: he/she]</b> receive <b>[Fill: his/her]</b> most recent seasonal flu vaccination?	
___/___	Month / Year
77/777	DON'T KNOW/NOT SURE
7	
99/999	REFUSED
9	

<b>M25END</b>	Pause
Ask If	

**State-Added 01: Child Age (for child health callback survey)**

<b>FL01INTRO</b>	Pause
Ask If	

<b>FL01Q01</b>	Numeric
Ask If	C12Q07 < 88
<p>Earlier you said that there</p> <p>{IF C12Q07 = 1, is 1 child living in your household. Is this child under age 12?}</p> <p>{IF C12Q07 &gt; 1, are {C12Q07} children living in your household. How many of the children living in your household are under age 12?}</p> <p>{IF C12Q07 = 1, INTERVIEWER NOTE: YES = 1 NO = 88}</p>	
NUMBER OF CHILDREN UNDER 12	
88	NONE
77	DON'T KNOW/NOT SURE
99	REFUSED

<b>FL01END</b>	Pause
Ask If	

## State-Added 02: HIV/AIDS

<b>FL02INTRO</b>	Pause
Ask If	

<b>FL02Q01</b>	Select
Ask If	C12Q01 <65
There has been a lot of talk about how you can and cannot get infected with the AIDS virus. Do you think you can get infected from mosquitoes or other insects?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>FL02END</b>	Pause
Ask If	



### State-Added 03: Arthritis

<b>FL03INTRO</b>	Pause
Ask If	
Next I will ask you about arthritis.	

<b>FL03Q01</b>	Select	
Ask If		
Have you <b>EVER</b> been told by a doctor or other health professional that 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, HENOCHE-SCHONLEIN PURPURA, WEGENER'S GRANULOMATOSIS, POLYARTERITIS NODOSA)		
1	YES	
2	NO	FLO3END
7	DON'T KNOW/NOT SURE	FLO3END
9	REFUSED	FLO3END

<b>FL03Q02</b>	Select
Ask If	
Arthritis can cause symptoms like pain, aching, or stiffness in or around the joint. Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>FL03END</b>	Pause
Ask If	

### State-Added 04: Hypertension Awareness

<b>FL04INTRO</b>	Pause
Ask If	

<b>FL04Q01</b>	Select
Ask If	
Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?	
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	FL04END
3 No	FL04END
4 No, told borderline or prehypertensive	FL04END
7 DON'T KNOW/NOT SURE	FL04END
9 REFUSED	FL04END

<b>FL04Q02</b>	Select
Ask If	
Are you currently taking medicine for your high blood pressure?	
1 YES	
2 NO	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

<b>FL04END</b>	Pause
Ask If	

## State-Added 05: Cholesterol Awareness

<b>FL05INTRO</b>	Pause
Ask If	

<b>FL05Q01</b>	Select
Ask If	
Have you <b>EVER</b> 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

<b>FL05END</b>	Pause
Ask If	

## State-Added 6: Preconception Health

<b>FL06INTRO</b>	Pause
Ask If	

<b>FL06Q01</b>	Select
Ask If	C12Q01 < 45
The following two questions relate to health information that you may know or have received related to pregnancy or healthy lifestyles. If a woman were to have just delivered a baby, how long should she wait before getting pregnant again because of her health and the next baby's health?	
1	< 6 months
2	6 months to one year
3	1 to 1 1/2 years
4	1 1/2 to 2 years
5	2 years or more
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>FL06Q02</b>	Multiple Select
Ask If	C12Q01 < 45
During this past year, did your health care provider talk with you and give you advice about any of the following health issues during a health care visit?	
PLEASE MARK ALL THAT APPLY	
PLEASE READ	
01	Did not see a health care provider this past year
02	Healthy weight, nutrition, and exercise
03	Oral health or dental care
04	Alcohol, tobacco, and drug use
05	Stress, anxiety, or depression
06	Birth control
07	Violence prevention
77	DON'T KNOW/NOT SURE
99	REFUSED

<b>FL06END</b>	Pause
Ask If	

## State-Added 07: Reactions to Race

<b>FL07INTRO</b>	Pause
Ask If	

<b>FL07Q01</b>	Select
Ask If	
How do other people usually classify you in this country? Would you say...	
PLEASE READ	
1	White
2	Black or African American
3	Hispanic or Latino
4	Asian
5	Native Hawaiian or Other Pacific Islander
6	American Indian or Alaska Native OR
8	Some other group
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>FL07Q02</b>	Select
Ask If	
Do you think there was ever a time when you would have gotten better medical care if you had belonged to a different race or ethnic group?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>FL07Q03</b>	Select
Ask If	C12Q01 < 45 AND C12Q19 <> 1 AND C12Q20 = 2
Have you been pregnant in the past 2 years?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>FL07Q04</b>	Multiple Select
Ask If	C12Q01 < 45 AND C12Q19 <> 1 AND C12Q20 = 2 AND FL07Q03 <> 2
When receiving prenatal care in the past 2 years, have you ever felt that the doctor or medical staff you saw judged you unfairly or treated you with disrespect because of...?	
MARK ALL THAT APPLY	
PLEASE READ	
1	Your ability to pay for the care or the type of health insurance you have
2	How well you speak English
3	Your race or ethnic background
6	Other
8	NO/NONE OF THE ABOVE
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>FL07END</b>	Pause
Ask If	

## State-Added 08: Tobacco

<b>FL08INTRO</b>	Pause
Ask If	

<b>FL08Q01</b>	Select	
Ask If C11Q03 = 1		
Are you currently participating in tobacco cessation services?		
1	YES	
2	NO	FL08Q03
7	DON'T KNOW/NOT SURE	FL08Q03
9	REFUSED	FL08Q03

<b>FL08Q02</b>	Multiple Select
Ask If FL08Q01 = 1	
What type of cessation services are you currently using?	
MARK ALL THAT APPLY	
PLEASE READ	
1	Quitline
2	In-person classes
3	Online
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>FL08Q03</b>	Select
Ask If	
Thinking about all the health problems in your community, how important is addressing the problem of tobacco use? Would you say it is...	
1	Among the most important health problems
2	Equally as important as other health problems
3	Among the least important health problems
7	DON'T KNOW/NOT SURE
9	REFUSED



<b>FL08Q04</b>	Select
Ask If	
In your opinion, how do most people in your community feel about adults smoking cigarettes?	
INTERVIEWER NOTE: PROMPT RESPONDENT WITH "WOULD YOU SAY" AS NECESSARY	
PLEASE READ	
1 Definitely should not smoke	
2 Probably should not smoke	
3 Ok to smoke sometimes	
4 Ok to smoke as much as you want	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

<b>FL08Q05</b>	Select
Ask If	
Some stores have tobacco advertising that is visible from the outside such as on the building, in the parking lot, or in store windows. Stores may also have tobacco advertising inside such as displays by the cash registers. Do you think tobacco advertising in stores should be:	
PLEASE READ	
1 Always allowed	
2 Allowed only on the inside of the store	
3 Allowed ONLY on the outside of the store	
4 Not allowed at all	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

<b>FL08END</b>	Pause
Ask If	

## State-Added 09: Disability/UF

<b>FL09INTRO</b>	Pause
Ask If	

<b>FL09Q01</b>	Select
Ask If	
In the past 12 months, how often have other people's attitudes toward you been a problem at home?	
PLEASE READ	
1	Daily
2	Weekly
3	Monthly
4	Less than Monthly
5	Never
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>FL09Q02</b>	Select
Ask If	
In the past 12 months, how often have other people's attitudes toward you been a problem outside of home, such as during social activities like shopping or at school or work?	
PLEASE READ	
1	Daily
2	Weekly
3	Monthly
4	Less than Monthly
5	Never
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>FL09Q03</b>	Select
Ask If	
In the past 12 months, how often did you experience prejudice or discrimination?	
PLEASE READ	
1	Daily
2	Weekly
3	Monthly
4	Less than Monthly
5	Never
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>FL09Q04</b>	Select	
Ask If		
People may provide regular care or assistance to a friend or family member who has a long-term illness or disability. During the past month, did you provide any such care or assistance to a family member or friend?		
IF NEEDED: IF RECIPIENT HAS DIED IN THE PAST 30 DAYS, SAY "I'M SO SORRY TO HEAR OF YOUR LOSS" AND GO TO THE NEXT SECTION.		
1	YES	
2	NO	FL09Q06
3	YES, BUT RECIPIENT DIED IN PAST 30 DAYS	FL09Q06
7	DON'T KNOW/NOT SURE	FL09Q06
9	REFUSED	FL09Q06

<b>FL09Q05</b>	Numeric	
Ask If                      FL09Q04 = 1		
What age is the person to whom you are giving care?		
IF NEEDED: IF MORE THAN ONE, ASK,		
"What is the age of the person to whom you gave the most care in the past 30 days?"		
Code age in years [0-115]		
777	DON'T KNOW/NOT SURE	
999	REFUSED	
0	MIN	CONTROL
115	MAX	CONTROL

<b>FL09Q06</b>	Select
Ask If	
<p>The purpose of these questions is to gather information from a wide range of people on disability-related issues. Some people will have had a great deal of contact with these issues, others will have had virtually no contact. Please indicate, using the scale provided, your opinion on each of the questions that follow. Although some of these items may appear to be factual, there are really no "right" or "wrong" answers. We are simply looking for your opinion (i.e. whether you personally agree or disagree with each statement).</p> <p>If you are talking to a blind person, it is all right to use words such as "see" or "look" in a conversation.</p> <p>PLEASE READ</p>	
1	Strongly disagree
2	Disagree
3	Somewhat disagree
4	Somewhat agree
5	Agree
6	Strongly agree
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>FL09Q07</b>	Select
Ask If	
<p>The purpose of these questions is to gather information from a wide range of people on disability-related issues. Some people will have had a great deal of contact with these issues, others will have had virtually no contact. Please indicate, using the scale provided, your opinion on each of the questions that follow. Although some of these items may appear to be factual, there are really no "right" or "wrong" answers. We are simply looking for your opinion (i.e., whether you personally agree or disagree with each statement).</p> <p>You should avoid asking people who have disabilities questions about their disabilities.</p> <p>PLEASE READ</p>	
1	Strongly disagree
2	Disagree
3	Somewhat disagree
4	Somewhat agree
5	Agree
6	Strongly agree
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>FL09Q08</b>	Select
Ask If	
<p>The purpose of these questions is to gather information from a wide range of people on disability-related issues. Some people will have had a great deal of contact with these issues, others will have had virtually no contact. Please indicate, using the scale provided, your opinion on each of the questions that follow. Although some of these items may appear to be factual, there are really no "right" or "wrong" answers. We are simply looking for your opinion (i.e., whether you personally agree or disagree with each statement).</p> <p>Overall, how much contact would you say you have had with people who have disabilities?</p> <p>PLEASE READ</p>	
1	No contact
2	Very little contact
3	Some contact
4	Quite a bit of contact
5	A great deal of contact
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>FL09END</b>	Pause
Ask If	

## State-Added 10: Substance Abuse/DCF/ODC

<b>FL10INTRO</b>	Pause
Ask If	

<b>FL10Q01</b>	Select
Ask If	
How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?	
PLEASE READ	
1	No risk
2	Slight risk
3	Moderate risk
4	Great risk
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>FL10Q02</b>	Select
Ask If	
How much do people risk harming themselves physically and in other ways when they smoke marijuana regularly?	
PLEASE READ	
1	No risk
2	Slight risk
3	Moderate risk
4	Great risk
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>FL10Q03</b>	Select
Ask If	
On how many occasions in the past year have you used a pain reliever (like OxyContin, Vicodin, Darvocet, Lortab, or Percocet) that was not prescribed for you or that you took only for the experience or feeling it caused?	
<b>INTERVIEWER NOTES:</b>	
"We are not interested in your use of "over-the-counter" pain relievers such as aspirin, Tylenol, or Advil that can be bought in drug stores or grocery stores without a doctor's prescription."	
SEE FAQ #XX FOR DRUG LIST	
PLEASE READ	
1	0 Occasions <span style="float: right;">FL10END</span>
2	1-2 Occasions
3	3-5 Occasions
4	6-9 Occasions
5	10-19 Occasions
6	20 or More Occasions
7	DON'T KNOW/NOT SURE <span style="float: right;">FL10END</span>
9	REFUSED <span style="float: right;">FL10END</span>



<b>FL10Q04</b>	Multiple Select
Ask If	
How did you get these prescription pain relievers? Please indicate all the ways that you got the prescription pain relievers you used in the past year.	
READ ONLY IF NECESSARY:	
01	I got one or more prescriptions from just one doctor
02	I got prescriptions from more than one doctor
03	I wrote fake prescriptions for them
04	I stole them from a doctor's office, clinic, hospital, or pharmacy
05	I got them from a friend or relative for free
06	I bought them from a friend or relative
07	I took them from a friend or relative without asking
08	I bought them from a drug dealer or other stranger
09	I bought them on the Internet
10	I got them in some other way
77	DON'T KNOW/NOT SURE
99	REFUSED

<b>FL10END</b>	Pause
Ask If	

## State-Added 12: Sexually Transmitted Diseases

<b>FL12INTRO</b>	Pause
Ask If	

<b>FL12Q01</b>	Multiple Select
Ask If	C12Q01 <= 24
<p>The following questions are about sexually transmitted diseases, STDs. Behaviors that place individuals at risk to acquire a STD, including HIV, are: unprotected sex, sex while under the influence of drugs or alcohol, and multiple sex partners. Often times when you are infected with a STD you have no symptoms. That is why it is important that if you are sexually active that you be tested for STDs every three months.</p> <p>Have you ever been told that you have any of the following infections:</p> <p>PLEASE READ</p>	
1	Syphilis
2	Gonorrhea
3	Chlamydia
4	Human Papillomavirus (HPV), genital warts
5	Herpes Simplex Virus (HSV)
6	NONE
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>FL12Q02</b>	Select
Ask If	C12Q01 <= 24
From whom did you first learn about how you can become infected with sexually transmitted diseases:	
PLEASE READ	
01	Parent/Step-parent/Guardian
02	Sibling
03	Other relative
04	School
05	Friend
06	Online
07	Healthcare Provider (Doctor, Nurse, Counselor)
08	Clinic or Health Fair
09	Other
77	DON'T KNOW/NOT SURE
88	Never discussed with any resource
99	REFUSED

<b>FL12END</b>	Pause
Ask If	

**State-Added 13: Adverse Childhood Experiences/CMS**

<b>FL13INTRO</b>	Pause
Ask If	

<b>FL13Q01</b>	Select
Ask If	
<p>Now, I'd like to ask you some questions about adverse experiences from your childhood (before you turned 18 years old). Several recent studies have shown that adult health behaviors and outcomes are tied to adverse experiences during childhood. Your answers to the following questions will allow us to better understand these connections and develop plans to reduce the occurrence of poor health outcomes in the future. Some people may feel uncomfortable with these questions. At the end of this section, I will give you phone numbers for organizations that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question that you do not want to answer.</p> <p>Adverse childhood experiences include situations like living with someone with a drug or alcohol problem, the death of a parent or divorce, living in stressful situations, or child abuse or neglect.</p> <p>Did your parents divorce or did you have a parent die during your childhood?</p>	
1	YES
2	NO
9	REFUSED

FL13Q02	Select
Ask If	
<p>(Now, I'd like to ask you some questions about adverse experiences from your childhood (before you turned 18 years old). Several recent studies have shown that adult health behaviors and outcomes are tied to adverse experiences during childhood. Your answers to the following questions will allow us to better understand these connections and develop plans to reduce the occurrence of poor health outcomes in the future. Some people may feel uncomfortable with these questions. At the end of this section, I will give you phone numbers for organizations that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question that you do not want to answer.</p> <p>Adverse childhood experiences include situations like living with someone with a drug or alcohol problem, the death of a parent or divorce, living in stressful situations, or child abuse or neglect.)</p> <p>Did you live with anyone who was a problem drinker, alcoholic, or who used illicit drugs?</p>	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

FL13Q03	Select
Ask If	
<p>Was anyone in your childhood home mentally depressed, mentally ill or tried to attempt suicide?</p>	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>FL13Q04</b>	Select
Ask If	
Did parents or adults in your home ever push, grab, shove, slap, or throw something at each other?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>FL13Q05</b>	Select	
Ask If		
Were you abused by someone during your childhood?		
1	YES	
2	NO	FL13CLO
9	REFUSED	FL13CLO

<b>FL13Q06</b>	Multiple Select
Ask If	
Was this person an adult family member, a family member under the age of 18, or someone else?	
CHECK ALL THAT APPLY	
1	Adult Family Member
2	Child Family Member
3	Other
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>FL13CLO</b>	Key
Ask If	
We realize that these questions 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 telephone hotline you can call. The number is <b>1-800-799-SAFE, 7233.</b> Would you like me to repeat the number?	

<b>FL13END</b>	Pause
Ask If	

### State Added 14: Callback

<b>FL14INTRO</b>	Pause
Ask If	
Ask after County Added questions.	

<b>FL14Q01</b>	Select
Ask If	
May we call you back at a later time to ask you additional questions about important health topics?	
1 YES	
2 NO	FL14END
7 DON'T KNOW/NOT SURE	FL14END
9 REFUSED	FL14END

<b>FL14Q02</b>	Select
Ask If	FL14Q01 = 1
What is your name?	
1 Enter name	OTHER

<b>FL14END</b>	Pause
Ask If	



## County Added: Clay

<b>CL01INTRO</b>	Pause
Ask If	

<b>CL01Q01</b>	Select
Ask If	
Does your family have a disaster preparedness plan for evacuation in the event of a natural disaster?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>CL01Q02</b>	Select
Ask If	
Do you feel that the rate of growth in your community over the last 4 years has negatively impacted your quality of life?	
INTERVIEWER: IF RESPONSE IS 'YES', PROBE FOR SIGNIFICANTLY OR SLIGHTLY	
1	YES - SIGNIFICANTLY
2	YES - SLIGHTLY
3	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>CL01Q03</b>	Numeric
Ask If	
How often in the past 6 months have you swam, boated, fished, water/jet skied, or sailed in water with a visible amount of blue-green algae, pond scum, on the surface of the water?	
	Number of times (estimate)
88	NONE
77	DON'T KNOW/NOT SURE
99	REFUSED

<b>CL01Q04</b>	Select
Ask If	
Have you or a family member ever been told by a doctor or health care professional that you have Alzheimer's disease?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>CL01Q05</b>	Numeric
Ask If	
How many times in the past 12 months have you stopped taking a prescription of an antibiotic before the recommended date to end the drug regimen?	
Number of times (estimate)	
88	NONE
77	DON'T KNOW/NOT SURE
99	REFUSED

<b>CL01Q06</b>	Select
Ask If	
Have you had a Tetanus shot in the last 10 years?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>CL01Q07</b>	Select
Ask If	
In the past 5 years have you received an open wound from an injury or animal bite that broke the skin and later developed a wound infection?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>CL01Q08</b>	Select
Ask If	
Do you apply sun-block when performing light outdoor activities such as gardening, going for short walks, or any time spent outside which was less than one hour? (specify if you apply sun-block before or after going outside)	
1	Yes-apply before going outside
2	Yes-apply after going outside
3	Yes-apply both before and after going outside
4	No
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>CL01Q09</b>	Select
Ask If	
Are you currently seeking to improve your or your family's health?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>CL01Q10</b>	Select
Ask If	
Have you had your home water system tested for bacteria and parasites in the past 12 months? (Not including testing from a home water softener company).	
1	Yes-bacteria testing only
2	Yes-parasitic testing only
3	Yes-both bacteria and parasitic testing
4	None
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>CL01END</b>	Pause
Ask If	

## County Added : Collier

<b>CO01INTRO</b>	Pause
Ask If	

<b>CO01Q01</b>	Numeric
Ask If	
How many times have you been tested for a sexually transmitted disease in the past 18 months?	
Number of times (1-10)	
88	Never
77	DON'T KNOW/NOT SURE
99	REFUSED

<b>CO01Q02</b>	Select
Ask If	
Indicate any of the ways you have obtained information about the Collier County Health Department:	
PLEASE READ	
01	Have never sought out information from or about the Health Department
02	By calling the Health Department and requesting information
03	Newspaper
04	Television news
05	Radio
06	At a health fair
07	www.CollierHealthDept.org (health department main website)
08	www.CollierPrepares.org
09	www.HealthyCollier.org
10	Friend/family
11	Other
77	DON'T KNOW/NOT SURE
99	REFUSED

<b>CO01END</b>	Pause
Ask If	

## County Added: Escambia

<b>ES01INTRO</b>	Key
Ask If	
<p>These next questions are about the fruits and vegetables <b>you</b> ate or drank during the past month, that is 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 and snacks including breakfast, lunch, and dinner and foods consumed at home and away from home.</p>	
<p>Tell me how often you ate or drank each one: for example, twice a day, once a day, twice a week, three times a month, and so forth.</p>	

<b>ES01Q01</b>	Numeric
Ask If	
<p>During the past month, how many times per day, week, or month did you drink 100% <b>PURE</b> 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.</p>	
INTERVIEWER NOTE:	
<ul style="list-style-type: none"> <li>• IF R RESPONDS LESS THAN ONCE PER MONTH, PUT "0" TIMES PER MONTH.</li> <li>• IF R GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "WAS THAT PER DAY, WEEK OR MONTH?"</li> </ul>	
NOTE:	
100-199 = TIME PER DAY    300-399 = TIMES PER MONTH	
200-299 = TIMES PER WEEK	
FOR INTERVIEWER:	
<ul style="list-style-type: none"> <li>• 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.</li> <li>• DO NOT INCLUDE FRUIT JUICE DRINKS THAT PROVIDE 100% DAILY VITAMIN C BUT INCLUDE ADDED SUGAR.</li> <li>• DO NOT INCLUDE VEGETABLE JUICES SUCH AS TOMATO AND V8 IF RESPONDENT PROVIDES BUT INCLUDE IN "OTHER VEGETABLES" QUESTION.</li> <li>• 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</li> </ul>	
555	Never
777	DON'T KNOW/NOT SURE
999	REFUSED

<b>ES01Q02</b>	Numeric
Ask If	
<p>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.</p> <p>IF NEEDED: "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."</p> <p>NOTE:</p> <p>100-199 = TIME PER DAY    300-399 = TIMES PER MONTH  200-299 = TIMES PER WEEK</p> <p>FOR INTERVIEWER:</p> <ul style="list-style-type: none"> <li>• DO NOT COUNT FRUIT JAM, JELLY, OR FRUIT PRESERVES.</li> <li>• DO NOT INCLUDE DRIED FRUIT IN READY-TO-EAT CEREALS.</li> <li>• DO INCLUDE DRIED RAISINS, CRAN-RAISINS IF RESPONDENT TELLS YOU - BUT DUE TO THEIR SMALL SERVING SINCE THEY ARE NOT INCLUDED IN THE PROMPT.</li> <li>• DO INCLUDE CUT UP FRESH, FROZEN, OR CANNED FRUIT ADDED TO YOGURT, CEREAL, JELLO, AND OTHER MEAL ITEMS.</li> <li>• INCLUDE CULTURALLY AND GEOGRAPHICALLY APPROPRIATE FRUITS THAT ARE NOT MENTIONED (E.G. GENIP, SOURSOP, SUGAR APPLE, FIGS, TAMARIND, BREAD FRUIT, SEA GRAPES, CARAMBOLA, LONGANS, LYCHEES, AKEE, RAMBUTAN, ETC.).</li> </ul>	
555	Never
777	DON'T KNOW/NOT SURE
999	REFUSED

<b>ES01Q03</b>	Numeric
Ask If	
<p>During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried beans, baked beans, beans in soup, black beans, garbanzo beans, soybeans or edamame, tofu or lentils? Do NOT include long green beans.</p> <p>IF NEEDED: "INCLUDE ROUND OR OVAL BEANS OR PEAS SUCH AS NAVY, PINTO, SPLIT PEAS, COW PEAS, GARBANZO BEANS, LENTILS, SOY BEANS AND TOFU. DO NOT INCLUDE LONG GREEN BEANS SUCH AS STRING BEANS, BROAD OR WINGED BEANS, OR POLE BEANS."</p> <p>NOTE:</p> <p>100-199 = TIME PER DAY    300-399 = TIMES PER MONTH</p> <p>200-299 = TIMES PER WEEK</p> <p>FOR INTERVIEWER:</p> <ul style="list-style-type: none"> <li>• INCLUDE SOYBEANS ALSO CALLED EDAMAME, TOFU (BEAN CURD MADE FROM SOYBEANS), KIDNEY, PINTO, GARBANZO, LENTILS, BLACK, BLACK-EYED PEAS, COW PEAS, LIMA BEANS AND WHITE BEANS.</li> <li>• INCLUDE BEAN BURGERS INCLUDING GARDEN BURGERS AND VEGGIE BURGERS.</li> <li>• INCLUDE FALAFEL AND TEMPEH.</li> </ul>	
555	Never
777	DON'T KNOW/NOT SURE
999	REFUSED



<b>ES01Q04</b>	Numeric
Ask If	
During the past month, how many times per day, week, or month did you eat dark green vegetables for example dark green leafy lettuce, cooked or raw spinach, broccoli, chard, choy, collard or mustard greens?	
NOTE:	
100-199 = TIME PER DAY    300-399 = TIMES PER MONTH	
200-299 = TIMES PER WEEK	
FOR INTERVIEWER:	
<ul style="list-style-type: none"> <li>• INCLUDE ALL RAW LEAFY GREEN SALADS INCLUDING SPINACH, MESCLUN, ROMAINE LETTUCE, ARUGULA, BOK CHOY, DARK GREEN LEAFY LETTUCE, DANDELIONS, KOMATSUNA, WATERGROSS, ARUGULA.</li> <li>• DO NOT INCLUDE ICEBERG (HEAD) LETTUCE IF SPECIFICALLY TOLD TYPE OF LETTUCE.</li> <li>• INCLUDE ALL COOKED GREENS INCLUDING KALE, COLLARD GREENS, CHOYS, TURNIP GREENS, MUSTARD GREENS.</li> </ul>	
555	Never
777	DON'T KNOW/NOT SURE
999	REFUSED

<b>ES01Q05</b>	Numeric
Ask If	
<p>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.</p> <p>IF NEEDED: "WINTER SQUASH HAVE HARD, THICK SKINS AND DEEP YELLOW TO ORANGE FLESH. THEY INCLUDE ACORN, BUTTERCUP, AND SPAGHETTI SQUASH."</p> <p>NOTE:</p> <p>100-199 = TIME PER DAY    300-399 = TIMES PER MONTH</p> <p>200-299 = TIMES PER WEEK</p> <p>FOR INTERVIEWER:</p> <ul style="list-style-type: none"> <li>• INCLUDE ALL FORMS OF CARROTS INCLUDING LONG OR BABY-CUT.</li> <li>• INCLUDE CARROT-SLAW (E.G. SHREDDED CARROTS WITH OR WITHOUT OTHER VEGETABLES OR FRUIT).</li> <li>• INCLUDE ALL FORMS OF SWEET POTATOES INCLUDING BAKED, MASHED, CASSEROLE, PIE, OR SWEET POTATOES FRIES.</li> <li>• INCLUDE ALL HARD-WINTER SQUASH VARIETIES INCLUDING ACORN, AUTUMN CUP, BANANA, BUTTERNUT, BUTTERCUP, DELICATE, HUBBARD, KABOCHA (ALSO KNOWN AS A EBISU, DELICA, HOKA, HOKKAIDO, OR JAPANESE PUMPKIN; BLUE KURI), AND SPAGHETTI SQUASH. INCLUDE ALL FORMS INCLUDING SOUP.</li> <li>• 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).</li> </ul>	
555	Never
777	DON'T KNOW/NOT SURE
999	REFUSED

<b>ES01Q06</b>	Numeric
Ask If	
<p>Not including 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.</p>	
<p>IF NEEDED: "DO NOT COUNT VEGETABLES YOU HAVE ALREADY COUNTED AND NO NOT INCLUDE FRIED POTATOES."</p>	
NOTE:	
100-199 = TIME PER DAY 300-399 = TIMES PER MONTH	
200-299 = TIMES PER WEEK	
FOR INTERVIEWER:	
<ul style="list-style-type: none"> <li>• INCLUDE CORN, PEAS, TOMATOES, OKRA, BEETS, CAULIFLOWER, BEAN SPROUTS, AVOCADO, CUCUMBER, ONIONS, PEPPERS (RED, GREEN, YELLOW, ORANGE); ALL CABBAGE INCLUDING AMERICAN-STYLE COLE-SLAW; MUSHROOMS, SNOW PEAS, SNAP PEAS, BROAD BEANS, STRING, WAX-, OR POLE-BEANS..</li> </ul>	
<ul style="list-style-type: none"> <li>• INCLUDE ANY FORM OF THE VEGETABLE (RAW, COOKED, CANNED, OR FROZEN).</li> </ul>	
<ul style="list-style-type: none"> <li>• DO NOT INCLUDE PRODUCTS CONSUMED USUALLY AS CONDIMENTS INCLUDING KETCHUP, CATSUP, SALSA, CHUTNEY, RELISH.</li> </ul>	
<ul style="list-style-type: none"> <li>• DO INCLUDE TOMATO JUICE IF RESPONDENT DID NOT COUNT IN FRUIT JUICE.</li> </ul>	
<ul style="list-style-type: none"> <li>• INCLUDE CULTURALLY AND GEOGRAPHICALLY APPROPRIATE VEGETABLES THAT ARE NOT MENTIONED (E.G. DAIKON, JICAMA, ORIENTAL CUCUMBER, ETC.).</li> </ul>	
<ul style="list-style-type: none"> <li>• DO NOT INCLUDE RICE OR OTHER GRAINS.</li> </ul>	
555	Never
777	DON'T KNOW/NOT SURE
999	REFUSED

<b>ES01Q07</b>	Numeric
Ask If	
During the past 7 days, on how many days were you physically active for a total of at least 30 minutes per day? Add up all the time you spent in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time, such as brisk walking, bicycling, vacuuming, gardening, running, aerobics, heavy yard work.	
Enter number of days (0-7)	
77	DON'T KNOW/NOT SURE
99	REFUSED

<b>ES01END</b>	Pause
Ask If	

## County-Added: Highlands

<b>HI01INTRO</b>	Pause
Ask If	

<b>HI01Q01</b>	Multiple Select
Ask If	
<p>Now I am going ask you some questions about health services in your county and your ability to access health care.</p> <p>The Highlands County Health Department is:</p> <p>CHOOSE ALL THAT APPLY</p> <p>PLEASE READ</p>	
1	A place for people who can not afford private healthcare
2	A place where people with Sexually Transmitted Diseases go
3	A place that monitors restaurants OR
4	A place where people with and without insurance can receive quality healthcare
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>HI01Q02</b>	Select
Ask If	
<p>If/when I visit the Highlands County Health Department I feel?</p> <p>PLEASE READ</p>	
1	Proud to receive services there
2	Embarrassed to receive services there
3	Neither proud nor embarrassed OR
4	I have never visited the Highlands County Health Department
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>HI01Q03</b>	Select
Ask If	
I can get to the Highlands County Health Department...Would you say...	
PLEASE READ	
1 Anytime I need to	
2 Only when I have a car or can get a ride	
3 I am unable to get there	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

<b>HI01Q04</b>	Multiple Select
Ask If	
I would visit the Highlands County Health Department for?	
(MULTIPLE RESPONSE - MARK ALL THAT APPLY)	
PLEASE READ	
1 Medical services	
2 Children's dental services	
3 WIC and Nutrition services	
4 Healthy Start services	
5 Environmental services	
6 Vital Statistics	
OR	
88 I would not visit the Highlands County Health Department	
77 DON'T KNOW/NOT SURE	
99 REFUSED	

<b>HI01Q05</b>	Select
Ask If	
When I have a health question I <b>USUALLY</b> go to?	
PLEASE READ	
1 One of the local hospitals	
2 The internet	
3 A friend / family member	
4 Family doctor	
OR	
5 The Highlands County Health Department	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

<b>HI01Q06</b>	Select
Ask If	
When requesting an appointment at the Highlands County Health Department, are you able to make an appointment within a reasonable amount of time?	
PLEASE READ	
1 Yes, same or next day	
2 Within a week	
3 Within two weeks	
4 Within a month	
5 Unable to make an appointment in a reasonable amount of time OR	
6 I have never requested an appointment	CHIEND
7 DON'T KNOW/NOT SURE	CHIEND
9 REFUSED	CHIEND

<b>HI01Q07</b>	Select
Ask If	
Was the appointment for:	
PLEASE READ	
1 Medical	
2 Dental	
3 WIC	
4 Other	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

<b>HI01END</b>	Pause
Ask If	

## County-Added: Orange

<b>OR01INTRO</b>	Pause
Ask If	

<b>OR01Q01</b>	Select
Ask If	C12Q19 = 2
Have you ever used a Certified Nurse Midwife for prenatal care and delivery?	
1	Yes
2	No
3	Have thought about it/need more information
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>OR01Q02</b>	Select
Ask If	C12Q19 = 2
If Certified Nurse Midwife care was available in your community; would you use their services for prenatal care and delivery?	
1	Yes
2	No
3	Not sure/need more information
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>OR01Q03</b>	Select
Ask If	
Have you ever been told by a doctor, nurse, nutritionist/dietitian or other health professional that you are overweight or obese?	
1	Yes
2	No
	OR01Q04
7	DON'T KNOW/NOT SURE
	OR01Q04
9	REFUSED
	OR01Q04



<b>OR01Q03a</b>	Select
Ask If	OR01Q03 = 1
Has the health provider referred you to a nutritionist/dietitian or to a weight management program?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>OR01Q04</b>	Select
Ask If	
How many fruits and vegetable servings do you eat on an average day?	
1	NONE
2	1-2 servings
3	3-4 servings
4	At least 5 servings
5	More than 5 servings
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>OR01Q05</b>	Select
Ask If	
How familiar are you with hepatitis B and C? Would you say...	
PLEASE READ:	
1	Not very familiar
2	Not familiar
3	Somewhat familiar
4	Familiar
5	Very familiar
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>OR01Q06</b>	Select
Ask If	
How often would you say that you use your cell phone while you drive?	
PLEASE READ:	
1 Always	
2 Nearly always	
3 Sometimes	
4 Seldom	
5 Never	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

<b>OR01Q07a</b>	Select
Ask If	
If a clinical trial offered access to a drug that could help you with your health condition, would you participate in the trial?	
1 Yes	
2 No	
3 Would be scared	
4 Don't know what a clinical trial is	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

<b>OR01Q08</b>	Select
Ask If	
Have you used the emergency room in the past 12 months because you did not have health insurance to go to a family doctor or specialist?	
1 Yes	
2 No	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

<b>OR01Q09</b>	Select
Ask If	
Have you ever used the Orange County Health Department's internet page?	
1	Yes
2	No
3	Did not know there was one
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>OR01END</b>	Pause
Ask If	

## County-Added: Polk

<b>P001INTRO</b>	Pause
Ask If	

<b>P001Q01</b>	Select
Ask If	
If you were at home and needed a half-gallon of milk from the store, how would you be most likely to travel to and from the store? Would you...	
PLEASE READ:	
1	Go in a car
2	Go by bus or other public transportation
3	Walk
4	Ride a bicycle
5	Other [Specify] OTHER
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>P001Q02</b>	Select
Ask If	
How safe would you feel about walking to a friend's house three city blocks away, about a quarter of a mile. Would you say you feel -	
PLEASE READ	
1	Very safe
2	Somewhat safe
3	Somewhat unsafe, OR
4	Very unsafe
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>P001Q03</b>	Multiple Select
Ask If	
Which of the following are within a half a mile, or a ten-minute walk, from your home?	
CHOOSE ALL THAT APPLY	
PLEASE READ	
01	A park with grass and benches
02	A park with play equipment for children
03	A park with playing fields, tennis courts, etc.
04	Paved trail to walk, bike, rollerblade, etc.
05	Abandoned buildings
06	Streets with sidewalks that you can walk on safely
07	Uncollected trash and garbage along the street
08	A store with a good supply of fresh fruits and vegetables
09	Stores, businesses, or churches
77	DON'T KNOW/NOT SURE
88	None of these
99	REFUSED

<b>P001Q04</b>	Select
Ask If	
What would you say is the main issue that prevents you from eating healthy foods?	
PLEASE READ	
01	I'm not sure what foods are considered healthy
02	I have a hard time eating certain healthy foods because of medications or health conditions
03	I usually eat at restaurants that do not offer healthy options
04	Healthy food is not available in my neighborhood
05	Healthy food is too expensive
06	Healthy food does not taste good
07	Healthy food takes longer to prepare
08	I usually eat healthy foods
77	DON'T KNOW/NOT SURE
99	REFUSED

<b>P001Q05</b>	Numeric
Ask If	
During the past 30 days, for about how many days did you walk in your neighborhood for leisure or as a way to get to your destination?	
Number of days	
88	NON
77	DON'T KNOW/NOT SURE
99	REFUSED

<b>P001Q06</b>	Select
Ask If	P001Q05 <= 5
What is the number one reason that you did not walk more frequently in your neighborhood?	
DO NOT READ	
01	WEATHER
02	LACK OF TIME
03	NOWHERE TO GO
04	NO SIDEWALKS
05	TOO MUCH TRAFFIC
06	MEDICAL CONDITIONS
07	LACK OF ENERGY/MOTIVATION
08	EXERCISE ELSE WHERE
09	SAFETY (CRIME)
10	OTHER
77	DON'T KNOW/NOT SURE
99	REFUSED

<b>P001Q07</b>	Select
Ask If	C12Q07 < 88
Do your children walk to school on a regular basis, at least 2 or 3 days per week?	
PLEASE READ	
1	Yes <span style="float: right;">CPOQ09</span>
2	No
3	Do not attend school
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>P001Q08</b>	Multiple Select
Ask If	C12Q07 < 88 OR P001Q07 = 2 OR P001Q07 = 7 OR P001Q01 = 9
My kids don't walk to school because:	
SELECT ALL THAT APPLY	
PLEASE READ:	
1	School is too far to walk
2	Sidewalks are not continuous
3	Too much traffic
4	Safety devices (e.g., stop signs, crosswalks, crossing guards) are not available
5	Neighborhood is not safe
6	Other
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>P001Q09</b>	Select
Ask If	
Which is most important for you to be healthy?	
PLEASE READ:	
1	Regular visits with your healthcare provider
2	Avoid tobacco and/or alcohol
3	Access to latest technology at doctor's offices and the hospital
4	Eat more fruits and vegetables
5	Exercise regularly
6	Take medications regularly and as directed
7	DON'T KNOW/NOT SURE
9	REFUSED



<b>P001Q10</b>	Multiple Select
Ask If	
Which of the following would be most helpful for you to have a healthier lifestyle?	
SELECT ALL THAT APPLY	
PLEASE READ:	
1 Continuous sidewalks that are well-maintained	
2 Access to trails and parks	
3 Stores, restaurants, and other facilities that are located in my neighborhood	
4 Grocers or farmers markets that offer affordable fresh fruits and vegetables	
5 Healthier menu options at local restaurants and fast food venues	
6 Improved safety in my neighborhood	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

<b>P001END</b>	Pause
Ask If	

**County-Added: Manatee**

<b>MA01INTRO</b>	Pause
Ask If	C12Q13 = 81
Remove questions FL04Q02, FL07Q03, FL07Q04, FL08Q02, FL08Q04, FL09Q02, FL09Q04, FL09Q05, FL10Q03, and FL10Q04.	

<b>MA01Q01</b>	Select
Ask If	C03Q01 = 2
How long have you been without health care coverage?	
PLEASE READ:	
1 Within past year	
2 Within past 2 years	
3 Within past 5 years	
4 5 or more years	
5 Never had any	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

<b>MA01Q02</b>	Select
Ask If	C03Q01 = 2
Did you lose it...	
PLEASE READ:	
1 Due to loss of employment	
2 Employer dropped coverage	
3 You were unable to afford the premiums	
4 Decided you didn't need the coverage	
5 Something else (Specify) Other	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

<b>MA01Q03</b>	Select
Ask If	C06Q01 = 1
If you don't take insulin, do you take other medication to control your blood sugar?	
1 Yes	
2 No	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

<b>MA01Q04</b>	Multiple Select
Ask If	C06Q01 = 1
Have you done any of the following to help control your blood sugars?	
1	Exercise
2	Change your diet
3	Lose weight
4	Something else
8	NONE
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>MA01Q05</b>	Numeric
Ask If	
During the past 7 days, on how many days were you physically active for a total of at least 30 minutes per day? (Add up all the time you spent in any kind of physical activity that increases your heart rate and makes your breathe hard some of the time, such as brisk walking, bicycling, vacuuming, gardening, running, aerobics, heavy yard work.)	
	Number of days
88	NONE
77	DON'T KNOW/NOT SURE
99	REFUSED

<b>MA01Q06</b>	Select
Ask If	
Do you know your blood pressure and cholesterol numbers?	
1	Yes - Blood Pressure
2	Yes - Cholesterol
3	Yes - Both Blood Pressure and Cholesterol
4	No
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>MA01Q07</b>	Select
Ask If	MA01Q06 = 1 OR MA01Q06 = 2 OR MA01Q06 = 3
Do you know what they mean?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>MA01Q08</b>	Select
Ask If	
Are you taking medications for high blood pressure or high cholesterol?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>MA01Q09</b>	Select
Ask If	MA01Q08 = 1
Do you take it as ordered?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>MA01Q10</b>	Select
Ask If	MA01Q08 = 1
Has your doctor indicated that it is working well?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>MA01END</b>	Pause
Ask If	

## County-Added: Volusia

<b>V001INTRO</b>	Pause
Ask If	C12Q13 = 127
<b>Remove questions FL02Q01, FL03Q02, FL09Q01, FL09Q02, FL09Q03, FL09Q04, FL09Q05, FL09Q06, FL09Q07, and FL09Q08.</b>	

<b>V001Q11</b>	Select
Ask If	
When you need to see a doctor for a non-urgent illness (i.e. cold, flu, stomach bug, management of chronic conditions) where do you go?	
1	Personal doctor or health care provider
2	Emergency room
3	Urgent care / walk-in clinic
4	Other
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>V001Q12</b>	Select
Ask If	
Was there a time in the past 12 months when you needed to see a doctor but could not because you could not find transportation?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>V001Q08</b>	Select
Ask If	
On an average day, how many hours of leisure time (non-working) do you spend watching TV, surfing the internet or playing video games?	
1	None
2	Less than 1 hour
3	1-2 hours
4	3-4 hours
5	5 hours or more
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>V001Q09</b>	Select
Ask If	
How many minutes per week do you engage in moderate physical activity such as brisk walking, bicycling, gardening, etc.	
1	None
2	Less than 60 minutes
3	60 minutes-100 minutes
4	100 minutes-150 minutes
5	More than 150 minutes
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>V001Q13</b>	Select
Ask If	C11Q01 = 1
Has the increase in the tobacco sales tax lead you to:	
1	Stop using tobacco products
2	Reduce the amount you purchase
3	No change
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>V001Q06</b>	Select
Ask If	C06Q01 = 1
What would make you purchase healthy foods to help you control your diabetes?	
1	Priced right
2	Like the food
3	Good portion size
4	Tastes good
5	Available in my neighborhood
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>V001Q07</b>	Multiple Select
Ask If	C06Q01 = 1
How do you receive current education about diabetes self-management?	
SELECT ALL THAT APPLY	
1	My Doctor
2	Self-Management Classes
3	Support Groups
4	Internet
5	Neighbor/friend/relative
6	I don't
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>V001Q02</b>	Select
Ask If	
How do you monitor your blood pressure?	
1	Use cuffs in drug store
2	During my doctor visits
3	I do it at home (my own cuff, a neighbor's, etc.)
4	I don't
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>V001Q14</b>	Select
Ask If	
Are you currently taking medication for high cholesterol	
1	Yes
2	No
3	Sometimes
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>V001Q04</b>	Select
Ask If	
If you knew which items on a restaurant's menu were healthy, what would make you choose the healthy choice:	
1 Priced right	
2 Like the food	
3 Good portion size	
4 Tastes good	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

<b>V001END</b>	Pause
Ask If	



## County Added: Indian River

<b>IR01INTRO</b>	Pause
Ask If	C12Q13 = 61
<b>Remove questions FL03Q01, FL03Q02, FL07Q01, FL07Q02, FL07Q03, FL04Q04, FL09Q01, FL09Q02, and FL09Q03</b>	

<b>IR01Q01</b>	Multiple Select
Ask If	
Which neighborhood do you live in? (More specific than zip code)	
1 Enter neighborhood	OTHER
7 DON'T KNOW/NOT SURE	
9 REFUSED	

<b>IR01Q02</b>	Select
Ask If	
Are you and/or family meeting your basic needs such as shelter, food and water?	
1 Yes	
2 No	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

<b>IR01Q03</b>	Select
Ask If	
Do you have the resources to care for your personal hygiene and sanitation needs like having good nutrition, healthy living conditions and practicing disease prevention?	
1 Yes	
2 No	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

<b>IR01Q04</b>	Select
Ask If	
Do you feel your home is environmentally and structurally safe to live in?	
1 Yes	
2 No	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

<b>IR01Q05</b>	Select
Ask If	
Are there any environmental conditions in your neighborhood that you feel may be contributing to any family illness?	
1 Yes	
2 No	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

<b>IR01Q06</b>	Select
Ask If	
Thinking about your neighborhood as a whole, do you feel safe from crime in your neighborhood?	
1 Yes	
2 No	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

<b>IR01Q07</b>	Select
Ask If C12Q07 <= 87	
When traveling to and from school, do you feel your children are safe?	
1 Yes	
2 No	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

<b>IR01Q08</b>	Select
Ask If	
Does your neighborhood have a convenient and accessible public transportation that meets your needs?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>IR01Q09</b>	Select
Ask If	
Are you concerned with pollution such as illegal dumping or businesses that generate hazardous waste in your community?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>IR01END</b>	Pause
Ask If	

## Influenza Like Illness – Inserted through March

Insert the following adult questions after core Section 22: Emotional Support and Life Satisfaction in the Landline questionnaire.

We would like to ask you some questions about recent respiratory illnesses.

1. During the past month, were you ill with a fever? (919)

1 = Yes

2 = No – **[Go to Q8]**

7 = Don't know – **[Go to Q8]**

9 = Refused – **[Go to Q8]**

2. Did you also have a cough and/or sore throat? (920)

1 = Yes

2 = No – **[Go to Q8]**

7 = Don't know – **[Go to Q8]**

9 = Refused – **[Go to Q8]**

3. When did you first become ill with fever, cough or sore throat? [Interviewer: read off choices; choose the most specific]

(921)

1 = Within the past week [Interviewer, if asked: past 1-7 days]

2 = 2 weeks ago [Interviewer, if asked: past 8-14 days]

3 = 3-4 weeks ago [Interviewer, if asked: 15-30 days before today]

7 = Don't know

9 = Refused

4. Did you visit a doctor, nurse, or other health professional for this illness? (922)

1 = Yes

2 = No – **[Go to Q8]**

7 = Don't know – **[Go to Q8]**

9 = Refused – **[Go to Q8]**

5. What did the doctor, nurse, or other health professional tell you? Did they say...[Interviewer: read off choices]

(923)

1 = You had regular influenza or the flu,

2 = You had swine flu, also known as H1N1 or novel H1N1

3 = You had some other illness, but not the flu–

7 = Don't know/not sure

9 = Refused

6. Did you have a flu test that was positive for this illness? Usually a swab from your nose or throat is tested. Would you say...[Interviewer: read off choices]  
(924)

1 = Yes, had flu test and it was positive

2 = No, had flu test but it was negative

3 = No, flu test was not done

7 = Don't know

9 = Refused

7. Did you receive Tamiflu® or oseltamivir [*o sel TAM i veer*] or an inhaled medicine called Relenza® or zanamivir [*za NA mi veer*] to treat this illness?  
(925)

1 = Yes

2 = No

7 = Don't know

9 = Refused

**CATI Note: Apply prior to Q8; [(For a one adult household with no children, If the respondent has NOT been ill (Q1 = 2,7,9 or Q2=2,7,9) skip to next section); (For a one adult household with no children, If respondent has been ill (Q1=1 and Q2=1) go to Q10)]**

8. Did any other members of your household have a fever with cough or sore throat during the past month?  
(926)

1 = Yes

2 = No – **[If (Q1 = 1(Yes) and Q2 = 1 (Yes)) Go to Q10, Else go to next section]**

7 = Don't know

9 = Refused

9. How many household members, **[CATI note: Fill in “including you,” If Q1=1(Yes) and Q2=1 (Yes)]**

were ill during the past month? (927-928)

\_\_\_ \_\_\_ # persons

8 8 None

7 7 Don't know/Not Sure

9 9 Refused

**CATI note: Apply prior to Q10; If (Q1 = 1(Yes) and Q2 = 1 (Yes)) or Q8 = 1 (Yes) continue to Q10; otherwise, skip to next section.**

10. How many people in your household, including you, were hospitalized for flu during the past month? [Interviewer, if needed: hospitalized means admitted to a hospital to receive medical treatment.]

(929-930)

\_\_\_ \_\_\_ # persons

8 8 None

7 7 Don't know/Not Sure

9 9 Refused

**For states using Module 23: Random Child Selection, add these questions following Module 23. This will be referenced as Module 27 in Edfix10 and the data submission layout.**

The next questions are about the “Xth” child.

1. Has the child had a fever with cough and/or sore throat during the past month?

(931)

1 = Yes

2 = No – **[Go to next module]**

7 = Don't know – **[Go to next module]**

9 = Refused – **[Go to next module]**

2. Did the child visit a doctor, nurse, or other health professional for this illness?

(932)

1 = Yes

2 = No – **[Go to next module]**

7 = Don't know – **[Go to next module]**

9 = Refused – **[Go to next module]**





## H1N1 – Inserted through June

### Notes:

1. Two modules will be added to BRFSS beginning January 1, 2010 and continuing through June 30, 2010:
  - a. Novel H1N1 influenza vaccination questions for adults to be asked immediately before question 1 of Section 14: Immunization.
  - b. Novel H1N1 influenza vaccination questions for Child Module (requires use of Module 23: Random Child Selection)
2. A third module, Module 10: High Risk / Health Care Worker, should be asked through June 30, 2010. These questions follow the Adult H1N1 ILI questions which have been inserted after Section 22: Emotional Support and Life Satisfaction.

### **Module 28: Novel H1N1 Adult Immunization**

**M28.1.** There are currently vaccines available for two kinds of flu -- the seasonal flu, and the 2009 H1N1 flu. I will first ask you questions about vaccination for H1N1 flu, which is sometimes called swine flu or pandemic flu, and then ask you questions about vaccination for seasonal flu.

There are two ways to get the H1N1 flu vaccination. One is a shot in the arm and the other is a spray, mist or drop in the nose.

Since September, 2009, have you been vaccinated either way for the H1N1 flu?

(933)

1 Yes

2 No **[Go to Q14.1]**

7 Don't Know / Not Sure **[Go to Q14.1]**

9 Refused **[Go to Q14.1]**

**M28.2** During what month did you receive your H1N1 flu vaccine?

(934-935)

-- Month

77 Don't Know / Not Sure

99 Refused

CATI note: [If M28.2\_Month in (7, 8, 9, 10, 11, 12) then M28.2\_Year=2009; else if M28.2\_Month in (1, 2, 3, 4, 5, 6) then M28.2\_Year=2010]

Interviewer verify response - That was [FILL IN MONTH] of [FILL IN YEAR], correct?

**M28.3** Was this a shot or was it a vaccine sprayed in the nose?

(936)

1. Flu shot
2. Flu Nasal Spray (spray, mist or drop in the nose)
7. Don't Know / Not Sure
9. Refused

**Module 30: Novel H1N1 Childhood Immunization** - to be asked immediately before Module 25: Childhood Immunization.

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

The next questions are about this child's immunizations.

**M30.1.** I will first ask you questions about vaccination for H1N1 flu, which is sometimes called swine flu or pandemic flu, and then ask you questions about vaccination for seasonal flu. There are two ways to get the H1N1 flu vaccination. One is a shot in the arm and the other is a spray, mist or drop in the nose. Since September, 2009, has [Fill: he/she] been vaccinated either way for the H1N1 flu?

(937)

- 1 Yes
- 2 No **[Go to M25.1]**
- 7 Don't Know / Not Sure **[Go to M25.1]**
- 9 Refused **[Go to M25.1]**

**CATI note: If Child age is 10 years or older, Go to M30.3.**

**M30.2.** Since September 2009, how many of these H1N1 vaccinations has [Fill: he/she] received?  
(938)

- 1 One vaccination or dose
- 2 Two or more vaccination doses
- 7 Don't Know / Not Sure **[Go to M25.1]**
- 9 Refused **[Go to M25.1]**

**M30.3.** During what month did [Fill: he/she] receive [Fill: his/her] **(CATI note: if child age < 10, "first H1N1 flu vaccine?"; otherwise, "H1N1 flu vaccine?")**  
(939-940)

- \_\_ Month
- 77 Don't Know / Not Sure
- 99 Refused

**CATI note:** [If M30.3\_Month in (7, 8, 9, 10, 11, 12) then M30.3\_Year=2009; else if M30.3\_Month in (1, 2, 3, 4, 5, 6) then M30.3\_Year=2010]

**Interviewer verify response -** That was [FILL IN MONTH] of [FILL IN YEAR], correct?

**M30.4** Was this a shot or was it a vaccine sprayed in the nose?  
(941)

- 1. Flu shot
- 2. Flu Nasal Spray (spray, mist or drop in the nose)
- 7. Don't Know / Not Sure
- 9. Refused

**CATI note:** If Child age  $\geq 10$  Go to next module. If M30.2 = 2, THEN ASK M30.5, otherwise Go to next module.

**M30.5.** During what month did [Fill: he/she] receive [Fill: his/her] second H1N1 flu vaccine?  
(942-943)

- \_\_ Month

77 Don't Know / Not Sure

99 Refused

**CATI note:** [If M30.5\_Month in (7, 8, 9, 10, 11, 12) then M30.5\_Year=2009; else if M30.5\_Month in (1, 2, 3, 4, 5, 6) then M30.5\_Year=2010]

[If Date (M30.5\_Month, M30.5\_Year) < Date(M30.3\_Month, M30.3\_year), interviewer verify responses]

**Interviewer verify response** That was [FILL IN MONTH] of [FILL IN YEAR], correct?

**M30.6** Was this a shot or was it a vaccine sprayed in the nose?

(944)

1. Flu shot
2. Flu Nasal Spray (spray, mist or drop in the nose)
7. Don't Know / Not Sure
9. Refused

This module should be inserted following the Adult Population-Based Flu Morbidity Survey

Questions which were inserted following section 22, before other optional modules.

**Module 10: High Risk /Health Care Worker**

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**M10.1.**

The next few questions ask about health care work and chronic illness. Do you currently volunteer or work in a hospital, medical clinic, doctor's office, dentist's office, nursing home or some other health-care facility? This includes part-time and unpaid work in a health care facility as well as professional nursing care provided in the home. (313)

**INTERVIEWER NOTE: If necessary say:** "This includes non-health care professionals, such as administrative staff, who work in a health-care facility."

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

**M10.2.**

Do you provide direct patient care as part of your routine work? By direct patient care we mean physical or hands-on contact with patients. (314)

- 1 Yes
- 2 No
- 7 Don't know / Not sure (**Probe by repeating question**)
- 9 Refused

**M10.3.** Has a doctor, nurse, or other health professional ever said that you have...

**Read all items listed below before waiting for an answer:**

Lung problems, other than asthma

Kidney problems

Anemia, including Sickle Cell

**Or** A weakened immune system caused by a chronic illness or by medicines taken for a chronic illness?

**[See Attached Health Problems List, if necessary]** (315)

1 Yes

2 No **[Go to next module]**

7 Don't know / Not sure **[Go to next module]**

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

**M10.4.** Do you still have (this/any of these) problem(s)?

(316)

1 Yes

2 No

7 Don't know / Not sure

9 Refused

List of Health Problems to Accompany Module 10, Question 3

**[DO NOT READ]**

### **Lung Problems**

Acute Respiratory Distress Syndrome (ARDS)

Bronchiectasis

Bronchopulmonary Dysplasia

Chronic Obstructive Pulmonary Disease (COPD)

Cystic Fibrosis

Emphysema

Lymphangiomyomatosis (LAM)

Pulmonary Arterial Hypertension

Sarcoidosis

## **Kidney Problems**

Chronic Kidney Disease  
Cystitis  
Cystocele (Fallen Bladder)  
Cysts  
Ectopic Kidney  
End-Stage Renal Disease (ESRD)  
Glomerular Diseases  
Interstitial Cystitis  
Kidney Failure  
Kidney Stones  
Nephrotic Syndrome  
Polycystic Kidney Disease  
Pyelonephritis (Kidney Infection)  
Renal Artery Stenosis  
Renal Osteodystrophy  
Renal Tubular Acidosis

## **Anemia**

Anemia  
Aplastic Anemia  
Fanconi Anemia  
Iron Deficiency Anemia  
Pernicious Anemia  
Sickle Cell Anemia  
Thalassemia