



2015

**Behavioral Risk Factor Surveillance System
Questionnaire**

October 22, 2014

Behavioral Risk Factor Surveillance System

2015 Questionnaire

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Interviewer's Script

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.

Is this (phone number) ?

If "No"

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

Is this a private residence?

READ ONLY IF NECESSARY: "By private residence, we mean someplace like a house or apartment."

Yes [Go to state of residence]
No [Go to college housing]

No, business phone only

If "No, business phone only".

Thank you very much but we are only interviewing persons on residential phones lines at this time.

STOP

College Housing

Do you live in college housing?

READ ONLY IF NECESSARY: "By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university."

Yes [Go to state of residence]
No

If "No",

Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time. STOP

State of Residence

Do you reside in ____ (state) ____?

Yes [Go to Cellular Phone]
No

If "No"

Thank you very much, but we are only interviewing persons who live in the state of _____ at this time. **STOP**

Cellular Phone

Is this a cellular telephone?

INTERVIEWER NOTE: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).

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

If "Yes"

Thank you very much, but we are only interviewing by land line telephones and for private residences or college housing. **STOP**

No

CATI NOTE: IF (College Housing = Yes) continue; otherwise go to Adult Random Selection Adult

Are you 18 years of age or older?

- 1 Yes, respondent is male [Go to Page 6]**
- 2 Yes, respondent is female [Go to Page 6]**
- 3 No**

If "No",

Thank you very much, but we are only interviewing persons aged 18 or older at this time. **STOP**

Adult Random Selection

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

___ Number of adults

If "1,"

Are you the adult?

If "yes,"

Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary). **Go to page 6.**

If "no,"

Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with **[fill in (him/her) from previous question]**? **Go to "correct respondent" on the next page.**

How many of these adults are men and how many are women?

___ Number of men

___ Number of women

The person in your household that I need to speak with is _____.

If "you," go to page 7.



To the correct respondent:

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.

Core Sections

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)**.

Section 1: Health Status

- 1.1 Would you say that in general your health is— (90)
- Please read:**
- 1 Excellent
 - 2 Very good
 - 3 Good
 - 4 Fair
- Or**
- 5 Poor
- Do not read:**
- 7 Don't know / Not sure
 - 9 Refused

Section 2: Healthy Days — Health-Related Quality of Life

- 2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (91–92)
- — Number of days
 - 8 8 None
 - 7 7 Don't know / Not sure
 - 9 9 Refused

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

(93–94)

- – Number of days
- 8 8 None **[If Q2.1 and Q2.2 = 88 (None), go to next section]**
- 7 7 Don't know / Not sure
- 9 9 Refused

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

(95-96)

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

Section 3: Health Care Access

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

(97)

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

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

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?”

(98)

- 1 Yes, only one
- 2 More than one
- 3 No
- 7 Don't know / Not sure
- 9 Refused

3.3 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (99)

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

3.4 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. (100)

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

- 7 Don't know / Not sure
- 8 Never
- 9 Refused

Section 4: Hypertension Awareness

4.1 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (101)

Read only if necessary: By "other health professional" we mean a nurse practitioner, a physician's assistant, or some other licensed health professional.

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

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

4.2 Are you currently taking medicine for your high blood pressure? (102)

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

Section 5: Cholesterol Awareness

5.1 Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (103)

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

5.2 About how long has it been since you last had your blood cholesterol checked? (104)

Read only if necessary:

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

Do not read:

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

5.3 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (105)

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

Section 6: Chronic Health Conditions

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

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

- 6.1** (Ever told) you that you had a heart attack also called a myocardial infarction? (106)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 6.2** (Ever told) you had angina or coronary heart disease? (107)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 6.3** (Ever told) you had a stroke? (108)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 6.4** (Ever told) you had asthma? (109)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 6.5** Do you still have asthma? (110)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 6.6** (Ever told) you had skin cancer? (111)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

[Go to Q6.6]
[Go to Q6.6]
[Go to Q6.6]

6.7 (Ever told) you had any other types of cancer? (112)

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

6.8 (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis? (113)

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

6.9 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (114)

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

INTERVIEWER NOTE: Arthritis diagnoses include:

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

6.10 (Ever told) you have a depressive disorder, including depression, major depression, dysthymia, or minor depression? (115)

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

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

INTERVIEWER NOTE: Incontinence is not being able to control urine flow.

(116)

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

6.12 (Ever told) you have diabetes?

(117)

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

CATI NOTE: If Q6.12 = 1 (Yes), go to next question. If any other response to Q6.12, go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.

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

(118-119)

- Code age in years [97 = 97 and older]
- 9 8 Don't know / Not sure
- 9 9 Refused

CATI NOTE: Go to Diabetes Optional Module (if used). Otherwise, go to next section.

Section 7: Demographics

7.1 Indicate sex of respondent. **Ask only if necessary.**

(120)

- 1 Male
- 2 Female

7.2 What is your age? (121-122)

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

7.3 Are you Hispanic, Latino/a, or Spanish origin? (123-126)

If yes, ask: Are you...

INTERVIEWER NOTE: *One or more categories may be selected.*

1 Mexican, Mexican American, Chicano/a
2 Puerto Rican
3 Cuban
4 Another Hispanic, Latino/a, or Spanish origin

Do not read:

5 No
7 Don't know / Not sure
9 Refused

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

(127-154)

INTERVIEWER NOTE: Select all that apply.

INTERVIEWER NOTE: 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

Please read:

- 10 White**
- 20 Black or African American**
- 30 American Indian or Alaska Native**
- 40 Asian**
 - 41 Asian Indian
 - 42 Chinese
 - 43 Filipino
 - 44 Japanese
 - 45 Korean
 - 46 Vietnamese
 - 47 Other Asian

- 50 Pacific Islander**
 - 51 Native Hawaiian
 - 52 Guamanian or Chamorro
 - 53 Samoan
 - 54 Other Pacific Islander

Do not read:

- 60 Other
- 88 No additional choices
- 77 Don't know / Not sure
- 99 Refused

CATI NOTE: If more than one response to Q7.4; continue. Otherwise, go to Q7.6.

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

INTERVIEWER NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategory underneath major heading.

(155-156)

- 10 White**
- 20 Black or African American**
- 30 American Indian or Alaska Native**

40 Asian

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian

50 Pacific Islander

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

Do not read:

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

7.6 Are you...?

(157)

Please read:

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married

Or

- 6 A member of an unmarried couple

Do not read:

9 Refused

7.7 What is the highest grade or year of school you completed? (158)

Read only if necessary:

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

Do not read:

9 Refused

7.8 Do you own or rent your home? (159)

- 1 Own
- 2 Rent
- 3 Other arrangement
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: "Other arrangement" may include group home, staying with friends or family without paying rent.

NOTE: Home is defined as the place where you live most of the time/the majority of the year.

INTERVIEWER NOTE: We ask this question in order to compare health indicators among people with different housing situations.

7.9 What county do you live in? (160-162)

— — — ANSI County Code (formerly FIPS county code)
7 7 7 Don't know / Not sure
9 9 9 Refused

7.10 What is the ZIP Code where you live? (163-167)

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

CATI NOTE: If cellular telephone interview skip to 7.14 (QSTVER GE 20)

7.11 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. (168)

1 Yes
2 No [Go to Q7.13]
7 Don't know / Not sure [Go to Q7.13]
9 Refused [Go to Q7.13]

7.12 How many of these telephone numbers are residential numbers? (169)

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

7.13 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (170)

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

7.14 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?

INTERVIEWER NOTE: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. (171)

- 1 Yes
- 2 No

Do not read:

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

7.15 Are you currently...?

(172)

Please read:

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

Or

- 8 Unable to work

Do not read:

- 9 Refused

Module 19: Industry and Occupation (Split A)

If Core Q7.15 = 1 or 4 (Employed for wages or out of work for less than 1 year) or 2 (Self-employed), continue else go to next module.

Now I am going to ask you about your work.

If Core Q7.15 = 1 (Employed for wages) or 2 (Self-employed) ask,

- 1. What kind of work do you do? (for example, registered nurse, janitor, cashier, auto mechanic) (402-501)

INTERVIEWER NOTE: If respondent is unclear, ask "What is your job title?"

INTERVIEWER NOTE: If respondent has more than one job then ask, "What is your main job?"

[Record answer] _____
99 Refused

Or

If Core Q7.15 = 4 (Out of work for less than 1 year) ask,

What kind of work did you do? (for example, registered nurse, janitor, cashier, auto mechanic)

INTERVIEWER NOTE: If respondent is unclear, ask "What was your job title?"

INTERVIEWER NOTE: If respondent had more than one job then ask, "What was your main job?"

[Record answer] _____
99 Refused

If Core Q7.15 = 1 (Employed for wages) or 2 (Self-employed) ask,

2. What kind of business or industry do you work in? (for example, hospital, elementary school, clothing manufacturing, restaurant) (502-601)

[Record answer] _____
99 Refused

Or

If Core Q7.9 = 4 (Out of work for less than 1 year) ask,

What kind of business or industry did you work in? (for example, hospital, elementary school, clothing manufacturing, restaurant)

[Record answer] _____
99 Refused

7.16 How many children less than 18 years of age live in your household? (173-174)

—	—	Number of children
8	8	None
9	9	Refused

7.17 Is your annual household income from all sources—

(175-176)

If respondent refuses at ANY income level, code '99' (Refused)

Read only if necessary:

- 0 4 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**
(\$20,000 to less than \$25,000)
- 0 3 Less than \$20,000 **If "no," code 04; if "yes," ask 02**
(\$15,000 to less than \$20,000)
- 0 2 Less than \$15,000 **If "no," code 03; if "yes," ask 01**
(\$10,000 to less than \$15,000)
- 0 1 Less than \$10,000 **If "no," code 02**
- 0 5 Less than \$35,000 **If "no," ask 06**
(\$25,000 to less than \$35,000)

- 0 6 Less than \$50,000 **If "no," ask 07**
(\$35,000 to less than \$50,000)
- 0 7 Less than \$75,000 **If "no," code 08**
(\$50,000 to less than \$75,000)
- 0 8 \$75,000 or more

Do not read:

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

7.18 Have you used the internet in the past 30 days?

(177)

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

7.19 About how much do you weigh without shoes? (178-181)

NOTE: If respondent answers in metrics, put “9” in column 178.

Round fractions up

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

7.20 About how tall are you without shoes? (182-185)

NOTE: If respondent answers in metrics, put “9” in column 182.

Round fractions down

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

If male, go to 7.22, If female respondent is 45 years old or older, go to Q7.22

7.21 To your knowledge, are you now pregnant? (186)

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

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

7.22 Are you limited in any way in any activities because of physical, mental, or emotional problems? (187)

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

7.23 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (188)

NOTE: Include occasional use or use in certain circumstances.

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

7.24 Are you blind or do you have serious difficulty seeing, even when wearing glasses? (189)

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

7.25 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (190)

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

7.26 Do you have serious difficulty walking or climbing stairs? (191)

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

7.27 Do you have difficulty dressing or bathing? (192)

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

7.28 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (193)

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

Section 8: Tobacco Use

8.1 Have you smoked at least 100 cigarettes in your entire life? (194)

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No [Go to Q8.5]
- 7 Don't know / Not sure [Go to Q8.5]
- 9 Refused [Go to Q8.5]

INTERVIEWER NOTE: "For cigarettes, do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana."

CATI: If 8.1=1 then continues, else go to 8.2

FL04Q01 Over your lifetime, how many years have you smoked tobacco products?
__ Number of years
777 Don't know/not sure
999 Refused

8.2 Do you now smoke cigarettes every day, some days, or not at all? (195)

- 1 Every day
- 2 Some days
- 3 Not at all [Go to Q8.4]
- 7 Don't know / Not sure [Go to Q8.5]
- 9 Refused [Go to Q8.5]

8.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (196)

- 1 Yes [Go to Q8.5]
- 2 No [Go to Q8.5]
- 7 Don't know / Not sure [Go to Q8.5]
- 9 Refused [Go to Q8.5]

8.4 How long has it been since you last smoked a cigarette, even one or two puffs? (197-198)

- 0 1 Within the past month (less than 1 month ago)
- 0 2 Within the past 3 months (1 month but less than 3 months ago)
- 0 3 Within the past 6 months (3 months but less than 6 months ago)
- 0 4 Within the past year (6 months but less than 1 year ago)

- 0 5 Within the past 5 years (1 year but less than 5 years ago)
- 0 6 Within the past 10 years (5 years but less than 10 years ago)
- 0 7 10 years or more
- 0 8 Never smoked regularly
- 7 7 Don't know / Not sure
- 9 9 Refused

8.5 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.

(199)

- 1 Every day
- 2 Some days
- 3 Not at all

Do not read:

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

FL07 E-Cigarettes (Split A)

FL07Q01 Do you now use electronic cigarettes or e-cigarettes such as Blu or NJOY every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Don't know / Not sure
- 9 Refused

CATI: If Core 8.3=1 then continue, else go to next section

FL07Q02 The last time you tried to quit smoking, did you switch to electronic cigarettes or e-cigarettes such as Blu or NJOY?

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

Section 9: Alcohol Consumption

9.1 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (200-202)

- 1 _ _ Days per week
- 2 _ _ Days in past 30 days
- 8 8 8 No drinks in past 30 days **[Go to next section]**
- 7 7 7 Don't know / Not sure **[Go to next section]**
- 9 9 9 Refused **[Go to next section]**

9.2 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? (203-204)

NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

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

9.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [**CATI X = 5 for men, X = 4 for women**] or more drinks on an occasion? (205-206)

- _ _ Number of times
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

9.4 During the past 30 days, what is the largest number of drinks you had on any occasion? (207-208)

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

Section 10: Fruits and Vegetables

These next questions are about the fruits and vegetables **you** ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home. I will be asking how often **you** ate or drank each one: for example, once a day, twice a week, three times a month, and so forth.

INTERVIEWER NOTE: If respondent responds less than once per month, put "0" times per month. If respondent gives a number without a time frame, ask: "Was that per day, week, or month?"

10.1 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.

(209-211)

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

INTERVIEWER NOTE: Do not include fruit drinks with added sugar or other added sweeteners like Kool-Aid, Hi-C, lemonade, cranberry cocktail, Tampico, Sunny Delight, Snapple, Fruitopia, Gatorade, Power-Ade, or yogurt drinks.

Do not include fruit juice drinks that provide 100% daily vitamin C but include added sugar.

Do not include vegetable juices such as tomato and V8 if respondent provides but include in "other vegetables" question 10.6.

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.

10.2 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.

(212-214)

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

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

INTERVIEWER NOTE: Do not count fruit jam, jelly, or fruit preserves.

Do not include dried fruit in ready-to-eat cereals.

Do include dried raisins, cran-raisins if respondent tells you - *but due to their small serving size they are not included in the prompt.*

Do include cut up fresh, frozen, or canned fruit added to yogurt, cereal, jello, and other meal items.

Include culturally and geographically appropriate fruits that are not mentioned (e.g. genip, soursop, sugar apple, figs, tamarind, bread fruit, sea grapes, carambola, longans, lychees, akee, rambutan, etc.).

10.3 During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans. (215-217)

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Read only if necessary: "Include round or oval beans or peas such as navy, pinto, split peas, cow peas, hummus, lentils, soy beans and tofu. Do NOT include long green beans such as string beans, broad or winged beans, or pole beans."

INTERVIEWER NOTE: Include soybeans also called edamame, TOFU (BEAN CURD MADE FROM SOYBEANS), kidney, pinto, hummus, lentils, black, black-eyed peas, cow peas, lima beans and white beans.

Include bean burgers including garden burgers and veggie burgers.

Include falafel and tempeh.

10.4 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? (218-220)

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

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.

10.5 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? (221-223)

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

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 desert-type food containing pumpkin (i.e. similar to banana bars, zucchini bars we do not include).

10.6 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.

(224-226)

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Read only if needed: "Do not count vegetables you have already counted and do not include fried potatoes."

INTERVIEWER NOTE: Include corn, peas, tomatoes, okra, beets, cauliflower, bean sprouts, 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.

Include any form of the vegetable (raw, cooked, canned, or frozen).

Do include tomato juice if respondent did not count in fruit juice.

Include culturally and geographically appropriate vegetables that are not mentioned (e.g. daikon, jicama, oriental cucumber, etc.).

Do not include rice or other grains.

Do not include products consumed usually as condiments including ketchup, catsup, salsa, chutney, relish.

Section 11: Exercise (Physical Activity)

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

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.

11.1 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (227)

- | | | |
|---|-----------------------|---------------|
| 1 | Yes | |
| 2 | No | [Go to Q11.8] |
| 7 | Don't know / Not sure | [Go to Q11.8] |
| 9 | Refused | [Go to Q11.8] |

11.2. What type of physical activity or exercise did you spend the most time doing during the past month? (228-229)

- | | | |
|-----|-----------------------|-------------------------------------|
| __ | (Specify) | [See Physical Activity Coding List] |
| 7 7 | Don't know / Not Sure | [Go to Q11.8] |
| 9 9 | Refused | [Go to Q11.8] |

INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Physical Activity Coding List, choose the option listed as “Other “.

11.3 How many times per week or per month did you take part in this activity during the past month? (230-232)

- | | |
|-------|-----------------------|
| 1__ | Times per week |
| 2__ | Times per month |
| 7 7 7 | Don't know / Not sure |
| 9 9 9 | Refused |

11.4 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (233-235)

: _ Hours and minutes
 7 7 7 Don't know / Not sure
 9 9 9 Refused

11.5 What other type of physical activity gave you the next most exercise during the past month? (236-237)

_ _ (Specify) **[See Physical Activity Coding List]**
 8 8 No other activity **[Go to Q11.8]**
 7 7 Don't know / Not Sure **[Go to Q11.8]**
 9 9 Refused **[Go to Q11.8]**

INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Coding Physical Activity List, choose the option listed as "Other".

11.6 How many times per week or per month did you take part in this activity during the past month? (238-240)

1_ _ Times per week
 2_ _ Times per month
 7 7 7 Don't know / Not sure
 9 9 9 Refused

11.7 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (241-243)

: _ Hours and minutes
 7 7 7 Don't know / Not sure
 9 9 9 Refused

11.8 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. (244-246)

1_ _ Times per week
 2_ _ Times per month
 8 8 8 Never
 7 7 7 Don't know / Not sure
 9 9 9 Refused

Section 12: Arthritis Burden

If Q6.9 = 1 (yes) then continue, else go to next section.



Next, I will ask you about your arthritis.

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

- 12.1** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (247)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

INTERVIEWER NOTE: Q12.2 should be asked of all respondents regardless of employment status.

- 12.2** In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do? (248)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

INTERVIEWER INSTRUCTION: If respondent gives an answer to each issue (whether respondent works, type of work, or amount of work), then if any issue is "yes" mark the overall response as "yes."

If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

- 12.3** During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings? (249)
- Please read [1-3]:**
- 1 A lot
 - 2 A little
 - 3 Not at all

Do not read:

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

INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

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

(250-251)

- — Enter number [00-10]
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 13: Seatbelt Use

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

(252)

Please read:

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never

Do not read:

- 7 Don't know / Not sure
- 8 Never drive or ride in a car
- 9 Refused

Section 14: Immunization

Now I will ask you questions about the flu vaccine. There are two ways to get the flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™.

14.1 During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?

(253)

READ IF NECESSARY:

A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

- 1 Yes
- 2 No **[Go to Q14.4]**
- 7 Don't know / Not sure **[Go to Q14.4]**
- 9 Refused **[Go to Q14.4]**

14.2 During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose? (254-259)

__ / __ __ __ Month / Year
 7 7 / 7 7 7 7 Don't know / Not sure
 9 9 / 9 9 9 9 Refused

14.3 At what kind of place did you get your last flu shot/vaccine? **Note: Read only if necessary.** (260-261)

- 0 1 A doctor's office or health maintenance organization (HMO)
- 0 2 A health department
- 0 3 Another type of clinic or health center (Example: a community health center)
- 0 4 A senior, recreation, or community center
- 0 5 A store (Examples: supermarket, drug store)
- 0 6 A hospital (Example: inpatient)
- 0 7 An emergency room
- 0 8 Workplace
- 0 9 Some other kind of place
- 1 0 Received vaccination in Canada/Mexico (Volunteered – Do not read)
- 1 1 A school
- 7 7 Don't know / Not sure (**Probe: "How would you describe the place where you went to get your most recent flu vaccine?"**)

Do not read:

9 9 Refused

14.4 A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot? (262)

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

Section 15: HIV/AIDS

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

15.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (263)

- 1 Yes
- 2 No [Go to optional module transition]
- 7 Don't know / Not sure [Go to optional module transition]
- 9 Refused [Go to optional module transition]

15.2 Not including blood donations, in what month and year was your last HIV test? (264-269)

NOTE: If response is before January 1985, code "Don't know."
CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

- / Code month and year
- 77/7777 Don't know / Not sure
- 99/9999 Refused / Not sure

15.3 Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at an emergency room, as an inpatient in a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else? (270-271)

- 01 Private doctor or HMO office
- 02 Counseling and testing site
- 09 Emergency room
- 03 Hospital inpatient
- 04 Clinic
- 05 Jail or prison (or other correctional facility)
- 06 Drug treatment facility
- 07 At home
- 08 Somewhere else
- 77 Don't know / Not sure
- 99 Refused

Optional Modules

Module 1: Pre-Diabetes (Split A)

NOTE: Only asked of those not responding "Yes" (code = 1) to Core Q6.12 (Diabetes awareness question).

1. Have you had a test for high blood sugar or diabetes within the past three years? (287)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

CATI NOTE: If Core Q6.12 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 "Yes" (code = 1).

2. Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes? (288)
- If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"**
- 1 Yes
 - 2 Yes, during pregnancy
 - 3 No
 - 7 Don't know / Not sure
 - 9 Refused

Module 2: Diabetes (Split A)

NOTE: To be asked following Core Q6.13; if response is "Yes" (code = 1) and Core Q6.12 is "Yes" (code = 1).

1. Are you now taking insulin? (289)
- 1 Yes
 - 2 No
 - 9 Refused

2. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (290-292)

1	_	_	Times per day
2	_	_	Times per week
3	_	_	Times per month
4	_	_	Times per year
8	8	8	Never
7	7	7	Don't know / Not sure
9	9	9	Refused

Interviewer Note: If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in '98 times per day.'

3. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (293-295)

1	_	_	Times per day
2	_	_	Times per week
3	_	_	Times per month
4	_	_	Times per year
5	5	5	No feet
8	8	8	Never
7	7	7	Don't know / Not sure
9	9	9	Refused

4. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (296-297)

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

5. A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"? (298-299)

_	_	Number of times [76 = 76 or more]
8	8	None
9	8	Never heard of "A one C" test

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

CATI NOTE: If Q3 = 555 (No feet), go to Q7.

6. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (300-301)

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

7. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (302)

Read only if necessary:

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

Do not read:

- 7 Don't know / Not sure
- 8 Never
- 9 Refused

8. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (303)

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

9. Have you ever taken a course or class in how to manage your diabetes yourself? (304)

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

FL01 Diabetes (Split A)

CATI note: To be asked following Module 2 (Diabetes) Q9; if response to Core Q6.12 is "Yes" (code = 1)

FL01Q01 Have you ever been advised by a doctor or other healthcare professional to take medication for diabetes, such as an oral medication or insulin?

Interviewer Note: Wait for yes or no response. If "Yes" then ask: "Is that insulin only, oral medication only, or both insulin and oral medication?" – If "insulin only" then ask: Is that inhaled, injected, or both?

1. Yes-insulin only- injected
2. Yes- insulin only-inhaled
3. Yes- insulin only- both injected and inhaled
4. Yes – oral medication only
5. Yes – both insulin and oral medication
6. No
7. Don't know/ Not sure
9. Refused

FL01Q02 In general how often do you follow the directions such as the times per day and dose on your diabetes medication prescription(s)? Would you say:

- 1 Always
- 2 Most of the time
- 3 Some of the time
- 4 Not often
- 5 Never
- 6 Not currently prescribed

Do not read:

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

CATI note: If FL01Q02 = (1, 6, 7, or 9), go to FL01Q04.

FL01Q03 What is the main reason that you are not taking your diabetes medication exactly as prescribed?

Read only if necessary:

- 01 Forget to take it,
- 02 Do not like the side effects,
- 03 Cannot afford it,
- 04 Medication is not working,
- 05 Trying to lower blood sugar without medication,
- 06 You feel okay without medication,
- 07 Ran out of medication,
- 08 Think you should be taking a different medication,
- 09 Don't know how to take the medication,
- 10 Fear or dislike of needles
- 88 Other reason

Do not read:

- 77 Don't know/ Not sure

99 Refused

CATI Note: To be asked if Module 2 (Diabetes) Question 5 = (1 – 76)

FL01Q04 What was your most recent A one C test result?

Read only if necessary:

- 1 less than 5.7
- 2 5.7 to 7
- 3 7 to 9
- 4 Greater than 9

Do not read:

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

Module 4: Caregiver (Split B)

People may provide regular care or assistance to a friend or family member who has a health problem or disability.

1. During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability? (313)

INTERVIEWER INSTRUCTIONS: If caregiving recipient has died in the past 30 days, say "I'm so sorry to hear of your loss." and code 8.

- 1. Yes
- 2. No [Go to Question 9]
- 7 Don't know/Not sure [Go to Question 9]
- 8 Caregiving recipient died in past 30 days [Go to next module]
- 9 Refused [Go to Question 9]

2. What is his or her relationship to you? For example is he or she your (mother or daughter or father or son)?

INTERVIEWER NOTE: If more than one person, say: "Please refer to the person to whom you are giving the most care."

(314-315)

[DO NOT READ; CODE RESPONSE USING THESE CATEGORIES]

- 01 Mother
- 02 Father
- 03 Mother-in-law

- 04 Father-in-law
- 05 Child
- 06 Husband
- 07 Wife
- 08 Same-sex partner
- 09 Brother or brother-in-law
- 10 Sister or sister-in-law
- 11 Grandmother
- 12 Grandfather
- 13 Grandchild
- 14 Other relative
- 15 Non-relative/Family friend

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

3. For how long have you provided care for that person? Would you say... (316)

- 1 Less than 30 days
- 2 1 month to less than 6 months
- 3 6 months to less than 2 years
- 4 2 years to less than 5 years
- 5 More than 5 years

- 7 Don't Know/ Not Sure
- 9 Refused

4. In an average week, how many hours do you provide care or assistance? Would you say... (317)

- 1 Up to 8 hours per week
- 2 9 to 19 hours per week
- 3 20 to 39 hours per week
- 4 40 hours or more

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

5. What is the main health problem, long-term illness, or disability that the person you care for has? (318-319)

IF NECESSARY: Please tell me which one of these conditions would you say is the *major* problem?

[DO NOT READ: RECORD ONE RESPONSE]

- 1 Arthritis/Rheumatism

- 2 Asthma
- 3 Cancer
- 4 Chronic respiratory conditions such as Emphysema or COPD
- 5 Dementia and other Cognitive Impairment Disorders
- 6 Developmental Disabilities such as Autism, Down's Syndrome, and Spina Bifida
- 7 Diabetes
- 8 Heart Disease, Hypertension, Stroke
- 9 Human Immunodeficiency Virus Infection (HIV)
- 10 Mental Illnesses, such as Anxiety, Depression, or Schizophrenia
- 11 Other organ failure or diseases such as kidney or liver problems
- 12 Substance Abuse or Addiction Disorders
- 13 Other

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

6. In the past 30 days, did you provide care for this person by... (320)

Managing personal care such as giving medications, feeding, dressing, or bathing?

- 1 Yes
- 2 No

- 7 Don't Know /Not Sure
- 9 Refused

7. In the past 30 days, did you provide care for this person by... (321)

Managing household tasks such as cleaning, managing money, or preparing meals?

- 1 Yes
- 2 No

- 7 Don't Know /Not Sure
- 9 Refused

8. Of the following support services, which one do you MOST need, that you are not currently getting? (322)

[INTERVIEWER NOTE: IF RESPONDENT ASKS WHAT RESPITE CARE IS]: Respite care means short-term or long-term breaks for people who provide care.

[READ OPTIONS 1 – 6]

- 1 Classes about giving care, such as giving medications
- 2 Help in getting access to services
- 3 Support groups

- 4 Individual counseling to help cope with giving care
- 5 Respite care
- 6 You don't need any of these support services

[DO NOT READ]

- 7 Don't Know /Not Sure
- 9 Refused

[If Q1 = 1 or 8, GO TO NEXT MODULE]

9. In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability? (323)
- 1 Yes
 - 2 No

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

Module 6: Cognitive Decline (Split B)

CATI NOTE: If respondent is 45 years of age or older continue, else go to next module

Introduction: The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things you've always done or forgetting things that you would normally know. We want to know how these difficulties impact you.

1. During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse? (334)
- 1 Yes
 - 2 No **[Go to next module]**

 - 7 Don't know **[Go to Q2]**
 - 9 Refused **[Go to next module]**
2. During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills?
Please read (335)

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

- 7 Don't know
- 9 Refused

3. As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? (336)

Please read

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely [Go to Q5]
- 5 Never [Go to Q5]

- 7 Don't know [Go to Q5]
- 9 Refused [Go to Q5]

CATI NOTE: If Q3 = 1, 2, or 3, continue. If Q3 = 4 or 5, go to Q5.

4. When you need help with these day-to-day activities, how often are you able to get the help that you need? (337)

Please read

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

- 7 Don't know
- 9 Refused

5. During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home? (338)

Please read

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

- 7 Don't know
- 9 Refused

6. Have you or anyone else discussed your confusion or memory loss with a health care professional? (339)

- 1 Yes

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

Module 12: Adult Human Papillomavirus (HPV) – Vaccination (Split A)

CATI NOTE: To be asked of respondents between the ages of 18 and 49 years; otherwise, go to next module.

NOTE: Human Papillomavirus (Human Pap-uh-loh-muh virus); Gardasil (Gar-duh- seel); Cervarix (Sir-var- icks)

1. A vaccine to prevent the human papillomavirus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, **[Fill: if female “GARDASIL or CERVARIX”; if male “ or GARDASIL”]**.

Have you EVER had an HPV vaccination?

(373)

- 1 Yes
- 2 No **[Go to next module]**
- 3 Doctor refused when asked **[Go to next module]**
- 7 Don't know / Not sure **[Go to next module]**
- 9 Refused **[Go to next module]**

2. How many HPV shots did you receive?

(374-375)

- – Number of shots
- 0 3 All shots
- 7 7 Don't know / Not sure
- 9 9 Refused

FL14 Adult Human Papillomavirus (HPV) (Split A)

CATI: If M12Q01 = 1 then go to the next module.

CATI: If 7.2 (age) >=50, read prompt. Otherwise, just ask question.

Prompt: A vaccine to prevent the human papillomavirus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, **[Fill: if female “GARDASIL or CERVARIX”; if male “ or GARDASIL”]**.

FL14Q01 Before today have you ever heard of the HPV vaccine?

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

Module 23: Childhood Asthma Prevalence (Split A)

CATI NOTE: If response to Core Q7.16 = 88 (None) or 99 (Refused), go to next module.

The next two questions are about the “Xth” **[CATI: please fill in correct number]** child.

1. Has a doctor, nurse or other health professional EVER said that the child has asthma? (656)
- | | | |
|---|-----------------------|----------------------------|
| 1 | Yes | |
| 2 | No | [Go to next module] |
| 7 | Don't know / Not sure | [Go to next module] |
| 9 | Refused | [Go to next module] |
2. Does the child still have asthma? (657)
- | | | |
|---|-----------------------|--|
| 1 | Yes | |
| 2 | No | |
| 7 | Don't know / Not sure | |
| 9 | Refused | |

Statement: Finally, I have just a few questions left about some other health topics.

State Added Question

FL02 Hypertension (Split A)

CATI – Ask After Section 4: Hypertension Awareness, if 4.1 = 1

CATI: If 4.2=2, 7 or 9 then go to FL02Q03

FL02Q01 In general how often do you follow the directions such as the times per day and dose on your blood pressure medication prescription(s)? Would you say:

Please read:

- | | |
|---|------------------|
| 1 | Always |
| 2 | Most of the time |
| 3 | Some of the time |
| 4 | Not often |
| 5 | Never |

Do not read:

- | | |
|---|--------------------------|
| 6 | Not currently prescribed |
| 7 | Don't know/ Not sure |
| 9 | Refused |

CATI: If FL02Q01=1 then go FL02Q03

FL02Q02 What is the main reason that you are not taking your blood pressure medication exactly as prescribed?

Interviewer Note: If respondent mentions multiple reasons, probe “what is the main reason?”

Read only necessary:

- 01 Forget to take it,
- 02 Do not like the side effects,
- 03 Cannot afford it,
- 04 Medication is not working,
- 05 Trying to lower blood pressure without medication,
- 06 You feel okay without medication,
- 07 Ran out of medication,
- 08 Think you should be taking a different medication,
- 09 Don't know how to take the medication,

Do not read:

- 10 Other reasons
- 77 Don't know/ Not sure
- 99 Refused

FL02Q03 Has a doctor or other health professional EVER helped you create a plan to manage your high blood pressure?

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

FL02Q04 How often do you track and measure your blood pressure?

- 1. Daily
- 2. Weekly (at least once in a week)
- 3. Monthly (at least once in a month)
- 4. Yearly (at least once in a year)
- 5. Never
- 7. Don't know/ Not sure
- 9. refused/don't know

CATI: If FL02Q04= 7 or 9, then go to next section

FL02Q05 How often does your doctor tell you that your blood pressure is under control?

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

FL03 Asthma (Split A)

CATI: Ask after Core 6.5, only if core 6.4=1 then continue, else go to next module

FL03Q01 An asthma action plan or asthma management plan is a form with instructions about when to change the amount or type of medicine, when to call the doctor for advice and when to go to the emergency room. Has a doctor or other health professional ever given you an asthma action plan?

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

FL04 Chronic Obstructive Pulmonary Disease (COPD) (Split B)

FL04Q02 During the past 30 days, how often do you feel short of breath – would you say all of the time, most of the time, some of the time, a little of the time, or none of the time?

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 77 Don't know/not sure
- 99 Refused

FL04Q03 How often do you cough up mucus or phlegm? Would you say...?

- 1 Everyday
- 2 Most days
- 3 A few days
- 4 Only with colds
- 5 Never
- 77 Don't know/not sure
- 99 Refused

FL04Q04 How much do you agree or disagree with the following statement? " In the past 12 months, I am not as physically active as I once was because of my shortness of breath?"

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree or disagree
- 4 Disagree slightly
- 5 Disagree strongly
- 77 Don't know/not sure
- 99 Refused

FL05 Disability (Split B)

CATI: Ask if Core 7.22=1 or 7.23=1 or 7.24=1 or 7.25=1 or 7.26=1 or 7.27=1 or 7.28=1

Previously you mentioned having a physical, mental, emotional problem or a health condition that limited your activities or required the use of special equipment.

FL05Q01 Now I will read a list of conditions, please tell me what main type of health problem you have?
Interviewer Note: If respondent mentions multiple health problems, probe "what is the main health problem?"

Please read:

01. Physical impairment or disability
02. Paralysis (loss of your ability to totally or partially move a part of your body)
03. Loss of limb(s)
04. Learning or intellectual disability
05. Memory or cognitive disability
06. Emotional problems, such as depression, bipolar disorder or schizophrenia
07. Hearing disability
08. Blindness
09. Speech impairment
88. Other

Do not read:

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

FL05Q02 How long have you had this health condition?

1. Since birth (at the time of your birth or up to 1 year of age)
2. Since a young child (between the ages of 1 to 9)
3. Since adolescence (between the ages of 10 to 17)
4. Since a young adult (between the ages of 18 to 39)
5. Since an older adult (over the age of 40)
7. Don't know/ Not sure
9. Refused

FL05Q03 In the last 12 months how often have you been treated unfairly at a doctor's office because of a disability, limitation, or other health condition?

1. Never
2. Sometimes
3. Usually
4. Always
7. Don't know/ Not sure
9. Refused

FL05Q04 In the last 12 months did you experience any of the following difficulties receiving healthcare due to a disability, limitation, or other health condition?

Interviewer Note: Instruct respondent to answer Yes/No to each difficulty

Please read:

01. Difficulty obtaining transportation to your doctor's office
02. Difficulty getting into the building
03. Difficulty getting into the exam room
04. Difficulty getting on the examination table
05. Difficulty getting a physical exam
06. Difficulty communicating or talking with your doctor
07. Difficulty finding a doctor that understands your health condition

Do not read:

08. None

- 77. Don't Know/ Not sure
- 99. Refused

FL06 Preparedness (Split B)

FL06Q01 Does your household have a written disaster evacuation plan for how you will leave your home, in case of a large-scale disaster or emergency that requires evacuation?

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

FL06Q02 Do you have a disaster preparedness kit which includes, but is not limited to, medications, three to seven days of food and water, and important documents for you, your family members, and your pets or service animals?

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

CATI: If FL06Q02=2 then continues, else go to FL06Q04.

FL06Q03 Are you capable of building your disaster preparedness kit?

Interviewer Note: Capable to purchase and store additional supplies.

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

FL06Q04 Are you dependent on medical equipment that requires electricity, do you need transportation to evacuate to a Special Needs Shelter, or do you need assistance to maintain your health due to a medical condition?

Interviewer Note: Special Needs Shelters provide a level of medical care beyond basic first aid to maintain the health status of persons who are medically stable and do not require a level of services beyond the capacity of the shelter.

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

CATI: If FL06Q04=1 then continues, else go to FL06Q06.

FL06Q05 Are you currently registered in your county's Special Needs Registry?

Interview Note: A County Special Needs Registry is designed to provide people with transportation to shelters during a disaster evacuation due to a hurricane, flood, or wildfire. The program registration is free, voluntary and confidential. Registration is based on persons meeting the Special Needs Program's criteria.

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

FL06Q06 Do you have a plan to leave your home and go to a hotel or friend or family member's home if evacuated during an emergency?

Interviewer Note: An emergency such as a hurricane, wild fire, or flood.

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

CATI: If FL06Q06= (1 or 2) then continues, else go to FL06Q08.

FL06Q07 If you don't have a plan or if your original evacuation plan doesn't work out do you have a plan to go to a public shelter in an emergency?

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

FL06Q08 Do you have transportation from your home to a point of safety in the event of an emergency which doesn't include public transit?

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

FL08 Second Hand Smoke (Split A)

FL08Q01 Do you live with someone who currently smokes inside your home?

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

FL09 Preconception Health (Split A)

CATI: If Core 7.2 (age) >=18 and 7.2 (age) <45 and 7.1 (sex) =2 then continue, else go to next module.

The next question is about discussions that occurred as part of a routine health care visit. **DO NOT** include visits while pregnant, also called prenatal care visits.

FL09Q01 Did the doctor, nurse, or other health care worker ever talk with you about ways to prepare for a healthy pregnancy and baby?

- 1 Yes
- 2 No

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

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

CATI: If FL09Q01=1 then continue, else go to next module

FL09Q02 Did the doctor, nurse, or other health care worker talk with you about the following ways to prepare for a healthy pregnancy and baby?

Interviewer Note: Instruct respondent to answer Yes/No to each

- 01 Taking vitamins with folic acid before pregnancy
- 02 Being a healthy weight before pregnancy
- 03 Using birth control methods to plan when you want to become pregnant
- 04 Getting your vaccines updated before pregnancy
- 05 Visiting a dentist or dental hygienist before pregnancy
- 06 Getting counseling for any genetic diseases that run in your family
- 07 Controlling any medical conditions such as diabetes and high blood pressure
- 08 Getting counseling or treatment for depression or anxiety
- 09 Safety of using prescription or over-the-counter medicines during pregnancy
- 10 How smoking during pregnancy can affect a baby
- 11 How drinking alcohol during pregnancy can affect a baby
- 12 How using illegal drugs during pregnancy can affect a baby
- 88 Did not discuss any of these topics with me
- 77 DON'T KNOW/NOT SURE
- 99 Refused

FL10 Family Planning (Split B)

CATI: If respondent is Core 7.1 (sex)=2 and Core 7.2(age) >=45, Core 7.21 (pregnancy)=1, or Core 7.1 (sex)=1 and Core 7.2 (age) >=60, go to next module.

Some things people do to keep from getting pregnant include not having sex at certain times, withdrawal, using birth control methods such as the pill, implants, shots, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy.

FL10Q01 Are you or your [If female, insert "husband/partner," if male, insert "wife/partner"] doing anything now to keep [If female, insert "you," if male, insert "her"] from getting pregnant?

NOTE: If more than one partner, consider usual partner.

- 1 Yes
- 2 No
- 3 No partner/not sexually active
- 4 Same sex partner
- 7 Don't know / Not sure
- 9 Refused

CATI: If FL10Q01=2 then go to FL10Q03; if FL10Q01= (3 or 4) then go to next module

FL10Q02 What are you or your [If female, insert “husband/partner,” if male, insert “wife/partner”] doing now to keep [If female, insert “you,” if male, insert “her”] from getting pregnant?

Read only if necessary:

01. Female sterilization (ex. tubal ligation, Essure, Adiana)
02. Male sterilization (vasectomy)
03. Contraceptive implant (ex. Implanon, Nexplanon)
04. Levonorgestrel(LNG) or hormonal IUD(ex. Mirena, Skyla)
05. Copper-bearing IUD (ex. ParaGard, Copper T)
06. IUD, type unknown
07. Shots (ex. Depo-Provera)
08. Birth control pills, any kind
09. Contraceptive patch (ex. Ortho Evra)
10. Contraceptive ring (ex. NuvaRing)
11. Male condoms
12. Diaphragm, cervical cap, sponge
13. Female condoms
14. Not having sex at certain times (rhythm or natural family planning)
15. Withdrawal (or pulling out)
16. Foam, jelly, film, or cream
17. Emergency contraception (morning after pill)

Do not read

18. Other method
77. Don't know / Not sure
99. Refused

INTERVIEWER NOTE: If respondent reports using MORE THAN ONE method, please code the method that occurs first on the list.

INTERVIEWER NOTE: If respondent reports using “condoms,” probe to determine if “female condoms” or “male condoms.”

INTERVIEWER NOTE: If respondent reports using an “IUD” probe to determine if “levonorgestrel IUD” or “copper-bearing IUD.”

INTERVIEWER NOTE: If respondent reports “other method,” ask respondent to “please specify” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

Some reasons for not doing anything now to keep [If female, “you”, if male, insert “her”] from getting pregnant include desires or wanting a pregnancy, not being able to pay for birth control, or not thinking that [If female, insert “you”, if male, insert “she”] can get pregnant.

FL10Q03 What is your main reason for not doing anything now to keep [If female, “you”, if male, insert “her”] from getting pregnant?

Read only if necessary:

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

Do not read:

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

FL11 Air Quality Alert (Split A)

FL11Q01 The government routinely collects information on air quality that may be distributed by local radio, TV, newspapers, and websites to help inform the public about air pollution levels. Have you ever heard or read about the air quality index or air quality alerts where you live? Please do not include times when you may have heard or read about high pollen counts.

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

CATI: If FL11Q01=1 then continues, else go to the next module.

FL11Q02 Please think of the past 12 months. How many times did you reduce or change your outdoor activity level based on the air quality index or air quality alerts? (For example, avoiding outdoor exercise or strenuous outdoor activity.) Please do not include times when you may have heard or read about high pollen counts.

- 1 None
- 2 1 to 3 times
- 3 4 to 6 times
- 4 More than 6 times

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

FL12 Hearing (Split B)

FL12Q01 Do you have excellent hearing, good hearing, a little trouble hearing, moderate trouble hearing, a lot of trouble hearing or are you deaf?

- 1 Excellent
- 2 Good
- 3 A little trouble hearing
- 4 Moderate trouble
- 5 A lot of trouble
- 6 Deaf
- 7 Refused
- 9 Don't know

CATI: If FL12Q01 in (3, 4, 5, 6) then continues, else go to next module

FL12Q02 Has a hearing specialist, your doctor, or other health care professional ever recommended a hearing aid(s) to you?

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

CATI: If FL12Q02=1 then continues, else go to next module

FL12Q03 Do you currently wear a hearing aid?

Interviewer Note: Wait for yes or no response . If "No" then ask: "What is the main reason you do not currently wear a hearing aid?" – read only if necessary

- 1 Yes, currently use a hearing aid
- 2 It didn't help
- 3 It made everything too loud
- 4 Didn't like the way it sounded (unwanted sounds such as whistling or other noises)
- 5 Didn't like the way I sounded (my own voice when wearing the hearing aid)
- 6 It was uncomfortable
- 7 It had frequent breakdowns/Needed repairs
- 8 Didn't like the way it looked
- 9 It cost too much
- 10 Don't think I need a hearing aid
- 11 It was misplaced or lost
- 12 Other reason
- 77 Refused
- 99 Don't know

FL13 Epilepsy (Split A)

FL13Q01 Have you ever been told by a doctor that you have a seizure disorder or epilepsy?

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

CATI Note: If FL13Q01=1, then continues, else go to next module

FL13Q02 Are you currently taking prescription medications for your epilepsy or seizure disorder?

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

Asthma Call-Back Permission Script

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

(678)

- 1 Yes
- 2 No

Can I please have either (your/your child's) first name or initials, so we will know who to ask for when we call back?

_____ Enter first name or initials.

Asthma Call-Back Selection

Which person in the household was selected as the focus of the asthma call-back?

(679)

- 1 Adult
- 2 Child

Closing Statement

Please read:

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

Activity List for Common Leisure Activities (To be used for Section 11: Physical Activity)

Code Description (Physical Activity, Questions 11.2 and 11.5 above)

0 1 Active Gaming Devices (Wii Fit, Dance Dance revolution)	4 1 Rugby
0 2 Aerobics video or class	4 2 Scuba diving
0 3 Backpacking	4 3 Skateboarding
0 4 Badminton	4 4 Skating – ice or roller
0 5 Basketball	4 5 Sledding, tobogganing
0 6 Bicycling machine exercise	4 6 Snorkeling
0 7 Bicycling	4 7 Snow blowing
0 8 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)	4 8 Snow shoveling by hand
0 9 Bowling	4 9 Snow skiing
1 0 Boxing	5 0 Snowshoeing
1 1 Calisthenics	5 1 Soccer
1 2 Canoeing/rowing in competition	5 2 Softball/Baseball
1 3 Carpentry	5 3 Squash
1 4 Dancing-ballet, ballroom, Latin, hip hop, zumba, etc	5 4 Stair climbing/Stair master
1 5 Elliptical/EFX machine exercise	5 5 Stream fishing in waders
1 6 Fishing from river bank or boat	5 6 Surfing
1 7 Frisbee	5 7 Swimming
1 8 Gardening (spading, weeding, digging, filling)	5 8 Swimming in laps
1 9 Golf (with motorized cart)	5 9 Table tennis
2 0 Golf (without motorized cart)	6 0 Tai Chi
2 1 Handball	6 1 Tennis
2 2 Hiking – cross-country	6 2 Touch football
2 3 Hockey	6 3 Volleyball
2 4 Horseback riding	6 4 Walking
2 5 Hunting large game – deer, elk	6 6 Waterskiing
2 6 Hunting small game – quail	6 7 Weight lifting
2 7 Inline Skating	6 8 Wrestling
2 8 Jogging	6 9 Yoga
2 9 Lacrosse	7 1 Childcare
3 0 Mountain climbing	7 2 Farm/Ranch Work (caring for livestock, stacking hay, etc.)
3 1 Mowing lawn	7 3 Household Activities (vacuuming, dusting, home repair,

3 2 Paddleball
3 3 Painting/papering house
3 4 Pilates
3 5 Racquetball

3 6 Raking lawn
3 7 Running
3 8 Rock Climbing
3 9 Rope skipping
4 0 Rowing machine exercise

etc.)
7 4 Karate/Martial Arts
7 5 Upper Body Cycle (wheelchair sports, ergometer,
etc.)
7 6 Yard work (cutting/gathering wood, trimming hedges
etc.)

9 8 Other _____
9 9 Refused