

Pinellas
County

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	
<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>READ ONLY IF NECESSARY:</p> <p>"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>INTERVIEWER NOTE: DO NOT COUNT FRUIT JAM, JELLY, OR FRUIT PRESERVES.</p> <p>DO NOT INCLUDE DRIED FRUIT IN READY-TO-EAT CEREALS.</p> <p>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.</p> <p>DO INCLUDE CUT UP FRESH, FROZEN, OR CANNED FRUIT ADDED TO YOGURT, CEREAL, JELLO, AND OTHER MEAL ITEMS.</p> <p>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.).</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

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 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	

Miami-Dade County Added 1: Physical Activity & Daily Life

MD01INTRO	Pause
Ask If	

MD01Q01	Select
Ask If	
In the past week, how often did you use a local park, community center, or recreation facility for physical and/or daily life activities?	
1	1-2 times
2	3-4 times
3	5-6 times
4	More than 6 times in a week
5	Zero times
6	There is no local park, community center, or recreation facility
7	DON'T KNOW/NOT SURE
9	REFUSED

MD01Q02	Select
Ask If	
In the past year, have you used a local path or trail for walking, running, or biking?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

MD01END	Pause
Ask If	

Miami-Dade County Added 2: Worksite Wellness

MD02INTRO	Pause
Ask If	C09Q09 =1 OR C09Q09 = 2

MD02Q01	Select
Ask If	
Does your job have a worksite wellness program for employees?	
1	Yes
2	No
	MD02Q03
7	DON'T KNOW/NOT SURE
	MD02Q04
9	REFUSED
	MD02Q04

MD02Q02	Select
Ask If	MD02Q01 = 1
Do you use any services provided by the worksite wellness program?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

MD02Q03	Select
Ask If	MD02Q01 = 2
Would you use services from your worksite wellness program if they offered different options such as programs for physical activity, tobacco cessation, etc?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

MD02Q04		Multiple Select		
Ask If				
What type(s) of worksite wellness program services would you prefer to have at your job site?				
PLEASE READ				
1	Physical Activity/Exercise			
2	Breastfeeding Support			
3	Tobacco Cessation			
4	Diet and Nutrition			
5	Worksite Ergonomics			
6	Healthy Lifestyle & Screening (blood cholesterol, blood pressure, etc.)			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

MD02END		Pause		
Ask If				

Miami-Dade County Added 3: Participation in Health Promotion and Community Outreach Activities

MD03INTRO	Pause
Ask If	

MD03Q01	Select
Ask If	
Have you participated in some type of organized health promotion or Community Outreach Activity in the past year, such as health fairs, health screening, or seminars, either through your work or through the {IF QSTPATH = 11, Miami-Dade County Health Department, Pinellas County Health Department}?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

MD03END	Pause
Ask If	

Miami-Dade County Added 4: Bicycling

MD04INTRO	Pause
Ask If	

MD04Q01	Select
Ask If	
Do you use bicycle racks/facilities, when parking your bike?	
1 Yes	MD04Q03
2 No	
8 I DO NOT RIDE A BIKE	MD04END
7 DON'T KNOW/NOT SURE	MD04Q03
9 REFUSED	MD04Q03

MD04Q02	Select
Ask If	MD04Q01 = 2
Why not?	
1 Safety concerns	
2 Bicycle Rack/Facility is unavailable	
3 Bicycle Rack/Facility is broken	
4 Other reasons	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

MD04Q03	Numeric
Ask If	MD04Q01 > 0 AND MD04Q01 <> 8
In the past week, how much total time did you spend biking?	
_:__ Hours and minutes	
777	DON'T KNOW/NOT SURE
888	DID NOT RIDE A BIKE IN THE PAST WEEK
999	REFUSED

MD04END	Pause
Ask If	

Miami-Dade County Added 5: Neighborhood

MD05INTRO	Pause
Ask If	

MD05Q01	Select
Ask If	
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.	
Overall, how would you rate your neighborhood as a place to walk? Would you say...	
1	Very pleasant
2	Somewhat pleasant
3	Not very pleasant
4	Not at all pleasant
7	DON'T KNOW/NOT SURE
9	REFUSED

MD05Q02	Select
Ask If	
Does your neighborhood have any sidewalks?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

MD05Q03	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	NONE
77	DON'T KNOW/NOT SURE
99	REFUSED

MD05Q04		Select		
Ask If		MD05Q03 < 15 OR MD05Q03 = 88		
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			

MD05Q05		Select		
Ask If				
How safe from crime do you consider your neighborhood to be? Would you say...				
1	Extremely safe			
2	Quite safe			
3	Slightly safe			
4	Not at all safe			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

MD05Q06		Select		
Ask If				
Does your neighborhood have any public recreation facilities?				
1	Yes			
2	No			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

MD05Q07		Select		
Ask If				
How safe are the public recreation facilities in your community?				
1	Very safe			
2	Somewhat safe			
3	Not at all safe			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

MD05Q08		Select		
Ask If				
Does your neighborhood have any schools that are open for public recreation activities?				
1	Yes			
2	No			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

MD05END		Pause		
Ask If				

Pinellas County Added 01: Water Consumption

Cati Note: To be inserted after MD05END

PI01INTRO	Pause
Ask If	

PI01Q02	Select
Ask If	
In your community's recreational facilities (such as parks, playgrounds, sport facilities, or fitness centers), do you have access to a free drinking water source such as water fountains or water dispensers?	
1	YES
2	NO
3	I DON'T USE COMMUNITY'S RECREATIONAL FACILITIES
4	THERE ARE NO RECREATIONAL FACILITIES IN MY COMMUNITY
7	DON'T KNOW/NOT SURE
9	REFUSED

PI01END	Pause
Ask If	

Miami-Dade County Added 6: Perceived Nutrition Environment

MD06INTRO	Pause
Ask If	

MD06Q01	Select
Ask If	
Consider your neighborhood as the area within one-half mile or a ten minute walk from your home.	
Please tell me how much you agree or disagree with the following statements.	
It is easy to purchase affordable fresh fruits and vegetables in my neighborhood.	
1	Strongly Agree
2	Agree
3	Neutral (neither agree nor disagree)
4	Disagree
5	Strongly Disagree
7	DON'T KNOW/NOT SURE
9	REFUSED

MD06Q02	Select
Ask If	
There is a large selection of high quality fresh fruits and vegetables available in my neighborhood.	
1	Strongly Agree
2	Agree
3	Neutral (neither agree nor disagree)
4	Disagree
5	Strongly Disagree
7	DON'T KNOW/NOT SURE
9	REFUSED

MD06Q03	Select
Ask If	
It is easy to purchase healthy foods in my neighborhood such as whole grain foods, low fat options, and fruits and vegetables.	
1	Strongly Agree
2	Agree
3	Neutral (neither agree nor disagree)
4	Disagree
5	Strongly Disagree
7	DON'T KNOW/NOT SURE
9	REFUSED

MD06Q04	Select
Ask If	
There are lots of healthy options for eating out in my local neighborhood such as whole grain foods, low fat options, and fruits and vegetables.	
1	Strongly Agree
2	Agree
3	Neutral (neither agree nor disagree)
4	Disagree
5	Strongly Disagree
7	DON'T KNOW/NOT SURE
9	REFUSED

MD06Q05	Select	
Ask If		
In the past 12 months, have you noticed any changes in your neighborhood or community that could help you provide more healthy food choices to you or your family ?		
1	Yes	
2	No	MD06Q10
7	DON'T KNOW/NOT SURE	MD06Q10
9	REFUSED	MD06Q10

MD06Q06	Select
Ask If	MD06Q05 = 1
Please indicate how many changes you have noticed for each of the following:	
Easier access to more affordable healthy foods such as fruits and vegetables near my home.	
1	No Changes
2	Few Changes
3	Many Changes
7	UNKNOWN/NOT SURE
9	REFUSED

MD06Q07	Select			
Ask If	MD06Q05 = 1			
Easier access to good quality healthy foods near my home.				
1	No Changes			
2	Few Changes			
3	Many Changes			
7	UNKNOWN/NOT SURE			
9	REFUSED			

MD06Q08	Select
Ask If	MD06Q05 = 1
More promotion of healthy foods in local convenience stores	
1	No Changes
2	Few Changes
3	Many Changes
7	UNKNOWN/NOT SURE
9	REFUSED

MD06Q09	Select
Ask If	MD06Q05 = 1
More promotion of healthy foods in local restaurants	
1	No Changes
2	Few Changes
3	Many Changes
7	UNKNOWN/NOT SURE
9	REFUSED

MD06Q10	Select
Ask If	
In the past 12 months, would you say you have noticed no change, few changes or many changes in local or state policies that did the following:	
Create local community markets or farmers markets.	
1	No Changes
2	Few Changes
3	Many Changes
7	UNKNOWN/NOT SURE
9	REFUSED

MD06Q11	Select
Ask If	
Create a program that helps small food stores have fresh fruits and vegetables.	
1	No Changes
2	Few Changes
3	Many Changes
7	UNKNOWN/NOT SURE
9	REFUSED

MD06Q12	Select
Ask If	
Create community gardens or plots for raising fruits and vegetables.	
1	No Changes
2	Few Changes
3	Many Changes
7	UNKNOWN/NOT SURE
9	REFUSED

MD06Q13	Select
Ask If	
Create farm-to-institution programs to provide locally grown fruits and vegetables to schools, worksites, hospitals, or other community institutions.	
1	No Changes
2	Few Changes
3	Many Changes
7	UNKNOWN/NOT SURE
9	REFUSED

MD06Q14	Select
Ask If	C09Q09 =1 OR C09Q09 = 2
In your workplace, is there a room, other than a restroom, where women can breastfeed or pump milk for their baby?	
1	Yes
2	No
3	I don't work outside of my home
7	DON'T KNOW/NOT SURE
9	REFUSED

MD06END	Pause
Ask If	

Miami-Dade County Added 7: Healthy Food Choices

MD07INTRO	Pause
Ask If	

MD07Q01	Select
Ask If	
Does the store where you usually shop for groceries have signs that easily identify food items or products that are healthier choices?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

MD07Q02	Select
Ask If	
Does the store where you usually shop for groceries have a shelf labeling system that allows you to compare healthier versus less healthy food items?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

MD07Q03	Select
Ask If	
Does the store where you usually shop for groceries have checkout aisles that are free from placement of candy and/or other high calorie foods?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

MD07Q04		Select		
Ask If				
How far away from your home is the grocery store where you do most of your or your family's grocery shopping?				
1	Less than 1 mile			
2	1 - 5 miles			
3	More than 5 miles			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

MD07Q05		Select		
Ask If				
Does the store have all the fresh produce, dairy and meat that you desire?				
1	Yes			
2	No			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

MD07Q06		Select		
Ask If				
Do you have access to a Farmer's Market in your neighborhood?				
1	Yes			
2	No			MD07Q08
7	DON'T KNOW/NOT SURE			
9	REFUSED			MD07Q10

MD07Q07		Select		
Ask If				
	MD07Q06 = 1			
Do you buy fresh produce at the Farmer's market?				
1	Yes			
2	No			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

MD07Q08	Select		
Ask If	MD07Q06 = 2		
Would you buy fresh produce at a Farmer's market?			
1	Yes		MD07Q10
2	No		
7	DON'T KNOW/NOT SURE		MD07Q10
9	REFUSED		MD07Q10

MD07Q09	Select		
Ask If	MD07Q08 = 2		
Why would you not purchase fresh produce at a Farmer's market?			
1	Too expensive		
2	Do not trust the safety of the produce		
3	Do not buy fresh produce		
4	Other (specify)		OTHER
7	DON'T KNOW/NOT SURE		
9	REFUSED		

MD07Q10	Select		
Ask If			
How much sweetened beverages (pop, non-fruit juices, etc.) do you consume per week?			
1	Less than 1 can per week		
2	More than 1 can per week		
3	More than 3 cans per week		
4	Do not drink sweetened beverages		
7	DON'T KNOW/NOT SURE		
9	REFUSED		

MD07Q11	Select		
Ask If			
How often do you eat meals prepared away from home, such as a meal at a restaurant, carry-out, or from a grocery or deli?			
1	Never		
2	1-2 times per week		
3	3-4 times per week		
4	5-7 times per week		
5	More than 7 times per week		
7	DON'T KNOW/NOT SURE		
9	REFUSED		

MD07Q12	Select
Ask If	
How often do you eat from a fast food restaurant?	
1	Never
2	1-2 times per week
3	3-4 times per week
4	5-7 times per week
5	More than 7 times per week
7	DON'T KNOW/NOT SURE
9	REFUSED

MD07Q13	Select
Ask If	
Have you seen or heard anything in {IF QSTPATH = 11, Miami-Dade County, Pinellas County} about healthy eating and/or active living?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

MD07Q14	Select
Ask If	
How important do you think community programs to prevent obesity are to the health and well being of residents of {IF QSTPATH = 11, Miami-Dade County, Pinellas County}?	
Are these programs...	
1	Very important
2	Somewhat important
3	Not very important
4	Not important at all
7	DON'T KNOW/NOT SURE
9	REFUSED

MD07Q15	Select
Ask If	
How important do you think community programs to help people have access to healthy food are to the health and well being of residents of {IF QSTPATH = 11, Miami-Dade County, Pinellas County}?	
1	Very important
2	Somewhat important
3	Not very important
4	Not important at all
7	DON'T KNOW/NOT SURE
9	REFUSED

MD07Q16	Select
Ask If	
How important do you think community programs to create places to be active are to the health and well being of residents of {IF QSTPATH = 11, Miami-Dade County, Pinellas County}?	
1	Very important
2	Somewhat important
3	Not very important
4	Not important at all
7	DON'T KNOW/NOT SURE
9	REFUSED

MD07END	Pause
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.	