



**2021**

**Florida Behavioral Risk Factor Surveillance System  
Questionnaire**

## Imported & Hidden Sample Variables

[ASK ALL]

**SAMTYPE.** Imported Sample Variable: Sample Type

1 Landline  
2 Cell Phone

[ASK ALL]

**STATE.** Imported Sample Variable: State

FL Florida

[SET HEALTHDEPT = STATE]

**HEALTHDEPT.** Hidden Variable for Piping: Health Department Name

FL Florida Department of Health

[SET DEPTPHONE = STATE]

**DEPTPHONE.** Hidden Variable for Piping: Department Phone Number

FL 844-604-4387

[ASK ALL]

**ASGCNTY.** Imported Sample Variable: County by State

Range 000-999 [NUMBER BOX]

[ASK ALL]

**HGENDER.** Hidden Variable for storing values entered at SEX1, SEX2, ASKGENDR, RSA, MOD27\_1.

1 Male  
2 Female

[SET LENGTH = STATE]

**LENGTH.** Hidden Variable for Piping: Interview Length

FL 28

**CDAY.** System variable - Current day [NUMBER BOX] RANGE 1-31

**CWEEKDAY.** System variable - Current weekday

1 Sunday

|   |           |
|---|-----------|
| 2 | Monday    |
| 3 | Tuesday   |
| 4 | Wednesday |
| 5 | Thursday  |
| 6 | Friday    |
| 7 | Saturday  |

**CMONTH.** System variable - Current month

|    |           |
|----|-----------|
| 01 | January   |
| 02 | February  |
| 03 | March     |
| 04 | April     |
| 05 | May       |
| 06 | June      |
| 07 | July      |
| 08 | August    |
| 09 | September |
| 10 | October   |
| 11 | November  |
| 12 | December  |

**CYEAR.** System variable - Current year [NUMBER BOX] WIDTH=4

CDC NOTE: Items in parentheses at any place in the questions or response DO NOT need to be read.

# Florida Behavioral Risk Factor Surveillance System

## 2021 Questionnaire

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## Interviewer's Script Landline

Form Approved  
OMB No. 0920-1061  
Exp. Date 03/31/2021

Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).

NOTE: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at [ivk7@cdc.gov](mailto:ivk7@cdc.gov).

### **ANSWERING MACHINE MESSAGE TEXT:**

**AM\_TEXT.** TO BE LEFT ON 1<sup>ST</sup>, 4<sup>TH</sup>, AND 9<sup>TH</sup> ATTEMPTS THAT RESULT IN ANSWERING MACHINE.

1 Hello, my name is \_\_\_\_\_. I am calling on behalf of the [HEALTHDEPT] to conduct an important study on the health of US residents. We will call again in the next few days to conduct the interview. If you have any questions, please call us toll free at [DEPTPHONE] at your convenience. Thank you.

**PRIVACY MANAGER MESSAGE TEXT:**

**PM\_TEXT.** TO BE LEFT ON THE 1<sup>ST</sup>, 4<sup>TH</sup>, 9<sup>TH</sup> ATTEMPT THAT RESULTS IN A PRIVACY MANAGER

1 (NAME) calling on behalf of the [HEALTHDEPT]

[ASK IF SAMPTYPE=2 OR SELFLAG NE 1 OR GETADULT=1]

**INT01.** Hello, I am calling for the [HEALTHDEPT]. My name is \_\_\_\_\_. We are gathering information about the health of US 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. This call may be monitored or recorded for quality control.

[IF SAMPTYPE=1 INSERT "Is this \$N?"; IF SAMPTYPE=2 INSERT "Is this a safe time to talk with you?"]

[IF SAMPTYPE=1 INSERT "**INTERVIEWER NOTE: 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.**"; IF SAMPTYPE=2 INSERT "**INTERVIEWER NOTE: IF NO: Thank you very much. We will call you back at a more convenient time**"]

- 01 Yes – Continue
- 02 No [HIDE IF NOT(SAMPTYPE=1)]
- 03 No – Not a safe time [GO TO CALL BACK SCREEN] [HIDE IF NOT(SAMPTYPE=2)]
  
- 10 Callback
- 20 Refusal
- D3 Answering Machine
- B2 Busy
- DA Dead Air
- HU Hang Up
- NA No Answer
- NW Non-Working Number

[ASK IF INT01=02]

**TERM1.** 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.

- 1 Continue [ASSIGN DISPO U1]

[IF SEX1=1 OR SEX2=1 OR ASKGENDR=1 OR RSA=11,12,13,14,15,16,17,18,19,21 SET ORIG\_GENDER=1; IF SEX1=2 OR SEX2=2 OR ASKGENDR=2 OR RSA=01,02,03,04,05,06,07,08,09,22 SET ORIG\_GENDER=2]

**ORIG\_GENDER.** Hidden question for piping him/her into resume intro

- 1 him

2 her

[ASK IF SELFLAG=1 AND SAMPTYPE=1 AND NOT(GETADULT=1)]

**INT02.** Hello, I'm \_\_\_\_\_ calling from ICF for the [STATE] State Department of Health and the Centers for Disease Control and Prevention. We are gathering information about the health of US residents. This call may be monitored or recorded for quality control. When we called previously the computer randomly selected the [IF NOT(RSA=WR) INSERT "[RSA]"; IF RSA=WR AND NOT(ASKGENDR=WR) INSERT "[ASKGENDR]"] to be interviewed.

May I please speak to [ORIG\_GENDER]?

01 Selected on the line

03 Go back to Adults question. **WARNING: A NEW RESPONDENT WILL BE SELECTED AND YOU NEED A SUPERVISORS PASSWORD TO CONTINUE** [GO BACK TO PW]

10 Callback

20 Refusal

D3 Answering Machine

B2 Busy

DA Dead Air

HU Hang Up

NA No Answer

NW Non-Working Number

[ASK IF INT01=01 AND SAMPTYPE=1]

**HS1.** Is this a private residence?

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

**INTERVIEWER NOTE:** Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.

1 Yes

2 No

3 No, this is a business

[ASK IF HS1=3]



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

1 Continue [ASSIGN DISPO M8]

[ASK IF HS1=2]

**COLLEGE.** 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.**

**INTERVIEWER NOTE: IF NO, PROBE TO FIND OUT IF BUSINESS OR GROUP HOME.**

- 1 Yes
- 2 No – Business
- 3 No – Group Home

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF COLLEGE=2,3,7,9]

**X2.** Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.

1 Continue [ASSIGN DISPO M8]

[ASK IF SAMPTYPE=1]

**STRES.** Do you currently live in [STATE]?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF STRES=2,7,9]

**X3.** Thank you very much, but we are only interviewing persons who live in [STATE] at this time.

1 Continue [ASSIGN DISPO M7]

[ASK IF HS1=1 or COLLEGE=1]

**HS2.** Is this a cell phone?

**READ IF NECESSARY:** By cell phone we mean a telephone that is mobile and usable outside your neighborhood.

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

- 1 Yes, it is a cell phone
- 2 Not a cell phone

[ASK IF HS2=1]

**HS2X.** Thank you very much, but we are only interviewing by land line telephones in private residences or college housing at this time.

- 1 Continue [ASSIGN DISPO M3]

[ASK IF HS2=2]

**ADULT.** Are you 18 years of age or older?

- 1 Yes
- 2 No

[ASK IF COLLEGE=1 AND HS2=2 AND ADULT=1]

**SEX1.** Are you male or female?

- 1 Male
- 2 Female
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[IF MOD27\_1=WR AND SEX1=1 SET HGENDER=1 (Male); IF MOD27\_1=WR AND SEX1=2 SET HGENDER=2 (Female)]

[ASK IF HS1=1 AND HS2=2]

**ADULTS.** I need to randomly select an adult who lives in your household to be interviewed. Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older?

RANGE 0-18 [NUMBER BOX]

[ASK IF ADULTS=0 OR ADULT=2]

**XX3.** Thank you very much, but we are only interviewing persons aged 18 or older at this time.

1 Continue [ASSIGN DISPO M6]

[ASK IF SEX1=7,9]

**XX4.** Thank you for your time, your number may be selected for another survey in the future.

1 Continue [ASSIGN DISPO R3]

[ASK IF ADULTS=1]

**ONEADULT.** Are you the adult?

1 Yes  
2 No

[ASK IF ONEADULT=1]

**ASKGENDR.** Are you male or female?

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

[IF MOD27\_1=WR AND ASKGENDR=1 SET HGENDER=1 (Male); IF MOD27\_1=WR AND ASKGENDR =2 SET HGENDER=2 (Female)]

[ASK IF ASKGENDR=7,9]

**XX5.** Thank you for your time, your number may be selected for another survey in the future.

1 Continue [ASSIGN DISPO R3]

[ASK IF ONEADULT=2]

**GETADULT.** May I speak with the adult in the household that is 18 years of age or older?

1 Yes, adult coming to the phone [GO TO INT01]

2 No, not here [TERM AS CALL BACK]

[ASK IF ONEADULT=1]

**YOU.** Then you are the person I need to speak with.

1 Continue

[ASK IF ADULTS > 1]

**MEN.** How many of these adults are men?

RANGE 0-[ADULTS] [NUMBER BOX]

[ASK IF ADULTS > 1]

**NWOMEN.** CALCULATE NWOMEN=ADULTS MINUS MEN

[ASK IF NWOMEN>0]

**WOMEN.** So the number of women in the household is [NWOMEN].

**INTERVIEWER NOTE:** Confirm the number of adult women or clarify the total number of adults in the household.

Is that correct?

1 Yes

2 No [GO BACK TO ADULTS]

//PROGRAMMER NOTE: QUESTION SHOULD BE NON-CLEANING//

[ASK IF ((ADULTS>=1 OR ASKGENDR=1,2 OR SEX1=1,2) AND (INT02=WR OR PW=150615))]

[IF ADULTS>=1 AND NWOMEN>=1, RANDOMLY SET RSA=01-09]

[IF ADULTS>=1 AND MEN>=1, RANDOMLY SET RSA=11-19]

[IF ASKGENDR=1, SET RSA=21; IF ASKGENDR=2, SET RSA=22]

[IF SEX1=1, SET RSA=21; IF SEX1=2, SET RSA=22]

**RSA.** System Generated Variable: Randomly Selected Adult

01 Oldest Female  
02 2<sup>nd</sup> Oldest Female  
03 3<sup>rd</sup> Oldest Female  
04 4<sup>th</sup> Oldest Female  
05 5<sup>th</sup> Oldest Female  
06 6<sup>th</sup> Oldest Female  
07 7<sup>th</sup> Oldest Female  
08 8<sup>th</sup> Oldest Female  
09 9<sup>th</sup> Oldest Female  
11 Oldest Male  
12 2<sup>nd</sup> Oldest Male  
13 3<sup>rd</sup> Oldest Male  
14 4<sup>th</sup> Oldest Male  
15 5<sup>th</sup> Oldest Male  
16 6<sup>th</sup> Oldest Male  
17 7<sup>th</sup> Oldest Male  
18 8<sup>th</sup> Oldest Male  
19 9<sup>th</sup> Oldest Male  
20 No respondent selected  
21 Male  
22 Female

[IF MOD27\_1=WR AND RSA =11,12,13,14,15,16,17,18,19,21 SET HGENDER=1 (Male); IF  
MOD27\_1=WR AND RSA =01,02,03,04,05,06,07,08,09,22 SET HGENDER=2 (Female)]

[ASK IF ADULTS>1 AND SAMPTYPE=1]

**RESPSLCT.** The person in your household that I need to speak with is the [RSA]. Are you the [RSA] in this household?

**[INTERVIEWER: PLEASE CHOOSE A RESPONSE. DO NOT USE QUIT]**

[INTERVIEWER: IF PERSON ON THE PHONE IS NOT THE SELECTED ADULT SAY: "May I speak with the [RSA]" ]

[INTERVIEWER: WHEN NEW ADULT COMES TO THE PHONE READ: Hello, I am calling for the [HEALTHDEPT]. My name is \_\_\_\_\_. 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. This call may be monitored or recorded for quality control.]

- 1 Yes, male
- 2 Yes, female

- 4 No, adult not available at this time. [SUSPEND AND SCHEDULE A CALL BACK]
- 5 No, adult refused [GO TO INT20 TERM]
- 6 TERM [GO TO INTXX]

[ASK IF (RSA=01-09 AND RESPSLCT =1) OR (RSA=11-19 AND RESPSLCT =2)]

**SELCK.** I'm sorry. The selected person in the household is [RSA] and you have just told me you are [IF RESPSLCT =1 INSERT "Male"; IF RESPSLCT =2 INSERT "Female"]. I must correct this inconsistency.

- 1 Go Back [GO TO RESPSLCT]

[ASK IF SAMPTYPE=1]

**YOURTHE1.** 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 not be connected to any personal information. If you have any questions about the survey, please call [DEPTPHONE].

**INTERVIEWER NOTE:** The interview takes on average [LENGTH] minutes depending on your answers.

- 1 Person Interested, Continue
- 2 Go back to Adults question. **WARNING: A NEW RESPONDENT WILL BE SELECTED AND YOU NEED A SUPERVISORS PASSWORD TO CONTINUE** [GO BACK TO PW]

## Interviewer's Script Cell Phone

[ASK IF INT01=01 AND SAMPTYPE=2]

**PHONE.** Is this \$N?

**INTERVIEWER NOTE:** PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

- 1 Yes
- 2 No
- 3 Not a safe time/driving [GO TO TERM]
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF PHONE=2]

**XPHONE.** 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.

- 1 Continue [CODE AS U1]

[ASK IF PHONE=1]

**CELLFON2.** Is this a cell phone?

**READ IF NECESSARY:** By cell phone we mean a telephone that is mobile and usable outside your neighborhood.

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

- 1 Yes
- 2 No
- 3 Not a safe time / driving [GO TO TERM]

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF CELLFON2=2]

**NOTCELL1.** Thank you very much, but we are only interviewing cell telephones at this time.

- 1 Continue [ASSIGN DISPO M2]

[ASK IF PHONE=7,9 OR CELLFON2=7,9]

**NOTCELL2.** Thank you for your time.

1 Continue [ASSIGN DISPO M2]

[ASK IF CELLFON2=1]

**CADULT.** Are you 18 years of age or older?

1 Yes

2 No

[ASK IF CADULT=2]

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

1 Continue [ASSIGN DISPO M6]

[ASK IF CADULT=1]

**SEX2.** Are you male or female?

1 Male

2 Female

7 DON'T KNOW / NOT SURE

9 REFUSED

[IF MOD27\_1=WR AND SEX2=1 SET HGENDER=1 (Male); IF MOD27\_1=WR AND SEX2 =2 SET HGENDER=2 (Female)]

[ASK IF SEX2=7,9]

**XX6.** Thank you for your time, your number may be selected for another survey in the future.

1 Continue [ASSIGN DISPO R3]

[ASK IF CADULT=1]

**PVTRES2D.** Do you live in a private residence?

**READ ONLY IF NECESSARY: BY PRIVATE RESIDENCE, WE MEAN SOMEPLACE LIKE A HOUSE OR APARTMENT.**



**INTERVIEWER NOTE:** PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 DAYS INCLUDING VACATION HOMES, RV'S OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF PVTRES2=2]

**COLLEGE2.** 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.

**INTERVIEWER NOTE:** IF NO, PROBE TO FIND OUT IF BUSINESS OR GROUP HOME.

1 Yes  
2 No – business  
3 No – group home  
4 Not a safe time / driving [GO TO CALL BACK SCREEN]

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF COLLEGE2=2,3]

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

1 Continue [ASSIGN DISPO M8]

[ASK IF PVTRES2=7,9 OR COLLEGE2=7,9]

**X4.** Thank you very much for your time.

1 Continue [ASSIGN DISPO M8]

[ASK IF PVTRES2=1 OR COLLEGE2=1]

**CSTATE.** Do you currently live in [STATE]?

- 1 Yes
- 2 No
- 3 Not a safe time / driving [GO TO CALL BACK SCREEN]

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF CSTATE=7,9]

**X5.** Thank you very much for your time.

- 1 Continue [ASSIGN DISPO M7]

[ASK IF CSTATE=2]

**RSPSTATE.** In what state do you currently live?

- AL Alabama
- AK Alaska
- AZ Arizona
- AR Arkansas
- CA California
- CO Colorado
- CT Connecticut
- DE Delaware
- DC District of Columbia
- FL Florida
- GA Georgia
- HI Hawaii
- ID Idaho
- IL Illinois
- IN Indiana
- IO Iowa
- KS Kansas
- KY Kentucky
- LA Louisiana
- ME Maine
- MD Maryland
- MA Massachusetts

MI Michigan  
MN Minnesota  
MS Mississippi  
MO Missouri  
MT Montana  
NE Nebraska  
NV Nevada  
NH New Hampshire  
NJ New Jersey  
NM New Mexico  
NY New York  
NC North Carolina  
ND North Dakota  
OH Ohio  
OK Oklahoma  
OR Oregon  
PA Pennsylvania  
RI Rhode Island  
SC South Carolina  
SD South Dakota  
TN Tennessee  
TX Texas  
UT Utah  
VT Vermont  
VA Virginia  
WA Washington  
WV West Virginia  
WI Wisconsin  
WY Wyoming  
66 Guam  
72 Puerto Rico  
78 Virgin Islands  
77 Live outside US and participating territories  
99 Refused

[ASK IF (STATE=FL AND CSTATE=2 AND RSPSTATE=FL)]

**STATEVER.** I'm sorry, I previously recorded that you did not live in [STATE]. I need to go back and correct this inconsistency.

1 Continue [GO BACK TO CSTATE]

[ASK IF RSPSTATE= 99]

**REFSTATE.** I'm sorry, but our data is compiled by state. In order to qualify for the interview we need to know which state you live in. Thank you for your time.

1 Continue [ASSIGN DISPO M7]

[ASK IF RSPSTATE=77]

**REFSTATE2.** Thank you very much, but we are only interviewing persons who live in the United States and Territories.

1 Continue [ASSIGN DISPO M7]

[ASK IF SAMPTYPE=2]

**LANDLINE.** Do you also have a landline telephone in your home that is used to make and receive calls?

**READ ONLY IF NECESSARY: BY LANDLINE TELEPHONE, WE MEAN A REGULAR TELEPHONE IN YOUR HOME THAT IS USED FOR MAKING OR RECEIVING CALLS. PLEASE INCLUDE LANDLINE USED FOR BOTH BUSINESS AND PERSONAL USE.**

**INTERVIEWER NOTE: TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE (INCLUDES VONAGE, MAGIC JAKE AND OTHER HOME-BASED PHONE SERVICES)**

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF PVTRES2=1]

**NUMADULT.** How many members of your household, including yourself, are 18 years of age or older?

RANGE 1-18 [NUMBER BOX]

77 DON'T KNOW/NOT SURE

99 REFUSED

[ASK IF SAMPTYPE=2]

**SVINTRO.** 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 personal information that you provide will not be used to identify you. If you have any questions about the survey, please call [DEPTPHONE].

**INTERVIEWER NOTE:** The interview takes on average [LENGTH] minutes depending on your answers.

- 1 Continue
- 2 Driving / not a safe time [GO TO CALL BACK SCREEN]
  
- 9 REFUSED [GO TO TERM SCREEN]

## Core Sections

### Section 1: Health Status

---

[ASK ALL]

#### S1Q1. Section 1: Health Status

Would you say that in general your health is —

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair, or
- 5 Poor
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

### Section 2: Healthy Days

---

[ASK ALL]

### S2Q1. Section 2: Healthy Days

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?

**INTERVIEWER:** 88 may be coded if respondent says “never” or “none”. It is not necessary to ask respondents to provide a number if they indicate that this never occurs.

RANGE 1-30 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK ALL]

**S2Q2.** 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?

**INTERVIEWER:** 88 may be coded if respondent says “never” or “none”. It is not necessary to ask respondents to provide a number if they indicate that this never occurs.

RANGE 1-30 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S2Q1 NE 88 OR S2Q2 NE 88]

**S2Q3.** 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?

**INTERVIEWER:** 88 may be coded if respondent says “never” or “none”. It is not necessary to ask respondents to provide a number if they indicate that this never occurs.

RANGE 1-30 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE  
99 REFUSED

### Section 3: Healthcare Access

---

[ASK ALL]

#### **S3Q1. Section 3: Healthcare Access**

What is the current primary source of your health insurance?

**Interviewer:** If respondent has multiple sources of insurance, ask for the one used most often.

**Interviewer:** If respondent gives the name of a health plan rather than the type of coverage, ask whether this is insurance purchased independently, through their employer, or whether it is through Medicaid or CHIP.

#### **READ IF NECESSARY:**

- 01 A plan purchased through an employer or union (including plans purchased through another person's employer)
- 02 A private nongovernmental plan that you or another family member buys on your own
- 03 Medicare
- 04 Medigap
- 05 Medicaid
- 06 Children's Health Insurance Program (CHIP)
- 07 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP-VA
- 08 Indian Health Service
- 09 State sponsored health plan
- 10 Other government program
- 88 No coverage of any type
  
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK ALL]

**S3Q2.** Do you have one person or a group of doctors that you think of as your personal 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?”

If yes say: “Is that one person or more than one person, who you think of as your personal doctor or health care provider?”

**NOTE:** If the respondent had multiple doctor groups then it would be more than one. If they had more than one doctor in the same group, it would be one.

- 1 Yes, only one
- 2 More than one
- 3 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK ALL]

**S3Q3.** Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK ALL]

**S3Q4.** About how long has it been since you last visited a doctor for a routine checkup?

**READ IF NECESSARY:** A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition.

**READ LIST 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

- 8 NEVER



7 DON'T KNOW  
9 REFUSED

#### Section 4: Exercise

---

[ASK ALL]

##### **S4Q1. Section 4: Exercise**

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

**INTERVIEWER:** If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do.

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

#### Section 5: Hypertension Awareness

---

[ASK ALL]

##### **S5Q1. Section 5: Hypertension Awareness**

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

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

**INTERVIEWER READ IF NECESSARY:** By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.

1 Yes  
2 Yes, but female told only during pregnancy  
3 No  
4 Told borderline high or pre-hypertensive or elevated blood pressure

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF S5Q1=2 AND HGENDER=1]

**S5Q1A. INTERVIEWER:** You recorded that the respondent was told by a doctor, nurse, or other health professional that she had high blood pressure. Are you sure? The respondent selected was a male.

You have to go back and correct this INCONSISTENCY ERROR.

1 GO BACK [GO TO S5Q1]

[ASK IF S5Q1=1]

**S5Q2.** Are you currently taking prescription medicine for your high blood pressure?

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

## Section 6: Cholesterol Awareness

---

[ASK ALL]

**S6Q1. Section 6: Cholesterol Awareness**

Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your cholesterol checked?

1 Never  
2 Within the past year (anytime less than one year ago)  
3 Within the past 2 years (1 year but less than 2 years ago)  
4 Within the past 3 years (2 years but less than 3 years ago)  
5 Within the past 4 years (3 years but less than 4 years ago)  
6 Within the past 5 years (4 years but less than 5 years ago)  
8 5 or more years ago

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S6Q1=2,3,4,5,6,8]

**S6Q2.** Have you ever been told by a doctor, nurse or other health professional that your cholesterol is high?

**INTERVIEWER READ IF NECESSARY:** By other health professional we mean nurse practitioner, a physician assistant, or some other health professional.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S6Q1=2,3,4,5,6,8]

**S6Q3.** Are you currently taking medicine prescribed by your doctor or other health professional for your cholesterol?

**INTERVIEWER:** If respondent questions why they might take drugs without having high cholesterol read: "Doctors might prescribe statin for those without high cholesterol but with atherosclerotic cardiovascular disease risk."

1 Yes

2 No

7 DON'T KNOW

9 REFUSED

## Section 7: Chronic Health Conditions

---

[ASK ALL]

**S7Q1. Section 7: Chronic Health Conditions**

Has a doctor, nurse, or other health professional ever told you that you had any of the following?  
For each, tell me yes, no, or you're not sure.

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

1 Yes  
2 No  
  
7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

**S7Q2.** (Ever told you had) angina or coronary heart disease?

1 Yes  
2 No  
  
7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

**S7Q3.** (Ever told you had) a stroke?

1 Yes  
2 No  
  
7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

**S7Q4.** (Ever told you had) asthma?

1 Yes  
2 No  
  
7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF S7Q4=1]

**S7Q5.** Do you still have asthma?

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

**S7Q6.** (Ever told you had) skin cancer?

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

**S7Q7.** (Ever told you had) any other types of cancer?

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

**S7Q8.** (Ever told you had) C.O.P.D. (chronic obstructive pulmonary disease), emphysema or chronic bronchitis?

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

**S7Q9.** (Ever told) you had a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

**S7Q10.** Not including kidney stones, bladder infection, or incontinence, were you ever told you had kidney disease?

**READ IF NECESSARY:** Incontinence is not being able to control urine flow.

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK ALL]

**S7Q11.** (Ever told you had) diabetes?

**INTERVIEWER:** 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 04.

- 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

[ASK IF HGENDER=1 AND S7Q11=2]

**S7Q11A. INTERVIEWER:** You recorded that the respondent was told by a doctor during pregnancy that she had diabetes. Are you sure? The respondent selected was male.

You have to go back and correct this INCONSISTENCY ERROR.

- 01 GO BACK [GO TO S7Q11]

## Module 1: Prediabetes

---

[ASK IF S7Q11 NE 1 AND CSTATE NE 2]

**MOD1\_1. Module 1: Prediabetes**

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

- 1 Yes
- 2 No
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[IF S7Q11=4 AND CSTATE NE2 THEN AUTO-FILL MOD1\_2=1]

[ASK IF (S7Q11 NE 1,4 AND CSTATE NE 2)]

**MOD1\_2.** Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

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

- 1 Yes
- 2 Yes, during pregnancy
- 3 No
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF HGENDER=1 AND MOD1\_2=2]

**MOD1\_2A. INTERVIEWER:** You recorded that the respondent was told by a doctor during pregnancy that she had pre-diabetes or borderline diabetes. Are you sure? The respondent selected was male.

You have to go back and correct this INCONSISTENCY ERROR.

- 1 Go Back [GO BACK TO MOD1\_2]

[ASK IF S7Q11=1]

**S7Q12.** How old were you when you were told you had diabetes?

RANGE 0-97 [NUMBER BOX]

- 98 DON'T KNOW / NOT SURE
- 99 REFUSED

## Module 2: Diabetes

[ASK IF S7Q11=1 AND CSTATE NE 2]

### MOD2\_1. Module 2: Diabetes

Are you now taking insulin?

- 1 Yes
- 2 No
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF (S7Q11=1 AND CSTATE NE 2)]

### MOD2\_2. About how often do you check your blood for glucose or sugar?

**READ IF NECESSARY:** Include times when checked by a family member or friend, but do not include times when checked by a health professional.

**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.'

- 1 \_\_ Times per day (RANGE 101-199)
- 2 \_\_ Times per week (RANGE 201-299)
- 3 \_\_ Times per month (RANGE 301-399)
- 4 \_\_ Times per year (RANGE 401-499) [NUMBER BOX]

- 888 Never
- 777 DON'T KNOW / NOT SURE
- 999 REFUSED

[ASK IF MOD2\_2=105-120 OR MOD2\_2=205-220 OR MOD2\_2=305-390]

**MOD2\_2A.** I am sorry, but you said that you check your blood [MOD2\_2] times per [MOD2\_2].

Is this information correct?

- 1 Yes, correct as is
- 2 No, re-ask question [GO BACK TO MOD2\_2]



[ASK IF (S7Q11=1 AND CSTATE NE 2)]

**MOD2\_3.** Including times when checked by a family member or friend, about how often do you check your feet for any sores or irritations?

- 1 \_\_ Times per day (RANGE 101-199)
- 2 \_\_ Times per week (RANGE 201-299)
- 3 \_\_ Times per month (RANGE 301-399)
- 4 \_\_ Times per year (RANGE 401-499) [NUMBER BOX]

- 555 No feet
- 888 Never
- 777 DON'T KNOW / NOT SURE
- 999 REFUSED

[ASK IF MOD2\_3=105-120 OR MOD2\_3=205-220 OR MOD2\_3=305-390]

**MOD2\_3A.** I am sorry, but you said that you check your feet for sores or irritations [MOD2\_3] times per [MOD2\_3]. Is this information correct?

- 1 Yes, correct as is
- 2 No, re-ask question [GO BACK TO MOD2\_3]

[ASK IF S7Q11=1 and CSTATE NE 2]

**MOD2\_4:** About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

**INTERVIEWER NOTE: ENTER 76 FOR 76 TIMES OR MORE**

RANGE 1-76 [NUMBER BOX]

- 88 None
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF MOD2\_4=52-76]

**MOD2\_4A:** I am sorry, but you said that you have seen a health professional [MOD2\_4] times in the past 12 months. Is this correct?

- 1 Yes, correct as is
- 2 No, re-ask question [GO BACK TO MOD2\_4]

[ASK IF S7Q11=1 AND CSTATE NE 2]

**MOD2\_5.** About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?

**READ IF NECESSARY:** A test for A one C measures the average level of blood sugar over the past three months.

RANGE 1-76 [NUMBER BOX]

88 None  
98 Never heard of A one C test  
77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S7Q11=1 AND MOD2\_3 NE 555 AND CSTATE NE 2]

**MOD2\_6.** About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

RANGE 1-76 [NUMBER BOX]

88 None  
77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S7Q11=1 AND CSTATE NE 2]

**MOD2\_7.** When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?

**READ ONLY IF NECESSARY:**

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

**DO NOT READ:**

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

[ASK IF S7Q11=1 AND CSTATE NE 2]

**MOD2\_8.** Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

- 1 Yes
- 2 No
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S7Q11=1 AND CSTATE NE 2]

**MOD2\_9.** Have you ever taken a course or class in how to manage your diabetes yourself?

- 1 Yes
- 2 No
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK ALL]

**LANG1. INTERVIEWER: DO NOT ASK QUESTION:**

IN WHAT LANGUAGE WAS THIS INTERVIEW COMPLETED?

- 1 ENGLISH
- 2 SPANISH

## Section 8: Arthritis

---

[ASK ALL]

**S8Q1. Section 8: Arthritis**

Has a doctor, nurse, or other health professional ever told you that you had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

- 1 Yes
- 2 No
  
- 7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S8Q1=1]

**S8Q2.** Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?

**INTERVIEWER NOTE:** IF THE RESPONDENT IS UNCLEAR ABOUT WHETHER THIS MEANS INCREASE OR DECREASE IN PHYSICAL ACTIVITY, THIS MEANS INCREASE.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S8Q1=1]

**S8Q3.** Have you ever taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S8Q1=1]

**S8Q4.** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

**INTERVIEWER NOTE:** If a respondent question arises about medication, say "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S8Q1=1]

**S8Q5.** In the next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do or the amount of work you do?

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

**INTERVIEWER NOTE:** If a question arises about medications or treatment, say “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S8Q1=1]

**S8Q6.** 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 on a scale of 0 to 10 where 0 is no pain and 10 is pain or aching as bad as it can be.

RANGE 0-10 [NUMBER BOX]

77 DON'T KNOW / NOT SURE

99 REFUSED

## Section 9: Demographics

---

[ASK ALL]

**S9Q1. Section 9: Demographics**

What is your age?

RANGE 18-99 [NUMBER BOX]

07 DON'T KNOW / NOT SURE

09 REFUSED

[ASK IF S7Q12>S9Q1 AND S9Q1<> 07,09 AND S7Q12 NE 98,99]

**S9Q1CHK.** You said you are [S9Q1] years of age and told you had diabetes at age [S7Q12]. I must correct this inconsistency.

1 GO BACK [GO TO S9Q1]

[ASK ALL]

**S9Q2.** Are you Hispanic, Latino/a, or Spanish origin?

1 No, not of Hispanic, Latino/a, or Spanish origin  
2 Yes

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF S9Q2=2]

[MUL=4]

**S9Q2B.** 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

7 DON'T KNOW / NOT SURE [EXCLUSIVE]  
9 REFUSED [EXCLUSIVE]

[DATA PROCESSING NOTE: CDC lists this as one question, s9q2 response 5= not Hispanic, 1-4 hispanic options. Deliver based on CDC layout]

[ASK ALL]

[MUL=6]

**S9Q3.** Which one or more of the following would you say is your race?

**INTERVIEWER NOTE:** Select all that apply.

10 White  
20 Black or African American

- 30 American Indian or Alaska Native
- 40 Asian
- 50 Pacific Islander
  
- 60 OTHER
- 77 DON'T KNOW / NOT SURE [EXCLUSIVE]
- 99 REFUSED [EXCLUSIVE]

[ASK IF S9Q3=40]

[MUL=9]

**S9Q3A.** Is that ...

**INTERVIEWER NOTE:** Select all that apply.

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian
  
- 60 Other
- 77 DON'T KNOW / NOT SURE [EXCLUSIVE]
- 99 REFUSED [EXCLUSIVE]

[ASK IF S9Q3=50]

[MUL=5]

**S9Q3PI.** Is that...

**INTERVIEWER NOTE:** Select all that apply.

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander
  
- 60 Other
- 77 DON'T KNOW / NOT SURE [EXCLUSIVE]
- 99 REFUSED [EXCLUSIVE]

[ASK IF NBR(S9Q3)>1]

[HIDE RESPONSES NOT SELECTED IN S9Q3 AND DISPLAY 60, 77, 99]

**S9Q4.** Which one of these groups would you say best represents your race?

**INTERVIEWER NOTE:** If respondent has selected multiple races in previous and refuses to select a single race, code "refused."

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
- 50 Pacific Islander
  
- 60 Other
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF NBR(S9Q3A)>1 AND (NBR(S9Q3)=1 OR S9Q4=40)]

[HIDE RESPONSES NOT SELECTED IN S9Q3A AND DISPLAY 77, 99]

[IF S9Q3A NE MUL AND S9Q4=40, AUTO PUNCH S9Q3A RESPONSE]

**S9Q4A.** Is that...

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian
  
- 60 Other
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF NBR(S9Q3PI)>1 AND (NBR(S9Q3)=1 OR S9Q4=50)]

[HIDE RESPONSES NOT SELECTED IN S9Q3PI AND DISPLAY 77,99]

[IF S9Q3PI NE MUL AND S9Q4=50, AUTO PUNCH S9Q4PI RESPONSE]

**S9Q4PI.** Is that...



- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander
  
- 60 Other
- 77 DON'T KNOW/ NOT SURE
- 99 REFUSED

[ASK ALL]

**S9Q5.** Are you...?

**PLEASE READ:**

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

[ASK ALL]

**S9Q6.** 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

[ASK ALL]

**S9Q7.** Do you own or rent your home?

**INTERVIEWER READ IF NECESSARY:** We ask this question in order to compare health indicators among people with different housing situations.

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

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

- 1 Own
- 2 Rent
- 3 Other arrangement
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**FL State-Added Section: County**

[ASK IF STATE=FL AND CSTATE NE 2]

**FL\_CNTY. State-Added Section: County**

In what county do you currently live?

- 001 Alachua County
- 003 Baker County
- 005 Bay County
- 007 Bradford County
- 009 Brevard County
- 011 Broward County
- 013 Calhoun County
- 015 Charlotte County
- 017 Citrus County
- 019 Clay County
- 021 Collier County
- 023 Columbia County
- 025 Dade County
- 027 DeSoto County
- 029 Dixie County
- 031 Duval County
- 033 Escambia County
- 035 Flagler County
- 037 Franklin County
- 039 Gadsden County
- 041 Gilchrist County

|     |                       |
|-----|-----------------------|
| 043 | Glades County         |
| 045 | Gulf County           |
| 047 | Hamilton County       |
| 049 | Hardee County         |
| 051 | Hendry County         |
| 053 | Hernando County       |
| 055 | Highlands County      |
| 057 | Hillsborough County   |
| 059 | Holmes County         |
| 061 | Indian River County   |
| 063 | Jackson County        |
| 065 | Jefferson County      |
| 067 | Lafayette County      |
| 069 | Lake County           |
| 071 | Lee County            |
| 073 | Leon County           |
| 075 | Levy County           |
| 077 | Liberty County        |
| 079 | Madison County        |
| 081 | Manatee County        |
| 083 | Marion County         |
| 085 | Martin County         |
| 087 | Monroe County         |
| 089 | Nassau County         |
| 091 | Okaloosa County       |
| 093 | Okeechobee County     |
| 095 | Orange County         |
| 097 | Osceola County        |
| 099 | Palm Beach County     |
| 101 | Pasco County          |
| 103 | Pinellas County       |
| 105 | Polk County           |
| 107 | Putnam County         |
| 109 | St. Johns County      |
| 111 | St. Lucie County      |
| 113 | Santa Rosa County     |
| 115 | Sarasota County       |
| 117 | Seminole County       |
| 119 | Sumter County         |
| 121 | Suwannee County       |
| 123 | Taylor County         |
| 125 | Union County          |
| 127 | Volusia County        |
| 129 | Wakulla County        |
| 131 | Walton County         |
| 133 | Washington County     |
| 777 | Don't Know / Not Sure |

999 Refused

[ASK IF STATE=FL AND CSTATE NE 2]

**S9Q8.** Aggregated state-specific county response

FL [FL\_CNTY]

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF STATE=FL AND S9Q8 NE 77,99 AND CSTATE NE 2]

**S9Q8C.** I just want to confirm, you said you live in the county of [S9Q8]. Is that correct?

1 Yes, correct county

2 No, incorrect county [GO BACK TO FL\_cnty]

[ASK IF CSTATE=2]

**CNTY.** In what county do you currently live?

1 Gave Response [TEXT BOX]

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

**S9Q9.** What is the ZIP Code where you currently live?

RANGE 00000-99999 [NUMBER BOX]

77777 DON'T KNOW / NOT SURE

99999 REFUSED

[ASK IF S9Q9 NE 77777,99999]

**S9Q9C.** I just want to confirm, you said your zip code is [S9Q9]. Is that correct?

1 Yes, correct zip code

2 No, incorrect zip code [GO BACK TO S9Q9]

[ASK IF SAMPTYPE=1]

**S9Q10.** Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household?

- 1 Yes
- 2 No
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S9Q10=1 AND SAMPTYPE=1]

**S9Q11.** How many of these telephone numbers are residential numbers?

RANGE 1-5 [NUMBER BOX]

- 6 6 or more
- 7 DON'T KNOW / NOT SURE
- 8 None
- 9 REFUSED

[ASK ALL]

**S9Q12.** How many cell phones do you have for personal use?

**INTERVIEWER NOTE:** Include cell phones used for both business and personal use.

RANGE 1-5 [NUMBER BOX]

- 6 Six or more
  
- 7 DON'T KNOW / NOT SURE
- 8 NONE
- 9 REFUSED

[ASK ALL]

**S9Q13.** 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.

- 1 Yes
- 2 No
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK ALL]

**S9Q14.** Are you currently...?

**INTERVIEWER NOTE:** If more than one, say “Select the category which best describes you”.

**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
  
- 9 REFUSED

## Module 24: Industry and Occupation

[ASK IF S9Q14=1,2,4 AND CSTATE NE 2]

**MOD24\_1. Module 24: Industry and Occupation**

What kind of work [IF S9Q14=1,2 INSERT “do”; IF S9Q14=4 INSERT “did”] you do? For example, registered nurse, janitor, cashier, auto mechanic.

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

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

01 Enter Response [TEXT BOX]

99 REFUSED

[ASK IF S9Q14=1,2,4 AND CSTATE NE 2]

**MOD24\_2.** What kind of business or industry [IF S9Q14=1,2 INSERT "do"; IF S9Q14=4 INSERT "did"] you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.

**INTERVIEWER NOTE:** IF RESPONSE IS "health care", ASK: "What sector of health care is that? For example a hospital, health clinic, or nursing home?"

**INTERVIEWER NOTE:** IF RESPONSE IS "manufacturing", ASK "What does the business manufacture?"

01 Enter Response [TEXT BOX]

99 REFUSED

[ASK ALL]

**S9Q15.** How many children less than 18 years of age live in your household?

RANGE 1-87 [NUMBER BOX]

88 NONE

99 REFUSED

[ASK IF S9Q15=1-87]

**S9Q15CHK.** Just to be sure - you have [S9Q15] [IF S9Q15=1 INSERT "child"; IF S9Q15=2-87 INSERT "children"] under 18 living in your household. Is that correct?

1 Yes

2 No [GO BACK TO S9Q15]

9 REFUSED

[ASK ALL]

**S9Q16A.** Is your annual household income from all sources –

Less than \$35,000 (\$25,000 to less than \$35,000)?

**READ ONLY IF NECESSARY: Is your annual household income from all sources—**

01 Yes  
02 No

77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S9Q16A=01]

**S9Q16B.** Less than \$25,000 (\$20,000 to less than \$25,000)?

**INTERVIEWER NOTE: If respondent refuses at any income level, code '99' (refused)**

01 Yes  
02 No

77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S9Q16B=01]

**S9Q16C.** Less than \$20,000 (\$15,000 to less than \$20,000)?

**READ ONLY IF NECESSARY: Is your annual household income from all sources—**

01 Yes  
02 No

77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S9Q16C=01]

**S9Q16D.** Less than \$15,000 (\$10,000 to less than \$15,000)?

**READ ONLY IF NECESSARY: Is your annual household income from all sources—**

01 Yes  
02 No



77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S9Q16D=01]

**S9Q16E.** Less than \$10,000?

**READ ONLY IF NECESSARY:** Is your annual household income from all sources—

01 Yes  
02 No

77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S9Q16A=02]

**S9Q16F.** Less than \$50,000 (\$35,000 to less than \$50,000)?

**READ ONLY IF NECESSARY:** Is your annual household income from all sources—

01 Yes  
02 No

77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S9Q16F=02]

**S9Q16G.** Less than \$75,000 (\$50,000 to less than \$75,000)?

**READ ONLY IF NECESSARY:** Is your annual household income from all sources—

01 Yes  
02 No

77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S9Q16G=02]

**S9Q16H.** Less than \$100,000 (\$75,000 to less than \$100,000)?

**READ ONLY IF NECESSARY: Is your annual household income from all sources—**

- 01 Yes
- 02 No
  
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF S9Q16H=02]

**S9Q16I.** Less than \$150,000 (\$100,000 to less than \$150,000)?

**READ ONLY IF NECESSARY: Is your annual household income from all sources—**

- 01 Yes
- 02 No
  
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF S9Q16I=02]

**S9Q16J.** Less than \$200,000 (\$150,000 to less than \$200,000)?

**READ ONLY IF NECESSARY: Is your annual household income from all sources—**

- 01 Yes
- 02 No
  
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF S9Q16J=02]

**S9Q16K.** \$200,000 or more?

**READ ONLY IF NECESSARY: Is your annual household income from all sources—**

- 01 Yes
- 02 No
  
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

SET S9Q16=01 IF S9Q16E=01  
SET S9Q16=02 IF S9Q16E=02  
SET S9Q16=03 IF S9Q16D=02  
SET S9Q16=04 IF S9Q16C=02  
SET S9Q16=05 IF S9Q16B=02  
SET S9Q16=06 IF S9Q16F=01  
SET S9Q16=07 IF S9Q16G=01  
SET S9Q16=08 IF S9Q16H=01  
SET S9Q16=09 IF S9Q16I=01  
SET S9Q16=10 IF S9Q16J=01 OR IF S9Q16K=02  
SET S9Q16=11 IF S9Q16K=01  
SET S9Q16=77 IF ANY S9Q16A-S9Q16K=77  
SET S9Q16=99 IF ANY S9Q16A-S9Q16K=99

[ASK ALL]

**S9Q16.** Aggregated response to income question

05 Less than \$35,000 (\$25,000 to less than \$35,000)  
04 Less than \$25,000 (\$20,000 to less than \$25,000)  
03 Less than \$20,000 (\$15,000 to less than \$20,000)  
02 Less than \$15,000 (\$10,000 to less than \$15,000)  
01 Less than \$10,000  
06 Less than \$50,000 (\$35,000 to less than \$50,000)  
07 Less than \$75,000 (\$50,000 to less than \$75,000)  
08 Less than \$100,000 (\$75,000 to less than \$100,000)  
09 Less than \$150,000 (\$100,000 to less than \$150,000)  
10 Less than \$200,000 (\$150,000 to less than \$200,000)  
11 \$200,000 or more  
  
77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S9Q16 NE 77,99]

**S9Q16AA.** Your Annual Household Income is [S9Q16]. Is This Correct?

- 1 Yes, correct as is.
- 2 No, re-ask question [GO BACK TO S9Q16A]

[ASK IF HGENDER=2 AND S9Q1=18-49]

**S9Q17.** To your knowledge, are you now pregnant?

- 1 Yes
- 2 No
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK ALL]

**PS9Q18.** About how much do you weigh without shoes?

**INTERVIEWER NOTE: ENTER "P" FOR WEIGHT GIVEN IN POUNDS OR ENTER "K" FOR WEIGHT GIVEN IN KILOGRAMS**

- P Pounds
- K Kilograms
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF PS9Q18=P]

**S9Q18.** About how much do you weigh without shoes?

**INTERVIEWER NOTE: Round fractions up**

RANGE 50-999 [NUMBER BOX]

- 7777 DON'T KNOW / NOT SURE
- 9999 REFUSED

[ASK IF S9Q18=50-79 OR S9Q18=351-776]

**S9Q18\_A.** Just to double-check, you indicated [S9Q18] pounds as your weight. IS THIS CORRECT?

- 1 Yes
- 2 No [GO BACK TO S9Q18]

[ASK IF PS9Q18=K]

**S9Q18M.** About how much do you weigh without shoes?

**INTERVIEWER NOTE:** Round fractions up

RANGE 23-352 [NUMBER BOX]

7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[ASK IF S9Q18M=23-352 AND PS9Q18=K]

**S9Q18AM.** Just to double-check, you indicated [S9Q18M] kilograms as your weight. IS THIS CORRECT?

1 Yes  
2 No [GO BACK TO S9Q18M]

[ASK ALL]

**PS9Q19.** About how tall are you without shoes?

**INTERVIEWER NOTE:** ENTER "F" FOR HEIGHT GIVEN IN FEET OR ENTER "M" FOR HEIGHT GIVEN IN CENTIMETERS

F Feet  
M Centimeters

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF PS9Q19=F]

**S9Q19.** About how tall are you without shoes?

**INTERVIEWER NOTE:** Round fractions down. Enter height in Feet and Inches Ex: 5 feet 9 inches would be entered as 509

RANGE 300-311, 400-411, 500-511, 600-611, 700-711 [NUMBER BOX]

7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[ASK IF S9Q19=300-407 OR S9Q19=609-711]

**S9Q19A.** Just to double check, you indicated you are [S9Q19] FEET / INCHES TALL. IS THIS CORRECT?

- 1 Yes
- 2 No [GO BACK TO S9Q19]

[ASK IF PS9Q19=M]

**S9Q19M.** About how tall are you without shoes?

**INTERVIEWER NOTE:** Round fractions up. Enter height in centimeters. Ex: 2 meters 5 centimeters would be entered as 205

RANGE 90-254 [NUMBER BOX]

- 7777 DON'T KNOW / NOT SURE
- 9999 REFUSED

[ASK IF S9Q19M=90-254 AND PS9Q19=M]

**S8Q19AM.** Just to double check, you indicated you are [S9Q19M] centimeters tall. IS THIS CORRECT?

- 1 Yes
- 2 No [GO BACK TO S9Q19M]

## Section 10: Disability

[ASK ALL]

**S10Q1. Section 10: Disability**

Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone.

Are you deaf or do you have serious difficulty hearing?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

**S10Q2.** Are you blind or do you have serious difficulty seeing, even when wearing glasses?

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

**S10Q3.** Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

**S10Q4.** Do you have serious difficulty walking or climbing stairs?

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

**S10Q5.** Do you have difficulty dressing or bathing?

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

**S10Q6.** Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- 1 Yes
- 2 No
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

### Section 11: Tobacco Use

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[ASK ALL]

**S11Q1. Section 11: Tobacco Use**

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

**INTERVIEWER NOTE:** Do not include: electronic cigarettes (e-cigarettes, njoy, bluetin, JUUL), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana.

**INTERVIEWER NOTE:** 5 packs = 100 cigarettes

- 1 Yes
- 2 No
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S11Q1=1]

**S11Q2.** Do you now smoke cigarettes every day, some days, or not at all?

- DO NOT READ:**
- 1 Every day
  - 2 Some days
  - 3 Not at all
  
  - 7 DON'T KNOW / NOT SURE
  - 9 REFUSED



## Module 22: Tobacco Cessation

[ASK IF S11Q1=1 AND S11Q2=3 AND CSTATE NE 2]

### MOD22\_1. Module 22: Tobacco Cessation

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

**READ ONLY IF NECESSARY:**

- 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

**DO NOT READ:**

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF S11Q2=1,2 AND CSTATE NE 2]

**MOD22\_2.** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK ALL]

**S11Q3.** Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

**READ IF NECESSARY:** Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.

**DO NOT READ:**

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

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK ALL]

**S11Q4.** Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?

**READ IF NECESSARY:** Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery powered and usually contain nicotine and flavors such as fruit, mint, or candy. Brands you may have heard of are JUUL, NJOY, or blu.

**INTERVIEWER NOTE:** These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.

**DO NOT READ**

- 1 Every day
- 2 Some days
- 3 Not at all
- 4 Never used e-cigs

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**FL State Added Section 1: E-Cigarette**

[ASK IF MOD22\_1=01 AND S11Q4=1 AND STATE=FL AND CSTATE NE 2]

**FL1\_1. State Added Section X: E-Cigarette**

The last time you tried to quit smoking, did you switch to e-cigarettes or other electronic 'vaping' products?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

## Section 12: Alcohol Consumption

[ASK ALL]

### S12Q1. Section 12: Alcohol Consumption

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?

**READ IF NECESSARY:** A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

1\_\_ Days per week (RANGE 101-107)

2\_\_ Days in past 30 days (RANGE 201-230) [NUMBER BOX]

888 No drinks in past 30 days  
777 DON'T KNOW / NOT SURE  
999 REFUSED

[ASK IF S12Q1 NE 888,777,999]

**S12Q2.** 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?

**INTERVIEWER READ ONLY IF NECESSARY:** A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

RANGE 1-76 [NUMBER BOX]

88 None  
77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S12Q2=12-76]

**S12Q2A.** I am sorry, you just said that you consume [S12Q2] drinks per day. Is that correct?

1 Correct as is

2 No, Re-ask question [GO BACK TO S12Q2]

[ASK IF S12Q1 NE 888,777,999]

**S12Q3.** Considering all types of alcoholic beverages, how many times during the past 30 days did you have [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks on an occasion?

RANGE 1-76 [NUMBER BOX]

88 NO DAYS  
77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S12Q3=16-76]

**S12Q3A.** I am sorry, you said that in the past month there were [S12Q3] occasions when you had [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks. Is this correct?

1 Correct as is  
2 No, Re-ask question [GO BACK TO S12Q3]

[ASK IF S12Q1 NE 888,777,999]

**S12Q4.** During the past 30 days, what is the largest number of drinks you had on any occasion?

RANGE 1-76 [NUMBER BOX]

77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S12Q4=16-76]

**S12Q4A.** I am sorry, you said that in the past 30 days you had [S12Q4] drinks on one occasion. Is this correct?

1 Correct as is  
2 No, Re-ask question [GO BACK TO S12Q4]

[ASK IF (S12Q3=88 AND HGENDER=2 AND S12Q4=4-76) OR (S12Q3=88 AND HGENDER=1 AND S12Q4=5-76)]

**S12Q4B.** I'm sorry, but previously you said that you did not have [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks on an occasion. Is this correct?

- 1 Correct as is
- 2 No, Re-ask question [GO BACK TO S12Q4]

[ASK IF (S12Q3=1-76 AND HGENDER=2 AND S12Q4=1-3) OR (S12Q3=1-76 AND HGENDER=1 AND S12Q4=1-4)]

**S12Q4C.** I'm sorry, but previously you said that you had [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks on an occasion. And you've said that in the past 30 days you had a maximum of [S12Q4] drinks on one occasion. Is this correct?

- 1 Correct as is
- 2 No, Re-ask question [GO BACK TO S12Q3]

### Section 13: Immunization

[ASK ALL]

#### **S13Q1. Section 13: Immunization**

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

**READ ONLY 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
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S13Q1=1]

**S13Q2M.** During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm?

- 01 January
- 02 February
- 03 March
- 04 April
- 05 May
- 06 June

07 July  
08 August  
09 September  
10 October  
11 November  
12 December

Code MONTH (RANGE 01-12) [NUMBER BOX]

77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S13Q1=1]

**S13Q2Y.**

Code YEAR (RANGE 2020-2021) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[ASK IF S13Q1=1 AND S13Q2M<CMONTH AND S13Q2Y<CYEAR]

**S13Q2CHK.** I'm sorry, but you said you had a flu vaccination within the past 12 months, but you have just given me a date for your most recent vaccination that is more than 12 months ago. Have you had a flu vaccination within the past 12 months?

1 Yes [GO BACK TO S13Q2M]  
2 No

[ASK IF S13Q2Y=CYEAR AND S13Q2M>CMONTH AND NOT(S13Q2M=77,99)]

**S13Q2CHK2.** I'm sorry, but you said you had a flu vaccination within the past 12 months, but you have just given me a date for your most recent vaccination that is in the future. I must go back and correct this inconsistency.

1 CONTINUE [GO BACK TO S13Q2M]

[ASK IF S13Q1=1 AND CSTATE NE 2 AND S13Q2CHK NE 2]

**S13Q3.** At what kind of place did you get your last flu shot or vaccine?

**READ IF NECESSARY:** How would you describe the place where you went to get your most recent flu vaccine?

**INTERVIEWER NOTE:** If the respondent indicates that it was a drive through immunization site, ask the location of the site. If the respondent remembers only that it was drive through and cannot identify the location, code “12”.

**READ IF NECESSARY:**

- 01 A doctor’s office or health maintenance organization (HMO)
- 02 A health department
- 03 Another type of clinic or health center (a community health center)
- 04 A senior, recreation, or community center
- 05 A store (supermarket, drug store)
- 06 A hospital (inpatient)
- 07 An emergency room
- 08 Workplace
- 09 Some other kind of place
- 11 A school

**DO NOT READ:**

- 12 A drive through location at some other place than listed above
- 10 RECEIVED VACCINATION IN CANADA/MEXICO
- 77 DON’T KNOW / NOT SURE
- 99 REFUSED

[ASK ALL]

**S13Q4.** Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

**READ IF NECESSARY:** There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and conjugate, also known as Prevnar.

- 1 Yes
- 2 No
  
- 7 DON’T KNOW / NOT SURE
- 9 REFUSED

**Section 14: H.I.V./AIDS**

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[ASK ALL]

**S14Q1. Section 14: H.I.V./AIDS**

Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for H.I.V.?

**INTERVIEWER NOTE:** 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.

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF S14Q1=1]

**S14Q2M.** Not including blood donations, in what month and year was your last H.I.V. test?

**INTERVIEWER NOTE:** If response is before January 1985, code "Don't know."

**INTERVIEWER NOTE:** 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.

01 January  
02 February  
03 March  
04 April  
05 May  
06 June  
07 July  
08 August  
09 September  
10 October  
11 November  
12 December

Code MONTH (RANGE 01-12) [NUMBER BOX]

77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S14Q1=1]



**S14Q2Y.**

Code YEAR (RANGE 1985-2021) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE

9999 REFUSED

[ASK IF S14Q2Y=CYEAR AND S14Q2M&gt;CMONTH AND NOT(S14Q2M=77,99)]

**S14Q2CHK.** I'm sorry, but you said you had a H.I.V. test within the past 12 months, but you have just given me a date for your most recent test that is in the future. I must go back and correct this inconsistency.

1 CONTINUE [GO BACK TO S14Q2M]

**Section 15: Fruits and Vegetables**

[ASK ALL]

**S15Q1. Section 15: Fruits and Vegetables**

Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.

Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month.

**READ IF RESPONDENT ASKS WHAT TO INCLUDE OR SAYS 'I DON'T KNOW':** "Include fresh, frozen or canned fruit. Do not include dried fruits."

**INTERVIEWER NOTE:** If a respondent indicates that they consume a food item every day then enter the number of times per day. If the respondent indicates that they eat a food less than daily, then enter times per week or times per month. **Do not enter times per day unless the respondent reports that he/she consumed that food item each day during the past month.**

**INTERVIEWER NOTE:** Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "was that per day, week, or month?"

1\_\_ Day (RANGE 101-199)

2\_\_ Week (RANGE 201-299)

3\_\_ Month (RANGE 301-399) [NUMBER BOX]

300 Less than once a month  
555 Never  
777 DON'T KNOW / NOT SURE  
999 REFUSED

[ASK ALL]

**S15Q2.** Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?

**READ IF RESPONDENT ASKS ABOUT EXAMPLES OF FRUIT-FLAVORED DRINKS:** “Do not include fruit-flavored drinks with added sugar like cranberry cocktail, Hi-C, lemonade, Kool-Aid, Gatorade, Tampico, and Sunny Delight. Include only 100% pure juices or 100% juice blends.”

**INTERVIEWER NOTE:** Enter quantity in times per day, week, or month. If a respondent gives a number without a time frame, ask “Was that per day, week or month?”

- 1\_ \_ Day (RANGE 101-199)
- 2\_ \_ Week (RANGE 201-299)
- 3\_ \_ Month (RANGE 301-399) [NUMBER BOX]

300 Less than once a month  
555 Never  
777 DON'T KNOW / NOT SURE  
999 REFUSED

[ASK ALL]

**S15Q3.** How often did you eat a green leafy or lettuce salad, with or without other vegetables?

**READ IF RESPONDENT ASKS ABOUT SPINACH:** “Include spinach salads.”

**INTERVIEWER NOTE:** Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask “Was that per day, week or month?”

- 1\_ \_ Day (RANGE 101-199)
- 2\_ \_ Week (RANGE 201-299)
- 3\_ \_ Month (RANGE 301-399) [NUMBER BOX]

300 Less than once a month  
555 Never

777 DON'T KNOW / NOT SURE  
999 REFUSED

[ASK ALL]

**S15Q4.** How often did you eat any kind of fried potatoes, including french fries, home fries, or hash browns?

**READ IF RESPONDENT ASKS ABOUT POTATO CHIPS:** "Do not include potato chips"

**INTERVIEWER NOTE:** Enter Quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?"

- 1\_\_ Day (RANGE 101-199)
- 2\_\_ Week (RANGE 201-299)
- 3\_\_ Month (RANGE 301-399) [NUMBER BOX]

300 Less than once a month  
555 Never  
777 DON'T KNOW / NOT SURE  
999 REFUSED

[ASK ALL]

**S15Q5.** How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?

**READ IF RESPONDENT ASKS ABOUT WHAT TYPES OF POTATOES TO INCLUDE:**

"Include all types of potatoes except fried. Include potatoes au gratin and scalloped potatoes."

**INTERVIEWER NOTE:** Enter Quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?"

- 1\_\_ Day (RANGE 101-199)
- 2\_\_ Week (RANGE 201-299)
- 3\_\_ Month (RANGE 301-399) [NUMBER BOX]

300 Less than once a month  
555 Never  
777 DON'T KNOW / NOT SURE  
999 REFUSED

[ASK ALL]

**S15Q6.** Not including lettuce salads and potatoes, how often did you eat other vegetables?

**INTERVIEWER NOTE:** Enter Quantity in times per day, week, or month. If respondent gives a number without a time frame, ask “Was that per day, week, or month?”

- 1\_\_ Day (RANGE 101-199)
- 2\_\_ Week (RANGE 201-299)
- 3\_\_ Month (RANGE 301-399) [NUMBER BOX]

- 300 Less than once a month
- 555 Never
- 777 DON'T KNOW / NOT SURE
- 999 REFUSED

## Optional Modules

### Module 19: Caregiver

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[ASK IF CSTATE NE 2]

**MOD19\_1. Module 19: Caregiver**

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?

**INTERVIEWER NOTE:** If caregiving recipient has died in the past 30 days, code 08 and say: “I’m so sorry to hear of your loss.”

- 1 Yes
- 2 No

- 8 CAREGIVING RECIPIENT DIED IN PAST 30 DAYS
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD19\_1=1 AND CSTATE NE 2]

**MOD19\_2.** What is his or her relationship to you?

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

- 01 Mother
- 02 Father
- 03 Mother-in-law
- 04 Father-in-law
- 05 Child
- 06 Husband
- 07 Wife
- 08 Live in 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

[ASK OF MOD19\_1=1 AND CSTATE NE 2]

**MOD19\_3.** For how long have you provided care for that person? Would you say...

**READ:**

- 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

**DO NOT READ:**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD19\_1=1 AND CSTATE NE 2]

**MOD19\_4.** In an average week, how many hours do you provide care or assistance? Would you say...

**READ:**

- 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

**DO NOT READ:**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD19\_1=1 AND CSTATE NE 2]

**MOD19\_5.** What is the main health problem, long-term illness, or disability that the person you care for has?

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

- 01 Arthritis/Rheumatism
- 02 Asthma
- 03 Cancer
- 04 Chronic respiratory conditions such as Emphysema or COPD
- 05 Alzheimer's disease, Dementia or other Cognitive Impairment Disorder
- 06 Developmental Disabilities such as Autism, Down's Syndrome, and Spina Bifida
- 07 Diabetes
- 08 Heart Disease, Hypertension, Stroke
- 09 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 Injuries, including broken bones
- 14 Old age/infirmity/frailty
- 15 Other

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

ASK IF MOD19\_1=1 AND MOD19\_5=01,02,03,04,06,07,08,09,10,11,12,13,14,15,77,99 AND CSTATE NE 2]

**MOD19\_6.** Does the person you care for also have Alzheimer's disease, dementia or other cognitive impairment disorder?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF MOD19\_1=1 AND CSTATE NE 2]

**MOD19\_7.** In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF MOD19\_1=1 AND CSTATE NE 2]

**MOD19\_8.** In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or preparing meals?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF MOD19\_1=2,7,9 AND CSTATE NE 2]

**MOD19\_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?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

## Module 20: Adverse Childhood Experiences

[ASK IF CSTATE NE 2]

### MOD20\_T. Module 20: Adverse Childhood Experiences

I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age.

**INTERVIEWER NOTE:** Be aware of the level of stress introduced by questions in this section and be familiar with the crisis plan.

1 Continue

[ASK IF CSTATE NE 2]

**MOD20\_1.** Now, looking back before you were 18 years of age--- Did you live with anyone who was depressed, mentally ill, or suicidal?

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF CSTATE NE 2]

**MOD20\_2.** Did you live with anyone who was a problem drinker or alcoholic?

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED



[ASK IF CSTATE NE 2]

**MOD20\_3.** Did you live with anyone who used illegal street drugs or who abused prescription medications?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF CSTATE NE 2]

**MOD20\_4.** Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF CSTATE NE 2]

**MOD20\_5.** Were your parents separated or divorced?

- 1 Yes
- 2 No
- 8 Parents not married

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF CSTATE NE 2]

**MOD20\_6.** How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? Was it --

**PLEASE READ:**

- 1 Never
- 2 Once
- 3 More than Once

**DO NOT READ:**

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF CSTATE NE 2]

**MOD20\_7.** Not including spanking, (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Was it --

**PLEASE READ:**

1 Never  
2 Once  
3 More than Once

**DO NOT READ:**

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF CSTATE NE 2]

**MOD20\_8.** How often did a parent or adult in your home ever swear at you, insult you, or put you down? Was it --

**PLEASE READ:**

1 Never  
2 Once  
3 More than Once

**DO NOT READ:**

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF CSTATE NE 2]

**MOD20\_9.** How often did anyone at least 5 years older than you or an adult, ever touch you sexually? Was it --

**PLEASE READ:**

1 Never  
2 Once  
3 More than Once

**DO NOT READ:**

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF CSTATE NE 2]

**MOD20\_10.** How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? Was it --

**PLEASE READ:**

- 1 Never
- 2 Once
- 3 More than Once

**DO NOT READ:**

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF CSTATE NE 2]

**MOD20\_11.** How often did anyone at least 5 years older than you or an adult, force you to have sex? Was it --

**PLEASE READ:**

- 1 Never
- 2 Once
- 3 More than Once

**DO NOT READ:**

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF CSTATE NE 2]

**MOD20\_12.** For how much of your childhood was there an adult in your household who made you feel safe and protected? Would you say never, a little of the time, some of the time, most of the time, or all of the time?

- 1 Never
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

**DO NOT READ:**

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF CSTATE NE 2]

**MOD20\_13.** For how much of your childhood was there an adult in your household who tried hard to make sure your basic needs were met? Would you say never, a little of the time, some of the time, most of the time, or all of the time?

- 1 Never
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

**DO NOT READ:**

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF CSTATE NE 2]

**MOD20\_C.** Would you like for me to provide a toll-free number for an organization that can provide information and referral for the issues in the last few questions?

- 1 Yes
- 2 No

[ASK IF (MOD20\_C=1 AND CSTATE NE 2)]

**MOD20\_HOT.** Would you like for me to provide a toll-free number for an organization that can provide information and referral for the issues in the last few questions?

Rape, Abuse and Incest National Network Hotline: 1-800-656-HOPE (4673)

- 1 Continue

## Module 25: Random Child Selection

---

[ASK IF S9Q15=1 AND CSTATE NE 2]

**MOD25T1. Module 25: Random Child Selection**

Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.

1 Continue

[ASK IF S9Q15=2-87]

[IF S9Q15=2-87, RANDOMLY SET RNDS9Q15 USING S9Q15 RESPONSE FOR RANDOMIZATION]

**RNDS9Q15.** System Generated Variable: Randomly Selected Child

- 01 first
- 02 second
- 03 third
- 04 fourth
- 05 fifth
- 06 sixth
- 07 seventh
- 08 eighth
- 09 ninth
- 10 tenth
- 11 eleventh
- 12 twelfth
- 13 thirteenth
- 14 fourteenth
- 15 fifteenth
- 16 sixteenth
- 17 seventeenth
- 18 eighteenth
- 19 nineteenth
- 20 twentieth
- 21 twenty-first
- 22 twenty-second
- 23 twenty-third
- 24 twenty-fourth
- 25 twenty-fifth
- 26 twenty-sixth
- 27 twenty-seventh
- 28 twenty-eighth

29 twenty-ninth  
30 thirtieth  
31 thirty-first  
32 thirty-second  
33 thirty-third  
34 thirty-fourth  
35 thirty-fifth  
36 thirty-sixth  
37 thirty-seventh  
38 thirty-eighth  
39 thirty-ninth  
40 fortieth  
41 forty-first  
42 forty-second  
43 forty-third  
44 forty-fourth  
45 forty-fifth  
46 forty-sixth  
47 forty-seventh  
48 forty-eighth  
49 forty-ninth  
50 fiftieth  
51 fifty-first  
52 fifty-second  
53 fifty-third  
54 fifty-fourth  
55 fifty-fifth  
56 fifty-sixth  
57 fifty-seventh  
58 fifty-eight  
59 fifty-ninth  
60 sixtieth  
61 sixty-first  
62 sixty-second  
63 sixty-third  
64 sixty-fourth  
65 sixty-fifth  
66 sixty-sixth  
67 sixty-seventh  
68 sixty-eighth

69 sixty-ninth  
70 seventieth  
71 seventy-first  
72 seventy-second  
73 seventy-third  
74 seventy-fourth  
75 seventy-fifth  
76 seventy-sixth  
77 seventy-seventh  
78 seventy-eighth  
79 seventy-ninth  
80 eightieth  
81 eighty-first  
82 eighty-second  
83 eighty-third  
84 eighty-fourth  
85 eighty-fifth  
86 eighty-sixth  
87 eighty-seventh

[ASK IF S9Q15=2-87 AND CSTATE NE 2]

**MOD25T2.** Previously, you indicated there were [S9Q15] children age 17 or younger in your household. Think about those [S9Q15] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.

I have some additional questions about one specific child. The child I will be referring to is the [RNDS9Q15] child in your household. All following questions about children will be about the [RNDS9Q15] child.

1 Continue

[ASK IF S9Q15=1-87AND CSTATE NE 2]

**MOD25\_1M.** What is the birth month and year of the [RNDS9Q15] child?

01 January  
02 February  
03 March  
04 April

05 May  
06 June  
07 July  
08 August  
09 September  
10 October  
11 November  
12 December

Code MONTH (RANGE 01-12) [NUMBER BOX]

77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S9Q15=1-87 AND CSTATE NE 2]

**MOD25\_1Y.**

Code YEAR (RANGE 2003-2021) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[ASK IF MOD25\_1Y<=2021]

**CHLDAGE1.** Calculate child's age in months.

[ASK IF MOD25\_1Y<=2021]

**CHLDAGE2.** Calculate child's age in years

[ASK IF S9Q15=1-87AND CSTATE NE 2]

**MOD25\_2.** Is the child a boy or a girl?

1 Boy  
2 Girl

9 REFUSED

[ASK IF S9Q15=1-87AND CSTATE NE 2]

**MOD25\_3.** Is the child Hispanic, Latino/a, or Spanish origin?

5 No, not of Hispanic, Latino/a, or Spanish origin



1 Yes

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD25\_3=1]

[MUL=4]

**MOD25\_3B.** Are they...

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

**PLEASE READ:**

1 Mexican, Mexican American, Chicano/a

2 Puerto Rican

3 Cuban

4 Another Hispanic, Latino/a, or Spanish origin

**DO NOT READ:**

5 No [EXCLUSIVE]

7 DON'T KNOW / NOT SURE [EXCLUSIVE]

9 REFUSED [EXCLUSIVE]

[ASK IF S9Q15=1-87 AND CSTATE NE 2]

[MUL=5]

**MOD25\_4.** Which one or more of the following would you say is the race of the child?

**INTERVIEWER NOTE:** SELECT ALL THAT APPLY

**PLEASE READ:**

10 White

20 Black or African American

30 American Indian or Alaska Native

40 Asian

50 Pacific Islander

**DO NOT READ:**

60 Other

77 DON'T KNOW / NOT SURE [EXCLUSIVE]

99 REFUSED [EXCLUSIVE]

[ASK IF MOD25\_4=40]

[MUL=8]

**MOD25\_4A.** Is that...

**INTERVIEWER NOTE:** Select all that apply.

**PLEASE READ:**

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

**DO NOT READ:**

- 60 Other
- 77 DON'T KNOW / NOT SURE [EXCLUSIVE]
- 99 REFUSED [EXCLUSIVE]

[ASK IF MOD25\_4=50]

[MUL=5]

**MOD25\_4P.** Is that...

**INTERVIEWER NOTE:** Select all that apply.

**PLEASE READ:**

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

**DO NOT READ:**

- 60 Other
- 77 DON'T KNOW / NOT SURE [EXCLUSIVE]
- 99 REFUSED [EXCLUSIVE]

[ASK IF NBR(MOD25\_4)>1]

[HIDE RESPONSES NOT SELECTED IN MOD25\_4 AND DISPLAY 77,99]

**MOD25\_5.** Which one of these groups would you say best represents the child's race?

10 White  
20 Black or African American  
30 American Indian or Alaska Native  
40 Asian  
50 Pacific Islander

60 Other  
77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF NBR(MOD25\_4A)>1 AND (NBR(MOD25\_4)==1 OR MOD25\_5=40)]  
[HIDE RESPONSES NOT SELECTED IN MOD25\_4A AND DISPLAY 77,99]  
[IF MOD25\_4 NE MUL AND MOD25\_5=40 AUTO PUNCH WITH MOD25\_4A RESPONSE]  
**MOD25\_5A.** Is that...

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

60 Other  
77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF NBR(MOD25\_4P)>1 AND (NBR(MOD25\_4)==1 OR MOD25\_5=50)]  
[HIDE RESPONSES NOT SELECTED IN MOD25\_4P AND DISPLAY 77,99]  
[IF MOD25\_4P NE MUL AND MOD25\_5=50 AUTO PUNCH WITH MOD25\_4P RESPONSE]  
**MOD25\_5P.** Is that...

51 Native Hawaiian

52 Guamanian or Chamorro  
53 Samoan  
54 Other Pacific Islander

60 Other  
77 DON'T KNOW / NOT SURE  
99 REFUSED

[DATA PROCESSING NOTE: MOD25\_5 is presented as one question, combine MOD22\_5A and MOD25\_5P into MOD25\_5 for delivery]

[ASK IF S9Q15=1-87AND CSTATE NE 2]

**MOD25\_6.** How are you related to the child? Are you a...

**PLEASE READ:**

- 1 Parent (include biologic, step, or adoptive parent)
- 2 Grandparent
- 3 Foster parent or guardian
- 4 Sibling (include biologic, step, and adoptive sibling)
- 5 Other relative
- 6 Not related in any way

**DO NOT READ:**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Module 26: Childhood Asthma Prevalence

---

[ASK IF S9Q15=1-87 AND CSTATE NE 2]

### **MOD26\_1. Module 26: Childhood Asthma Prevalence**

The next two questions are about the [RNDS9Q15] child. Has a doctor, nurse or other health professional EVER said that the child has asthma?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD26\_1=1]

**MOD26\_2.** Does the child still have asthma?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

## Florida State Added Sections

### FL State Added Section 2: Family Planning

[ASK IF STATE=FL AND HGENDER=2 AND S9Q17=2 AND S9Q1<49 AND CSTATE NE 2]

**FL2\_1.** State Added Section 2: Family Planning

Did you or your partner do anything the last time you had sex to keep you from getting pregnant?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF STATE=FL AND FL2\_1=1]

**FL2\_2.** What did you or your partner do the last time you had sex to keep you from getting pregnant?

**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 be specific” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

- 01 Female sterilization (ex. Tubal ligation, Essure, Adiana)
- 02 Male sterilization (vasectomy)
- 03 Contraceptive implant (ex. Nexplanon, Jadelle, Sino Implant, Implanon)
- 04 Levonorgestrel (LNG) or other hormonal IUD (ex. Mirena, Skyla, Liletta, Kylena)
- 05 Copper-bearing IUD (ex. ParaGard)
- 06 IUD, type unknown
- 07 Shots (ex. Depo-Provera or DMPA)
- 08 Birth control pills, any kind
- 09 Contraceptive patch (ex. Ortho Evra, Xulane)
- 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)
- 18 Other method
  
- 77 Don't know/ Not sure
- 99 Refused

[ASK IF STATE=FL AND FL2\_1=2,7,9]

**FL2\_3.** Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.

What was your main reason for not using a method to prevent pregnancy the LAST TIME you HAD SEX with a man?

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

**READ IF NECESSARY:**

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

**FL State Added Section 3: Preconception Health**

[ASK IF STATE=FL AND HGENDER=2 AND S9Q1=18-45 AND CSTATE NE 2]

**FL3\_1. State Added Section 3: Preconception Health**

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.

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

[ASK IF STATE=FL AND FL3\_1=1]

[MUL=12]

**FL3\_2.** The next question asks you about your thoughts and experiences. Please remember that all of your answers will be kept confidential.

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

**INTERVIEWER:** Check all that apply.

### READ LIST

- 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

### DO NOT READ

- 88 Did not discuss any of these topics with me [EXCLUSIVE]
- 77 DON'T KNOW / NOT SURE [EXCLUSIVE]
- 99 Refused [EXCLUSIVE]

## FL State-Added Section 4: Nearest Cross-Street

[ASK IF STATE=FL AND CSTATE NE 2]

### FL4\_1T: State-Added Section 4: Nearest Cross-Street

In order to help us learn more about environmental factors in your area, we'd like to know what the nearest intersection to your home is. For example, you might live closest to the intersection



of Main Street and Orange Lange. This information will only be used to group your responses with others from your neighborhood. Your identity and privacy are protected. Please name the two nearest cross-streets (intersection).

01 Continue

[ASK IF STATE=FL AND CSTATE NE 2]

**FL4\_1A:** What is the name of the first street?

**INTERVIEWER NOTE:** Confirm street spelling

01 Gave Response [TEXT BOX]

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF FL4\_1A=01]

**FL4\_1B:** What is the name of the second street?

**INTERVIEWER NOTE:** Confirm street spelling

01 Gave Response [TEXT BOX]

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF FL4\_1A=01 AND FL4\_1B=01]

**FL4\_2:** The streets I recorded for the closest intersection are: [FL4\_1A] and [FL4\_1B]. Is this correct?

**INTERVIEWER NOTE:** CONFIRM WHETHER RD, ST, AVE, etc.

1 Yes, both correct

2 No, both incorrect [GO BACK TO FL4\_1A]

3 No, first incorrect [GO BACK TO FL4\_1A]

4 No, second incorrect [GO BACK TO FL4\_1B]

## FL State-Added Section 5: Suicide

[ASK IF STATE=FL AND FL\_CNTY=086,087,089 AND CSTATE NE 2]

### FL5\_1T: State-Added Section 5: Suicide

The next five questions ask about your risk for possible suicide. To be able to develop helpful suicide interventions, we need to understand how many people in our county are at risk. Although this is a sensitive topic, we ask that you answer the following questions to the best of your ability. We also want to assure you again that the answers to these questions are completely confidential.

01 Continue

[ASK IF STATE=FL AND FL5\_1T=01 AND CSTATE NE 2]

**FL5\_1:** Have you seriously thought about trying to kill yourself?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF STATE=FL AND FL5\_1T=01 AND CSTATE NE 2]

**FL5\_2:** Have you ever attempted to kill yourself?

**INTERVIEWER NOTE:** If respondent says "Yes", please read the first two responses.

### **READ IF YES RESPONSE:**

1 Yes, I have attempted to kill myself, but did not want to die

2 Yes, I have attempted to kill myself, and really hoped to die

### **DO NOT READ**

3 Never

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF STATE=FL AND FL5\_1T=01 AND CSTATE NE 2]

**FL5\_3:** How often have you thought about killing yourself in the past year?

**PLEASE READ**

- 1 Never
- 2 Rarely (1 time)
- 3 Sometimes (2 times)
- 4 Often (3-4 times)
- 5 Very Often (5 or more times)

**DO NOT READ**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF STATE=FL AND FL5\_1T=01 AND CSTATE NE 2]

**FL5\_4:** Have you ever told someone that you were going to commit suicide?

**READ IF YES RESPONSE:**

- 1 No
- 2 Yes, at one time, but did not want to do it
- 3 Yes, at one time, and really wanted to do it
- 4 Yes, more than once, but did not want to do it
- 5 Yes, more than once, and really wanted to do it

**DO NOT READ**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF STATE=FL AND FL5\_1T=01 AND CSTATE NE 2]

**FL5\_5:** How likely is it that you will attempt suicide one day?

**PLEASE READ**

- 1 Never
- 2 Unlikely
- 3 Likely
- 4 Very likely

**DO NOT READ**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF STATE=FL AND FL5\_1T=01 AND CSTATE NE 2]

**FL5\_6:** Next, please answer the following two questions using the scale of strongly agree, disagree, undecided, agree or strongly agree.

Treatment can help people with mental illness lead normal lives.

**PLEASE READ**

- 1 Strongly disagree
- 2 Disagree
- 3 Undecided
- 4 Agree
- 5 Strongly agree

**DO NOT READ**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF STATE=FL AND FL5\_1T=01 AND CSTATE NE 2]

**FL5\_7:** People are generally caring and sympathetic to people with mental illness.

**READ IF NECESSARY**

- 1 Strongly disagree
- 2 Disagree
- 3 Undecided
- 4 Agree
- 5 Strongly agree

**DO NOT READ**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF STATE=FL AND FL5\_1T=01 AND CSTATE NE 2]

**FL5\_8:** Was there a time in the past 12 months when you needed to see a mental health professional for care, but could not because of cost?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF STATE=FL AND FL5\_1T=01 AND CSTATE NE 2]

**FL5\_9:** I know where to get mental health information when I need it.

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

### Asthma Call Back Permission

---

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

SET ACFLAG=01 IF ACFLAG\_SPLIT=1 AND S7Q5=1  
SET ACFLAG=02 IF ACFLAG\_SPLIT=1 AND S7Q5=2,7,9  
SET ACFLAG=03 IF ACFLAG\_SPLIT=2 AND MOD26\_2=1  
SET ACFLAG=04 IF ACFLAG\_SPLIT=2 AND MOD26\_2=2,7,9

01 adult with asthma  
02 adult had asthma  
03 child with asthma  
04 child had asthma

[ASK IF (ACFLAG=01,02,03,04 AND CSTATE NE 2 AND STATE=FL)]

### **AST1a. Asthma Call Back Permission**

We would like to talk to you in more detail about [IF ACFLAG=01,02 INSERT "your"; IF ACFLAG=03,04 INSERT "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. Would it be okay to continue with those questions now?

1 Yes  
2 No

[ASK IF AST1a=2]

**AST1b.** Would it be okay if we called you back to ask additional asthma-related questions at a later time?

- 1 Yes
- 2 No

[ASK IF AST1A=1 AND ACFLAG=03,04]

**MKP1.** Are you the parent or guardian in the household who knows the most about the child's asthma?

- 1 Yes
- 2 No
  
- 7 DON'T KNOW
- 9 REFUSED

[ASK IF (AST1=1 OR AST1B=1) AND ACFLAG=03,04]

**MKP.** Are you the parent or guardian in the household who knows the most about the child's asthma?

- 1 Yes
- 2 No
  
- 7 DON'T KNOW
- 9 REFUSED

[ASK IF (AST1=1 OR AST1b=1 OR MKP=1) AND MKP NE 2]

**AST2A.** Can I please have either your first name or initials, so we will know who to ask for when we call back?

- 1 Gave Response [TEXT BOX]
  
- 7 DON'T KNOW
- 9 REFUSED

[ASK IF MKP1=2,7,9]

**ATP1.** Can I please speak to the parent or guardian in the household who knows the most about the child's asthma?

- 1 Yes
- 2 No
  
- 7 DON'T KNOW
- 9 REFUSED

[ASK IF MKP=2 OR ATP1=2,7,9]

**ATP.** Can I please have the name of the parent or guardian in the household who knows the most about the child's asthma?

- 1 Gave Response [TEXT BOX]
  
- 7 DON'T KNOW
- 9 REFUSED

[ASK IF (AST2A=1 OR ATP=1,7,9) AND ACFLAG=03,04]

**AST2B.** Can I please have either your child's first name or initials, so we will know who to ask about when we call back?

- 1 Gave Response [TEXT BOX]
  
- 7 DON'T KNOW
- 9 REFUSED

[ASK IF ATP1=2,7,9]

**ATP2.** When would be a good time to call back to speak to the parent or guardian in the household who knows the most about the child's asthma?

- 1 Continue
  
- 7 DON'T KNOW
- 9 REFUSED