

Indiana
Cell
Phone

2015



English Full
Questionnaire

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Intro

CPINTROQ	Select
Ask If	
HELLO, I'm calling for the Indiana Department of Health . My name is _____. We are gathering information about the health of Indiana residents.	
Is this a safe time to talk with you now or are you driving?	
This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention.	
I have just a few questions to find out if you are eligible for this study.	
NOTE: IF A PERSON REPORTS THEY DO NOT LIVE IN THE STATE MENTIONED, TELL THEM THAT THEY MAY STILL BE TO PARTICIPATE.	
Interviewer: Press '1' to continue	
1	CPCONTEL

CPConTel	Select
Ask If	
Is this XXX-XXX-XXXX?	
INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.	
1 YES	CPIsCell
2 NO	
7 DON'T KNOW/ NOT SURE	
9 REFUSED	

CPWRONGN	Key
Ask If	CPCONTEL = 2
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.	
Interviewer: Press '1' to continue	
1	CPINTROQ

CPIsCell	Select
Ask If	
Is this a cellular telephone?	
READ ONLY IF NECESSARY:	
"By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood".	
INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.	
1	YES CPADULT
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

CPCELLNO	Key
Ask If	CPIsCell > 1
{IF CPIsCell = 2, Thank you very much, but we are only interviewing cell telephones at this time.}	
{IF CPIsCell > 2, Thank you for your time.}	

CPADULT	Select
Ask If	
Are you 18 years of age or older?	
NOTE: ASK GENDER IF NECESSARY	
INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY. ASK GENDER IF NECESSARY.	
1	Yes and the respondent is male CPPVTRES
2	Yes and the respondent is female CPPVTRES
3	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

CPNOADLT	Key
Ask If	CPADLT > 2
{IF CPADULT = 3, Thank you very much, but we are only interviewing persons aged 18 or older at this time.}	
{IF CPADULT > 3, Thank you for your time.}	

CPPVTRES	Select
Ask If	CPADULT = 1 OR CPADULT = 2
Do you live in a private residence?	
READ ONLY IF NECESSARY:	
"By private residence, we mean someplace like a house or apartment."	
NOTE: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.	
THE PERSON DOES NOT NEED TO BE PHYSICALLY LOCATED IN THEIR PRIVATE RESIDENCE.	
1	YES CPSTATE
2	NO

CPCOLLEG	Select
Ask If	CPPVTRES = 2
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 CPSTATE
2	NO

CPNONRES	Key
Ask If	CPCOLLEG > 1
Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.	

CPSTATE	Select
Ask If	CPPVTRES = 1 OR CPCOLLEG = 1
Are you a resident of Indiana ?	
NOTE: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.	
1	YES CPLANDLI
2	NO CPSTATER
7	DON'T KNOW/NOT SURE
9	REFUSED

CPSTATEU	Key
Ask If	CPSTATE = 7 OR CPSTATE = 9
Thank you for your time.	

CPSTATER	Select
Ask If	CPSTATE = 1
In what state do you live?	
_____	Enter State
99	OTHER/REFUSED
	CPLANDLI

CPSTATEN	Key
Ask If	CPSTATER = 99
Thank you very much, but we are not interviewing in your state at this time.	

CPLANDLI	Select
Ask If	
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 connected to outside telephone lines through a cable or cord and is used for making or receiving calls. Please include landline phones used for both business and personal use."	
NOTE: TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE. PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

CPNMADLT	Numeric
Ask If	CPPVTRES = 1
How many members of your household, including yourself, are 18 years of age or older?	
_____	ENTER NUMBER OF ADULTS
	CPINTROS

Core Sections

CPINTROS	Select
Ask If	
Your cell phone number has been chosen randomly, and I would like to ask some questions about health and health practices. 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, I will provide a telephone number for you to call to get more information.	
1 Person interested, continue	

Section 01: Health Status

C01INTRO	Pause
Ask If	

C01Q01	Select	90
Ask If		
Would you say that in general your health is-		
PLEASE READ		
1	Excellent	
2	Very Good	
3	Good	
4	Fair or	
5	Poor	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C01END	Pause
Ask If	

Section 02: Healthy Days — Health-Related Quality of Life

C02INTRO	Pause
Ask If	

C02Q01	Numeric	91-92
Ask If		
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?		
____ NUMBER OF DAYS		
88 NONE		
77 DON'T KNOW/NOT SURE		
99 REFUSED		
30	MAX	CONTROL

C02Q02	Numeric	93-94
Ask If		
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?		
____ NUMBER OF DAYS		
88 NONE		
77 DON'T KNOW/NOT SURE		
99 REFUSED		
30	MAX	CONTROL

If C02Q01 and C02Q02 = 88(none), go to next section

C02Q03	Numeric	95-96
Ask If	NOT(C02Q01 = 88 AND C02Q02 = 88)	
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?		
____ NUMBER OF DAYS		
88 NONE		
77 DON'T KNOW/NOT SURE		
99 REFUSED		
30	MAX	CONTROL

C02END	Pause
Ask If	

Section 03: Health Care Access

C03INTRO	Pause
Ask If	

C03Q01	Select	97
Ask If		
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?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C03Q02	Select	98
Ask If		
Do you have one person you think of as your personal doctor or health care provider?		
INTERVIEWER NOTE: 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?"		
1	YES, ONLY ONE	
2	MORE THAN ONE	
3	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C03Q03	Select	99
Ask If		
Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C03Q04	Select	100
Ask If		
About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.		
1	Within the past year (anytime less than 12 months ago)	
2	Within the past 2 years (1 year but less than 2 years ago)	
3	Within the past 5 years (2 years but less than 5 years ago)	
4	5 or more years ago	
7	DON'T KNOW/NOT SURE	
8	NEVER	
9	REFUSED	

C03END	Pause
Ask If	

Section 04: Hypertension Awareness

C04INTRO	Pause
Ask If	

C04Q01	Select	101
Ask If		
Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?		
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	C04END
3	NO	C04END
4	TOLD BORDERLINE HIGH OR PRE-HYPERTENSIVE	C04END
7	DON'T KNOW/NOT SURE	C04END
9	REFUSED	C04END

C04Q01V	Select	
Ask If	RESPGEND = 1 AND C04Q01 = 2	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS TOLD BY A DOCTOR DURING PREGNANCY THAT SHE HAD HIGH BLOOD PRESSURE. ARE YOU SURE?		
THE RESPONDENT SELECTED WAS THE		
{SRESP}		
IS THE PREVIOUS ANSWER CORRECT?		
1	YES	
2	NO	C04Q01

C04Q02	Select	102
Ask If	C04Q01 = 1	
Are you currently taking medicine for your high blood pressure?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C04END	Pause
Ask If	

Section 05: Cholesterol Awareness

C05INTRO	Pause
Ask If	

C05Q01	Select	103
Ask If		
Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked?		
1	YES	
2	NO	C05END
7	DON'T KNOW/NOT SURE	C05END
9	REFUSED	C05END

C05Q02	Select	104
Ask If	C05Q01 = 1	
About how long has it been since you last had your blood cholesterol checked?		
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	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C05Q03	Select	105
Ask If	C05Q01 = 1	
Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C05END	Pause
Ask If	

Section 06: Chronic Health Conditions

C06INTRO	Pause
Ask If	

C06Q01	Select	106
Ask If		
Now I would like to ask you some questions about general health conditions. Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure." (Ever told) you that you had a heart attack also called a myocardial infarction?		
1 YES		
2 NO		
7 DON'T KNOW/NOT SURE		
9 REFUSED		

C06Q02	Select	107
Ask If		
(Ever told) you had angina or coronary heart disease?		
1 YES		
2 NO		
7 DON'T KNOW/NOT SURE		
9 REFUSED		

C06Q03	Select	108
Ask If		
(Ever told) you had a stroke?		
1 YES		
2 NO		
7 DON'T KNOW/NOT SURE		
9 REFUSED		

C06Q04	Select	109
Ask If		
(Ever told) you had asthma?		
1	YES	
2	NO	C06Q06
7	DON'T KNOW/NOT SURE	C06Q06
9	REFUSED	C06Q06

C06Q05	Select	110
Ask If C06Q04 = 1		
Do you still have asthma?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06Q06	Select	111
Ask If		
(Ever told) you had skin cancer?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06Q07	Select	112
Ask If		
(Ever told) you had any other types of cancer?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06Q08	Select	113
Ask If		
(Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06Q09	Select	114
Ask If		
(Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?		
INTERVIEWER NOTE: ARTHRITIS DIAGNOSES INCLUDE:		
<ul style="list-style-type: none"> - 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) 		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06Q10	Select	115
Ask If		
(Ever told) you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06Q11	Select	116
Ask If		
(Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence.		
INTERVIEWER NOTE: Incontinence is not being able to control urine flow.		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06Q12	Select	117
Ask If		
(Ever told) you have diabetes?		
INTERVIEWER NOTE: IF "YES" AND RESPONDENT IS FEMALE, ASK:		
"Was this only when you were pregnant?"		
IF RESPONDENT SAYS PRE-DIABETES OR BORDERLINE DIABETES, USE RESPONSE CODE 4.		
1	YES	C06Q13
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.

C06Q12V	Select	
Ask If RESPGEND = 1 AND C06Q12 = 2		
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS TOLD BY A DOCTOR DURING PREGNANCY THAT SHE HAD DIABETES. ARE YOU SURE?		
THE RESPONDENT SELECTED WAS THE		
{SRESP}		
IS THE PREVIOUS ANSWER CORRECT?		
1	YES	
2	NO	C06Q12

C06Q13	Numeric	118-119
Ask If	C06Q12 = 1	
How old were you when you were told you have diabetes?		
CODE AGE IN YEARS [97 = 97 AND OLDER]		
98	DON'T KNOW/NOT SURE	
99	REFUSED	
1	MIN	CONTROL
97	MAX	CONTROL

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

C06END	Pause
Ask If	

Module 2: Diabetes

Note: To be asked following Core Q6.13; If response is "Yes" (code = 1) to Core Q6.12

M02INTRO	Pause
Ask If	C06Q12 = 1

M02Q01	Select	289
Ask If	C06Q12 = 1	
Are you now taking insulin?		
1	YES	
2	NO	
9	REFUSED	

M02Q02	Numeric	290-292
Ask If	C06Q12 = 1	
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.		
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.		
101-199 = PER DAY 301-399 = PER MONTH		
201-299 = PER WEEK 401-499 = PER YEAR		
_____ TIMES		
888	NEVER	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
101	MIN	CONTROL
499	MAX	CONTROL

M02Q02V	Select	
Ask If	(M02Q02 > 105 AND M02Q02 < 200) OR (M02Q02 > 235 AND M02Q02 < 300)	
INTERVIEWER YOU RECORDED THE RESPONDENT CHECKS BLOOD {M02Q02 SHOWTIME} TIMES PER DAY/WEEK/MONTH/YEAR		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	M02Q02

M02Q03	Numeric	293-295
Ask If	C06Q12 = 1	
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.		
101-199 = PER DAY 301-399 = PER MONTH		
201-299 = PER WEEK 401-499 = PER YEAR		
_____ TIMES		
555 NO FEET		
888 NEVER		
777 DON'T KNOW/NOT SURE		
999 REFUSED		
101	MIN	CONTROL
499	MAX	CONTROL

M02Q03V	Select	
Ask If	(M02Q03 > 105 AND M02Q03 < 200) OR (M02Q03 > 235 AND M02Q03 < 300)	
INTERVIEWER YOU RECORDED THE RESPONDENT CHECKS THEIR FEET {M02Q03} TIMES PER DAY/WEEK/MONTH/YEAR		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	M02Q03

M02Q04	Numeric	296-297
Ask If	C06Q12 = 1	
About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?		
_____ NUMBER OF TIMES [76 = 76 OR MORE]		
88 NONE		
77 DON'T KNOW/NOT SURE		
99 REFUSED		
01	MIN	CONTROL
76	MAX	CONTROL

M02Q04V	Select	
Ask If	M02Q04 > 52 AND M02Q04 < 77	
INTERVIEWER YOU RECORDED THE RESPONDENT HAS SEEN A HEALTH PROFESSIONAL {M02Q04} TIMES IN THE PAST 12 MONTHS.		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	M02Q04

M02Q05	Numeric	298-299
Ask If	C06Q12 = 1	
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"?		
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	
01	MIN	CONTROL
76	MAX	CONTROL

M02Q05V	Select	
Ask If	M02Q05 > 52 AND M02Q05 < 77	
INTERVIEWER YOU RECORDED THE RESPONDENT HAS BEEN CHECKED FOR "A ONE C" BY A HEALTH PROFESSIONAL {M02Q05} TIMES IN THE PAST 12 MONTHS.		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	M02Q05

CATI NOTE: If M02Q03 = 555 (No feet), go to M02Q07.

M02Q06	Numeric	300-301
Ask If	C06Q12 = 1 AND M02Q03 <> 555	
About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?		
NUMBER OF TIMES [76 = 76 OR MORE]		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

M02Q06V	Select	
Ask If	M02Q06 > 52 AND M02Q06 < 77	
INTERVIEWER YOU RECORDED THE RESPONDENT HAS HAD THEIR FEET CHECKED BY A HEALTH PROFESSIONAL {M02Q06} TIMES IN THE PAST 12 MONTHS.		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	M02Q06

M02Q07	Select	302
Ask If	C06Q12 = 1	
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.		
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	
7	DON'T KNOW/NOT SURE	
8	NEVER	
9	REFUSED	

M02Q08	Select	303
Ask If	C06Q12 = 1	
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	

M02Q09	Select	304
Ask If	C06Q12 = 1	
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	

M02END	Pause
Ask If	

Section 7: Demographics

C07INTRO	Pause
Ask If	

C07Q01	Select	120
Ask If		
INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY.		
1	Male	
2	Female	

C07Q01V	Select	
Ask If	RESPGEND <> C07Q01	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS {C07Q01}. ARE YOU SURE?		
THE RESPONDENT SELECTED WAS THE		
{SRESP}		
IS THE PREVIOUS ANSWER CORRECT?		
1	YES	
2	NO	C07Q01

C07Q02	Numeric	121-122
Ask If		
What is your age?		
—	CODE AGE IN YEARS [99 = 99 YEARS OR OLDER]	
07	DON'T KNOW/NOT SURE	
09	REFUSED	
18	MIN	CONTROL
99	MAX	CONTROL

C07Q02V	Select	
Ask If	C06Q13 > C07Q02 AND C06Q13 < 98 AND C07Q02 > 18	
INTERVIEWER: THE RESPONDENT INDICATED THEIR AGE TO BE {C07Q02} YEARS OLD! YOU INDICATED EARLIER THEY WERE TOLD THEY HAD DIABETES AT AGE {C06Q13}! PLEASE VERIFY THAT THIS IS THE CORRECT ANSWER AND CHANGE THE AGE OF THE RESPONDENT OR MAKE A NOTE TO CORRECT THE AGE THE RESPONDENT WAS DIAGNOSED AS A DIABETIC.		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C07Q02

C07Q03A	Select	123-126
Ask If		
Are you Hispanic, Latino/a, or Spanish origin?		
1	YES	
2	NO	C07Q04
7	DON'T KNOW/NOT SURE	C07Q04
9	REFUSED	C07Q04

CATI NOTE: IF C07Q03A = 2, code C07Q03B = 5

C07Q03B	Multiple Select	123-126
Ask If C07Q03A = 1		
Are you Hispanic, Latino/a, or Spanish origin?		
Are you...		
Mexican, Mexican American, Chicano/a		
Puerto Rican		
Cuban or		
Another Hispanic, Latino/a, or Spanish Origin		
CHECK ALL THAT APPLY		
1	Mexican, Mexican American, Chicano/a	
2	Puerto Rican	
3	Cuban	
4	Another Hispanic, Latino/a, or Spanish origin	
5	NO	EXCLUSIVE
7	DON'T KNOW/NOT SURE	EXCLUSIVE
9	REFUSED	EXCLUSIVE

C07Q04	Multiple Select	127-154
Ask If		
Which one or more of the following would you say is your race?		
INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING.		
CHECK ALL THAT APPLY		
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	
60	Other [Specify]	OTHER
77	DON'T KNOW/NOT SURE	EXCLUSIVE
99	REFUSED	EXCLUSIVE
88	NO ADDITIONAL CHOICES	

CATI NOTE: If more than one response to C07Q04; continue.
Otherwise, go to C07Q06.

C07Q05	Select	155-156
Ask If	C07Q04 < 77 AND C07Q04.2 > 0 AND C07Q04.2 <> 88	
Which one of these groups would you say best represents your race?		
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	
60	Other [Specify]	OTHER
77	DON'T KNOW/NOT SURE	
99	REFUSED	

C07Q06	Select	157
Ask If		
Are you...?		
PLEASE READ:		
1	Married	
2	Divorced	
3	Widowed	
4	Separated	
5	Never married Or	
6	A member of an unmarried couple	
9	REFUSED	

C07Q07	Select	158
Ask If		
What is the highest grade or year of school you completed?		
READ ONLY IF NECESSARY:		
1	Never attended school or only attended kindergarten	
2	Grades 1 through 8 (Elementary)	
3	Grades 9 through 11 (Some high school)	
4	Grade 12 or GED (High school graduate)	
5	College 1 year to 3 years (Some college or technical school)	
6	College 4 years or more (College graduate)	
9	REFUSED	

C07Q08	Select	159
Ask If		
Do you own or rent your home?		
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:		
"We ask this question in order to compare health indicators among people with different housing situations."		
1	OWN	
2	RENT	
3	OTHER ARRANGEMENT	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

ASKCNTY	Numeric	160-162
Ask If		
What county do you live in?		
ENTER FIRST LETTER OF COUNTY NAME		
____ ANSI COUNTY CODE (FORMERLY FIPS ____ COUNTY CODE)		
888	OTHER	OTHER
777	DON'T KNOW/NOT SURE	
999	REFUSED	
001	MIN	CONTROL
775	MAX	CONTROL

CATI NOTE: SET MIN AND MAX BASED ON STATE ZIP RANGE

C07Q10	Numeric	163-167
Ask If		
What is the ZIP Code where you live?		
____ ZIP CODE		
77777	DON'T KNOW/NOT SURE	
99999	REFUSED	

C07Q14	Select	171
Ask If		
Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?		
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	

C07Q15	Select	172
Ask If		
Are you currently...?		
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	

C07Q16	Numeric	173-174
Ask If		
How many children less than 18 years of age live in your household?		
NUMBER OF CHILDREN		
88 NONE		
99 REFUSED		
01	MIN	CONTROL
87	MAX	CONTROL

CATI NOTE: If respondent refuses at ANY income level code income variable to 99 (refused).

CATI NOTE: If C07Q16 is answered, this will be considered a partial complete

C07Q17d	Select	175-176
Ask If		
Is your annual household income from all sources: Less than \$25,000?		
1	YES	
2	NO	C07Q17e
7	DON'T KNOW/NOT SURE	C07Q17i
9	REFUSED	C07Q17i

C07Q17c	Select	175-176
Ask If	C07Q17d = 1	
(Is your annual household income from all sources:)		
Less than \$20,000?		
1	YES	
2	NO	C07Q17i
7	DON'T KNOW/NOT SURE	C07Q17i
9	REFUSED	C07Q17i

C07Q17b	Select	175-176
Ask If	C07Q17c = 1	
(Is your annual household income from all sources:)		
Less than \$15,000?		
1	YES	
2	NO	C07Q17i
7	DON'T KNOW/NOT SURE	C07Q17i
9	REFUSED	C07Q17i

C07Q17a	Select	175-176
Ask If	C07Q17b = 1	
(Is your annual household income from all sources:)		
Less than \$10,000?		
1	YES	C07Q17i
2	NO	C07Q17i
7	DON'T KNOW/NOT SURE	C07Q17i
9	REFUSED	C07Q17i

C07Q17e	Select	175-176
Ask If	C07Q17d = 2	
(Is your annual household income from all sources:)		
Less than \$35,000?		
1	YES	C07Q17i
2	NO	
7	DON'T KNOW/NOT SURE	C07Q17i
9	REFUSED	C07Q17i

C07Q17f	Select	175-176
Ask If	C07Q17e = 2	
(Is your annual household income from all sources:)		
Less than \$50,000?		
1	YES	C07Q17i
2	NO	
7	DON'T KNOW/NOT SURE	C07Q17i
9	REFUSED	C07Q17i

C07Q17g	Select	175-176
Ask If	C07Q17f = 2	
(Is your annual household income from all sources:)		
Less than \$75,000?		
1	YES	C07Q17i
2	NO	C07Q17i
7	DON'T KNOW/NOT SURE	C07Q17i
9	REFUSED	C07Q17i

C07Q17i	Select	175-176
Ask If		
ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES IS:		
{If C07Q17g = 2, More than \$75,000?}		
{If C07Q17g = 1, \$50,000 to less than \$75,000}		
{If C07Q17f = 1, \$35,000 to less than \$50,000}		
{If C07Q17e = 1, \$25,000 to less than \$35,000}		
{If C07Q17c = 2, \$20,000 to less than \$25,000}		
{If C07Q17b = 2, \$15,000 to less than \$20,000}		
{If C07Q17a = 2, \$10,000 to less than \$15,000}		
{If C07Q17a = 1, Less than \$10,000}		
{Default, REFUSED/DON'T KNOW/NOT SURE}		
IS THIS CORRECT?		
1	YES	
2	NO	C07Q17d
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C07Q18	Select	177
Ask If		
Have you used the internet in the past 30 days?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C07Q19	Numeric	178-181
Ask If		
About how much do you weigh without shoes?		
NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FRONT (EX. 65 KILOGRAMS IS "9065" OR 105 KILOGRAMS IS "9105").		
ROUND FRACTIONS UP		
_____ WEIGHT (POUNDS/KILOGRAMS)		
7777	DON'T KNOW/NOT SURE	
9999	REFUSED	

C07Q19V	Select	
Ask If		
C07Q19 <> 7777 AND C07Q19 <> 9999 AND ((C07Q19 < 9000 AND (C07Q19 < 80 OR C07Q19 > 350)) OR (C07Q19 > 9000 AND (C07Q19 < 9035 OR C07Q19 > 9159)))		
INTERVIEWER YOU INDICATED THE RESPONDENT WEIGHS {C07Q19} IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C07Q19

C07Q20	Numeric	182-185
Ask If		
About how tall are you without shoes?		
NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FRONT (EX. 165 CENTIMETERS IS "9165").		
NOTE: ENTER HEIGHT IN FEET AND INCHES (EX. 5 FEET 9 INCHES = 509) OR METERS AND CENTIMETERS (EX. 1 METER 75 CENTIMETERS = 9175)		
ROUND FRACTIONS DOWN		
_____ HEIGHT (FT/INCHES/METERS/CENTIMETERS)		
7777	DON'T KNOW/NOT SURE	
9999	REFUSED	

C07Q20V	Select	
Ask If	(C07Q20 < 9000 AND (C07Q20 > 608 OR C07Q20 < 407)) OR (C07Q20 > 9000 AND (C07Q20 > 9206 OR C07Q20 < 9139)) AND C07Q20 <> 7777 AND C07Q20 <> 9999	
INTERVIEWER YOU INDICATED THE RESPONDENT IS {C07Q20} IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C07Q20

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

C07Q21	Select	186
Ask If	C07Q01 = 2 AND C07Q02 < 45	
To your knowledge, are you now pregnant?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C07Q22	Select	187
Ask If		
The following questions are about health problems or impairments you may have. Are you limited in any way in any activities because of physical, mental, or emotional problems?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C07Q23	Select	188
Ask If		
Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?		
NOTE: INCLUDE OCCASIONAL USE OR USE IN CERTAIN CIRCUMSTANCES.		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C07Q24	Select	189
Ask If		
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	

C07Q25	Select	190
Ask If		
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	

C07Q26	Select	191
Ask If		
Do you have serious difficulty walking or climbing stairs?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C07Q27	Select	192
Ask If		
Do you have difficulty dressing or bathing?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C07Q28	Select	193
Ask If		
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	

C07END	Pause	
Ask If		

Section 8: Tobacco Use

C08INTRO	Pause	
Ask If		

C08Q01	Select	194
Ask If		
Have you smoked at least 100 cigarettes in your entire life?		
INTERVIEWER NOTE: IF NECESSARY SAY:		
"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."		
NOTE: 5 PACKS = 100 CIGARETTES		
1	YES	
2	NO	C08Q05
7	DON'T KNOW/NOT SURE	C08Q05
9	REFUSED	C08Q05

C08Q02	Select	195
Ask If	C08Q01 = 1	
Do you now smoke cigarettes every day, some days, or not at all?		
1	Every day	
2	Some days	
3	Not at all	C08Q04
7	DON'T KNOW/NOT SURE	C08Q05
9	REFUSED	C08Q05

C08Q03	Select	196
Ask If	C08Q01 = 1 AND (C08Q02 = 1 OR C08Q02 = 2)	
During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?		
1	YES	C08Q05
2	NO	C08Q05
7	DON'T KNOW/NOT SURE	C08Q05
9	REFUSED	C08Q05

C08Q04	Select	197-198
Ask If	C08Q02 = 3	
How long has it been since you last smoked a cigarette, even one or two puffs?		
01	Within the past month (less than 1 month ago)	
02	Within the past 3 months (1 month but less than 3 months ago)	
03	Within the past 6 months (3 months but less than 6 months ago)	
04	Within the past year (6 months but less than 1 year ago)	
05	Within the past 5 years (1 year but less than 5 years ago)	
06	Within the past 10 years (5 years but less than 10 years ago)	
07	10 years or more	
08	Never smoked regularly	
77	DON'T KNOW/NOT SURE	
99	REFUSED	

C08Q05	Select	199
Ask If		
Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?		
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.		
1	Every day	
2	Some days	
3	Not at all	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C08END	Pause
Ask If	

Section 9: Alcohol Consumption

C09INTRO	Pause
Ask If	

C09Q01	Numeric	200-202
Ask If		
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?		
101-107 = DAYS PER WEEK 201-230 = DAYS IN PAST 30 DAYS		
_____ DAYS		
888	NO DRINKS IN PAST 30 DAYS	C09END
777	DON'T KNOW/NOT SURE	C09END
999	REFUSED	C09END
101	MIN	CONTROL
230	MAX	CONTROL

C09Q02	Numeric	203-204
Ask If	C09Q01 < 777	
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?		
NOTE: A 40 OUNCE BEER WOULD COUNT AS 3 DRINKS, OR A COCKTAIL DRINK WITH 2 SHOTS WOULD COUNT AS 2 DRINKS.		
_____ NUMBER OF DRINKS		
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

C09Q02V	Select	
Ask If	C09Q02 > 15 AND C09Q02 < 77	
INTERVIEWER YOU INDICATED {C09Q02} DRINKS PER DAY IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C09Q02

C09Q03	Numeric	205-206
Ask If	C09Q01 < 777	
Considering all types of alcoholic beverages, how many times during the past 30 days did you have {IF C07Q01 = 1, 5, 4} or more drinks on an occasion?		
NUMBER OF TIMES		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
76	MAX	CONTROL

C09Q03V	Select	
Ask If	C09Q03 > 15 AND C09Q03 < 77	
INTERVIEWER YOU INDICATED {C09Q03} OCCASIONS WHEN THE RESPONDENT HAD 4/5 OR MORE DRINKS.		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C09Q03

C09Q04	Numeric	207-208
Ask If	C09Q01 < 777	
During the past 30 days, what is the largest number of drinks you had on any occasion?		
NUMBER OF DRINKS		
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

C09Q04V	Select
Ask If	(C09Q04 <> 99 AND C09Q04 <> 77)AND C09Q04 < 77 AND ((C07Q01 = 1 AND (C09Q04 < 5 AND (C09Q03 < 88 AND C09Q03 <>77)) OR (C09Q03 = 88 AND (C09Q04 > 4 AND C09Q04 < 77))) OR (C07Q01 = 2 AND (C09Q04 < 4 AND (C09Q03 < 88 AND C09Q03 <>77)) OR (C09Q03 = 88 AND (C09Q04 > 3 AND C09Q04 < 77)))
INTERVIEWER YOU INDICATED {C09Q04} DRINKS IS THE LARGEST NUMBER OF DRINKS THE RESPONDENT HAD ON ANY OCCASION BUT THE NUMBER OF TIMES THE RESPONDENT HAD {IF C07Q01 = 1, 5, 4} IS {C09Q03}.	
IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION C09Q04

C09END	Pause
Ask If	

Section 10: Fruits and Vegetables

C10INTRO	Key
Ask If	USEC10 = TRUE
<p>These next questions are about the fruits and vegetables YOU ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home.</p> <p>I will be asking how often YOU ate or drank each one: for example, once a day, twice a week, three times a month, and so forth.</p> <p>INTERVIEWER NOTE: IF RESPONDENT RESPONDS LESS THAN ONCE PER MONTH, PUT "0" TIMES PER MONTH. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK:</p>	
"Was that per day, week, or month?"	

C10Q02	Numeric	212-214
Ask If		
During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit.		
READ ONLY IF NECESSARY:		
"Your best guess is fine. Include apples, bananas, applesauce, oranges, grape fruit, fruit salad, watermelon, cantaloupe or musk melon, papaya, lychees, star fruit, pomegranates, mangos, grapes, and berries such as blueberries and strawberries."		
INTERVIEWER NOTE: DO NOT COUNT FRUIT JAM, JELLY, OR FRUIT PRESERVES.		
DO NOT INCLUDE DRIED FRUIT IN READY-TO-EAT CEREALS.		
DO INCLUDE DRIED RAISINS, CRAN-RAISINS IF RESPONDENT TELLS YOU - BUT DUE TO THEIR SMALL SERVING SIZE THEY ARE NOT INCLUDED IN THE PROMPT.		
DO INCLUDE CUT UP FRESH, FROZEN, OR CANNED FRUIT ADDED TO YOGURT, CEREAL, JELLO, AND OTHER MEAL ITEMS.		
INCLUDE CULTURALLY AND GEOGRAPHICALLY APPROPRIATE FRUITS THAT ARE NOT MENTIONED (E.G. GENIP, SOURSOP, SUGAR APPLE, FIGS, TAMARIND, BREAD FRUIT, SEA GRAPES, CARAMBOLA, LONGANS, LYCHEES, AKEE, RAMBUTAN, ETC.).		
101-199 = PER DAY 201-299 = PER WEEK 300-399 = PER MONTH		
_____ TIMES		
555 NEVER		
777 DON'T KNOW/NOT SURE		
999 REFUSED		
101	MIN	CONTROL
399	MAX	CONTROL

C10Q02V	Select	
Ask If	(C10Q02 > 105 AND C10Q02 < 201) OR (C10Q02 > 235 AND C10Q02 < 300)	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS FRUIT {C10Q02 SHOWTIME}		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C10Q02

C10Q03	Numeric	215-217
Ask If		
<p>During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans.</p> <p>READ ONLY IF NECESSARY:</p> <p>"Include round or oval beans or peas such as navy, pinto, split peas, cow peas, hummus, lentils, soy beans and tofu. Do NOT include long green beans such as string beans, broad or winged beans, or pole beans."</p> <p>INTERVIEWER NOTE: INCLUDE SOYBEANS ALSO CALLED EDAMAME, TOFU (BEAN CURD MADE FROM SOYBEANS), KIDNEY, PINTO, HUMMUS, LENTILS, BLACK, BLACK-EYED PEAS, COW PEAS, LIMA BEANS AND WHITE BEANS.</p> <p>INCLUDE BEAN BURGERS INCLUDING GARDEN BURGERS AND VEGGIE BURGERS. INCLUDE FALAFEL AND TEMPEH.</p> <p>101-199 = PER DAY 201-299 = PER WEEK 300-399 = PER MONTH</p>		
TIMES		
555 NEVER		
777 DON'T KNOW/NOT SURE		
999 REFUSED		
101	MIN	CONTROL
399	MAX	CONTROL

C10Q03V	Select	
Ask If	(C10Q03 > 105 AND C10Q03 < 201) OR (C10Q03 > 235 AND C10Q03 < 300)	
<p>INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS COOKED OR CANNED BEANS {C10Q03 SHOWTIME}</p> <p>IS THIS CORRECT?</p>		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C10Q03

C10Q04	Numeric	218-220
Ask If		
During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach?		
INTERVIEWER NOTE: EACH TIME A VEGETABLE IS EATEN IT COUNTS AS ONE TIME.		
INTERVIEWER NOTE: INCLUDE ALL RAW LEAFY GREEN SALADS INCLUDING SPINACH, MESCLUN, ROMAINE LETTUCE, BOK CHOY, DARK GREEN LEAFY LETTUCE, DANDELIONS, KOMATSUNA, WATERCRESS, AND ARUGULA.		
DO NOT INCLUDE ICEBERG (HEAD) LETTUCE IF SPECIFICALLY TOLD TYPE OF LETTUCE. INCLUDE ALL COOKED GREENS INCLUDING KALE, COLLARD GREENS, CHOYS, TURNIP GREENS, MUSTARD GREENS.		
101-199 = PER DAY 201-299 = PER WEEK 300-399 = PER MONTH		
_____ TIMES		
555 NEVER		
777 DON'T KNOW/NOT SURE		
999 REFUSED		
101	MIN	CONTROL
399	MAX	CONTROL

C10Q04V	Select
Ask If (C10Q04 > 105 AND C10Q04 < 201) OR (C10Q04 > 235 AND C10Q04 < 300)	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS DARK GREEN VEGETABLES {C10Q04 SHOWTIME}	
IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION C10Q04

C10Q05	Numeric	221-223
Ask If		
During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?		
READ ONLY IF NEEDED:		
"Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash."		
FOR INTERVIEWER: INCLUDE ALL FORMS OF CARROTS INCLUDING LONG OR BABY-CUT.		
INCLUDE CARROT-SLAW (E.G. SHREDDED CARROTS WITH OR WITHOUT OTHER VEGETABLES OR FRUIT).		
INCLUDE ALL FORMS OF SWEET POTATOES INCLUDING BAKED, MASHED, CASSEROLE, PIE, OR SWEET POTATOES FRIES.		
INCLUDE ALL HARD-WINTER SQUASH VARIETIES INCLUDING ACORN, AUTUMN CUP, BANANA, BUTTERNUT, BUTTERCUP, DELICATE, HUBBARD, KABOCHA (ALSO KNOWN AS AN EBISU, DELICA, HOKA, HOKKAIDO, OR JAPANESE PUMPKIN; BLUE KURI), AND SPAGHETTI SQUASH. INCLUDE ALL FORMS INCLUDING SOUP.		
INCLUDE PUMPKIN, INCLUDING PUMPKIN SOUP AND PIE. DO NOT INCLUDE PUMPKIN BARS, CAKE, BREAD OR OTHER GRAIN-BASED DESERT-TYPE FOOD CONTAINING PUMPKIN (I.E. SIMILAR TO BANANA BARS, ZUCCHINI BARS WE DO NOT INCLUDE).		
101-199 = PER DAY 201-299 = PER WEEK 300-399 = PER MONTH		
TIMES		
555 NEVER		
777 DON'T KNOW/NOT SURE		
999 REFUSED		
101	MIN	CONTROL
399	MAX	CONTROL

C10Q05V	Select	
Ask If	(C10Q05 > 105 AND C10Q05 < 201) OR (C10Q05 > 235 AND C10Q05 < 300)	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS ORANGE COLORED VEGETABLES {C10Q05 SHOWTIME}		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C10Q05

C10END	Pause
Ask If	

Section 11: Exercise (Physical Activity)

C11INTRO	Pause
Ask If	

C11Q01	Select	227
Ask If		
<p>The next few questions are about exercise, recreation, or physical activities other than your regular job duties.</p> <p>INTERVIEWER NOTE: IF RESPONDENT DOES NOT HAVE A "REGULAR JOB DUTY" OR IS RETIRED, THEY MAY COUNT THE PHYSICAL ACTIVITY OR EXERCISE THEY SPEND THE MOST TIME DOING IN A REGULAR MONTH.</p> <p>During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?</p>		
1	YES	
2	NO	C11Q08
7	DON'T KNOW/NOT SURE	C11Q08
9	REFUSED	C11Q08

C11Q02	Numeric	228-229
Ask If	C11Q01 = 1	
<p>What type of physical activity or exercise did you spend the most time doing during the past month?</p> <p>INTERVIEWER NOTE: IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED IN THE CODING LIST A, CHOOSE THE OPTION LISTED AS "OTHER".</p> <p>___ (Specify) [See Coding List A]</p>		
77	DON'T KNOW/NOT SURE	C11Q08
99	REFUSED	C11Q08

Activity List	
Ask If	

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

47	Snow blowing	
48	Snow shoveling by hand	
49	Snow skiing	
50	Snowshoeing	
51	Soccer	
52	Softball/Baseball	
53	Squash	
54	Stair climbing/stair master	
55	Stream fishing in waders	
56	Surfing	
57	Swimming	
58	Swimming in laps	
59	Table tennis	
60	Tai Chi	
61	Tennis	
62	Touch football	
63	Volleyball	
64	Walking	
66	Waterskiing	
67	Weight lifting	
68	Wrestling	
69	Yoga	
71	Childcare	
72	Farm/Ranch Work (caring for livestock, stacking hay, etc.)	
73	Household Activities (vacuuming, dusting, home repair, etc.)	
74	Karate/Martial Arts	
75	Upper Body Cycle (Wheelchair sports, ergometer, etc.)	
76	Yard Work (cutting/gathering wood, trimming hedges, etc.)	
98	Other [Specify]	Other
77	DON'T KNOW	
99	REFUSED	

C11Q03	Numeric	230-232
Ask If	C11Q02 > 0 AND C11Q02 <> 77 AND CQ11Q02 <> 99	
How many times per week or per month did you take part in this activity during the past month?		
101-199 = PER WEEK 201-299 = PER MONTH		
_____ TIMES		
777 DON'T KNOW/NOT SURE		
999 REFUSED		
101	MIN	CONTROL
299	MAX	CONTROL

C11Q03V	Select	
Ask If	(C11Q03 > 107 AND C11Q03 < 201) OR (C11Q03 > 231 AND C11Q03 < 300)	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE ACTIVITY RECORDED IN C11Q02 {C11Q03 SHOWTIME}		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C11Q03

C11Q04	Numeric	233-235
Ask If	C11Q02 > 0 AND C11Q02 <> 77 AND CQ11Q02 <> 99	
And when you took part in this activity, for how many minutes or hours did you usually keep at it?		
EXAMPLE 1 HOUR 30 MINUTES ENTER AS "130"		
_____ HOURS AND MINUTES		
777 DON'T KNOW/NOT SURE		
999 REFUSED		
001	MIN	CONTROL
659	MAX	CONTROL

C11Q04V	Select	
Ask If	C11Q04 > 430 AND C11Q04 < 777	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT KEEPS AT THIS ACTIVITY FOR {C11Q04 HOURMIN}		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C11Q04

C11Q05	Numeric	236-237
Ask If	C11Q02 > 0 AND C11Q02 <> 77 AND CQ11Q02 <> 99	
What other type of physical activity gave you the next most exercise during the past month?		
INTERVIEWER NOTE: IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED IN THE CODING LIST A, CHOOSE THE OPTION LISTED AS "OTHER".		
(Specify) [See Coding List A]		
88	NO OTHER ACTIVITY	C11Q08
77	DON'T KNOW/NOT SURE	C11Q08
99	REFUSED	C11Q08

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

43	Skateboarding	
44	Skating - ice or roller	
45	Sledding, tobogganing	
46	Snorkeling	
47	Snow blowing	
48	Snow shoveling by hand	
49	Snow skiing	
50	Snowshoeing	
51	Soccer	
52	Softball/Baseball	
53	Squash	
54	Stair climbing/stair master	
55	Stream fishing in waders	
56	Surfing	
57	Swimming	
58	Swimming in laps	
59	Table tennis	
60	Tai Chi	
61	Tennis	
62	Touch football	
63	Volleyball	
64	Walking	
66	Waterskiing	
67	Weight lifting	
68	Wrestling	
69	Yoga	
71	Childcare	
72	Farm/Ranch Work (caring for livestock, stacking hay, etc.)	
73	Household Activities (vacuuming, dusting, home repair, etc.)	
74	Karate/Martial Arts	
75	Upper Body Cycle (wheelchair sports, ergometer, etc.)	
76	Yard Work (cutting/gathering wood, trimming hedges, etc.)	
98	Other [Specify]	Other
77	DON'T KNOW	
99	REFUSED	

C11Q05V	Select
Ask If	C11Q02 = C11Q05
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE SAME ACTIVITY RECORDED IN C11Q02.	
FIRST ACTIVITY (C11Q02)= {C11Q02}	
SECOND ACTIVITY (C11Q05)= {C11Q05}	
IS THIS CORRECT?	
1	NO, CHANGE ACTIVITY IN QUESTION C11Q05 C11Q05
2	NO, CHANGE ACTIVITY IN QUESTION C11Q02 C11Q02
3	YES, CORRECT AS IS, CONTINUE

C11Q06	Numeric	238-240
Ask If	C11Q05 > 0 AND C11Q05 <> 77 AND C11Q05 <> 99 AND C11Q05 <> 88	
How many times per week or per month did you take part in this activity during the past month?		
101-199 = PER WEEK 201-299 = PER MONTH		
_____ TIMES		
777 DON'T KNOW/NOT SURE		
999 REFUSED		
101	MIN	CONTROL
299	MAX	CONTROL

C11Q06V	Select
Ask If	(C11Q06 > 107 AND C11Q06 < 201) OR (C11Q06 > 231 AND C11Q06 < 300)
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE ACTIVITY RECORDED IN C11Q05 {C11Q06 SHOWTIME}	
IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION C11Q06

C11Q07	Numeric	241-243
Ask If	C11Q05 > 0 AND C11Q05 <> 77 AND C11Q05 <> 99 AND C11Q05 <> 88	
And when you took part in this activity, for how many minutes or hours did you usually keep at it?		
EXAMPLE 1 HOUR 30 MINUTES ENTER AS "130"		
_____ HOURS AND MINUTES		
777	DON'T KNOW/NOT SURE	
999	REFUSED	
001	MIN	CONTROL
659	MAX	CONTROL

C11Q07V	Select	
Ask If	C11Q07 > 430 AND C11Q07 < 777	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT KEEPS AT THIS ACTIVITY FOR {C11Q07 HOURMIN}		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C11Q07

C11Q08	Numeric	244-246
Ask If		
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.		
101-199 = PER WEEK 201-299 = PER MONTH		
_____ TIMES		
888	NEVER	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
101	MIN	CONTROL
299	MAX	CONTROL

C11Q08V	Select
Ask If	(C11Q08 > 107 AND C11Q08 < 201) OR (C11Q08 > 231 AND C11Q08 < 300)
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN STRENGTHENING EXERCISES {C11Q08 SHOWTIME}	
IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION
	C11Q08

C11END	Pause
Ask If	

Section 12: Arthritis Burden

If C06Q09 = 1 (yes) then continue, else go to next section.

C12INTRO	Pause
Ask If	C06Q09 = 1

C12Q01	Select	247
Ask If	C06Q09 = 1	
<p>Next, I will ask you about your arthritis.</p> <p>Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint.</p> <p>Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?</p> <p>INTERVIEWER NOTE: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN SAY:</p> <p>"Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."</p>		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C12Q02 should be asked of all respondents regardless of employment status.

C12Q02	Select	248
Ask If	C06Q09 = 1	
<p>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?</p> <p>INTERVIEWER NOTE: 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."</p> <p>IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN SAY:</p> <p>"Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."</p>		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C12Q03	Select	249
Ask If	C06Q09 = 1	
<p>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?</p> <p>INTERVIEWER NOTE: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN SAY:</p> <p>"Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."</p> <p>PLEASE READ:</p>		
1	A lot	
2	A little	
3	Not at all	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

CATI NOTE: C12Q04 should export to variable C12Q04XX where if C12Q04 = 88, variable C12Q04XX = 00.

C12Q04	Numeric	250-251
Ask If	C06Q09 = 1	
<p>Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.</p> <p>___ ENTER NUMBER [01-10]</p>		
88	ZERO	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
10	MAX	CONTROL

C12END	Pause
Ask If	

Section 13: Seatbelt Use

C13INTRO	Pause
Ask If	

C13Q01	Select	252
Ask If		
How often do you use seat belts when you drive or ride in a car? Would you say-		
PLEASE READ:		
1	Always	
2	Nearly always	
3	Sometimes	
4	Seldom	
5	Never	
7	DON'T KNOW/NOT SURE	
8	NEVER DRIVE OR RIDE IN A CAR	
9	REFUSED	

C13END	Pause
Ask If	

Section 14: Immunization

C14INTRO	Pause
Ask If	

C14Q01	Select	253
Ask If		
<p>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™.</p> <p>During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?</p> <p>READ IF NECESSARY:</p> <p>"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."</p>		
1	YES	
2	NO	C14Q04
7	DON'T KNOW/NOT SURE	C14Q04
9	REFUSED	C14Q04

C14Q02	Numeric	254-259
Ask If	C14Q01 = 1	
<p>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?</p> <p>_____ MONTH/YEAR</p>		
777777	DON'T KNOW/NOT SURE	
999999	REFUSED	
012014	MIN	CONTROL
122015	MAX	CONTROL

CATI NOTE: Do not allow 77 for first two month digits. Please set MIN to no more than 12 months from the current month. Ex: Call made in 06/2015, response can be no older than 06/2014.

C14Q03	Select	260-261
Ask If	C14Q01 = 1	
At what kind of place did you get your last flu shot/vaccine?		
INTERVIEWER NOTE: IF RESPONDENT SAYS DON'T KNOW/NOT SURE, PROBE WITH:		
"How would you describe the place where you went to get your most recent flu vaccine?"		
READ ONLY IF NECESSARY		
01	A doctor's office or health maintenance organization (HMO)	
02	A health department	
03	Another type of clinic or health center (Example: a community health center)	
04	A senior, recreation, or community center	
05	A store (Examples: supermarket, drug store)	
06	A hospital (Example: inpatient)	
07	An emergency room	
08	Workplace	
09	Some other kind of place	
10	RECEIVED VACCINATION IN CANADA/MEXICO (VOLUNTEERED - DO NOT READ)	
11	A school	
77	DON'T KNOW/NOT SURE	
99	REFUSED	

C14Q04	Select	262
Ask If		
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?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C14END	Pause	
Ask If		

Section 15: HIV/AIDS

C15INTRO	Pause
Ask If	

C15Q01	Select	263
Ask If		
<p>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.</p> <p>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.</p>		
1	YES	
2	NO	C15END
7	DON'T KNOW/NOT SURE	C15END
9	REFUSED	C15END

C15Q02	Numeric	264-269
Ask If	C15Q01 = 1	
<p>Not including blood donations, in what month and year was your last HIV test?</p> <p>NOTE: IF RESPONSE IS BEFORE JANUARY 1985, CODE "DON'T KNOW."</p> <p>CATI INSTRUCTION: IF THE RESPONDENT REMEMBERS THE YEAR BUT CANNOT REMEMBER THE MONTH, CODE THE FIRST TWO DIGITS 77 AND THE LAST FOUR DIGITS FOR THE YEAR.</p>		
CODE MONTH AND YEAR		
777777	DON'T KNOW/NOT SURE	
999999	REFUSED	
011985	MIN	CONTROL
772015	MAX	CONTROL

C15Q03	Select	270-271
Ask If	C15Q01 = 1	
Where did you have your last HIV test – at a private doctor or HMO office, at a counseling and testing site, at an emergency room, as an inpatient in a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?		
01	Private doctor or HMO office	
02	Counseling and testing site	
09	Emergency room	
03	Hospital inpatient	
04	Clinic	
05	Jail or prison (or other correctional facility)	
06	Drug treatment facility	
07	At home	
08	Somewhere else	
77	DON'T KNOW/NOT SURE	
99	REFUSED	

C15END	Pause
Ask If	

Transition to Modules and/or State-Added Questions

TRANS	Key
Ask If	
Next, I have just a few questions about some other health topics.	

Module 4: Caregiver Module

M04INTRO	Pause
Ask If	

M04Q01	Select	313
Ask If		
<p>People may provide regular care or assistance to a friend or family member who has a health problem or disability.</p> <p>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?</p> <p>INTERVIEWER NOTE: IF CAREGIVING RECIPIENT HAS DIED IN THE PAST 30 DAYS, CODE 8 AND SAY:</p> <p>"I'm so sorry to hear of your loss."</p>		
1	YES	
2	NO	M04Q09
7	DON'T KNOW/NOT SURE	M04Q09
8	CAREGIVING RESIPIENT DIED IN PAST 30 DAYS	M04END
9	REFUSED	M04Q09

CATI NOTE: If caregiving recipient has died in the past 30 days, say "I'm so sorry to hear of your loss." and skip to the next module.

M04Q02	Select	314-315
Ask If	M04Q01 = 1	
What is his or her relationship to you? For example is he or she your mother or daughter or father or son?		
INTERVIEWER NOTE: IF MORE THAN ONE PERSON, SAY:		
"Please refer to the person to whom you are giving the most care."		
DO NOT READ: CODE RESPONSE USING THESE CATEGORIES		
01	MOTHER	
02	FATHER	
03	MOTHER-IN-LAW	
04	FATHER-IN-LAW	
05	CHILD	
06	HUSBAND	
07	WIFE	
08	SAME-SEX PARTNER	
09	BROTHER OR BROTHER-IN-LAW	
10	SISTER OR SISTER-IN-LAW	
11	GRANDMOTHER	
12	GRANDFATHER	
13	GRANDCHILD	
14	OTHER RELATIVE	
15	NON-RELATIVE/FAMILY FRIEND	
77	DON'T KNOW/NOT SURE	
99	REFUSED	

M04Q03	Select	316
Ask If	M04Q01 = 1	
For how long have you provided care for that person? Would you say...		
1	Less than 30 days	
2	1 month to less than 6 months	
3	6 months to less than 2 years	
4	2 years to less than 5 years	
5	More than 5 years	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M04Q04	Select	317
Ask If	M04Q01 = 1	
In an average week, how many hours do you provide care or assistance? Would you say...		
1	Up to 8 hours per week	
2	9 to 19 hours per week	
3	20 to 39 hours per week	
4	40 hours or more	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M04Q05	Select	318-319
Ask If	M04Q01 = 1	
What is the main health problem, long-term illness, or disability that the person you care for has?		
IF NECESSARY:		
"Please tell me which one of these conditions would you say is the MAJOR problem?"		
DO NOT READ: RECORD ONE RESPONSE		
01	ARTHRITIS/RHEUMATISM	
02	ASTHMA	
03	CANCER	
04	CHRONIC RESPIRATORY CONDITIONS SUCH AS EMPHYSEMA OR COPD	
05	DEMENTIA AND OTHER COGNITIVE IMPAIRMENT DISORDERS	
06	DEVELOPMENTAL DISABILITIES SUCH AS AUTISM, DOWN'S SYNDROME, AND SPINA BIFIDA	
07	DIABETES	
08	HEART DISEASE, HYPERTENSION	
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	OTHER	
77	DON'T KNOW/NOT SURE	
99	REFUSED	

M04Q06	Select	320
Ask If	M04Q01 = 1	
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	

M04Q07	Select	321
Ask If	M04Q01 = 1	
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	

M04Q08	Select	322
Ask If	M04Q01 = 1	
Of the following support services, which one do you MOST need, that you are not currently getting?		
INTERVIEWER NOTE: IF RESPONDENT ASKS WHAT RESPITE CARE IS, SAY:		
"Respite care means short-term or long-term breaks for people who provide care."		
READ OPTIONS 1 - 6		
1	Classes about giving care, such as giving medications	
2	Help in getting access to services	
3	Support groups	
4	Individual counseling to help cope with giving care	
5	Respite care	
6	You don't need any of these support services	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

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

M04Q09	Select	323
Ask If	M04Q01 > 1 AND M04Q01 <> 8	
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	

M04END	Pause
Ask If	

Module 7: Sodium or Salt-Related Behavior

M07INTRO	Pause
Ask If	

M07Q01	Select	340
Ask If		
Now I would like to ask you some questions about sodium or salt intake.		
Most of the sodium or salt we eat comes from processed foods and foods prepared in restaurants. Salt also can be added in cooking or at the table.		
Are you currently watching or reducing your sodium or salt intake?		
1	YES	
2	NO	M07Q03
7	DON'T KNOW	M07Q03
9	REFUSED	M07Q03

M07Q02	Numeric	341-343
Ask If	M07Q01 = 1	
How many days, weeks, months, or years have you been watching or reducing your sodium or salt intake?		
101-199 = DAYS 301-399 = MONTHS		
201-299 = WEEKS 401-499 = YEARS		
_____ TIMES		
555	ALL MY LIFE	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
101	MIN	CONTROL
499	MAX	CONTROL

M07Q03	Select	344
Ask If		
Has a doctor or other health professional ever advised you to reduce sodium or salt intake?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M07END	Pause	
Ask If		

Module 13: Shingles (Zostavax or ZOS)

CATI NOTE: If respondent is \leq 49 years of age, go to next section.

M13INTRO	Pause
Ask If	C07Q02 > 49 OR C07Q02 = 7 OR C07Q02 = 9

M13Q01	Select	376
Ask If	C07Q02 > 49 OR C07Q02 = 7 OR C07Q02 = 9	
<p>The next question is about the Shingles vaccine. Have you ever had the shingles or zoster vaccine?</p> <p>INTERVIEWER NOTE: READ IF NECESSARY:</p> <p>"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."</p>		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M13END	Pause
Ask If	

Module 21: Sexual Orientation and Gender Identity

M21INTRO	Pause
Ask If	

M21Q01	Select	610
Ask If		
<p>The next two questions are about sexual orientation and gender identity.</p> <p>Do you consider yourself to be:</p> <p>INTERVIEWER NOTE:</p> <p>"We ask this question in order to better understand the health and health care needs of people with different sexual orientations."</p> <p>INTERVIEWER NOTE: PLEASE SAY THE NUMBER BEFORE THE TEXT RESPONSE. RESPONDENT CAN ANSWER WITH EITHER THE NUMBER OR THE TEXT/WORD.</p> <p>PLEASE READ:</p>		
1	1 - Straight	
2	2 - Lesbian or gay	
3	3 - Bisexual	
4	OTHER	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M21Q02	Select	611
Ask If		
Do you consider yourself to be transgender?		
IF YES, ASK:		
"Do you consider yourself to be 1. male-to-female, 2. female-to-male, or 3. gender non-conforming?"		
INTERVIEWER NOTE: PLEASE SAY THE NUMBER BEFORE THE "YES" TEXT RESPONSE. RESPONDENT CAN ANSWER WITH EITHER THE NUMBER OR THE TEXT/WORD.		
INTERVIEWER NOTE: IF ASKED ABOUT DEFINITION OF TRANSGENDER:		
"Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation - straight, gay, lesbian, or bisexual."		
INTERVIEWER NOTE: IF ASKED ABOUT DEFINITION OF GENDER NON-CONFORMING:		
"Some people think of themselves as gender NON-CONFORMING when they do not identify ONLY as a man or ONLY as a woman."		
1	1 - Yes, Transgender, male-to-female	
2	2 - Yes, Transgender, female to male	
3	3 - Yes, Transgender, gender nonconforming	
4	4 - No	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M21END	Pause
Ask If	

Module 22: Random Child Selection

CATI NOTE: If Core C07Q16 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

M22INTRO	Key
Ask If	C07Q16 < 88
<p>{If C07Q16 = 1, 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.}</p> <p>{If C07Q16 > 1 AND C07Q16 < 88, Previously, you indicated there were {C07Q16} children age 17 or younger in your household. Think about those {C07Q16} 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.</p> <p>I have some additional questions about one specific child. The child I will be referring to is {SHOWKID} in your household. All following questions about children will be about {SHOWKID} }</p>	

M22Q01	Numeric	612-617
Ask If	C07Q16 < 88	
What is the birth month and year of the {SHOWKID}?		
CODE MONTH AND YEAR		
777777	DON'T KNOW/NOT SURE	
999999	REFUSED	
XX1997	MIN	CONTROL
XX2015	MAX	CONTROL

CATI INSTRUCTION: Calculate the child's age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is ≥ 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

Add a minimum based on the current month and year of 1995, which would mean the child is over the age of 18. Add a max of the current month and year of 2015

M22Q02	Select	618
Ask If	C07Q16 < 88	
Is the child a boy or a girl?		
1	Boy	
2	Girl	
9	REFUSED	

M22Q03A	Select	619-622
Ask If	C07Q16 < 88	
Is the child Hispanic, Latino/a, or Spanish origin?		
1	YES	
2	NO	M22Q04
7	DON'T KNOW/NOT SURE	M22Q04
9	REFUSED	M22Q04

M22Q03B	Multiple Select	619-622
Ask If	M22Q03A = 1	
(Is the child Hispanic, Latino/a, or Spanish origin?)		
Are they...		
Mexican, Mexican American, Chicano/a		
Puerto Rican		
Cuban or		
Another Hispanic, Latino/a, or Spanish Origin		
CHECK ALL THAT APPLY		
1	Mexican, Mexican American, Chicano/a	
2	Puerto Rican	
3	Cuban	
4	Another Hispanic, Latino/a, or Spanish origin	
5	NO	EXCLUSIVE
7	DON'T KNOW/NOT SURE	EXCLUSIVE
9	REFUSED	EXCLUSIVE

M22Q04	Multiple Select	623-652
Ask If	C07Q16 < 88	
Which one or more of the following would you say is the race of the child?		
INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING.		
(SELECT ALL THAT APPLY)		
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	
60	Other [Specify]	OTHER
77	DON'T KNOW/NOT SURE	EXCLUSIVE
99	REFUSED	EXCLUSIVE
88	NO ADDITIONAL CHOICES	

M22Q05	Select	653-654
Ask If	M22Q04 < 77 AND M22Q04.2 > 0 AND M22Q04.2 <> 88	
Which one of these groups would you say best represents the child's race?		
INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING.		
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	
60	Other [Specify]	OTHER
77	DON'T KNOW/NOT SURE	
99	REFUSED	

M22Q06	Select	655
Ask If	C07Q16 < 88	
How are you related to the child?		
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	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M22END	Pause
Ask If	

Module 23: Childhood Asthma Prevalence

CATI NOTE: If response to Core C07Q16 = 88 (None) or 99 (Refused), go to next module.

M23INTRO	Pause
Ask If	C07Q16 > 0 AND C07Q16 < 88

M23Q01	Select	656
Ask If	C07Q16 > 0 AND C07Q16 < 88	
{IF C07Q16 > 1, The next two questions are about the {SHOWKID}.}		
Has a doctor, nurse or other health professional EVER said that the child has asthma?		
1	YES	
2	NO	M23END
7	DON'T KNOW/NOT SURE	M23END
9	REFUSED	M23END

M23Q02	Select	657
Ask If	M23Q01 = 1	
Does the child still have asthma?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M23END	Pause
Ask If	

State Added Section 01: Oral Health

IN01INTRO	Pause
Ask If	CPState = 1

IN01Q01	Select
Ask If	CPState = 1
Signs of gum disease may include bleeding gums and/or teeth that have become loose on their own without injury.	
Do you have either of these signs of gum disease?	
1	YES
2	NO
3	NOT APPLICABLE (FALSE TEETH/NO TEETH) IN01END
7	DON'T KNOW/NOT SURE
9	REFUSED

IN01Q02	Select
Ask If	IN01Q01 <> 3
Has your dentist mentioned that you have gum disease or have lost bone around any of your teeth?	
1	YES
2	NO
3	NOT APPLICABLE (FALSE TEETH/NO TEETH)
7	DON'T KNOW/NOT SURE
9	REFUSED

IN01END	Pause
Ask If	CPState = 1

Asthma Call-Back Permission Script

AFUINTRO	Pause
Ask If	((C06Q04 = 1) OR (M23Q01 = 1 AND (M22Q06 = 1 OR M22Q06 = 3))) AND CPState = 1

ADLTPERM	Select	678
Ask If	((C06Q04 = 1) OR (M23Q01 = 1 AND (M22Q06 = 1 OR M22Q06 = 3))) AND CPState = 1	
<p>We would like to call you again within the next 2 weeks to talk in more detail about {ADLTCHLD = 1, your, your child's} experiences with asthma. The information will be used to help develop and improve the asthma programs in {STATE}. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?</p>		
1	YES	
2	NO	AFUEND

FNAME	Select	
Ask If	ADLTPERM = 1	
<p>Can I please have either your first name or initials, so we will know who to ask for when we call back?</p>		
1	ENTER FIRST NAME OR INITIALS	OTHER
9	REFUSED	

CNAME	Select	
Ask If	ADLTCHILD = 2 AND ADLTPERM = 1	
<p>Can I please have your child's first name or initials, so we can ask about that child's asthma history?</p>		
1	ENTER FIRST NAME OR INITIALS	OTHER
9	REFUSED	

MOSTKNOW	Select
Ask If	ADLTCHILD = 2 AND ADLTPERM = 1
Are you the parent or guardian in the household who knows the most about {CNAME}'s asthma?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

OTHNAME	Select	
Ask If	MOSTKNOW = 2	
You said someone else was more knowledgeable about the child's asthma. Can I please have this adult's first name, initials or nickname so we will know who to ask for when we call back regarding your child.		
1	ENTER FIRST NAME, INITIALS, OR NICKNAME	OTHER
9	REFUSED	

CBTIME	Select	
Ask If	ADLTPERM = 1	
{If MOSTKNOW = 2, What is a good time to call back and speak with {OTHNAME}, What is a good time to call you back?}		
For example, evenings, days or weekends?		
1	ENTER CALLBACK TIME	OTHER
9	REFUSED	

Closing Statement

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