2017

Behavioral Risk Factor Surveillance System Questionnaire

December 29, 2016

Behavioral Risk Factor Surveillance System
2017 Questionnaire

Table of Contents

Interviewer's Script Landline Sample

Form Approved

OMB No. 0920-1061

Exp. Date 3/31/2018

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.

HELLO, I am calling for the (health department). My name is (name). We are gathering information about the health of (state) residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

LL.1 **Is this (phone number)** ?

1. Yes
2. No

[CATI 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. CATI NOTE: STOP OR REDIAL]

PVTRES

LL.2 **Is this 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, RVS OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.

1. Yes **[GO TO STATE OF RESIDENCE]**
2. No **[GO TO COLLEGE HOUSING]**

[CATI NOTE: IF NO, BUSINESS PHONE ONLY: THANK YOU VERY MUCH BUT WE ARE ONLY INTERVIEWING PERSONS ON RESIDENTIAL PHONES LINES AT THIS TIME." STOP]

College Housing

LL.3 **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."**

1. Yes **[GO TO STATE OF RESIDENCE]**
2. No

[CATI/INTERVIEWER NOTE: IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN A PRIVATE RESIDENCE OR COLLEGE HOUSING AT THIS TIME. STOP]

State of Residence

LL4. Do you currently live in **____(state)____**?

1. Yes **[GO TO CELLULAR]**
2. No **[CATI/INTERVIEWER NOTE: IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN [ ] STATE AT THIS TIME. STOP]**

Cellular Phone

LL.5 **Is this a cell telephone?**

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

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

1 Yes

[CATI/INTERVIEWER NOTE: IF "YES": THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING BY LAND LINE TELEPHONES FOR PRIVATE RESIDENCES OR COLLEGE HOUSING. STOP]

2 No

[CATI NOTE: IF COLLEGE HOUSING = "YES," CONTINUE; OTHERWISE GO TO ADULT RANDOM SELECTION]

Adult

LL.6 **Are you 18 years of age or older?**

1	Yes, respondent is male	**[GO TO NEXT SECTION]**
2	Yes, respondent is female	**[GO TO NEXT SECTION]**
3	No	

[CATI/INTERVIEWER NOTE: IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS AGED 18 OR OLDER AT THIS TIME. STOP]

Adult Random Selection

I need to randomly select one adult who lives in your household to be interviewed. 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?

LL.7 __ Number of adults
If "1,": **Are you the adult?**

If "yes,":
Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary).

INTERVIEWER NOTE: GENDER WILL BE ASKED AGAIN IN DEMOGRAPHICS SECTION.

[GO TO THE CORRECT RESPONDENT]

[CATI/INTERVIEWER NOTE: IF "NO,": IS THE ADULT A MAN OR A WOMAN? ENTER 1 MAN OR 1 WOMAN BELOW. MAY I SPEAK WITH [FILL IN (HIM/HER) FROM PREVIOUS QUESTION]?]

[GO TO "CORRECT RESPONDENT" BEFORE SECTION 1]

LL.8 **How many of these adults are men?**

__ Number of men

So the number of women in the household is ___

__ Number of women

Is that correct?

INTERVIEWER NOTE: CONFIRM NUMBER OF ADULT WOMEN OR CLARIFY THE TOTAL NUMBER OF ADULTS IN THE HOUSEHOLD.

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

If "you," **[GO TO "CORRECT RESPONDENT" BEFORE SECTION 1]**

If "you," **[GO TO NEXT SECTION]**.

Interviewer's Script Cell Phone

Form Approved

OMB No. 0920-1061

Exp. Date 3/31/2018

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.

HELLO, I am calling for the **(health department).** My name is **(name).** We are gathering information about the health of **(state)** residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

CP.1 **Is this a safe time to talk with you?**

1. Yes **[GOTO PHONE]**
2. No

[CATI/INTERVIEWER NOTE: IF "NO": THANK YOU VERY MUCH. WE WILL CALL YOU BACK AT A MORE CONVENIENT TIME. ([SET APPOINTMENT IF POSSIBLE]) STOP]

Phone

CP.2 **Is this (phone number) ?**

1. Yes **[GO TO CELLULAR PHONE]**
2. No **INTERVIEWER NOTE: CONFIRM TELEPHONE NUMBER**

[CATI/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. STOP]

Cellular Phone

CP.3 **Is this a cell telephone?**

Read only if necessary: **"By cell telephone, we mean a telephone that is mobile and usable outside of your neighborhood."**

1. **Yes** **[GO TO ADULT]**
2. **No**

[CATI/INTERVIEWER NOTE: IF "NO" : THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING CELL TELEPHONES AT THIS TIME. STOP]

Adult

CP.4 **Are you 18 years of age or older?**

1. Yes, respondent is male **[GO TO PRIVATE RESIDENCE]**
2. Yes, respondent is female [**GO TO PRIVATE RESIDENCE]**
3 No

[CATI/INTERVIEWER NOTE: IF "NO", THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS AGED 18 OR OLDER AT THIS TIME. STOP]

INTERVIEWER NOTE: GENDER WILL BE ASKED AGAIN IN DEMOGRAPHICS SECTION.

Private Residence

CP.5 **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, RVS OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.

1. Yes **[GO TO STATE OF RESIDENCE]**
2. No **[GO TO COLLEGE HOUSING]**

College Housing

CP.6 **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."**

1. **Yes** **[GO TO STATE OF RESIDENCE]**
2. **No**

[CATI/INTERVIEWER NOTE: IF "NO": THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN A PRIVATE RESIDENCE OR COLLEGE HOUSING AT THIS TIME. STOP]

State of Residence

CP.7 Do you currently live in **(state)**?

1. Yes **[GO TO LANDLINE]**
2. No **[GO TO STATE]**

State

CP.8 **In what state do you currently live?**

_____ ENTER FIPS STATE

Landline

CP. 9 **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 phones used for both business and personal use."**

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

[CATI/INTERVIEWER NOTE: IF COLLEGE HOUSING = "YES", DO NOT ASK NUMBER OF ADULTS QUESTIONS, GO TO CORE.]

NUMADULT

CP.10 **How many members of your household, including yourself, are 18 years of age or older?**

__ Number of adults

99 Refused

[CATI/INTERVIEWER NOTE: IF COLLEGE HOUSING = "YES" THEN NUMBER OF ADULTS IS AUTOMATICALLY SET TO 1.]

Core Sections

[CATI/INTERVIEWER NOTE: ITEMS IN PARENTHESES ANYWHERE THROUGHOUT THE QUESTIONNAIRE DO NOT NEED TO BE READ]

To Correct Respondent:

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call (give appropriate state telephone number).

Section 1: Health Status

1.1 Would you say that in general your health is— (90)

Please read:

1	**Excellent**
2	**Very good**
3	**Good**
4	**Fair, or**
5	**Poor**

Do not read:

7	Don't know / Not sure
9	Refused

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

2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

(91-92)

_ _	Number of days
88	None
77	Don't know / Not sure
99	Refused

2.2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (93-94)

_ _ Number of days
88 None [CATI NOTE: **IF Q2.1 AND Q2.2 = 88 (NONE), GO TO NEXT SECTION]**
77 Don't know / Not sure
99 Refused

2.3 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (95-96)

_ _ Number of days
88 None
77 Don't know / Not sure
99 Refused

Section 3: Health Care Access

3.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service? (97)

1 Yes [CATI NOTE: IF USING HEALTH CARE ACCESS MODULE GO TO MODULE 10, QUESTION 1, ELSE CONTINUE]
2 No
7 Don't know / Not sure
9 Refused

3.2 Do you have one person you think of as your personal doctor or health care provider? If "No" ask: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?" (98)

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

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

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

CATI NOTE: IF USING HEALTH CARE ACCESS MODULE GO TO MODULE 10 QUESTION 3, ELSE CONTINUE

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

Read only if necessary:

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

Do not read:

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

[**CATI INSTRUCTION: IF USING HEALTH CARE ACCESS MODULE 10 AND Q3.1 = 1 GO TO MODULE 10, QUESTION 4A OR IF USING HEALTH CARE ACCESS MODULE 10 AND Q3.1 = 2, 7, OR 9 GO TO MODULE 10, QUESTION 4B, OR IF NOT USING HEALTH CARE ACCESS MODULE GO TO NEXT SECTION.**

Section 4: Hypertension Awareness

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

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

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

1 Yes
2 Yes, but female told only during pregnancy **[GO TO NEXT SECTION]**
3 No **[GO TO NEXT SECTION]**
4 Told borderline high or pre-hypertensive **[GO TO NEXT SECTION]**
7 Don't know / Not sure **[GO TO NEXT SECTION]**
9 Refused **[GO TO NEXT SECTION]**

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

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

Section 5: Cholesterol Awareness

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

(103)

Read only if necessary:

1 Never **[GO TO NEXT SECTION]**
2 Within the past year (anytime less than 12 months ago)
3 Within the past 2 years (1 year but less than 2 years ago)
4 Within the past 5 years (2 years but less than 5 years ago)
5 5 or more years ago

Do not read:

7 Don't know / Not sure
9 Refused **[GO TO NEXT SECTION]**

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

(104)

1 Yes
2 No **[GO TO NEXT SECTION]**
7 Don't know / Not sure **[GO TO NEXT SECTION]**
9 Refused **[GO TO NEXT SECTION]**

5.3 Are you currently taking medicine prescribed by a doctor or other health professional for your blood cholesterol?

(105)

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

Section 6: 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."

6.1 (Ever told) you that you had a heart attack also called a myocardial infarction? (106)

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

6.2 (Ever told) you had angina or coronary heart disease? (107)

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

6.3 (Ever told) you had a stroke? (108)

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

6.4 (Ever told) you had asthma? (109)

1 Yes
2 No **[GO TO Q6.6]**
7 Don't know / Not sure **[GO TO Q6.6]**
9 Refused **[GO TO Q6.6]**

6.5 Do you still have asthma? (110)

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

6.6 (Ever told) you had skin cancer? (111)

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

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

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

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

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

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

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

INTERVIEWER NOTE: ARTHRITIS DIAGNOSES INCLUDE:

- **RHEUMATISM, POLYMYALGIA RHEUMATICA**
- **OSTEOARTHRITIS (NOT OSTEOPOROSIS)**
- **TENDONITIS, BURSITIS, BUNION, TENNIS ELBOW**
- **CARPAL TUNNEL SYNDROME, TARSAL TUNNEL SYNDROME**
- **JOINT INFECTION, REITER'S SYNDROME**
- **ANKYLOSING SPONDYLITIS; SPONDYLOSIS**
- **ROTATOR CUFF SYNDROME**
- **CONNECTIVE TISSUE DISEASE, SCLERODERMA, POLYMYOSITIS, RAYNAUD'S SYNDROME**
- **VASCULITIS (GIANT CELL ARTERITIS, HENOCH-SCHONLEIN PURPURA, WEGENER'S GRANULOMATOSIS,**
- **POLYARTERITIS NODOSA)**

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

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

6.11 (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence. (116)

INTERVIEWER NOTE: INCONTINENCE IS NOT BEING ABLE TO CONTROL URINE FLOW.

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

6.12 (Ever told) you have diabetes? (117)

[INTERVIEWER NOTE: IF "YES" AND RESPONDENT IS FEMALE, ASK: "WAS THIS ONLY WHEN YOU WERE PREGNANT?"]

[INTERVIEWER NOTE: IF RESPONDENT SAYS PRE-DIABETES OR BORDERLINE DIABETES, USE RESPONSE CODE 4.]

1 Yes
2 Yes, but female told only during pregnancy
3 No
4 No, pre-diabetes or borderline diabetes
7 Don't know / Not sure
9 Refused

[CATI NOTE: IF Q6.12 = 1 (YES), GO TO NEXT QUESTION. IF ANY OTHER RESPONSE TO Q6.12, GO TO PRE-DIABETES OPTIONAL MODULE (IF USED). OTHERWISE, GO TO NEXT SECTION.]

6.13 How old were you when you were told you have diabetes? (118-119)

_ _ Code age in years [97 = 97 and older]
98 Don't know / Not sure
99 Refused

[CATI NOTE: GO TO DIABETES OPTIONAL MODULE (IF USED). OTHERWISE, GO TO NEXT SECTION.]

Section 7: Arthritis Burden

[CATI NOTE: IF Q6.9 = 1 (YES) THEN CONTINUE, ELSE GO TO NEXT SECTION.]

Next, I will ask you about your arthritis.
Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint.

7.1 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (120)

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

INTERVIEWER INSTRUCTION: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN THE INTERVIEWER SHOULD SAY: "PLEASE ANSWER THE QUESTION BASED ON YOUR CURRENT EXPERIENCE, REGARDLESS OF WHETHER YOU ARE TAKING ANY MEDICATION OR TREATMENT."

INTERVIEWER NOTE: Q7.2 SHOULD BE ASKED OF ALL RESPONDENTS REGARDLESS OF EMPLOYMENT. STATUS.

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

(121)

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

INTERVIEWER INSTRUCTION: IF RESPONDENT GIVES AN ANSWER TO EACH ISSUE (WHETHER RESPONDENT WORKS, TYPE OF WORK, OR AMOUNT OF WORK), THEN IF ANY ISSUE IS "YES" MARK THE OVERALL RESPONSE AS "YES."
IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN THE INTERVIEWER SHOULD SAY: "PLEASE ANSWER THE QUESTION BASED ON YOUR CURRENT EXPERIENCE, REGARDLESS OF WHETHER YOU ARE TAKING ANY MEDICATION OR TREATMENT."

7.3 During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings?

(122)

Please read [1-3]:

1 A lot
2 A little
3 Not at all

Do not read:

7 Don't know / Not sure
9 Refused

INTERVIEWER INSTRUCTION: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN THE INTERVIEWER SHOULD SAY: "PLEASE ANSWER THE QUESTION BASED ON YOUR CURRENT EXPERIENCE, REGARDLESS OF WHETHER YOU ARE TAKING ANY MEDICATION OR TREATMENT."

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

_ _	Enter number [00-10]	(123-124)
77	Don't know / Not sure	
99	Refused	

Section 8: Demographics

8.1 Are you … (125)

1	Male
2	Female
9	Refused

INTERVIEWER NOTE: ASK THIS QUESTION EVEN IF RESPONDENT'S SEX HAD BEEN IDENTIFIED DURING LANDLINE HOUSEHOLD ENUMERATION OR CELL PHONE SCREENING QUESTIONS

8.2 What is your age? (126-127)

_ _	Code age in years
07	Don't know / Not sure
09	Refused

8.3 Are you Hispanic, Latino/a, or Spanish origin? (128-131)

If yes, ask: Are you…

INTERVIEWER NOTE: ***One Or More Categories May Be Selected.***

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

Do not read:

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

8.4 Which one or more of the following would you say is your race? (132-159)

INTERVIEWER NOTE: SELECT ALL THAT APPLY.
INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING.

Please read:

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

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

50 Pacific Islander

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

Do not read:

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

[CATI NOTE: IF MORE THAN ONE RESPONSE TO Q8.4; CONTINUE. OTHERWISE, GO TO Q8.6.]

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

INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORY UNDERNEATH MAJOR HEADING. IF RESPONDENT HAS SELECTED MULTIPLE RACES IN PREVIOUS AND REFUSES TO SELECT A SINGLE RACE, CODE "REFUSED."

(160-161)

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

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

Do not read:
60 Other
77 Don't know / Not sure
99 Refused

8.6 Are you…? (162)
Please read:

1 **Married**
2 Divorced
3 Widowed
4 Separated
5 Never married, or
6 A member of an unmarried couple

Do not read:
9 Refused

8.7 What is the highest grade or year of school you completed? (163)

Read only if necessary:

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

Do not read:

9 Refused

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

8.8 Do you own or rent your home? (164)

Read only if necessary:

1 Own
2 Rent
3 Other arrangement

Do not read:

7 Don't know / Not sure
9 Refused

INTERVIEWER NOTE: "OTHER ARRANGEMENT" MAY INCLUDE GROUP HOME, STAYING WITH FRIENDS OR FAMILY WITHOUT PAYING RENT.

INTERVIEWER NOTE: HOME IS DEFINED AS THE PLACE WHERE YOU LIVE MOST OF THE TIME/THE MAJORITY OF THE YEAR.

INTERVIEWER NOTE: IF RESPONDENT ASKS ABOUT WHY WE ARE ASKING THIS QUESTION: WE ASK THIS QUESTION IN ORDER TO COMPARE HEALTH INDICATORS AMONG PEOPLE WITH DIFFERENT HOUSING SITUATIONS.

8.9 In what county do you currently live? (165-167)

_ _ _ ANSI County Code (formerly FIPS county code)
777 Don't know / Not sure
999 Refused

8.10 What is the ZIP Code where you currently live? (168-172)

_ _ _ _ _ ZIP Code
77777 Don't know / Not sure
99999 Refused

[CATI NOTE: IF CELL TELEPHONE INTERVIEW SKIP TO 8.14 (QSTVER GE 20)]

8.11 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (173)

1 Yes
2 No **[GO TO Q8.13]**
7 Don't know / Not sure **[GO TO Q8.13]**
9 Refused **[GO TO Q8.13]**

8.12 How many of these telephone numbers are residential numbers? (174)

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

8.13 Including phones for business and personal use, do you have a cell phone for personal use? (175)

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

8.14 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

INTERVIEWER NOTE: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. (176)

1 Yes
2 No

Do not read:

7 Don't know / Not sure
9 Refused

8.15 Are you currently…?

INTERVIEWER NOTE: IF MORE THAN ONE: SAY "SELECT THE CATEGORY WHICH BEST DESCRIBES YOU".

Please read: (177)

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

NOTE: Do not code 7 for "don't know" on this question.

Do not read:

9 Refused

8.16 How many children less than 18 years of age live in your household? (178-179)

_ _ Number of children
88 None
99 Refused

INTERVIEWER NOTE: DO NOT CODE 7 FOR "DON'T KNOW" ON THIS QUESTION.

8.17 Is your annual household income from all sources—

INTERVIEWER NOTE: IF RESPONDENT REFUSES AT ANY INCOME LEVEL, CODE '99' (REFUSED) (180-181)

04	Less than $25,000 ($20,000 to less than $25,000)	**If "no," ask 05; if "yes," ask 03**
03	Less than $20,000 ($15,000 to less than $20,000)	**If "no," code 04; if "yes," ask 02**
02	Less than $15,000 ($10,000 to less than $15,000)	**If "no," code 03; if "yes," ask 01**
01	Less than $10,000	**If "no," code 02**
05	Less than $35,000 ($25,000 to less than $35,000)	**If "no," ask 06**
06	Less than $50,000 ($35,000 to less than $50,000)	**If "no," ask 07**
07	Less than $75,000 ($50,000 to less than $75,000)	**If "no," code 08**
08	$75,000 or more	

Do not read:

77	Don't know / Not sure
99	Refused

8.18 Have you used the internet in the past 30 days? (182)

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

8.19 About how much do you weigh without shoes?

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN COLUMN 183. ROUND FRACTIONS UP

(183-186)

_ _ _ _	Weight *(pounds/kilograms)*
7777	Don't know / Not sure
9999	Refused

8.20 About how tall are you without shoes?

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN COLUMN 187. ROUND FRACTIONS DOWN (187-190)

_ _ / _ _ Height
(f t / inches/meters/centimeters)
77/ 77 Don't know / Not sure
99/ 99 Refused

[CATI NOTE: IF MALE, GO TO 8.22, IF FEMALE RESPONDENT IS 50 YEARS OLD OR OLDER, GO TO Q8.22]

8.21 To your knowledge, are you now pregnant? (191)

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

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

Some people who are deaf or have serious difficulty hearing may or may not use equipment to communicate by phone.

8.22 Are you deaf or do you have serious difficulty hearing? (192)

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

8.23 Are you blind or do you have serious difficulty seeing, even when wearing glasses? (193)

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

8.24 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (194)

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

8.25 Do you have serious difficulty walking or climbing stairs? (195)

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

8.26 Do you have difficulty dressing or bathing? (196)

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

8.27 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (197)

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

Section 9: Tobacco Use

9.1 **Have you smoked at least 100 cigarettes in your entire life?** (198)

INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES

1	Yes	
2	No	**[GO TO Q9.5]**
7	Don't know / Not sure	**[GO TO Q9.5]**
9	Refused	**[GO TO Q9.5]**

INTERVIEWER NOTE: "FOR CIGARETTES, DO NOT INCLUDE: ELECTRONIC CIGARETTES (E-CIGARETTES, NJOY, BLUETIP), HERBAL CIGARETTES, CIGARS, CIGARILLOS, LITTLE CIGARS, PIPES, BIDIS, KRETEKS, WATER PIPES (HOOKAHS), OR MARIJUANA."

9.2 Do you now smoke cigarettes every day, some days, or not at all? (199)

Do not read:

1	Every day	
2	Some days	
3	Not at all	**[GO TO Q9.4]**
7	Don't know / Not sure	**[GO TO Q9.5]**
9	Refused	**[GO TO Q9.5]**

9.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (200)

1	Yes	**[GO TO Q9.5]**
2	No	**[GO TO Q9.5]**
7	Don't know / Not sure	**[GO TO Q9.5]**
9	Refused	**[GO TO Q9.5]**

9.4 How long has it been since you last smoked a cigarette, even one or two puffs? (201-202)

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

9.5 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? (203)

INTERVIEWER NOTE: SNUS (RHYMES WITH 'GOOSE')/ 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

Do not read:

7	Don't know / Not sure
9	Refused

Section 10: E-Cigarettes

The next questions are about electronic cigarettes and other electronic "vaping" products. These products typically contain nicotine, flavors, and other ingredients. Do not include products used only for marijuana.

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.

10.1 Have you ever used an e-cigarette or other electronic "vaping" product, even just one time, in your entire life? (204)

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.**

1	Yes
2	No **[GO TO NEXT SECTION]**
7	Don't know / Not Sure **[GO TO NEXT SECTION]**
9	Refused **[GO TO NEXT SECTION]**

10.2 Do you now use e-cigarettes or other electronic "vaping" products every day, some days, or not at all? (205)

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

Section 11: Alcohol Consumption

11.1 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (206-208)

1 _ _ Days per week
2 _ _ Days in past 30 days
888 No drinks in past 30 days **[GO TO NEXT SECTION]**
777 Don't know / Not sure **[GO TO NEXT SECTION]**
999 Refused **[GO TO NEXT SECTION]**

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

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

(209-210)

_ _ Number of drinks
77 Don't know / Not sure
99 Refused

11.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI NOTE: X = 5 FOR MEN, X = 4 FOR WOMEN] or more drinks on an occasion? (211-212)

_ _ Number of times
88 None
77 Don't know / Not sure
99 Refused

11.4 During the past 30 days, what is the largest number of drinks you had on any occasion? (213-214)

_ _ Number of drinks
77 Don't know / Not sure
99 Refused

Section 12: 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.

INTERVIEWER INSTRUCTIONS: 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.

12.1 Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month. (215-217)

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?"

READ IF RESPONDENT ASKS WHAT TO INCLUDE OR SAYS 'I DON'T KNOW': INCLUDE FRESH, FROZEN OR CANNED FRUIT. DO NOT INCLUDE DRIED FRUITS.

1_ _	Days
2_ _	Weeks
3_ _	Months
300	Less than once a month
555	Never
777	Don't Know
999	Refused

12.2 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?

(218-220)

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"

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.”

1_ _ Days
2_ _ Weeks
3_ _ Months
300 Less than once a month
555 Never
777 Don’t Know
999 Refused

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

(221-223)

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?

READ IF RESPONDENT ASKS ABOUT SPINACH: “INCLUDE SPINACH SALADS.”

1_ _ Days
2_ _ Weeks
3_ _ Months
300 Less than once a month
555 Never
777 Don’t Know
999 Refused

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

(224-226)

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?

READ IF RESPONDENT ASKS ABOUT POTATO CHIPS: “DO NOT INCLUDE POTATO CHIPS.”

1_ _ Days
2_ _ Weeks
3_ _ Months
300 Less than once a month
555 Never
777 Don't Know
999 Refused

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

(227-229)

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"

READ IF RESPONDENT ASKS ABOUT WHAT TYPES OF POTATOES TO INCLUDE: "INCLUDE ALL TYPES OF POTATOES EXCEPT FRIED. INCLUDE POTATOES AU GRATIN, SCALLOPED POTATOES."

1_ _ Days
2_ _ Weeks
3_ _ Months
300 Less than once a month
555 Never
777 Don't Know
999 Refused

12.6 Not including lettuce salads and potatoes, how often did you eat other vegetables?

(230-232)

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"

READ IF RESPONDENT ASKS ABOUT WHAT TO INCLUDE: "INCLUDE TOMATOES, GREEN BEANS, CARROTS, CORN, CABBAGE, BEAN SPROUTS, COLLARD GREENS, AND BROCCOLI. INCLUDE RAW, COOKED, CANNED, OR FROZEN VEGETABLES. DO NOT INCLUDE RICE."

1_ _	Days
2_ _	Weeks
3_ _	Months
300	Less than once a month
555	Never
777	Don't Know
999	Refused

Section 13: Exercise (Physical Activity)

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

INTERVIEWER INSTRUCTION: If respondent does not have a "regular job duty" or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.

13.1 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (233)

1	Yes	
2	No	**[GO TO Q13.8]**
7	Don't know / Not sure	**[GO TO Q13.8]**
9	Refused	**[GO TO Q13.8]**

13.2 What type of physical activity or exercise did you spend the most time doing during the past month? (234-235)

_ _ (Specify) [See Physical Activity Coding List]
77 Don't know / Not Sure **[GO TO Q13.8]**
99 Refused **[GO TO Q13.8]**

INTERVIEWER INSTRUCTION: IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED IN THE PHYSICAL ACTIVITY CODING LIST, CHOOSE THE OPTION LISTED AS "OTHER".

13.3 How many times per week or per month did you take part in this activity during the past month? (236-238)

1_ _ Times per week
2_ _ Times per month
777 Don't know / Not sure
999 Refused

13.4 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (239-241)

_:_ _ Hours and minutes
777 Don't know / Not sure
999 Refused

13.5 What other type of physical activity gave you the next most exercise during the past month? (242-243)

_ _ (Specify) [See Physical Activity Coding List]
88 No other activity **[GO TO Q13.8]**
77 Don't know / Not Sure **[GO TO Q13.8]**
99 Refused **[GO TO Q13.8]**

INTERVIEWER INSTRUCTION: IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED IN THE CODING PHYSICAL ACTIVITY LIST, CHOOSE THE OPTION LISTED AS "OTHER".

13.6 How many times per week or per month did you take part in this activity during the past month? (244-246)

1_ _ Times per week
2_ _ Times per month
777 Don't know / Not sure
999 Refused

13.7 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (247-249)

_:_ _ Hours and minutes
777 Don't know / Not sure
999 Refused

13.8 During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands. (250-252)

1_ _ Times per week
2_ _ Times per month
888 Never
777 Don't know / Not sure
999 Refused

Section 14: Seatbelt Use

14.1 How often do you use seat belts when you drive or ride in a car? Would you say — (253)

Please read:
1 Always
2 Nearly always
3 Sometimes
4 Seldom
5 Never

Do not read:
7 Don't know / Not sure
8 Never drive or ride in a car
9 Refused

Section 15: Immunization

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

15.1 During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose? (254)

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 **[GO TO Q15.3]**
7 Don't know / Not sure **[GO TO Q15.3]**
9 Refused **[GO TO Q15.3]**

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

(255-260)

_ _ / _ _ _ _ Month / Year
77 / 7777 Don't know / Not sure
99 / 9999 Refused

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

(261)

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

[CATI NOTE: IF RESPONDENT IS LESS THAN 50 YEARS OF AGE, GO TO NEXT SECTION.]

15.4. Have you ever had the shingles or zoster vaccine? (262)

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

INTERVIEWER NOTE (READ IF NECESSARY): SHINGLES IS CAUSED BY THE CHICKEN POX VIRUS. IT IS AN OUTBREAK OF RASH OR BLISTERS ON THE SKIN THAT MAY BE ASSOCIATED WITH SEVERE PAIN. A VACCINE FOR SHINGLES HAS BEEN AVAILABLE SINCE MAY 2006; IT IS CALLED ZOSTAVAX®, THE ZOSTER VACCINE, OR THE SHINGLES VACCINE.

Section 16: HIV/AIDS

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

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

1	Yes	
2	No	**[GO TO Q16.3]**
7	Don't know /Not sure	**[GO TO Q16.3]**
9	Refused	**[GO TO Q16.3]**

16.2 Not including blood donations, in what month and year was your last HIV test?

INTERVIEWER INSTRUCTIONS: IF RESPONSE IS BEFORE JANUARY 1985, CODE "DON'T KNOW." 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.

(264-269)

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

16.3 I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.

(270)

You have injected any drug other than those prescribed for you in the past year.
You have been treated for a sexually transmitted disease or STD in the past year.
You have given or received money or drugs in exchange for sex in the past year.
You had anal sex without a condom in the past year.
You had four or more sex partners in the past year.
Do any of these situations apply to you?

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

Continue to module(s) and/or state-added questions

Optional Modules

Module 2: Diabetes

[CATI NOTE: TO BE ASKED FOLLOWING CORE Q6.13; IF RESPONSE TO Q6.12 IS "YES" (CODE = 1).]

1. Are you now taking insulin? (292)

1	Yes
2	No
9	Refused

2. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (293-295)

INTERVIEWER NOTE: ENTER QUANTITY PER DAY, WEEK, OR MONTH

1 _ _	Times per day
2 _ _	Times per week
3 _ _	Times per month
4 _ _	Times per year
888	Never
777	Don’t know / Not sure
999	Refused

INTERVIEWER NOTE: IF THE RESPONDENT USES A CONTINUOUS GLUCOSE MONITORING SYSTEM (A SENSOR INSERTED UNDER THE SKIN TO CHECK GLUCOSE LEVELS CONTINUOUSLY), FILL IN ‘98 TIMES PER DAY.’

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

(296-298)

INTERVIEWER NOTE: ENTER QUANTITY PER DAY, WEEK, OR MONTH

1 _ _	Times per day
2 _ _	Times per week
3 _ _	Times per month
4 _ _	Times per year
555	No feet
888	Never
777	Don’t know / Not sure
999	Refused

4. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (299-300)

_ _ Number of times **[76 = 76 or more]**
88 None
77 Don't know / Not sure
99 Refused

5. A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"? (301-302)

_ _ Number of times **[76 = 76 or more]**
88 None
98 Never heard of "A one C" test
77 Don't know / Not sure
99 Refused

[CATI NOTE: IF Q3 = 555 (NO FEET), GO TO Q7.]

6. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (303-304)

_ _ Number of times **[76 = 76 or more]**
88 None
77 Don't know / Not sure
99 Refused

7. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (305)

Read only if necessary:

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

Do not read:

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

8. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (306)

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

9. Have you ever taken a course or class in how to manage your diabetes yourself? (307)

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

Module 24: Social Determinants of Health

1. During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills? (476)

1 Yes
2 No
7 Don’t know/not sure
9 Refused

2. In the last 12 months, how many times have you moved from one home to another? (477-478)

__ __ Number of moves in past 12 months [01-52]
88 None (Did not move in past 12 months)
77 Don’t know/Not sure
99 Refused

3. How safe from crime do you consider your neighborhood to be? Would you say… (479)

Please read:

1 Extremely safe
2 Safe
3 Unsafe
4 Extremely unsafe

Do not read:

7 Don’t know/Not sure
9 Refused

4. For the next two statements, please tell me whether the statement was often true, sometimes true, or never true for you in the last 12 months (that is, since last [CATI NOTE: NAME OF CURRENT MONTH]). The first statement is, "The food that I bought just didn't last, and I didn't have money to get more."

Was that often, sometimes, or never true for you in the last 12 months? (480)

1 Often true,
2 Sometimes true, or
3 Never true

Do not read:
7 Don't Know/Not sure
9 Refused

5. I couldn't afford to eat balanced meals." Was that often, sometimes, or never true for you in the last 12 months? (481)

1 Often true,
2 Sometimes true, or
3 Never true

Do not read:
7 Don't Know /Not sure
9 Refused

6. In general, how do your finances usually work out at the end of the month? Do you find that you usually: (482)

Please read:

1 End up with some money left over,
2 Have just enough money to make ends meet, or
3 Do not have enough money to make ends meet

Do not read:
7 Don't Know/Not sure
9 Refused

7. Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because his/her mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress? (483)

Please read:

1 None of the time,
2 A little of the time,
3 Some of the time,
4 Most of the time, or
5 All of the time

Do not read:

7. Don't know/not sure
9. Refused

State-Added Questions – Version A

State-Added 1: Marijuana Use

SA1Q01. During the past 30 days, on how many days did you use marijuana or hashish? (901-902)

_ _		01-30 Number of Days	
8	8.	None	**[Go to SA1Q05]**
7	7.	Don't know/not sure	**[Go to SA1Q05]**
9	9.	Refused	**[Go to SA1Q05]**

If SA1Q01 = 01-30 (respondent used marijuana in past 30 days), continue. Otherwise, go to SA1Q05.

SA1Q02. During the past 30 days, how did you use marijuana? Please tell me all that apply. Did you….

(903-908)

[INTERVIEWER NOTE: Use clarification in parentheses only if needed. Please slowly read all modes in succession]

1 Smoke it? (for example: in a joint, bong, pipe, or blunt)
2 Eat it? (for example, in brownies, cakes, cookies, or candy)
3 Drink it? (for example, in tea, cola, alcohol)
4 Vaporize it? (for example in an e-cigarette-like vaporizer)
5 Dab it? (for example using butane hash oil, wax or concentrates)
or

6 Was it used in some other way?

7 Don't know/Not sure
9 Refused

SA1Q03. On the days that you did use Marijuana, how many times per day did you use on average?

(909-910)

__ __ Number of times [1-?]

(88) None

(77) Don't know/Not sure

(99) Refused

SA1Q04. During the past 30 days, on how many days did you drive a car or other vehicle within 2-3 hours of using marijuana or hashish? (911-912)

__ __ Number of days [1-30]

(88) None

(77) Don't know/Not sure

(99) Refused

SA1Q05. How much do you think daily or near daily use of marijuana or hashish risks harming the average adult's health? (913)

1 No risk **[Go to next module]**

2 Slight risk **[Go to next module]**

3 Moderate risk **[Go to next module]**

4 Great risk **[Go to next module]**

7 Don't Know/Not Sure

9 Refused

State-Added 2: Health Care Access

(asked in core, directly after question 3.1)

If core question 3.1 = 1 (respondent has insurance coverage), continue. Otherwise, go to question 3.2

SA2Q01. What is the primary source of your health care coverage? Is it… (914-915)

Please Read

01 A plan purchased through an employer or union **(includes plans purchased through another person's employer)**
02 A plan that you or another family member buys on your own
03 Medicare
04 Medicaid or other state program
05 TRICARE (formerly CHAMPUS), VA, or Military
06 Alaska Native, Indian Health Service, Tribal Health Services
Or
07 Some other source
08 None (no coverage)

Do not read:

77 Don't know/Not sure
99 Refused

INTERVIEWER NOTE: If the respondent indicates that they purchased health insurance through the Health Insurance Marketplace (name of state Marketplace), ask if it was a private health insurance plan purchased on their own or by a family member (private) or if they received Medicaid (state plan)? If purchased on their own (or by a family member), select 02, if Medicaid select 04.

State-Added 3: Oral Health Referral

[CATI NOTE: TO BE ASKED IF RESPONSE TO Q6.12 IS "YES" (CODE = 1).]

Earlier you answered questions about diabetes management. Now I'm going to ask you a question about the involvement of oral health in diabetes care management.

SA3Q01. Has a health care provider ever referred you to or advised you to go to a dentist or dental hygienist? (916)

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

INTERVIEWER NOTE: Health care provider can be a physician, physician assistant, nurse or nurse practitioner.

State-Added 4: Sexual Orientation

The next question is about sexual orientation.

INTERVIEWER NOTE: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.

INTERVIEWER NOTE: Please say the number before the text response. Respondent can answer with either the number or the text/word.

SA4Q01. Do you consider yourself to be: (917)

Please read:

1 1- Straight
2 2-Lesbian or gay
3 3-Bisexual

Do not read:

4 Other
7 Don't know/Not sure
9 Refused

State-Added 5: Suicidal Ideation and Behavior

This section is about another health-related topic. Sometimes people feel so depressed and hopeless about the future that they may consider attempting suicide ---that is, taking some action to end their own life.

SA5Q01. In the past year, have you ever seriously thought about trying to hurt yourself in a way that might have resulted in your death? (918)

1 Yes ***If yes, continue to 2nd question, SA5Q02***
2 No **[Go to next module]**
7 Don't know/Not sure
9 Refused

SA5Q02. In the past year, have you ever actually tried to hurt yourself in a way that might have resulted in your death? (919)

1 Yes ***If yes, then go to 3rd question, SA5Q03***
2 No
7 Don't know/Not sure
9 Refused

SA5Q03. If you attempted suicide in the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse? (920)

1 I did not attempt suicide during the past 12 months
2 Yes
3 No

Closing statement for this section

If you, or someone you know, is having thoughts about suicide, the following toll-free number can connect you to a trained crisis volunteer - 1-800-273.TALK, that's 1-800-273-8255. Would you like me to repeat that?

State-Added 6: Mental Health Stigma

The following questions ask about your feelings on having a mental health condition or emotional problem.

SA6Q01. If you had a mental health condition or emotional problem

SA6Q01a. Would you feel safe sharing with your doctor? (921)

1 Yes
2 No
7 Don’t know / Not sure
8 Not applicable
9 Refused

SA6Q01b. Would you feel safe sharing with your friends? (922)

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

SA6Q01c. Would you feel safe sharing with your family? (923)

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

SA6Q01d. Would you feel safe sharing with your pastor or faith leader? (924)

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

SA6Q02. Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem? (925)

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

State-Added 7: Child Health Screening

If respondent indicated there are children living in the household in core question 8.7, continue. Otherwise, go to final closing statement.

SA7Q01. Earlier you stated that there [is one child / are __ children] living in your household.

If 1 child: **Is the child between 1 and 14 years old? If yes, enter 1. If no, enter 88.**

If more than 1 child: How many of these children are between 1 and 14 years old? (926-927)

__ __ Number of children **If "1" go to SA7Q02a; if 2 or more go to SA7Q02b**

8 8 None **Go to final closing statement**

7 7 Don't know/Not sure **Go to final closing statement**

9 9 Refused **Go to final closing statement**

SA7Q02a. We are conducting a study to learn more about the health of children in Colorado, and would like to call back in the next few days. I would like to collect some preliminary information today. All information you provide is strictly confidential and used for research purposes only. Participation is voluntary and you or any other respondent may end an interview at any time.

Is the child that is between the ages of 1 and 14 male or female? (928)

1 Male **Go to SA7Q03a**
2 Female **Go to SA7Q03a**
9 Refused **Go to final closing statement**

SA7Q02b. We are conducting a study to learn more about the health of children in Colorado, and would like to call back in the next few days. I would like to collect some preliminary information today. All information you provide is strictly confidential and used for research purposes only. Participation is voluntary and you or any other respondent may end an interview at any time. I need to randomly select one child between the ages of 1 and 14 who lives in your household to ask about.

How many of the children between the ages of 1 and 14 are male? (929-930)

__ __ Number of male children **Go to SA7Q02c**
9 9 Refused **Go to final closing statement**

SA7Q02c. And how many of the children between the ages of 1 and 14 are female? (931-932)

__ __ Number of female children **Go to SA7Q03b**
9 9 Refused **Go to final closing statement**

SA7Q03a. Just to make sure that we are talking about the same child throughout the study, please tell me the first name or initial of this child. (933)

If respondent does not want to participate in CHS, code 9 (refused). If respondent is willing to participate but does not want to give name, code 1 and type "Refused".

1 Enter name _____ **Go to SA7Q04**
9 Refused **Go to final closing statement**

SA7Q03b. The child in your home that I will need to talk about is the _____. Just to make sure that we are talking about the same child throughout the study, please tell me the first name or initial of this child. (934)

If respondent does not want to participate in CHS, code 9 (refused). If respondent is willing to participate but does not want to give name, code 1 and type "Refused".

1 Enter name _____ **Go to SA7Q04**

9 Refused **Go to final closing statement**

SA7Q05. Who in the household knows the most about the health and health practices of this child? (935)

1 Respondent **Go to SA7Q06**
2 Some other adult (specify) **Go to SA7Q06**
9 Refused **Go to final closing statement**

SA7Q06. What is (*your*/*this person's*) relationship to the child? (936)

1 Mother/Stepmother/Adoptive mother
2 Father/Stepfather/Adoptive father
3 Grandparent
4 Other family member (specify)
5 Other non-family (specify)
7 Don't know/Not sure
9 Refused

Closing statement for this section

[If SA7Q05=1, then read:] Thank you. In our follow-up survey, we will be asking about the child's height and weight. In the next few days, please measure the child's height with the child's shoes off and with (*his*/*her*) back to the wall, and weigh (*him*/*her*) on a scale with (*his*/*her*) shoes off.

[If SA7Q05=2, then read:] Thank you. Please mention to the child's (CATI fill appropriate relationship from SA10Q06) that we will be calling back and ask (CATI fill him/her) to measure the child's height with the child's shoes off and with (*his*/*her*) back to the wall, and weigh (*him*/*her*) on a scale with (*his*/*her*) shoes off. In our follow-up survey, we will be asking about the child's height and weight.

If cell sample and SA7Q05=2: Should we call this same phone number to reach the child's (CATI fill appropriate relationship)? (937)

1 Yes
2 No **[ask for new phone number and give to Mark]**

State-Added 13: eFollow-up Screening

The Colorado Department of Public Health and Environment collects information on health-related topics in order to help develop and improve public health programs in Colorado. Any information you give us will be kept confidential. We would like to contact you by text message within 2 weeks for a survey that you could complete on a smartphone, tablet, or computer. This survey will ask about your health and health practices and will take less than 10 minutes to complete. A $20 gift card will be given to all who complete the survey.

May we contact you for this survey? Even if you agree now, you may refuse to participate in the future. (956)

1 Yes
2 No

3 Does not have smart phone, tablet or computer

Final closing statement

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