

Orange
County
FL

2010



CPPW

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Interviewer's Script

Pause
Ask If

IntroQst	Select
Ask If	
<p>HELLO, I am calling for the [HEALTH DEPARTMENT]. My name is [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.</p> <p>Is this [PHONE NUMBER]?</p>	
1	Correct Number (Proceed to next question) PrivRes
2	Number is not the same WRONGNUM

WRONGNUM	Key
Ask If	IntroQst = 2
<p>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.</p> <p>INTERVIEWER: PRESS 1 TO CONTINUE</p>	

PrivRes	Select
Ask If	IntroQst = 1
Is this a private residence in [STATE] ?	
1	Yes, continue IsCell
2	No, non-residential NonRes

NonRes	Key
Ask If	PrivRes = 2
<p>Thank you very much, but we are only interviewing private residences in [STATE].</p>	

IsCell	Select
Ask If	PrivRes = 1
Is this a cellular telephone?	
INTERVIEWER NOTE:	
"By cellular 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

CellYes	Key
Ask If	IsCell = 2
Thank you very much, but we are only interviewing land line telephones and private residences	
INTERVIEWER: PRESS 1 TO CONTINUE	

Adults	Numeric
Ask If	IsCell = 1
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?	
__ Enter the number of adults	

OneAdult	Select
Ask If	Adults = 1
Are you the adult?	
1	Yes Yourthe1
2	No AskGendr

Yourthe1	Select
Ask If	OneAdult = 1
Then you are the person I need to speak with.	
INTERVIEWER NOTE: ENTER 1 MAN OR 1 WOMAN BELOW (ASK GENDER IF NECESSARY).	
1	Male
2	Female

AskGendr	Select
Ask If	OneAdult = 2
Is the adult a man or a woman?	
INTERVIEWER NOTE: ENTER 1 MAN OR 1 WOMAN BELOW.	
1	Male
2	Female

GetAdult	Select
Ask If	OneAdult = 2
May I speak with {IF AskGendr = 1, him, her}?	
1	Yes, adult is coming to the phone
2	No, go to next screen, press F3 to schedule a call-back

Men	Numeric
Ask If	Adults > 1
How many of these adults are men?	
__	Enter number of men

Women	Numeric
Ask If	Adults > 1
How many of these adults are women?	
__	Enter number of women

Selected	Select	
Ask If	Adults > 1	
The person in your household that I need to speak with is _____. Are you the _____?		
1	Yes	IntroScr
2	No	GetNewAd

GetNewAd	Select	
Ask If	Selected = 2	
May I speak with the _____?		
1	Yes, Selected Respondent coming to the phone	NewAdult
2	No, go to next screen, press F3 to schedule a call-back	NewAdult
2	Go back to adults question. Warning: a new respondent may be selected	Adults

NewAdult	Select
Ask If	
HELLO, I am calling for the [HEALTH DEPARTMENT] . My name is [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.	
1	Person interested, continue IntroScr
2	Go back to adults question. Warning: a new respondent may be selected Adults

IntroScr	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 [GIVE APPROPRIATE STATE TELEPHONE NUMBER] .	
1	Person interested, continue C01INTRO
2	Go back to adults question. Warning: a new respondent may be selected Adults

Section 1: Health Status

C01INTRO	Pause
Ask If	

C01Q01	Select
Ask If	
Would you say that in general your health is...?	
1	Excellent
2	Very good
3	Good
4	Fair
5	Poor
7	DON'T KNOW/NOT SURE
9	REFUSED

C01END	Pause
Ask If	

Section 2: Health Care Access

C02INTRO	Pause
Ask If	

C02Q01	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

C02Q02	Select
Ask If	
Do you have one person you think of as your personal doctor or health care provider?	
IF "NO," ASK:	
"Is there more than one, or is there no person who you think of as your personal doctor or health care provider.	
PLEASE READ:	
1	Yes, only one
2	More than one
3	No
7	DON'T KNOW/NOT SURE
9	REFUSED

C02Q03	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

C02Q04		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			
8	Never			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

C02END		Pause		
Ask If				

Section 3: Cardiovascular Disease Prevalence

C03INTRO	Pause
Ask If	

C03Q01	Select
Ask If	
Now I would like to ask you some questions about cardiovascular disease.	
Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure."	
(Ever told) you had a heart attack, also called a myocardial infarction?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

C03Q02	Select
Ask If	
(Ever told) you had angina or coronary heart disease?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

C03Q03	Select
Ask If	
(Ever told) you had a stroke?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

C03END	Pause
Ask If	

Section 4: Diabetes

C04INTRO	Pause
Ask If	

C04Q01	Select
Ask If	
Have you ever been told by a doctor that you have diabetes?	
IF "YES" AND RESPONDENT IS FEMALE, ASK:	
"Was this only when you were pregnant?"	
IF RESPONDENT SAYS PRE-DIABETES OR BORDERLINE DIABETES, USE RESPONSE CODE 4.	
1	Yes
2	Yes, but female told only during pregnancy
3	No
4	No, pre-diabetes or borderline diabetes
7	DON'T KNOW/NOT SURE
9	REFUSED

C04END	Pause
Ask If	

Section 5: Tobacco Use

C05INTRO	Pause
Ask If	

C05Q01	Select	
Ask If		
Have you smoked at least 100 cigarettes in your entire life?		
NOTE: 5 PACKS = 100 CIGARETTES		
1	Yes	
2	No	C05Q05
7	DON'T KNOW/NOT SURE	C05Q05
9	REFUSED	C05Q05

C05Q02	Select	
Ask If	C05Q01 = 1	
Do you now smoke cigarettes every day, some days, or not at all?		
1	Everyday	
2	Some Days	
3	Not at all	C05Q04
7	DON'T KNOW/NOT SURE	C05Q05
9	REFUSED	C05Q05

C05Q03	Select	
Ask If	C05Q02 = 1 OR C05Q02 = 2	
During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?		
1	Yes	C05Q05
2	No	C05Q05
7	DON'T KNOW/NOT SURE	C05Q05
9	REFUSED	C05Q05

C05Q04		Select		
Ask If		C05Q02 = 3		
How long has it been since you last smoked a cigarette, even one or two puffs?				
01	Within the past month (less than 1 month ago)			
02	Within the past 3 months (1 month but less than 3 months ago)			
03	Within the past 6 months (3 months but less than 6 months ago)			
04	Within the past year (6 months but less than 1 year ago)			
05	Within the past 5 years (1 year but less than 5 years ago)			
06	Within the past 10 years (5 years but less than 10 years ago)			
07	10 years or more			
08	Never smoked regularly			
77	DON'T KNOW/NOT SURE			
99	REFUSED			

C05Q05		Select		
Ask If				
Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?				
SNUS (RHYMES WITH 'GOOSE')				
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	Some Days			
3	Not at all			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

C05END		Pause		
Ask If				

Section 6: Fruits and Vegetables

C06INTRO	Key
Ask If	
<p>These next questions are about the fruits and vegetables YOU ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home.</p> <p>I will be asking how often YOU ate or drank each one: for example, once a day, twice a week, three times a month, and so forth.</p> <p>INTERVIEWER NOTE: IF RESPONDENT RESPONDS LESS THAN ONCE PER MONTH, PUT "0" TIMES PER MONTH. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "WAS THAT PER DAY, WEEK, OR MONTH?"</p>	

C06Q01	Numeric			
Ask If				
<p>During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice.</p> <p>INTERVIEWER NOTE: DO NOT INCLUDE FRUIT DRINKS WITH ADDED SUGAR OR OTHER ADDED SWEETENERS LIKE KOOL-AID, HI-C, LEMONADE, CRANBERRY COCKTAIL, TAMPICO, SUNNY DELIGHT, SNAPPLE, FRUITOPIA, GATORADE, POWER-ADE, OR YOGURT DRINKS.</p> <p>DO NOT INCLUDE FRUIT JUICE DRINKS THAT PROVIDE 100% DAILY VITAMIN C BUT INCLUDE ADDED SUGAR.</p> <p>DO NOT INCLUDE VEGETABLE JUICES SUCH AS TOMATO AND V8 IF RESPONDENT PROVIDES BUT INCLUDE IN "OTHER VEGETABLES" QUESTION.</p> <p>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.</p> <p>101-199 = PER DAY 201-299 = PER WEEK 300-399 = PER MONTH</p>				
____ TIMES				
555	Never			
777	DON'T KNOW/NOT SURE			
999	REFUSED			

C06Q02	Numeric
Ask If	
During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit	
READ ONLY IF NECESSARY:	
"Your best guess is fine. Include apples, bananas, applesauce, oranges, grape fruit, fruit salad, watermelon, cantaloupe or musk melon, papaya, lychees, star fruit, pomegranates, mangos, grapes, and berries such as blueberries and strawberries."	
INTERVIEWER NOTE: DO NOT COUNT FRUIT JAM, JELLY, OR FRUIT PRESERVES.	
DO NOT INCLUDE DRIED FRUIT IN READY-TO-EAT CEREALS.	
DO INCLUDE DRIED RAISINS, CRAN-RAISINS IF RESPONDENT TELLS YOU - BUT DUE TO THEIR SMALL SERVING SIZE SINCE THEY ARE NOT INCLUDED IN THE PROMPT.	
DO INCLUDE CUT UP FRESH, FROZEN, OR CANNED FRUIT ADDED TO YOGURT, CEREAL, JELLO, AND OTHER MEAL ITEMS.	
INCLUDE CULTURALLY AND GEOGRAPHICALLY APPROPRIATE FRUITS THAT ARE NOT MENTIONED (E.G. GENIP, SOURSOP, SUGAR APPLE, FIGS, TAMARIND, BREAD FRUIT, SEA GRAPES, CARAMBOLA, LONGANS, LYCHEES, AKEE, RAMBUTAN, ETC.).	
101-199 = PER DAY 201-299 = PER WEEK 300-399 = PER MONTH	
___	TIMES
555	Never
777	DON'T KNOW/NOT SURE
999	REFUSED

C06Q03	Numeric
Ask If	
During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, and garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils? Do NOT include long green beans.	
READ ONLY IF NECESSARY:	
"Include round or oval beans or peas such as navy, pinto, split peas, cow peas, garbanzo beans, lentils, soy beans and tofu. Do NOT include long green beans such as string beans, broad or winged beans, or pole beans."	
INTERVIEWER NOTE: INCLUDE SOYBEANS ALSO CALLED EDAMAME, TOFU (BEAN CURD MADE FROM SOYBEANS), KIDNEY, PINTO, GARBANZO, LENTILS, BLACK, BLACK-EYED PEAS, COW PEAS, LIMA BEANS AND WHITE BEANS.	
INCLUDE BEAN BURGERS INCLUDING GARDEN BURGERS AND VEGGIE BURGERS.	
INCLUDE FALAFEL AND TEMPEH	
101-199 = PER DAY 201-299 = PER WEEK 300-399 = PER MONTH	
___	TIMES
555	Never
777	DON'T KNOW/NOT SURE
999	REFUSED

C06Q04	Numeric
Ask If	
During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach?	
INTERVIEWER NOTE: EACH TIME A VEGETABLE IS EATEN IT COUNTS AS ONE TIME."	
INTERVIEWER NOTE: INCLUDE ALL RAW LEAFY GREEN SALADS INCLUDING SPINACH, MESCLUN, ROMAINE LETTUCE, BOK CHOY, DARK GREEN LEAFY LETTUCE, DANDELIONS, KOMATSUNA, WATERCRESS, AND ARUGULA.	
DO NOT INCLUDE ICEBERG (HEAD) LETTUCE IF SPECIFICALLY TOLD TYPE OF LETTUCE. INCLUDE ALL COOKED GREENS INCLUDING KALE, COLLARD GREENS, CHOYS, TURNIP GREENS, MUSTARD GREENS.	
101-199 = PER DAY 201-299 = PER WEEK 300-399 = PER MONTH	
___	TIMES
555	Never
777	DON'T KNOW/NOT SURE
999	REFUSED

C06Q05	Numeric
Ask If	
During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?	
READ ONLY IF NEEDED:	
"Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash."	
FOR INTERVIEWER: INCLUDE ALL FORMS OF CARROTS INCLUDING LONG OR BABY-CUT.	
INCLUDE CARROT-SLAW (E.G. SHREDDED CARROTS WITH OR WITHOUT OTHER VEGETABLES OR FRUIT).	
INCLUDE ALL FORMS OF SWEET POTATOES INCLUDING BAKED, MASHED, CASSEROLE, PIE, OR SWEET POTATOES FRIES.	
INCLUDE ALL HARD-WINTER SQUASH VARIETIES INCLUDING ACORN, AUTUMN CUP, BANANA, BUTTERNUT, BUTTERCUP, DELICATE, HUBBARD, KABOCHA (ALSO KNOWN AS AN EBISU, DELICA, HOKA, HOKKAIDO, OR JAPANESE PUMPKIN; BLUE KURI), AND SPAGHETTI SQUASH. INCLUDE ALL FORMS INCLUDING SOUP.	
INCLUDE PUMPKIN, INCLUDING PUMPKIN SOUP AND PIE. DO NOT INCLUDE PUMPKIN BARS, CAKE, BREAD OR OTHER GRAIN-BASED DESSERT-TYPE FOOD CONTAINING PUMPKIN (I.E. SIMILAR TO BANANA BARS, ZUCCHINI BARS WE DO NOT INCLUDE).	
101-199 = PER DAY 201-299 = PER WEEK 300-399 = PER MONTH	
_____	TIMES
555	Never
777	DON'T KNOW/NOT SURE
999	REFUSED

C06Q06	Numeric
Ask If	
<p>Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.</p> <p>READ ONLY IF NEEDED:</p> <p>"Do not count vegetables you have already counted and do not include fried potatoes."</p> <p>INTERVIEWER NOTE: INCLUDE CORN, PEAS, TOMATOES, OKRA, BEETS, CAULIFLOWER, BEAN SPROUTS, AVOCADO, CUCUMBER, ONIONS, PEPPERS (RED, GREEN, YELLOW, ORANGE); ALL CABBAGE INCLUDING AMERICAN-STYLE COLE-SLAW; MUSHROOMS, SNOW PEAS, SNAP PEAS, BROAD BEANS, STRING, WAX-, OR POLE-BEANS.</p> <p>INCLUDE ANY FORM OF THE VEGETABLE (RAW, COOKED, CANNED, OR FROZEN).</p> <p>DO NOT INCLUDE PRODUCTS CONSUMED USUALLY AS CONDIMENTS INCLUDING KETCHUP, CATSUP, SALSA, CHUTNEY, RELISH.</p> <p>DO INCLUDE TOMATO JUICE IF RESPONDENT DID NOT COUNT IN FRUIT JUICE.</p> <p>INCLUDE CULTURALLY AND GEOGRAPHICALLY APPROPRIATE VEGETABLES THAT ARE NOT MENTIONED (E.G. DAIKON, JICAMA, ORIENTAL CUCUMBER, ETC.).</p> <p>DO NOT INCLUDE RICE OR OTHER GRAINS.</p> <p>101-199 = PER DAY 201-299 = PER WEEK 300-399 = PER MONTH</p>	
_____	TIMES
555	Never
777	DON'T KNOW/NOT SURE
999	REFUSED

C06END	Pause
Ask If	

Section 7: Sugar Sweetened Beverages and Menu Labeling

C07INTRO	Pause
Ask If	

C07Q01	Numeric
Ask If	
During the past month, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.	
101-199 = PER DAY 201-299 = PER WEEK 300-399 = PER MONTH	
___ TIMES	
555 Never	
777 DON'T KNOW/NOT SURE	
999 REFUSED	

C07Q02	Numeric
Ask If	
During the past month, how often did you drink sugar-sweetened fruit drinks (such as Kool-aid and lemonade), sweet tea, sports or energy drinks (such as Red Bull and Gatorade)? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks.	
101-199 = PER DAY 201-299 = PER WEEK 300-399 = PER MONTH	
___ TIMES	
555 Never	
777 DON'T KNOW/NOT SURE	
999 REFUSED	

C07Q03		Select		
Ask If				
The next question is about eating out at fast food and chain restaurants. When calorie information is available in the restaurant, how often does this information help you decide what to order?				
PLEASE READ				
01	Always			
02	Most of the time			
03	About half the time			
04	Sometimes			
05	Never			
06	NEVER NOTICED OR NEVER LOOKED FOR CALORIE INFORMATION			
08	USUALLY CANNOT FIND CALORIE INFORMATION			
55	I DO NOT EAT AT FAST FOOD OR CHAIN RESTAURANTS			
77	DON'T KNOW/NOT SURE			
99	REFUSED			

C07END		Pause		
Ask If				

Section 8: Disability

C08INTRO	Pause
Ask If	

C08Q01	Select
Ask If	
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

C08END	Pause
Ask If	

Section 9: Demographics

C09INTRO	Pause
Ask If	

C09Q01	Numeric			
Ask If				
What is your age?				
__ Code age in years				
07	DON'T KNOW/NOT SURE			
09	REFUSED			

C09Q02	Select
Ask If	
Are you Hispanic or Latino?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

C09Q03	Multiple Select			
Ask If				
Which one or more of the following would you say is your race?				
CHECK ALL THAT APPLY				
1	White			
2	Black or African American			
3	Asain			
4	Native Hawaiian or Other Pacific Islander			
5	American Indian or Alaska Native			
6	Other(specify)		OTHER	
8	NO ADDITIONAL CHOICES			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

CATI note: If more than one response to C09Q03; continue. Otherwise, go to C09Q05.

C09Q04		Select		
Ask If				
Which one of these groups would you say best represents your race?				
1	White			
2	Black or African American			
3	Asian			
4	Native Hawaiian or Other Pacific Islander			
5	American Indian or Alaska Native			
6	Other(specify)		OTHER	
7	DON'T KNOW/NOT SURE			
9	REFUSED			

C09Q05		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, for the Persian Gulf War.				
1	Yes, now on active duty			
2	Yes, on active duty during the last 12 months, but not now			
3	Yes, on active duty in the past, but not during the last 12 months			
4	No, training for Reserves or National Guard only			
5	No, never served in the military			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

C09Q06	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

C09Q07	Numeric			
Ask If				
How many children less than 18 years of age live in your household?				
___ NUMBER OF CHILDREN				
88	NONE			
99	REFUSED			

C09Q08	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

C09Q09	Select
Ask If	
Are you currently...?	
PLEASE READ	
1	Employed for wages
2	Self-employed
3	Out of work for more than 1 year
4	Out of work for less than 1 year
5	A Homemaker
6	A Student
7	Retired Or
8	Unable to work
9	REFUSED

C09Q10d	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	C09Q10i
9	REFUSED	C09Q10i

C09Q10c	Select	
Ask If C09Q10d = 1		
Is your annual household income from all sources: Less than \$20,000?		
1	YES	
2	NO	C09Q10i
7	DON'T KNOW/NOT SURE	C09Q10i
9	REFUSED	C09Q10i

C09Q10a		Select
Ask If	C09Q10b = 1	
Is your annual household income from all sources:		
Less than \$10,000?		
1	YES	C09Q10i
2	NO	C09Q10i
7	DON'T KNOW/NOT SURE	C09Q10i
9	REFUSED	C09Q10i

C09Q10e		Select
Ask If	C09Q10d = 2	
Is your annual household income from all sources:		
Less than \$35,000?		
1	YES	C09Q10i
2	NO	
7	DON'T KNOW/NOT SURE	C09Q10i
9	REFUSED	C09Q10i

C09Q10f		Select
Ask If	C09Q10e = 2	
Is your annual household income from all sources:		
Less than \$50,000?		
1	YES	C09Q10i
2	NO	
7	DON'T KNOW/NOT SURE	C09Q10i
9	REFUSED	C09Q10i

C09Q10g		Select
Ask If	C09Q10f = 2	
Is your annual household income from all sources:		
Less than \$75,000?		
1	YES	C09Q10i
2	NO	C09Q10i
7	DON'T KNOW/NOT SURE	C09Q10i
9	REFUSED	C09Q10i

C09Q10h		Select
Ask If C09Q10g = 2		
Is your annual household income from all sources: \$75,000 or more?		
1	YES	C09Q10i
2	NO	C09Q10i
7	DON'T KNOW/NOT SURE	C09Q10i
9	REFUSED	C09Q10i

C09Q10i		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	C09Q10d
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C09Q11		Numeric		
Ask If				
About how much do you weigh without shoes?				
NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN COLUMN 1.				
ROUND FRACTIONS UP				
_____ WEIGHT				
7777	DON'T KNOW/NOT SURE			
9999	REFUSED			

C09Q12	Numeric
Ask If	
About how tall are you without shoes?	
NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN COLUMN 1. ROUND FRACTIONS DOWN	
___/___	HEIGHT
77/77	DON'T KNOW/NOT SURE
99/99	REFUSED

C09Q13	Numeric
Ask If	
What county do you live in?	
___	FIPS COUNTY CODE
777	DON'T KNOW/NOT SURE
999	REFUSED

C09Q14	Numeric
Ask If	
What is your ZIP Code where you live?	
_____	ZIP CODE
77777	DON'T KNOW/NOT SURE
99999	REFUSED

C09Q15	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	C09Q17
7	DON'T KNOW/NOT SURE	C09Q17
9	REFUSED	C09Q17

C09Q16		Numeric		
Ask If		C09Q15 = 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			

C09Q17		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			

C09Q18		Select		
Ask If				
INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY.				
1	Male			C09END
2	Female			

C09Q19		Select		
Ask If		C09Q18 = 2 AND C09Q01 < 45		
To your knowledge, are you now pregnant?				
1	YES			
2	NO			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

C09END		Pause		
Ask If				

Section 10: Physical Activity

C10INTRO	Pause
Ask If	

C10Q01	Select	
Ask If		
<p>The next few questions are about exercise, recreation, or physical activities other than your regular job duties.</p> <p>INTERVIEWER INSTRUCTION: IF RESPONDENT DOES NOT HAVE A "REGULAR JOB DUTY" OR IS RETIRED, THEY MAY COUNT THE PHYSICAL ACTIVITY OR EXERCISE THEY SPEND THE MOST TIME DOING IN A REGULAR MONTH.</p> <p>During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?</p>		
1	YES	
2	NO	C10END
7	DON'T KNOW/NOT SURE	C10END
9	REFUSED	C10END

C10Q02	Select			
Ask If	C10Q01 = 1			
<p>What type of physical activity or exercise did you spend the most time doing during the past month?</p> <p>INTERVIEWER INSTRUCTION: IF THE RESPONDENT'S ACTIVITY IS YOGA, PILATES, TAI CHI, OR WEIGHT LIFTING PLEASE REPEAT THE QUESTION TO RESPONDENT USING THE FOLLOWING LEAD-IN, "OTHER THAN [RESPONDENT'S ACTIVITY]," WHAT TYPE OF PHYSICAL ACTIVITY OR EXERCISE DID YOU SPEND THE MOST TIME DOING DURING THE PAST MONTH?</p> <p>INTERVIEWER INSTRUCTION: IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED IN THE CODING LIST A, CHOOSE THE OPTION LISTED AS "OTHER _____" AND SPECIFY THE RESPONDENT'S ACTIVITY AS THE RESPONDENT HAS INDICATED.</p> <p>INTERVIEWER NOTE: HOUSEWORK MAY BE INCLUDED AS A PHYSICAL ACTIVITY OR EXERCISE SPENT AND CAN BE CODED AS "OTHER_____". AND SPECIFY THE RESPONDENT'S ACTIVITY AS THE RESPONDENT HAS INDICATED</p>				
01	Activity Code [see Activity List]			
99	REFUSED			

Activity List	List
Ask If	

01	Active Gaming Devices (Wii Fit, Dance Dance Revolution)			
02	Aerobics video or class			
03	Backpacking			
04	Badminton			
05	Basketball			
06	Bicycling machine exercise			
07	Bicycling			
08	Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)			
09	Bowling			
10	Boxing			
11	Calisthenics			
12	Canoeing/rowing in competition			
13	Carpentry			
14	Dancing-ballet, ballroom, Latin, hip hop, etc			
15	Elliptical/EFX machine exercise			
16	Fishing from river bank or boat			
17	Frisbee			
18	Gardening (spading, weeding, digging, filling)			
19	Golf (with motorized cart)			
20	Golf (without motorized cart)			
21	Hadnball			
22	Hiking - cross-country			
23	Hockey			
24	Horseback riding			
25	Hunting large game - deer, elk			
26	Hunting small game - quail			
27	Inline Skating			
28	Jogging			
29	Lacrosse			
30	Mountain climbing			
31	Mowing lawn			
32	Paddleball			
33	Painting/papering house			
34	Pilates			
35	Racquetball			
36	Raking lawn			
37	Running			
38	Rock climbing			
39	Rope skipping			
40	Rowing machine exercise			
41	Rugby			
42	Scuba diving			
43	Skateboarding			
44	Skating - ice or roller			
45	Sledding, tobogganing			
46	Snorkeling			

47	Snow blowing			
48	Snow shoveling by hand			
49	Snow skiing			
50	Snowshoeing			
51	Soccer			
52	Softball/Baseball			
53	Squash			
54	Stair climbing/stair master			
55	Stream fishing in waders			
56	Surfing			
57	Swimming			
58	Swimming in laps			
59	Table tennis			
60	Tai Chi			
61	Tennis			
62	Touch football			
63	Volleyball			
64	Walking			
66	Waterskiing			
67	Weight lifting			
68	Wrestling			
69	Yoga			
70	Other		OTHER	
99	Refused			

C10Q03		Numeric		
Ask If	C10Q01 = 1			
How many times per week or per month did you take part in this activity during the past month?				
101-199 = PER WEEK 201-299 = PER MONTH				
___ TIMES				
777	DON'T KNOW/NOT SURE			
999	REFUSED			

C10Q04		Numeric		
Ask If	C10Q01 = 1			
And when you took part in this activity, for how many minutes or hours did you usually keep at it?				
_.__ Hours and minutes				
777	DON'T KNOW/NOT SURE			
999	REFUSED			

C10Q05	Numeric	
Ask If	C10Q01 = 1	
What other type of physical activity gave you the next most exercise during the past month?		
INTERVIEWER INSTRUCTION: IF THE RESPONDENT'S ACTIVITY IS YOGA, PILATES, TAI CHI, OR WEIGHT LIFTING PLEASE REPEAT THE QUESTION TO RESPONDENT USING THE FOLLOWING LEAD-IN, "OTHER THAN [RESPONDENT'S ACTIVITY]," WHAT TYPE OF PHYSICAL ACTIVITY OR EXERCISE DID YOU SPEND THE MOST TIME DOING DURING THE PAST MONTH?		
INTERVIEWER INSTRUCTION: IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED IN THE CODING LIST A, CHOOSE THE OPTION LISTED AS "OTHER _____" AND SPECIFY THE RESPONDENT'S ACTIVITY AS THE RESPONDENT HAS INDICATED.		
INTERVIEWER NOTE: HOUSEWORK MAY BE INCLUDED AS A PHYSICAL ACTIVITY OR EXERCISE SPENT AND CAN BE CODED AS "OTHER_____". AND SPECIFY THE RESPONDENT'S ACTIVITY AS THE RESPONDENT HAS INDICATED.		
01	Activity Code [see Activity List]	
88	NO OTHER PHYSICAL ACTIVITY	C10END
99	REFUSED	C10END

C10Q06	Numeric	
Ask If	C10Q05 < 88	
How many times per week or per month did you take part in this activity during the past month?		
1__	Times per week	
2__	Times per month	
777	DON'T KNOW/NOT SURE	
999	REFUSED	

C10Q07	Numeric	
Ask If	C10Q05 < 88	
And when you took part in this activity, for how many minutes or hours did you usually keep at it?		
__.	Hours and minutes	
777	DON'T KNOW/NOT SURE	
999	REFUSED	

C10Q08	Numeric
Ask If	C10Q05 < 88
<p>During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.</p> <p>101-199 = PER WEEK 201-299 = PER MONTH</p>	
___ TIMES	
888	Never
777	DON'T KNOW/NOT SURE
999	REFUSED

C10END	Pause
Ask If	

Section 11: Secondhand Smoke

C11INTRO	Pause
Ask If	
The next questions are about exposure to secondhand smoke.	

C11Q01	Numeric
Ask If C09Q09 = 1 OR C09Q09 = 2	
Now I'm going to ask you about smoke you might have breathed at work because someone else was smoking INDOORS . During the past 7 days, that is, since last {Insert: TODAY'S DAY OF THE WEEK} , on how many days did you breathe the smoke at your workplace from SOMEONE OTHER THAN YOU who was smoking tobacco?	
__ Number of days [01-07]	
88	None
77	DON'T KNOW/NOT SURE
99	REFUSED

C11Q02	Numeric
Ask If	
Not counting decks, porches, or garages, during the past 7 days, that is, since last {Insert: TODAY'S DAY OF THE WEEK} , on how many days did SOMEONE OTHER THAN YOU smoke tobacco inside your home while you were at home?	
__ Number of days [01-07]	
88	None
77	DON'T KNOW/NOT SURE
99	REFUSED

C11Q03	Numeric
Ask If	
During the past 7 days, that is, since last {Insert: TODAY'S DAY OF THE WEEK} , on how many days did you ride in a vehicle where SOMEONE OTHER THAN YOU was smoking tobacco?	
__ Number of days [01-07]	
88	None
77	DON'T KNOW/NOT SURE
99	REFUSED

C11Q04	Numeric
Ask If	
<p>The next question asks about tobacco use in indoor public places. Examples of indoor public places are the indoor areas of stores, restaurants, bars, casinos, clubs, and sports arenas.</p> <p>{If C09Q09 = 1 or C09Q09 = 2, Not counting times while you were at work,}during the past 7 days, that is, since last {Insert: TODAY'S DAY OF THE WEEK}, on how many days did you breathe the smoke from SOMEONE ELSE who was smoking in an indoor public place?</p>	
__ Number of days [01-07]	
88	None
77	DON'T KNOW/NOT SURE
99	REFUSED

Randomly display one of C11Q05a-f

C11Q05a	Select
Ask If	
<p>Not counting decks, porches, or garages, inside your home, is smoking...</p> <p>Always allowed</p> <p>Allowed only at some times or in some places</p> <p>Never allowed</p> <p>INTERVIEWER NOTE: THE ORDER OF THE RESPONSE CATEGORIES FOR THIS QUESTION IS BEING RANDOMLY REVERSED.</p>	
1	Always allowed
2	Allowed only at some times or in some places
3	Never allowed
6	FAMILY DOES NOT HAVE A SMOKING POLICY
7	DON'T KNOW/NOT SURE
9	REFUSED

C11Q05b		Select	
Ask If			
Not counting decks, porches, or garages, inside your home, is smoking...			
Always allowed			
Never allowed			
Allowed only at some times or in some places			
INTERVIEWER NOTE: THE ORDER OF THE RESPONSE CATEGORIES FOR THIS QUESTION IS BEING RANDOMLY REVERSED.			
1 Always allowed			
2 Never allowed			
3	Allowed only at some times or in some places		
6	FAMILY DOES NOT HAVE A SMOKING POLICY		
7	DON'T KNOW/NOT SURE		
9	REFUSED		

C11Q05c		Select	
Ask If			
Not counting decks, porches, or garages, inside your home, is smoking...			
Allowed only at some times or in some places			
Always allowed			
Never allowed			
INTERVIEWER NOTE: THE ORDER OF THE RESPONSE CATEGORIES FOR THIS QUESTION IS BEING RANDOMLY REVERSED.			
1 Allowed only at some times or in some places			
2 Always allowed			
3	Never allowed		
6	FAMILY DOES NOT HAVE A SMOKING POLICY		
7	DON'T KNOW/NOT SURE		
9	REFUSED		

C11Q05d		Select	
Ask If			
Not counting decks, porches, or garages, inside your home, is smoking...			
Allowed only at some times or in some places			
Never allowed			
Always allowed			
INTERVIEWER NOTE: THE ORDER OF THE RESPONSE CATEGORIES FOR THIS QUESTION IS BEING RANDOMLY REVERSED.			
1 Allowed only at some times or in some places			
2 Never allowed			
3	Always allowed		
6	FAMILY DOES NOT HAVE A SMOKING POLICY		
7	DON'T KNOW/NOT SURE		
9	REFUSED		

C11Q05e		Select	
Ask If			
Not counting decks, porches, or garages, inside your home, is smoking...			
Never allowed			
Always allowed			
Allowed only at some times or in some places			
INTERVIEWER NOTE: THE ORDER OF THE RESPONSE CATEGORIES FOR THIS QUESTION IS BEING RANDOMLY REVERSED.			
1 Never allowed			
2 Always allowed			
3	Allowed only at some times or in some places		
6	FAMILY DOES NOT HAVE A SMOKING POLICY		
7	DON'T KNOW/NOT SURE		
9	REFUSED		

C11Q05f		Select		
Ask If				
Not counting decks, porches, or garages, inside your home, is smoking...				
Never allowed				
Allowed only at some times or in some places				
Always allowed				
INTERVIEWER NOTE: THE ORDER OF THE RESPONSE CATEGORIES FOR THIS QUESTION IS BEING RANDOMLY REVERSED.				
1	Never allowed			
2	Allowed only at some times or in some places			
3	Always allowed			
6	FAMILY DOES NOT HAVE A SMOKING POLICY			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

Randomly display one of C11Q06a-f

C11Q06a		Select		
Ask If				
Not counting motorcycles, in the vehicles that you or family members who live with you own or lease, is smoking...				
Always allowed in all vehicles				
Sometimes allowed in at least one vehicle				
Never allowed in any vehicle				
INTERVIEWER NOTE: THE ORDER OF THE RESPONSE CATEGORIES FOR THIS QUESTION IS BEING RANDOMLY REVERSED.				
1	Always allowed in all vehicles			
2	Sometimes allowed in at least one vehicle			
3	Never allowed in any vehicle			
6	FAMILY DOES NOT HAVE A VEHICLE SMOKING POLICY			
8	RESPONDENT'S FAMILY DOES NOT OWN OR LEASE A VEHICLE			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

C11Q06b	Select
Ask If	
Not counting motorcycles, in the vehicles that you or family members who live with you own or lease, is smoking...	
Always allowed in all vehicles	
Never allowed in any vehicle	
Sometimes allowed in at least one vehicle	
INTERVIEWER NOTE: THE ORDER OF THE RESPONSE CATEGORIES FOR THIS QUESTION IS BEING RANDOMLY REVERSED.	
1	Always allowed in all vehicles
2	Never allowed in any vehicle
3	Sometimes allowed in at least one vehicle
6	FAMILY DOES NOT HAVE A VEHICLE SMOKING POLICY
8	RESPONDENT'S FAMILY DOES NOT OWN OR LEASE A VEHICLE
7	DON'T KNOW/NOT SURE
9	REFUSED

C11Q06c	Select
Ask If	
Not counting motorcycles, in the vehicles that you or family members who live with you own or lease, is smoking...	
Sometimes allowed in at least one vehicle	
Always allowed in all vehicles	
Never allowed in any vehicle	
INTERVIEWER NOTE: THE ORDER OF THE RESPONSE CATEGORIES FOR THIS QUESTION IS BEING RANDOMLY REVERSED.	
1	Sometimes allowed in at least one vehicle
2	Always allowed in all vehicles
3	Never allowed in any vehicle
6	FAMILY DOES NOT HAVE A VEHICLE SMOKING POLICY
8	RESPONDENT'S FAMILY DOES NOT OWN OR LEASE A VEHICLE
7	DON'T KNOW/NOT SURE
9	REFUSED

C11Q06d	Select
Ask If	
Not counting motorcycles, in the vehicles that you or family members who live with you own or lease, is smoking...	
Sometimes allowed in at least one vehicle	
Never allowed in any vehicle	
Always allowed in all vehicles	
INTERVIEWER NOTE: THE ORDER OF THE RESPONSE CATEGORIES FOR THIS QUESTION IS BEING RANDOMLY REVERSED.	
1	Sometimes allowed in at least one vehicle
2	Never allowed in any vehicle
3	Always allowed in all vehicles
6	FAMILY DOES NOT HAVE A VEHICLE SMOKING POLICY
8	RESPONDENT'S FAMILY DOES NOT OWN OR LEASE A VEHICLE
7	DON'T KNOW/NOT SURE
9	REFUSED

C11Q06e	Select
Ask If	
Not counting motorcycles, in the vehicles that you or family members who live with you own or lease, is smoking...	
Never allowed in any vehicle	
Always allowed in all vehicles	
Sometimes allowed in at least one vehicle	
INTERVIEWER NOTE: THE ORDER OF THE RESPONSE CATEGORIES FOR THIS QUESTION IS BEING RANDOMLY REVERSED.	
1	Never allowed in any vehicle
2	Always allowed in all vehicles
3	Sometimes allowed in at least one vehicle
6	FAMILY DOES NOT HAVE A VEHICLE SMOKING POLICY
8	RESPONDENT'S FAMILY DOES NOT OWN OR LEASE A VEHICLE
7	DON'T KNOW/NOT SURE
9	REFUSED

C11Q06f	Select
Ask If	
Not counting motorcycles, in the vehicles that you or family members who live with you own or lease, is smoking...	
Never allowed in any vehicle	
Sometimes allowed in at least one vehicle	
Always allowed in all vehicles	
INTERVIEWER NOTE: THE ORDER OF THE RESPONSE CATEGORIES FOR THIS QUESTION IS BEING RANDOMLY REVERSED.	
1	Never allowed in any vehicle
2	Sometimes allowed in at least one vehicle
3	Always allowed in all vehicles
6	FAMILY DOES NOT HAVE A VEHICLE SMOKING POLICY
8	RESPONDENT'S FAMILY DOES NOT OWN OR LEASE A VEHICLE
7	DON'T KNOW/NOT SURE
9	REFUSED

Randomly display one of C11Q07a-f

C11Q07a	Select
Ask If	
At workplaces, do you think smoking indoors should be...	
Always allowed	
Allowed only at some times or in some places	
Never allowed	
INTERVIEWER NOTE: THE ORDER OF THE RESPONSE CATEGORIES FOR THIS QUESTION IS BEING RANDOMLY REVERSED.	
1	Always allowed
2	Allowed only at some times or in some places
3	Never allowed
7	DON'T KNOW/NOT SURE
9	REFUSED

C11Q07b	Select
Ask If	
At workplaces, do you think smoking indoors should be...	
Always allowed	
Never allowed	
Allowed only at some times or in some places	
INTERVIEWER NOTE: THE ORDER OF THE RESPONSE CATEGORIES FOR THIS QUESTION IS BEING RANDOMLY REVERSED.	
1	Always allowed
2	Never allowed
3	Allowed only at some times or in some places
7	DON'T KNOW/NOT SURE
9	REFUSED

C11Q07c	Select
Ask If	
At workplaces, do you think smoking indoors should be...	
Allowed only at some times or in some places	
Always allowed	
Never allowed	
INTERVIEWER NOTE: THE ORDER OF THE RESPONSE CATEGORIES FOR THIS QUESTION IS BEING RANDOMLY REVERSED.	
1	Allowed only at some times or in some places
2	Always allowed
3	Never allowed
7	DON'T KNOW/NOT SURE
9	REFUSED

C11Q07d	Select
Ask If	
At workplaces, do you think smoking indoors should be...	
Allowed only at some times or in some places	
Never allowed	
Always allowed	
INTERVIEWER NOTE: THE ORDER OF THE RESPONSE CATEGORIES FOR THIS QUESTION IS BEING RANDOMLY REVERSED.	
1	Allowed only at some times or in some places
2	Never allowed
3	Always allowed
7	DON'T KNOW/NOT SURE
9	REFUSED

C11Q07e	Select
Ask If	
At workplaces, do you think smoking indoors should be...	
Never allowed	
Always allowed	
Allowed only at some times or in some places	
INTERVIEWER NOTE: THE ORDER OF THE RESPONSE CATEGORIES FOR THIS QUESTION IS BEING RANDOMLY REVERSED.	
1	Never allowed
2	Always allowed
3	Allowed only at some times or in some places
7	DON'T KNOW/NOT SURE
9	REFUSED

C11Q07f	Select
Ask If	
At workplaces, do you think smoking indoors should be...	
Never allowed	
Allowed only at some times or in some places	
Always allowed	
INTERVIEWER NOTE: THE ORDER OF THE RESPONSE CATEGORIES FOR THIS QUESTION IS BEING RANDOMLY REVERSED.	
1	Never allowed
2	Allowed only at some times or in some places
3	Always allowed
7	DON'T KNOW/NOT SURE
9	REFUSED

C11END	Pause
Ask If	

Section 12: Smoking Cessation

C12INTRO	Pause
Ask If	

C12Q01	Select
Ask If	
<p>Now, I would like to ask you some questions about programs available to help quit smoking.</p> <p>A telephone quitline is a free telephone-based service that connects people who smoke cigarettes with someone who can help them quit. Are you aware of any telephone quitline services that are available to help {If C05Q02 = 1 or C05Q02 = 2, you} {If C05Q02 = 3, people} quit smoking?</p>	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

CATI note: If (C05Q01 = 2, 7, 9) go to next section. If (C05Q02 = 7, 9) go to next section. If (C05Q03 = 1), go to C12Q03. If (C05Q03 = 2, 7, 9); go to C12Q07. If (C05Q04 = 1-4) continue. If (C05Q04 = 5-7, 77, 99) go to next section.

CATI note: Last two words of (C05Q04 SMOKLAST response category – 1)] means fill in with the last two words of the last category that the respondent said “No” to. (This is relevant only to responses 01-04 in C05Q04). For example, if the respondent says they last smoked within the past 6 months (response category 03), the first sentence of C12Q02 would be “You last smoked more than 3 months ago.”

C12Q02	Select
Ask If	
<p>You last smoked more than {insert last two words of C05Q04 SMOKLAST response category – 1} ago. Is that because you are trying to quit smoking for good?</p>	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

CATI note: If (C12Q02 = 2, 7, 9) go to C12Q07.

If C12Q01 = 2 then go to C12Q04, else continue

C12Q03	Select
Ask If	
{IF (C05Q04 = 1 OR C05Q04 = 2 OR C05Q04 = 3 OR C05Q04 = 4) AND 12Q02 = 1, When you quit smoking...}	
{If C05Q02 = 1 or C05Q02 = 2 and C05Q03 = 1, The last time you tried to quit smoking...}	
did you call a telephone quitline to help you quit?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

C12Q04	Select
Ask If	
{IF (C05Q04 = 1 OR C05Q04 = 2 OR C05Q04 = 3 OR C05Q04 = 4) AND 12Q02 = 1, When you quit smoking...}	
{If C05Q02 = 1 or C05Q02 = 2 and C05Q03 = 1, The last time you tried to quit smoking...}	
did you use a program to help you quit?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

C12Q05	Select
Ask If	
{IF (C05Q04 = 1 OR C05Q04 = 2 OR C05Q04 = 3 OR C05Q04 = 4) AND 12Q02 = 1, When you quit smoking...}	
{If C05Q02 = 1 or C05Q02 = 2 and C05Q03 = 1, The last time you tried to quit smoking...}	
did you receive one-on-one counseling from a health professional to help you quit?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

C12Q06	Select
Ask If	
<p>{IF (C05Q04 = 1 OR C05Q04 = 2 OR C05Q04 = 3 OR C05Q04 = 4) AND 12Q02 = 1, When you quit smoking...}</p> <p>{If C05Q02 = 1 or C05Q02 = 2 and C05Q03 = 1, The last time you tried to quit smoking...}</p> <p>did you use any of the following medications: a nicotine patch, nicotine gum, nicotine lozenges, nicotine nasal spray, a nicotine inhaler, or pills such as Wellbutrin®, Zyban®, bupropion, Chantix®, or varenicline to help you quit?</p> <p>NOTE: PRONOUNCE "WELLBUTRIN" AS WELL-BYOU-TRIN, "ZYBAN" AS Z-EYE BAN, "BUPROPRION" AS BUE PROE PEE ON, "CHANTIX" AS CHAN TIX, AND "VARENICLINE" AS VAR EN IH CLEAN]. PLEASE READ LIST SLOWLY.</p>	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

CATI note: If (C05Q02 = 1 or 2) or (C12Q02 = 2); continue. Otherwise, go to Next Section.

C12Q07	Select	
Ask If	C05Q02 = 1 OR C05Q02 = 2	
<p>The next few questions are about plans to quit smoking in the future.</p> <p>Do you have a time frame in mind for quitting?</p>		
1	Yes	
2	No	C12END
7	DON'T KNOW/NOT SURE	C12END
9	REFUSED	C12END

C12Q08	Select			
Ask If	C12Q07 = 1			
<p>Do you plan to quit smoking cigarettes for good...</p> <p>PLEASE READ</p>				
1	In the next 7 days			
2	In the next 30 days			
3	In the next 6 months			
4	In the next year			
5	More than 1 year from now			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

C12END	Pause
Ask If	

Section 13: Emotional Support and Life Satisfaction

C13INTRO	Pause
Ask If	

C13Q01	Select
Ask If	
How often do you get the social and emotional support you need?	
INTERVIEWER NOTE: IF ASKED, SAY,	
"Please include support from <u>any</u> source."	
1	Always
2	Usually
3	Sometimes
4	Rarely
5	Never
7	DON'T KNOW/NOT SURE
9	REFUSED

C13END	Pause
Ask If	

Section 14: Mental Illness and Stigma

C14INTRO	Pause
Ask If	

C14Q01	Select
Ask If	
<p>NOW, I AM GOING TO ASK YOU SOME QUESTIONS about how you have been feeling during the PAST 30 DAYS...</p> <p>About how often during the past 30 days did you feel NERVOUS? Would you say...</p> <p>PLEASE READ</p>	
1	All of the time
2	Most of the time
3	Some of the time
4	A little of the time
5	None of the time
7	DON'T KNOW/NOT SURE
9	REFUSED

C14Q02	Select
Ask If	
<p>During the past 30 days, about how often did you feel HOPELESS? Would you say...</p> <p>PLEASE READ</p>	
1	All of the time
2	Most of the time
3	Some of the time
4	A little of the time
5	None of the time
7	DON'T KNOW/NOT SURE
9	REFUSED

C14Q03	Select
Ask If	
During the past 30 days, about how often did you feel RESTLESS or FIDGETY ?	
Would you say...	
PLEASE READ	
1	All of the time
2	Most of the time
3	Some of the time
4	A little of the time
5	None of the time
7	DON'T KNOW/NOT SURE
9	REFUSED

C14Q04	Select
Ask If	
During the past 30 days, about how often did you feel so DEPRESSED that nothing could cheer you up? Would you say...	
PLEASE READ	
1	All of the time
2	Most of the time
3	Some of the time
4	A little of the time
5	None of the time
7	DON'T KNOW/NOT SURE
9	REFUSED

C14Q05	Select
Ask If	
During the past 30 days, about how often did you feel that EVERYTHING WAS AN EFFORT ?	
Would you say...	
PLEASE READ	
1	All of the time
2	Most of the time
3	Some of the time
4	A little of the time
5	None of the time
7	DON'T KNOW/NOT SURE
9	REFUSED

C14Q06	Select
Ask If	
During the past 30 days, about how often did you feel WORTHLESS? Would you say...	
PLEASE READ	
1	All of the time
2	Most of the time
3	Some of the time
4	A little of the time
5	None of the time
7	DON'T KNOW/NOT SURE
9	REFUSED

C14END	Pause
Ask If	

Module Transition

Transition	Key
Ask If	
Finally, I have a few questions left about some other health topics.	

Module 1: Food Assistance

M01INTRO	Pause
Ask If	

M01Q01	Select
Ask If	
<p>In the LAST 12 MONTHS, were {you/you or any members of your household} authorized to receive benefits from the WIC program, that is, the Women, Infants and Children program or Food Stamps which include a food stamp card or voucher, or cash grants from the state for food?</p> <p>NOTE: (AN AUTHORIZED PERSON IS ONE WHOSE NAME APPEARS ON A CERTIFICATION CARD)</p>	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

M01END	Pause
Ask If	

Module 2: Neighborhood Perception and Environment

M02INTRO	Pause
Ask If	

M02Q01	Select
Ask If	
<p>The following questions are about your neighborhood. A neighborhood is defined as an area within one-half mile or a ten minute walk from your home.</p> <p>Overall, how would you rate your neighborhood as a place to walk? Would you say...</p>	
1	Very pleasant
2	Somewhat pleasant
3	Not very pleasant
4	Not at all pleasant
7	DON'T KNOW/NOT SURE
9	REFUSED

M02Q02	Numeric
Ask If	
<p>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?</p> <p>__ Number of days</p>	
88	NONE
77	DON'T KNOW/NOT SURE
99	REFUSED

M02Q03		Select		
Ask If		M02Q02 <= 5		
What is the number one reason that you did not walk more frequently in your neighborhood?				
DO NOT READ RESPONSES				
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 ELSEWHERE			
09	SAFETY (CRIME)			
10	OTHER			
77	DON'T KNOW/NOT SURE			
99	REFUSED			

M02Q04		Select		
Ask If				
How safe from crime do you consider your neighborhood to be? Would you say...				
PLEASE READ				
1	Extremely safe			
2	Quite safe			
3	Slightly safe			
4	Not at all safe			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

M02END		Pause		
Ask If				

Module 3: Perceived Nutrition Environment and Policy Survey Questions

M03INTRO	Pause
Ask If	

M03Q01	Select
Ask If	
To what degree would you agree with the statement, "It is easy to purchase healthy foods in my neighborhood such as whole grain foods, low fat options, and fruits and vegetables." Would you...	
PLEASE READ	
1	Strongly agree
2	Agree
3	Neither agree nor disagree (neutral)
4	Disagree
5	Strongly disagree
7	DON'T KNOW/NOT SURE
9	REFUSED

M03END	Pause
Ask If	

Module 4: Tobacco

CATI Note: If (C05Q02=1 or 2)continue; Otherwise go to next module

M04INTRO	Pause
Ask If	

M04Q01	Select			
Ask If				
This next question refers only to tobacco products				
About how often do you take advantage of promotional offers such as "dollar off", or "two-packs-for-the-price-of-one"? Would you say...				
INTERVIEWER NOTE: THIS QUESTION REFERS ONLY TO TOBACCO PRODUCTS. PLEASE READ				
1	Never			
2	Sometimes			
3	Often			
4	Every time you see one			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

M04END	Pause
Ask If	

Module 5: Water Consumption

M05INTRO	Pause
Ask If	

M05Q01	Select
Ask If	
<p>During the past 7 days, how many times did you drink an 8 ounce bottle or glass of plain WATER? Count tap, bottled, and unflavored sparkling water.</p> <p>PLEASE READ</p>	
01	I did not drink water during the past 7 days
02	1 to 3 times during the past 7 days
03	4 to 6 times during the past 7 days
04	1 time per day
05	2 times per day
06	3 times per day
07	4 or more times per day
77	DON'T KNOW/NOT SURE
99	REFUSED

M05END	Pause
Ask If	

Orange County Added 1: Use of Web to Access Health Information

OR1INTRO	Pause
Ask If	

OR01Q01	Select
Ask If	
During a flu outbreak, what would be your most preferred source for information?	
01	Newspapers
02	TV
03	Radio
04	Internet
05	Doctor
06	CDC
07	State or local public health departments
08	Other government agency
09	Family and friends
10	Religious leaders
11	Other
77	DON'T KNOW/NOT SURE
99	REFUSED

OR01Q02	Select
Ask If	
During an emergency, what would be your main method or way of getting information from authorities?	
1	TV
2	Radio
3	Internet
4	Print media
5	Neighbors
6	Other
7	DON'T KNOW/NOT SURE
9	REFUSED

OR01END	Pause
Ask If	

Orange County Added 2: Public Health Media Campaigns, Specifically the Quitline

OR02INTRO	Pause
Ask If	C12Q01 = 1

OR02Q01	Select	
Ask If		
How did you first hear about the Florida Quitline?		
01	Television	
02	Radio	
03	Posters/billboards	
04	Movies	
05	Newspapers/magazines	
06	Internet	
07	Doctor or other health care provider	
08	Other (specify)	OTHER
77	DON'T KNOW/NOT SURE	
99	REFUSED	

OR02END	Pause
Ask If	

Orange County Added 3: Smoking Free Law

OR03INTRO	Pause
Ask If	

OR03Q01	Select
Ask If	
To your knowledge, does the State of Florida have a no smoking law?	
1 Yes	
2 No	
7	DON'T KNOW/NOT SURE
9	REFUSED

OR03Q02	Select
Ask If	
Florida implemented a law in 2003 that prohibits smoking in enclosed indoor workplaces. Please tell me whether you favor, oppose, or are indifferent to this law.	
1 Favor	
2 Oppose	
3	Indifferent
7	DON'T KNOW/NOT SURE
9	REFUSED

OR03Q03	Select
Ask If	
Which of the following describes your place of work's official policy for workplace smoking?	
1 Not allowed in any work area	
2 Allowed in some work areas	
3	Allowed in all work areas
4	No official policy
7	DON'T KNOW/NOT SURE
9	REFUSED

OR03Q04		Select		
Ask If				
What type of health care insurance or coverage do you have? Is it coverage through...				
PLEASE READ				
01 Your employer or your spouse's employer				
02 A plan that you or someone else buys on your own				
03	Medicare, Medicare supplemental or MEDIGAP			
04	MEDICAID or Title XIX			
05	The military, CHAMPUS, or the VA			
06	Insurance through some other source			
07	None (out of pocket)			
77	DON'T KNOW/NOT SURE			
99	REFUSED			

OR03END		Pause		
Ask If				

Orange County Added 4: Healthcare Access

OR04INTRO	Pause
Ask If	C08Q01 = 1

OR04Q01	Select
Ask If	
Have you had difficulty finding a health care provider who understands your health condition or impairment?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

OR04END	Pause
Ask If	

Orange County Added 5: Transportation

OR05INTRO	Pause
Ask If	

OR05Q01	Select
Ask If	
How often is transportation a problem for you in getting health care? Would you say...	
1	Not a problem
2	Rarely a problem
3	Sometimes a problem
4	Often or always a problem
7	DON'T KNOW/NOT SURE
9	REFUSED

OR05END	Pause
Ask If	

Orange County Added 6: Unemployment and Nutrition

OR06INTRO	Pause
Ask If	

OR06Q01	Select
Ask If	
In the past 12 months, have you or other adults in your household been unemployed against their will?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

OR06Q02	Select
Ask If	
Does your household income limit your ability to purchase healthy foods such as fresh fruits, vegetables, or whole grain products?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

OR06Q03	Select
Ask If	
How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? Would you say you were worried or stressed---	
PLEASE READ	
1	Always
2	Usually
3	Sometimes
4	Rarely
5	Never
8	NOT APPLICABLE
7	DON'T KNOW/NOT SURE
9	REFUSED

OR06END	Pause
Ask If	

Orange County Added 7: Health Department Utilization

OR07INTRO	Pause
Ask If	

OR07Q01	Multiple Select			
Ask If				
Indicate any of the ways you have obtained information about the Orange 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				
08				
09				
10	Friend			
11	Other			
77	DON'T KNOW/NOT SURE			
99	REFUSED			

OR07END	Pause
Ask If	

Orange County Added 8: Race

OR08INTRO	Pause
Ask If	

OR08Q01	Select
Ask If	
Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races?	
1	Worse than other races
2	The same as other races
3	Better than other races
4	WORSE THAN SOME RACES, BETTER THAN OTHERS
5	ONLY ENCOUNTERED PEOPLE OF THE SAME RACE
7	DON'T KNOW/NOT SURE
9	REFUSED

OR08Q02	Select
Ask If	
Within the past 12 months, when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races?	
1	Worse than other races
2	The same as other races
3	Better than other races
4	WORSE THAN SOME RACES, BETTER THAN OTHERS
5	ONLY ENCOUNTERED PEOPLE OF THE SAME RACE
6	NO HEALTH CARE IN PAST 12 MONTHS
7	DON'T KNOW/NOT SURE
9	REFUSED

OR08Q03	Select
Ask If	
Within the past 30 days, have you experienced any physical symptoms, for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

OR08Q04	Select
Ask If	
Within the past 30 days, have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

OR08END	Pause
Ask If	

Orange County Added 9: Foreclosures and Neighborhood Aesthetics

OR09INTRO	Pause
Ask If	

OR09Q01	Select
Ask If	
In your neighborhood, is there litter or garbage on the street or sidewalk?	
1 Yes	
2 No	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

OR09Q02	Select
Ask If	
Is there poorly kept or dilapidated housing in your neighborhood?	
1 Yes	
2 No	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

OR09Q03	Select
Ask If	
Is there vandalism such as broken windows or graffiti?	
1 Yes	
2 No	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

OR09END	Pause
Ask If	

Orange County Added 10: Work Environment

OR10INTRO	Pause
Ask If	C09Q09 = 1 OR C09Q09 = 2

OR10Q01	Select
Ask If	
While working at your job are you indoors most of the time?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

OR10END	Pause
Ask If	

Orange County Added 11: 911 Use or Familiarity with Non-Emergency Numbers

OR11INTRO	Pause
Ask If	

OR11Q01	Select
Ask If	
If you thought someone was having a heart attack or stroke, what is the first thing you would do? Would you:	
1	Take them to the hospital
2	Tell them to call their doctor
3	Call 911
4	Call their spouse or family member
5	Do something else
7	DON'T KNOW/NOT SURE
9	REFUSED

OR11Q02	Select
Ask If	
In the past 12 months, have you called 911?	
1	Yes
2	No
	OR11Q04
7	DON'T KNOW/NOT SURE
	OR11Q04
9	REFUSED
	OR11Q04

OR11Q03	Select
Ask If	OR11Q02 = 1
What emergency service were you requesting?	
1	Ambulance
2	Police
3	Fire
4	Other
7	DON'T KNOW/NOT SURE
9	REFUSED

OR11Q04		Multiple Select		
Ask If				
Please indicate if you have contacted 911 for any of the following:				
01 Medical emergency such as stroke, heart attack or seizure				
02 Fire				
03	To report neighborhood violence such as fighting or shooting			
04	To report a crime that is happening, such as someone breaking into a car or house, or someone threatening someone else			
05	To report a crime that has already happened, such as someone's car or house was broken into, or someone had been threatening a friend, neighbor or family member			
06	To file a missing persons report or other police report			
07	Needed to go to the hospital but had no transportation			
08	Broken bone or sprained ankle			
09	To report an emergency such as a traffic accident			
77	DON'T KNOW/NOT SURE			
99	REFUSED			

OR11Q05		Select		
Ask If				
During the last 30 days, for about how many days did a mental health condition or emotional problem keep you from doing your work or other usual activities?				
__ Number of days (1 - 30 days)				
88 NONE				
77	DON'T KNOW/NOT SURE			
99	REFUSED			
30	MAX		CONTROL	

OR11END		Pause		
Ask If				

Orange County Added 12: Intimate Partner Violence

OR12INTRO	Pause
Ask If	
<p>The next questions are about different types of violence in relationships with an intimate partner. By an intimate partner I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating or romantically or sexually intimate with would also be considered an intimate partner. This information will help us to better understand the problem of violence in relationships. This is a sensitive topic. Some people may feel uncomfortable with these questions. At the end of the section, I will give you a phone number of an organization that can provide information and referral for these issues. Please keep in mind that if you are not in a safe place you can ask me to skip any question you do not want to answer.</p>	

OR12Q01	Select	
Ask If		
Are you in a safe place to answer these questions?		
1	Yes	
2	No	Closing
7	DON'T KNOW/NOT SURE	Closing
9	REFUSED	Closing

OR12Q02	Select
Ask If	OR12Q01 = 1
<p>Has an intimate partner ever threatened you with physical violence? This includes threatening to hit, slap, push, kick, or physically hurt you in any way.</p>	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

OR12Q03	Select
Ask If	OR12Q01 = 1
Has an intimate partner ever hit, slapped, pushed, kicked, or physically hurt you in any way?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

OR12Q04	Select
Ask If	OR12Q01 = 1
Have you experienced any unwanted sex by a current or former intimate partner?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

OR12END
Ask If

Closing

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