

Indiana  
Cell  
Phone

2017



English Full  
Questionnaire  
Version 12/29/16



## Contents

Intro ..... **Error! Bookmark not defined.**

INTROQst . **Error! Bookmark not defined.**

wrongnum . **Error! Bookmark not defined.**

privres .. **Error! Bookmark not defined.**

Busines .. **Error! Bookmark not defined.**

COLLEGE .. **Error! Bookmark not defined.**

nOnres ... **Error! Bookmark not defined.**

STATres .. **Error! Bookmark not defined.**

nOnSTAT .. **Error! Bookmark not defined.**

iscell ... **Error! Bookmark not defined.**

CELLYES .. **Error! Bookmark not defined.**

LLAdult .. **Error! Bookmark not defined.**

LLNoADLT . **Error! Bookmark not defined.**

adults ... **Error! Bookmark not defined.**

MEN ..... **Error! Bookmark not defined.**

WOMEN .... **Error! Bookmark not defined.**

WRONGTOT . **Error! Bookmark not defined.**

SELECTED . **Error! Bookmark not defined.**

OneAdult . **Error! Bookmark not defined.**

aSKgENDr . **Error! Bookmark not defined.**

GETADULT . **Error! Bookmark not defined.**

yourthel . **Error! Bookmark not defined.**

GETNEWAD . **Error! Bookmark not defined.**

NEWADULT . **Error! Bookmark not defined.**

Core Sections.. **Error! Bookmark not defined.**

INTROSCR . **Error! Bookmark not defined.**

Section 01: Health Status .... 7

C01INTRO ..... 7

C01Q01 ..... 7

C01END ..... 7

Section 02: Healthy Days -  
Health Related Quality of Life8

C02INTRO ..... 8

C02Q01 ..... 8

C02Q02 ..... 8

C02Q03 ..... 8

C02END ..... 9

Section 03: Health Care Access  
..... 10

C03INTRO ..... 10

C03Q01 ..... 10

C03Q02 ..... 10

C03Q03 ..... 10

C03Q04 ..... 11

C03END ..... 11

Section 04: Hypertension

Awareness ..... 12

C04INTRO ..... 12

C04Q01 ..... 12

C04Q01V ..... 12

C04Q02 ..... 13

C04END ..... 13

Section 05: Cholesterol

Awareness ..... 14

C05INTRO .....	14	m02Q04v .....	25
C05Q01 .....	14	M02Q05 .....	25
C05Q02 .....	14	m02Q05v .....	25
C05Q03 .....	14	M02Q06 .....	26
C05END .....	15	m02Q06v .....	26
Section 06: Chronic Health Conditions .....	16	M02Q07 .....	26
C06INTRO .....	16	M02Q08 .....	27
C06Q01 .....	16	M02Q09 .....	27
C06Q02 .....	16	M02END .....	27
C06Q03 .....	16	Section 07: Arthritis Burden	28
C06Q04 .....	17	C07INTRO .....	28
C06Q05 .....	17	C07Q01 .....	28
C06Q06 .....	17	C07Q02 .....	28
C06Q07 .....	17	C07Q03 .....	29
C06Q08 .....	18	C07Q04 .....	29
C06Q09 .....	18	C07END .....	29
C06Q10 .....	18	Section 08: Demographics	30
C06Q11 .....	19	C08INTRO .....	30
C06Q12 .....	19	C08Q01 .....	30
<b>C06Q12V</b> .....	19	C08Q02 .....	30
C06Q13 .....	20	<b>C08Q02v</b> .....	30
C06END .....	20	C08Q03A .....	31
Module 01: Pre-Diabetes	21	C08Q03B .....	31
M01INTRO .....	21	C08Q04 .....	32
M01Q01 .....	21	C08Q05 .....	33
M01Q02 .....	21	C08Q06 .....	33
M01Q02V .....	21	C08Q07 .....	34
M01END .....	22	C08Q08 .....	34
Module 02: Diabetes	23	ASKCNTY .....	35
M02INTRO .....	23	C08Q10 .....	35
M02Q01 .....	23	C08Q11 ... <b>Error! Bookmark not defined.</b>	
M02Q02 .....	23	C08Q12 ... <b>Error! Bookmark not defined.</b>	
m02Q02v .....	24	C08Q13 ... <b>Error! Bookmark not defined.</b>	
M02Q03 .....	24	C08Q14 .....	36
m02Q03v .....	24	C08Q15 .....	36
M02Q04 .....	25		

C08Q16	37
C08Q16v	37
C08Q17d	37
C08Q17c	37
C08Q17b	38
C08Q17a	38
C08Q17e	38
C08Q17f	38
C08Q17g	39
C08Q17i	39
C08Q18	39
C08Q19	40
C08Q19v	40
C08Q20	40
C08Q20v	41
C08Q21	41
C08Q22	41
C08Q23	41
C08Q24	42
C08Q25	42
C08Q26	42
C08Q27	42
C08END	42
Section 09: Tobacco Use	43
C09INTRO	43
C09Q01	43
C09Q02	43
C09Q03	43
C09Q04	44
C09Q05	44
C09END	44
Section 10: E-Cigarettes	45
C10INTRO	45
C10Q01	45
C10Q02	45
C10END	45

Section 11: Alcohol Consumption	46
C11INTRO	46
C11Q01	46
C11Q02	46
<b>C11Q02v</b>	46
C11Q03	47
<b>C11Q03v</b>	47
C11Q04	47
<b>C11Q04v</b>	48
C11END	48
Section 12: Fruits and Vegetables	49
C12INTRO	49
C12Q01	49
<b>C12Q01v</b>	50
C12Q02	50
<b>C12Q02v</b>	50
C12Q03	51
<b>C12Q03v</b>	51
C12Q04	52
<b>C12Q04v</b>	52
C12Q05	53
<b>C12Q05v</b>	53
C12Q06	54
<b>C12Q06v</b>	54
C12END	54
Section 13: Exercise (Physical Activity)	55
C13INTRO	55
C13Q01	55
C13Q02	55
Activity List	55
C13Q03	58
C13Q03v	58
C13Q04	58
<b>C13Q04v</b>	58

C13Q05 .....	59	M13Q08 .....	73
Activity List .....	59	M13Q09 .....	74
C13Q05v .....	62	M13Q10 .....	74
C13Q06 .....	62	M13Q11 .....	74
<b>C13Q06v</b> .....	62	M13Q12 .....	74
C13Q07 .....	63	M13Q13 .....	75
<b>C13Q07v</b> .....	63	M13END .....	75
C13Q08 .....	63	Module 17: Preconception	
<b>C13Q08v</b> .....	64	Health/Family Planning.....	76
C13END .....	64	M17INTRO .....	76
Section 14: Seatbelt Use ....	65	M17Q01 .....	76
C14INTRO .....	65	M17Q02 .....	77
C14Q01 .....	65	M17Q03 .....	78
C14END .....	65	M17END .....	78
Section 15: Immunization ....	66	Module 27: Sexual Orientation	
C15INTRO .....	66	and Gender Identity.....	79
C15Q01 .....	66	M27INTRO .....	79
C15Q02 .....	66	M27Q01 .....	79
C15Q03 .....	67	M27Q02 .....	80
C15Q04 .....	67	M27END .....	80
C15END .....	67	Module 29: Random Child	
Section 16: HIV/AIDS .....	68	Selection.....	81
C16INTRO .....	68	M29INTRO .....	81
C16Q01 .....	68	M29Q01 .....	81
C16Q02 .....	68	M29Q02 .....	81
C16Q03 .....	69	M29Q03A .....	82
C16END .....	69	M29Q03B .....	82
Module 13: Cancer Survivorship		M29Q04 .....	83
.....	70	M29Q05 .....	84
M13INTRO .....	70	M29Q06 .....	84
M13Q01 .....	70	M29END .....	85
M13Q02 .....	70	Module 30: Childhood Asthma	
M13Q03 .....	71	Prevalence.....	86
M13Q04 .....	72	M30INTRO .....	86
M13Q05 .....	72	M30Q01 .....	86
M13Q06 .....	73	M30Q02 .....	86
M13Q07 .....	73	M30END .....	86

State Added Section 01: Access for Exercise .....	87
IN01INTRO .....	87
IN01Q01 .....	87
IN01Q02 .....	87
IN01END .....	87
State Added Section 02: Unwanted Sexual Experience ..	88
IN02INTRO .....	88
IN02Q01 .....	88
IN02Q02 .....	88
IN02Q03 .....	89
IN02Q03o .....	89
IN02Q04 .....	90
IN02Q05 .....	90
IN02END .....	90
Asthma Call-Back Permission Script .....	91
AFUINTRO .....	91
ADLTPERM .....	91
FNAME .....	91
CNAME .....	91
MOSTKNOW .....	92
OTHNAME .....	92
CBTIME .....	92
Closing Statement .....	93
CLOSING .....	93





## Intro

<b>CPINTROQ</b>	Select
Ask If	
HELLO, I'm calling for the <b>Indiana Department of Health</b> . My name is _____. We are gathering information about the health of <b>Indiana</b> residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.	
Is this a safe time to talk with you?	
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 YES	CPCONTEL
2 NO	

<b>CPNOTSAF</b>	KEY
Ask If	CPINTROQ = 2
Thank you very much. We will call you back at a more convenient time.	
Interviewer: Press '1' to set callback	
1	DISPOS 5560

<b>CPConTel</b>	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	

<b>CPWRONGN</b>	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

<b>CPisCell</b>		Select
Ask If	CPConTel = 1	
Is this a cell(ular) telephone?		
READ ONLY IF NECESSARY:		
"By cell(ular) 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	

<b>CPCELLNO</b>		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.}		

<b>CPADULT</b>		Select
Ask If	CPisCell = 1	
Are you 18 years of age or older?		
NOTE: VERIFY GENDER OF RESPONDENT.		
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	

<b>CPNOADLT</b>		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.}		

<b>CPPVTRES</b>	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.	
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 CPSTATE
2	NO

<b>CPCOLLEG</b>	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

<b>CPNONRES</b>	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.	

<b>CPSTATE</b>	Select
Ask If	CPPVTRES = 1 OR CPCOLLEG = 1
Do you currently live in <b>Indiana</b> ?	
NOTE: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.	
1	YES <span style="float: right;">CPLANDLI</span>
2	NO <span style="float: right;">CPSTATER</span>
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>CPSTATEU</b>	Key
Ask If	CPSTATE = 7 OR CPSTATE = 9
Thank you for your time.	

<b>CPSTATER</b>	Select
Ask If	CPSTATE = 2
In what state do you live?	
	Enter State <span style="float: right;">CPLANDLI</span>
99	OTHER/REFUSED

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

<b>CPLANDLI</b>	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 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. INCLUDES VONAGE, MAGIC JACK AND OTHER HOME-BASED PHONE SERVICES.	
PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.	
1	YES
2	NO

<b>CPNMADLT</b>	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

<b>CPINTROS</b>	Select
Ask If	
I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call <b>(855) 435-7178</b> .	
1	Person interested, continue

**Section 01: Health Status**

<b>C01INTRO</b>	Pause
Ask If	

<b>C01Q01</b>	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	

<b>C01END</b>	Pause
Ask If	

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

<b>C02INTRO</b>	Pause
Ask If	

<b>C02Q01</b>	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

<b>C02Q02</b>	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

*Cati note: If C02Q01 and C02Q02 = 88 (none), go to next section.*

<b>C02Q03</b>	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



<b>C02END</b>	Pause
Ask If	

### Section 03: Health Care Access

<b>C03INTRO</b>	Pause			
Ask If				

<b>C03Q01</b>	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			

<b>C03Q02</b>	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			

<b>C03Q03</b>	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			

<b>C03Q04</b>		Select	100
Ask If			
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?			
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		
8	NEVER		
9	REFUSED		

<b>C03END</b>		Pause
Ask If		

## Section 04: Hypertension Awareness

<b>C04INTRO</b>	Pause
Ask If	

<b>C04Q01</b>	Select	101
Ask If		
Have you <b>EVER</b> 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	
3	NO	C04END
4	TOLD BORDERLINE HIGH OR PRE-HYPERTENSIVE	C04END
7	DON'T KNOW/NOT SURE	C04END
9	REFUSED	C04END

<b>C04Q01V</b>	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	
<b>{SRESP}</b>	
IS THE PREVIOUS ANSWER CORRECT?	
1	YES
2	NO
	C04Q01

<b>C04Q02</b>	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	

<b>C04END</b>	Pause
Ask If	

## Section 05: Cholesterol Awareness

<b>C05INTRO</b>	Pause
Ask If	

<b>C05Q01</b>	Select	103
Ask If		
Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your blood cholesterol checked?		
READ ONLY IF NECESSARY:		
1	Never	C05END
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	
7	DON'T KNOW/NOT SURE	
9	REFUSED	C05END

<b>C05Q02</b>	Select	104
Ask If	C05Q01 > 1 AND C05Q01 < 9	
Have you <b>EVER</b> been told by a doctor, nurse or other health professional that your blood cholesterol is high?		
1	YES	
2	NO	C05END
7	DON'T KNOW/NOT SURE	C05END
9	REFUSED	C05END

<b>C05Q03</b>	Select	105
Ask If	C05Q02 = 1	
Are you currently taking medicine prescribed by a doctor or other health professional for your blood cholesterol?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C05END</b>	Pause
Ask If	

## Section 06: Chronic Health Conditions

<b>C06INTRO</b>	Pause
Ask If	

<b>C06Q01</b>	Select	106
Ask If		
Has a doctor, nurse, or other health professional <b>EVER</b> 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	

<b>C06Q02</b>	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	

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



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

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

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

<b>C06Q07</b>		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		

<b>C06Q08</b>		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		

<b>C06Q09</b>		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"> <li>- rheumatism, polymyalgia rheumatica</li> <li>- osteoarthritis (not osteoporosis)</li> <li>- tendonitis, bursitis, bunion, tennis elbow</li> <li>- carpal tunnel syndrome, tarsal tunnel syndrome</li> <li>- joint infection, Reiter's syndrome</li> <li>- ankylosing spondylitis; spondylosis</li> <li>- rotator cuff syndrome</li> <li>- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome</li> <li>- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)</li> </ul>			
1	YES		
2	NO		
7	DON'T KNOW/NOT SURE		
9	REFUSED		

<b>C06Q10</b>		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		

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

<b>C06Q12</b>	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?"		
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, to next section.*

<b>C06Q12V</b>	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		
<b>{SRESP}</b>		
IS THE PREVIOUS ANSWER CORRECT?		
1	YES	
2	NO	C06Q12

<b>C06Q13</b>	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.*

<b>C06END</b>	Pause
Ask If	

## Module 01: Pre-Diabetes

*Cati note: only asked of those not responding "yes" (code = 1) to core Q6.12 (diabetes awareness question).*

<b>M01INTRO</b>	Pause
Ask If	C06Q12 > 1 AND CPState = 1

<b>M01Q01</b>	Select	290
Ask If	C06Q12 > 1 AND CPState = 1	
Have you had a test for high blood sugar or diabetes within the past three years?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

*Catinote: If core Q6.12 = 4 (no, pre-diabetes or borderline diabetes); answer Q2 "yes" (code = 1).*

<b>M01Q02</b>	Select	291
Ask If	((C06Q12 > 1 AND C06Q12 < 4) OR C06Q12 > 4) AND CPState = 1	
Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?		
INTERVIEWER INSTRUCTIONS: IF "YES" AND RESPONDENT IS FEMALE, ASK:		
"Was this only when you were pregnant?"		
1	YES	
2	YES, DURING PREGNANCY	
3	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M01Q02V</b>		Select	
Ask If	RESPGEND = 1 AND M01Q02 = 2		
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS TOLD BY A DOCTOR DURING PREGNANCY THAT SHE HAD PRE-DIABETES OR BORDERLINE DIABETES. ARE YOU SURE?			
THE RESPONDENT SELECTED WAS THE			
{SRESP}			
IS THE PREVIOUS ANSWER CORRECT?			
1	YES		
2	NO		
			M01Q02

<b>M01END</b>	Pause
Ask If	

## Module 02: Diabetes

*Cati note: To be asked following core Q6.13; if response to Q6.12 is "yes" (code = 1).*

<b>M02INTRO</b>	Pause
Ask If	C06Q12 = 1 AND CPState = 1

<b>M02Q01</b>	Select	292
Ask If	C06Q12 = 1 AND CPState = 1	
Are you now taking insulin?		
1	YES	
2	NO	
9	REFUSED	

<b>M02Q02</b>	Numeric	293-295
Ask If	C06Q12 = 1 AND CPState = 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 <b>NOT</b> 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.'		
ENTER QUANTITY PER DAY, WEEK, OR MONTH		
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

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

<b>M02Q03</b>	Numeric		296-298	
Ask If	C06Q12 = 1 AND CPState = 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 <b>NOT</b> include times when checked by a health professional.				
ENTER QUANTITY PER DAY, WEEK, OR MONTH				
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	

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



<b>M02Q04</b>	Numeric	299-300
Ask If	C06Q12 = 1 AND CPState = 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

<b>M02Q04V</b>	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

<b>M02Q05</b>	Numeric	301-302
Ask If	C06Q12 = 1 AND CPState = 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

<b>M02Q05V</b>	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.*

<b>M02Q06</b>	Numeric	303-304
Ask If	C06Q12 = 1 AND M02Q03 <> 555 AND CPState = 1	
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

<b>M02Q06V</b>	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

<b>M02Q07</b>	Select	305
Ask If	C06Q12 = 1 AND CPState = 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	

<b>M02Q08</b>	Select	306
Ask If	C06Q12 = 1 AND CPState = 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	

<b>M02Q09</b>	Select	307
Ask If	C06Q12 = 1 AND CPState = 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	

<b>M02END</b>	Pause
Ask If	

## Section 07: Arthritis Burden

<b>C07INTRO</b>	Pause
Ask If	C06Q09 = 1

*Cati Note: If C06Q09 = 1 (Yes) then continue, else to next section.*

<b>C07Q01</b>	Select	120
Ask If	C06Q09 = 1	
<p>Next, I will ask you about your arthritis. Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint. Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?</p> <p>INTERVIEWER INSTRUCTION: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN THE INTERVIEWER SHOULD 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	

*C07Q02 should be asked of all respondents regardless of employment status.*

<b>C07Q02</b>	Select	121
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 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."</p> <p>IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN THE INTERVIEWER SHOULD 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	

<b>C07Q03</b>	Select	122
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><b>INTERVIEWER INSTRUCTION: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN THE INTERVIEWER SHOULD SAY:</b></p> <p>"Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."</p> <p><b>PLEASE READ [1-3]:</b></p>		
1	A lot	
2	A little	
3	Not at all	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

*CATI NOTE: C07Q04 should export to variable C07Q04XX where if C07Q04 = 88, variable C07Q04XX = 00.*

<b>C07Q04</b>	Numeric	123-124
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. 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, <b>DURING THE PAST 30 DAYS</b>, how bad was your joint pain <b>ON AVERAGE</b>?</p> <p>___ ENTER NUMBER [01-10]</p>		
88	ZERO	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
10	MAX	CONTROL

<b>C07END</b>	Pause
Ask If	

## Section 08: Demographics

<b>C08INTRO</b>	Pause
Ask If	

<b>C08Q01</b>	Select	125
Ask If		
Are you ...		
INTERVIEWER NOTE: THIS QUESTION MUST BE ASKED EVEN IF INTERVIEWER HAD PREVIOUSLY ENTERED SEX IN THE SCREENING QUESTIONS.		
1	Male	
2	Female	
9	REFUSED	

*Cati Note: This question may be populated by landline household enumeration. It may not be populated by interviewer assignment of sex during the screening for cell phone persons living in college housing.*

<b>C08Q02</b>	Numeric	126-127
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

<b>C08Q02V</b>	Select	
Ask If	C06Q13 > C08Q02 AND C06Q13 < 98 AND C08Q02 > 17	
INTERVIEWER: THE RESPONDENT INDICATED THEIR AGE TO BE {C08Q02} 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	C08Q02

<b>C08Q03A</b>	Select	128-131
Ask If		
Are you Hispanic, Latino/a, or Spanish origin?		
1	YES	
2	NO	C08Q04
7	DON'T KNOW/NOT SURE	C08Q04
9	REFUSED	C08Q04

CATI Note: IF C08Q03A = 2, code C08Q03B = 5

<b>C08Q03B</b>	Multiple Select	128-131
Ask If C08Q03A = 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		
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	
5	NO	EXCLUSIVE
7	DON'T KNOW/NOT SURE	EXCLUSIVE
9	REFUSED	EXCLUSIVE

<b>C08Q04</b>	Multiple Select	132-159
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.		
INTERVIEWER NOTE: 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	

*CATI Note: If more than one response to C08Q04; continue. Otherwise, go to C08Q06.*



<b>C08Q05</b>	Select	160-161
Ask If	C08Q04 < 77 AND C08Q04.2 > 0 AND C08Q04.2 <> 88	
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 SUBCATEGORIES UNDERNEATH MAJOR HEADING. IF RESPONDENT HAS SELECTED MULTIPLE RACES IN PREVIOUS AND REFUSES TO SELECT A SINGLE RACE, CODE "REFUSED."		
10	White	
20	Black or African American	
30	American Indian or Alaska Native	
40	Asian	
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	

<b>C08Q06</b>	Select	162
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	

<b>C08Q07</b>	Select	163
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	

<b>C08Q08</b>	Select	164
Ask If		
Do you own or rent your home?		
INTERVIEWER NOTE, IF NEEDED SAY:		
"Other arrangement' may include group home, staying with friends or family without paying rent."		
INTERVIEWER NOTE, IF NEEDED SAY:		
"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, SAY:		
"We ask this question in order to compare health indicators among people with different housing situations."		
READ ONLY IF NECESSARY:		
1	Own	
2	Rent	
3	Other arrangement	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ASKCNTY</b>	Numeric	165-167
Ask If	(QSTPATH < 20 AND STATEFIPS <> 02) OR NOT(STATEFIPS = 02 AND CPState = 1) OR NOT(STATEFIPS <> 02 AND CPState > 1 AND CPStateR = 02)	
In what county do you currently live?		
{IF STATEFIPS = 48, INTERVIEWER NOTE: PLEASE REPEAT AND VERIFY SPELLING OF COUNTY BEFORE CONTINUING.}		
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.

<b>C08Q10</b>	Numeric	168-172
Ask If	What is the ZIP Code where you currently live?	
INTERVIEWER NOTE: PLEASE READ ZIP CODE BACK TO VERIFY ACCURACY.		
_____	ZIP CODE	
77777	DON'T KNOW/NOT SURE	
99999	REFUSED	
ZIPMIN		MIN
ZIPMAX		MAX

<b>C08Q14</b>		Select	176
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, IF NEEDED SAY:			
"Active duty does not include training for the Reserves or National Guard, but <b>DOES</b> include activation, for example, for the Persian Gulf War."			
1 YES			
2 NO			
7	DON'T KNOW/NOT SURE		
9	REFUSED		

<b>C08Q15</b>		Select	177
Ask If			
Are you currently...?			
INTERVIEWER NOTE: IF MORE THAN ONE SELECTED SAY:			
"Select the category which best describes you."			
INTERVIEWER NOTE: DO NOT CODE 7 FOR "DON'T KNOW" ON THIS QUESTION			
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		

<b>C08Q16</b>	Numeric	178-179
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 C08Q16 is answered, this will be considered a partial complete.*

<b>C08Q16v</b>	Select
Ask If C08Q16 > 9 AND C08Q16 < 88	
INTERVIEWER YOU RECORDED {C08Q16} CHILDREN LIVE IN THE HOUSEHOLD. IS THIS CORRECT?	
1	YES, CONTINUE
2	NO, CORRECT C08Q16 C08Q16

*Cati Note: If respondent refused at ANY income level code income variable to 99 (refused).*

<b>C08Q17d</b>	Select
Ask If	
Is your annual household income from all sources— Less than \$25,000?	
1	YES
2	NO C08Q17e
7	DON'T KNOW/NOT SURE C08Q17i
9	REFUSED C08Q17i

<b>C08Q17c</b>	Select
Ask If C08Q17d = 1	
(Is your annual household income from all sources— Less than \$20,000?	
1	YES
2	NO C08Q17i
7	DON'T KNOW/NOT SURE C08Q17i
9	REFUSED C08Q17i

<b>C08Q17b</b>		Select		
Ask If C08Q17c = 1				
(Is your annual household income from all sources-)				
Less than \$15,000?				
1	YES			
2	NO			C08Q17i
7	DON'T KNOW/NOT SURE			C08Q17i
9	REFUSED			C08Q17i

<b>C08Q17a</b>		Select		
Ask If C08Q17b = 1				
(Is your annual household income from all sources-)				
Less than \$10,000?				
1	YES			C08Q17i
2	NO			C08Q17i
7	DON'T KNOW/NOT SURE			C08Q17i
9	REFUSED			C08Q17i

<b>C08Q17e</b>		Select		
Ask If C08Q17d = 2				
(Is your annual household income from all sources-)				
Less than \$35,000?				
1	YES			C08Q17i
2	NO			
7	DON'T KNOW/NOT SURE			C08Q17i
9	REFUSED			C08Q17i

<b>C08Q17f</b>		Select		
Ask If C08Q17e = 2				
(Is your annual household income from all sources-)				
Less than \$50,000?				
1	YES			C08Q17i
2	NO			
7	DON'T KNOW/NOT SURE			C08Q17i
9	REFUSED			C08Q17i

<b>C08Q17g</b>		Select		
Ask If C08Q17f = 2				
(Is your annual household income from all sources—)				
Less than \$75,000?				
1	YES			C08Q17i
2	NO			C08Q17i
7	DON'T KNOW/NOT SURE			C08Q17i
9	REFUSED			C08Q17i

<b>C08Q17i</b>		Select		180-181
Ask If				
(Annual Household income from all sources is:)				
{If C08Q17g = 2, More than \$75,000?}				
{If C08Q17g = 1, \$50,000 to less than \$75,000}				
{If C08Q17f = 1, \$35,000 to less than \$50,000}				
{If C08Q17e = 1, \$25,000 to less than \$35,000}				
{If C08Q17c = 2, \$20,000 to less than \$25,000}				
{If C08Q17b = 2, \$15,000 to less than \$20,000}				
{If C08Q17a = 2, \$10,000 to less than \$15,000}				
{If C08Q17a = 1, Less than \$10,000}				
{Default, REFUSED/DON'T KNOW/NOT SURE}				
(Is this correct?)				
1	YES			
2	NO			C08Q17d
7	DON'T KNOW/NOT SURE			
9	REFUSED			

<b>C08Q18</b>		Select		182
Ask If				
Have you used the internet in the past 30 days?				
1	YES			
2	NO			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

<b>C08Q19</b>	Numeric	183-186
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		

<b>C08Q19V</b>	Select	
Ask If	C08Q19 <> 7777 AND C08Q19 <> 9999 AND ((C08Q19 < 9000 AND (C08Q19 < 80 OR C08Q19 > 350)) OR (C08Q19 > 9000 AND (C08Q19 < 9035 OR C08Q19 > 9159)))	
INTERVIEWER YOU INDICATED THE RESPONDENT WEIGHS {C08Q19} IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C08Q19

<b>C08Q20</b>	Numeric	187-190
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		



<b>C08Q20V</b>	Select	
Ask If	(C08Q20 < 9000 AND (C08Q20 > 608 OR C08Q20 < 407)) OR (C08Q20 > 9000 AND (C08Q20 > 9206 OR C08Q20 < 9139)) AND C08Q20 <> 7777 AND C08Q20 <> 9999	
INTERVIEWER YOU INDICATED THE RESPONDENT IS {SHOWFTIN C08Q20} IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C08Q20

*Cati Note: If male, go to Q8.22, if female respondent is 50 years old or older, go to Q8.22.*

<b>C08Q21</b>	Select	191
Ask If	C08Q01 = 2 AND C08Q02 < 50	
To your knowledge, are you now pregnant?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C08Q22</b>	Select	192
Ask If	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. Are you deaf or do you have serious difficulty hearing?	
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C08Q23</b>	Select	193
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	

<b>C08Q24</b>		Select	194
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		

<b>C08Q25</b>		Select	195
Ask If			
Do you have serious difficulty walking or climbing stairs?			
1 YES			
2 NO			
7	DON'T KNOW/NOT SURE		
9	REFUSED		

<b>C08Q26</b>		Select	196
Ask If			
Do you have difficulty dressing or bathing?			
1 YES			
2 NO			
7	DON'T KNOW/NOT SURE		
9	REFUSED		

<b>C08Q27</b>		Select	197
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		

<b>C08END</b>		Pause
Ask If		

## Section 09: Tobacco Use

<b>C09INTRO</b>	Pause
Ask If	

<b>C09Q01</b>	Select	198
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."		
INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES		
1	YES	
2	NO	C09Q05
7	DON'T KNOW/NOT SURE	C09Q05
9	REFUSED	C09Q05

<b>C09Q02</b>	Select	199
Ask If	C09Q01 = 1	
Do you now smoke cigarettes every day, some days, or not at all?		
DO NOT READ		
1	EVERY DAY	
2	SOME DAYS	
3	NOT AT ALL	C09Q04
7	DON'T KNOW/NOT SURE	C09Q05
9	REFUSED	C09Q05

<b>C09Q03</b>	Select	200
Ask If	C09Q01 = 1 AND (C09Q02 = 1 OR C09Q02 = 2)	
During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?		
1	YES	C09Q05
2	NO	C09Q05
7	DON'T KNOW/NOT SURE	C09Q05
9	REFUSED	C09Q05

<b>C09Q04</b>	Select	201-202
Ask If	C09Q02 = 3	
How long has it been since you last smoked a cigarette, even one or two puffs?		
READ ONLY IF NECESSARY		
01	Within the past month (less than 1 month ago)	
02	Within the past 3 months (1 month but less than 3 months ago)	
03	Within the past 6 months (3 months but less than 6 months ago)	
04	Within the past year (6 months but less than 1 year ago)	
05	Within the past 5 years (1 year but less than 5 years ago)	
06	Within the past 10 years (5 years but less than 10 years ago)	
07	10 years or more	
08	Never smoked regularly	
77	DON'T KNOW/NOT SURE	
99	REFUSED	

<b>C09Q05</b>	Select	203
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')		
INTERVIEWER NOTE: IF NEEDED SAY: "Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum."		
DO NOT READ		
1	EVERY DAY	
2	SOME DAYS	
3	NOT AT ALL	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C09END</b>	Pause
Ask If	

## Section 10: E-Cigarettes

<b>C10INTRO</b>	Pause
Ask If	

<b>C10Q01</b>	Select	204
Ask If		
<p>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.</p> <p>Have you ever used an e-cigarette or other electronic "vaping" product, even just one time, in your entire life?</p> <p>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.</p> <p>INTERVIEWER NOTE: READ IF NECESSARY:</p> <p>"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."</p>		
1	YES	
2	NO	C10END
7	DON'T KNOW/NOT SURE	C10END
9	REFUSED	C10END

<b>C10Q02</b>	Select	205
Ask If	C10Q01 = 1	
<p>Do you now use e-cigarettes or other electronic "vaping" products every day, some days, or not at all?</p>		
1	EVERY DAY	
2	SOME DAYS	
3	NOT AT ALL	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C10END</b>	Pause
Ask If	

## Section 11: Alcohol Consumption

<b>C11INTRO</b>	Pause
Ask If	

<b>C11Q01</b>	Numeric	206-208
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	C11END
777	DON'T KNOW/NOT SURE	C11END
999	REFUSED	C11END
101	MIN	CONTROL
230	MAX	CONTROL

<b>C11Q02</b>	Numeric	209-210
Ask If	C11Q01 < 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?		
INTERVIEWER NOTE, IF NEEDED SAY:		
"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

<b>C11Q02V</b>	Select	
Ask If	C11Q02 > 15 AND C11Q02 < 77	
INTERVIEWER YOU INDICATED {C11Q02} DRINKS PER DAY		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C11Q02

<b>C11Q03</b>	Numeric	211-212
Ask If	C11Q01 < 777	
Considering all types of alcoholic beverages, how many times during the past 30 days did you have <b>{IF C08Q01 = 1, 5, 4}</b> or more drinks on an occasion?		
_____ NUMBER OF TIMES		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
76	MAX	CONTROL

<b>C11Q03V</b>	Select	
Ask If	C11Q03 > 15 AND C11Q03 < 77	
INTERVIEWER YOU INDICATED {C11Q03} OCCASIONS WHEN THE RESPONDENT HAD 4/5 OR MORE DRINKS.		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C11Q03

<b>C11Q04</b>	Numeric	213-214
Ask If	C11Q01 < 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

<b>C11Q04V</b>	Select
Ask If	(C11Q04 <> 99 AND C11Q04 <> 77) AND C11Q04 < 77 AND ((C08Q01 = 1 AND (C11Q04 < 5 AND (C11Q03 < 88 AND C11Q03 <>77)) OR (C11Q03 = 88 AND (C11Q04 > 4 AND C11Q04 < 77))) OR (C08Q01 = 2 AND (C11Q04 < 4 AND (C11Q03 < 88 AND C11Q03 <>77)) OR (C11Q03 = 88 AND (C11Q04 > 3 AND C11Q04 < 77)))
	INTERVIEWER YOU INDICATED {C11Q04} DRINKS IS THE LARGEST NUMBER OF DRINKS THE RESPONDENT HAD ON ANY OCCASION BUT THE NUMBER OF TIMES THE RESPONDENT HAD {IF C08Q01 = 1, 5, 4} IS {C11Q03}.  IS THIS CORRECT?
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION <span style="float: right;">C11Q04</span>

<b>C11END</b>	Pause
Ask If	



## Section 12: Fruits and Vegetables

<b>C12INTRO</b>	Pause
Ask If	

<b>C12Q01</b>	Numeric	215-217
Ask If		
<p>Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks. Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month.</p> <p>READ IF RESPONDENT ASKS WHAT TO INCLUDE OR SAYS 'I DON'T KNOW':</p> <p>"Include fresh, frozen or canned fruit. Do not include dried fruits."</p> <p>INTERVIEWER INSTRUCTIONS: IF A RESPONDENT INDICATES THAT THEY CONSUME A FOOD ITEM EVERY DAY THEN ENTER THE NUMBER OF <b>TIMES</b> 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.</p> <p>INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK:</p> <p>"Was that per day, week, or month?"</p> <p>INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH  101-199 = PER DAY      201-299 = PER WEEK      300-399 = PER MONTH</p>		
TIMES		
300 LESS THAN ONCE A MONTH		
555 NEVER		
777 DON'T KNOW		
999 REFUSED		
101	MIN	CONTROL
399	MAX	CONTROL

<b>C12Q01V</b>	Select	
Ask If	(C12Q01 > 105 AND C12Q01 < 201) OR (C12Q01 > 235 AND C12Q01 < 300)	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS FRUIT {C12Q01 SHOWTIME}		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C12Q01

<b>C12Q02</b>	Numeric	218-220
Ask If		
Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?		
READ IF RESPONDENT ASKS ABOUT EXAMPLES OF FRUIT-FLAVORED DRINKS:		
"Do not include fruit-flavored drinks with added sugar like cranberry cocktail, HI-C, lemonade, Kool-aid, Gatorade, Tampico, and Sunny delight. Include only 100% pure juices or 100% juice blends."		
INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK:		
"Was that per day, week, or month?"		
INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH 101-199 = PER DAY      201-299 = PER WEEK      300-399 = PER MONTH		
_____ TIMES		
300	LESS THAN ONCE A MONTH	
555	NEVER	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
101	MIN	CONTROL
399	MAX	CONTROL

<b>C12Q02V</b>	Select	
Ask If	(C12Q02 > 105 AND C12Q02 < 201) OR (C12Q02 > 235 AND C12Q02 < 300)	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT DRINKS 100% PURE FRUIT JUICES {C12Q02 SHOWTIME}		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C12Q02

<b>C12Q03</b>	Numeric	221-223
Ask If		
How often did you eat a green leafy or lettuce salad, with or without other vegetables?		
READ IF RESPONDENT ASKS ABOUT SPINACH:		
"Include spinach salads"		
INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK:		
"Was that per day, week, or month?"		
INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH		
101-199 = PER DAY      201-299 = PER WEEK      300-399 = PER MONTH		
TIMES		
300 LESS THAN ONCE A MONTH		
555 NEVER		
777 DON'T KNOW/NOT SURE		
999 REFUSED		
101	MIN	CONTROL
399	MAX	CONTROL

<b>C12Q03V</b>	Select
Ask If	(C12Q03 > 105 AND C12Q03 < 201) OR (C12Q03 > 235 AND C12Q03 < 300)
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS GREEN LEAFY OR LETTUCE SALAD {C12Q03 SHOWTIME}	
IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION
	C12Q03

<b>C12Q04</b>	Numeric	224-226
Ask If		
How often did you eat any kind of fried potatoes, including french fries, home fries, or hash browns?		
READ IF RESPONDENT ASKS ABOUT POTATO CHIPS:		
"Do not include potato chips."		
INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK:		
"Was that per day, week, or month?"		
INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH 101-199 = PER DAY      201-299 = PER WEEK      300-399 = PER MONTH		
TIMES		
300 LESS THAN ONCE A MONTH		
555 NEVER		
777 DON'T KNOW/NOT SURE		
999 REFUSED		
101	MIN	CONTROL
399	MAX	CONTROL

<b>C12Q04V</b>	Select	
Ask If	(C12Q04 > 105 AND C12Q04 < 201) OR (C12Q04 > 235 AND C12Q04 < 300)	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS ANY KIND OF FRIED POTATOES {C12Q04 SHOWTIME}		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C12Q04

<b>C12Q05</b>	Numeric	227-229
Ask If		
How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?		
READ IF RESPONDENT ASKS ABOUT WHAT TYPES OF POTATOES TO INCLUDE:		
"Include all types of potatoes except fried. Include potatoes au gratin, scalloped potatoes."		
INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK:		
"Was that per day, week, or month?"		
INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH		
101-199 = PER DAY      201-299 = PER WEEK      300-399 = PER MONTH		
_____ TIMES		
300	LESS THAN ONCE A MONTH	
555	NEVER	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
101	MIN	CONTROL
399	MAX	CONTROL

<b>C12Q05V</b>	Select	
Ask If	(C12Q05 > 105 AND C12Q05 < 201) OR (C12Q05 > 235 AND C12Q05 < 300)	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS ANY OTHER KIND OR POTATO {C12Q05 SHOWTIME}		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C12Q05

<b>C12Q06</b>	Numeric	230-232
Ask If		
Not including lettuce salads and potatoes, how often did you eat other vegetables?		
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."		
INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK:		
"Was that per day, week, or month?"		
INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH		
101-199 = PER DAY      201-299 = PER WEEK      300-399 = PER MONTH		
_____	TIMES	
300	LESS THAN ONCE A MONTH	
555	NEVER	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
101	MIN	CONTROL
399	MAX	CONTROL

<b>C12Q06V</b>	Select	
Ask If	(C12Q06 > 105 AND C12Q06 < 201) OR (C12Q06 > 235 AND C12Q06 < 300)	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS OTHER VEGETABLES {C12Q06 <b>SHOWTIME</b> }		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C12Q06

<b>C12END</b>	Pause
Ask If	

**Section 13: Exercise (Physical Activity)**

<b>C13INTRO</b>	Pause
Ask If	

<b>C13Q01</b>	Select	233
Ask If		
<p>The next few questions are about exercise, recreation, or physical activities other than your regular job duties.</p> <p><b>INTERVIEWER INSTRUCTION: IF RESPONDENT DOES NOT HAVE A "REGULAR JOB DUTY" OR IS RETIRED, SAY:</b></p> <p>"You may count the physical activity or exercise you 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	C13Q08
7	DON'T KNOW/NOT SURE	C13Q08
9	REFUSED	C13Q08

<b>C13Q02</b>	Numeric	234-235
Ask If	C13Q01 = 1	
<p>What type of physical activity or exercise did you spend the most time doing during the past month?</p> <p><b>INTERVIEWER INSTRUCTION: IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED IN THE PHYSICAL ACTIVITY CODING LIST, CHOOSE THE OPTION LISTED AS "OTHER".</b></p> <p>____ (SPECIFY) [SEE CODING LIST A]</p>		
77	DON'T KNOW/NOT SURE	C13Q08
99	REFUSED	C13Q08

<b>Activity List</b>	Numeric
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	

<b>C13Q03</b>	Numeric	236-238
Ask If	C13Q02 > 0 AND C13Q02 <> 77 AND C13Q02 <> 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

<b>C13Q03v</b>	Select
Ask If	(C13Q03 > 107 AND C13Q03 < 201) OR (C13Q03 > 231 AND C13Q03 < 300)
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE ACTIVITY RECORDED IN C13Q02 {C13Q03 SHOWTIME}	
IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION <span style="float: right;">C13Q03</span>

<b>C13Q04</b>	Numeric	239-241
Ask If	C13Q02 > 0 AND C13Q02 <> 77 AND C13Q02 <> 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

<b>C13Q04V</b>	Select
Ask If	C13Q04 > 430 AND C13Q04 < 777
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT KEEPS AT THIS ACTIVITY FOR {C13Q04 HOURMIN}	
IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION <span style="float: right;">C13Q04</span>

<b>C13Q05</b>	Numeric	242-243
Ask If	C13Q02 > 0 AND C13Q02 <> 77 AND C13Q02 <> 99	
What other type of physical activity gave you the next most exercise during the past month?		
INTERVIEWER INSTRUCTION: IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED IN THE CODING PHYSICAL ACTIVITY LIST, CHOOSE THE OPTION LISTED AS "OTHER".		
(SPECIFY) [SEE CODING LIST A]		
88	NO OTHER ACTIVITY	C13Q08
77	DON'T KNOW/NOT SURE	C13Q08
99	REFUSED	C13Q08

<b>Activity List</b>	Numeric	234-235
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	

<b>C13Q05V</b>	Select
Ask If	C13Q02 = C13Q05
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE SAME ACTIVITY RECORDED IN C13Q02.	
FIRST ACTIVITY (C13Q02)= {C13Q02}	
SECOND ACTIVITY (C13Q05)= {C13Q05}	
IS THIS CORRECT?	
1	NO, CHANGE ACTIVITY IN QUESTION C13Q05 C13Q05
2	NO, CHANGE ACTIVITY IN QUESTION C13Q02 C13Q02
3	YES, CORRECT AS IS, CONTINUE

<b>C13Q06</b>	Numeric	244-246
Ask If	C13Q05 > 0 AND C13Q05 <> 77 AND C13Q05 <> 99 AND C13Q05 <> 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

<b>C13Q06V</b>	Select
Ask If	(C13Q06 > 107 AND C13Q06 < 201) OR (C13Q06 > 231 AND C13Q06 < 300)
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE ACTIVITY RECORDED IN C13Q05 {C13Q06 SHOWTIME}	
IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION C13Q06

<b>C13Q07</b>	Numeric	247-249
Ask If	C13Q05 > 0 AND C13Q05 <> 77 AND C13Q05 <> 99 AND C13Q05 <> 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

<b>C13Q07V</b>	Select	
Ask If	C13Q07 > 430 AND C13Q07 < 777	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT KEEPS AT THIS ACTIVITY FOR {C13Q07 HOURMIN}		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C13Q07

<b>C13Q08</b>	Numeric	250-252
Ask If		
During the past month, how many times per week or per month did you do physical activities or exercises to <b>STRENGTHEN</b> your muscles? Do <b>NOT</b> 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

<b>C13Q08V</b>	Select
Ask If	(C13Q08 > 107 AND C13Q08 < 201) OR (C13Q08 > 231 AND C13Q08 < 300)
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE ACTIVITY RECORDED IN C13Q05 {C13Q06 SHOWTIME}	
IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION
	C13Q08

<b>C13END</b>	Pause
Ask If	



## Section 14: Seatbelt Use

<b>C14INTRO</b>	Pause
Ask If	

<b>C14Q01</b>	Select	253
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	

<b>C14END</b>	Pause
Ask If	

## Section 15: Immunization

<b>C15INTRO</b>	Pause
Ask If	

<b>C15Q01</b>	Select	254
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><b>READ ONLY IF NECESSARY:</b></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	C15Q03
7	DON'T KNOW/NOT SURE	C15Q03
9	REFUSED	C15Q03

<b>C15Q02</b>	Numeric	255-260
Ask If	C15Q01 = 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	
012016	MIN	CONTROL
122017	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 06/2017, response can be no older than 06/2016*

<b>C15Q03</b>		Select	261
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		

*CATI NOTE: IF RESPONDENT IS <= 49 YEARS OF AGE, GO TO NEXT SECTION*

<b>C15Q04</b>		Select	262
Ask If C08Q02 = 7 OR C08Q02 = 9 OR C08Q02 > 49			
Have you ever had the shingles or zoster vaccine?			
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."			
1 YES			
2 NO			
7	DON'T KNOW/NOT SURE		
9	REFUSED		

<b>C15END</b>		Pause
Ask If		

## Section 16: HIV/AIDS

<b>C16INTRO</b>	Pause
Ask If	

<b>C16Q01</b>	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	C16Q03
7	DON'T KNOW/NOT SURE	C16Q03
9	REFUSED	C16Q03

<b>C16Q02</b>	Numeric	264-269
Ask If	C16Q01 = 1	
<p>Not including blood donations, in what month and year was your last HIV test?</p> <p>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.</p>		
CODE MONTH AND YEAR		
777777	DON'T KNOW/NOT SURE	
999999	REFUSED	
011985	MIN	CONTROL
772017	MAX	CONTROL

<b>C16Q03</b>		Select	270
Ask If			
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.			
<ul style="list-style-type: none"> <li>- You have injected any drug other than those prescribed for you in the past year.</li> <li>- You have been treated for a sexually transmitted disease or STD in the past year.</li> <li>- You have given or received money or drugs in exchange for sex in the past year.</li> <li>- You had anal sex without a condom in the past year.</li> <li>- You had four or more sex partners in the past year.</li> </ul>			
Do any of these situations apply to you?			
1	YES		
2	NO		
7	DON'T KNOW/NOT SURE		
9	REFUSED		

<b>C16END</b>		Pause
Ask If		

## Module 13: Cancer Survivorship

*CATI NOTE: If C06Q06 or C06Q07 = 1 (Yes) continue, else go to next module.*

<b>M13INTRO</b>	Pause
Ask If	

<b>M13Q01</b>	M13.1	M12.1	Select	408
Ask If	(C06Q06 = 1 OR C06Q07 = 1) AND CPState = 1			
You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.				
How many different types of cancer have you had?				
DO NOT READ				
1	ONLY ONE			
2	TWO			
3	THREE OR MORE			
7	DON'T KNOW/NOT SURE			M13END
9	REFUSED			M13END

<b>M13Q02</b>	M13.2	M12.2	Numeric	409-410
Ask If	M13Q01 > 0 AND M13Q01 < 7			
<b>{If M13Q01 = 2 OR M13Q01 = 3, At what age were you first diagnosed with cancer? At what age were you told that you had cancer?}</b>				
INTERVIEWER NOTE, IF NEEDED SAY:				
"This question refers to the first time you were told about your first cancer."				
—	CODE AGE IN YEARS [97 = 97 and older]			
98	DON'T KNOW/NOT SURE			
99	REFUSED			
01	MIN			CONTROL
97	MAX			CONTROL

*CATI NOTE: If C06Q06 = 1 and M13Q01 = 1 ask "Was it Melanoma" or "other skin cancer?" then code 21 if "Melanoma" or 22 if "other skin cancer."*

<b>M13Q03</b>	M13.3	M12.3	Select	411-412
Ask If	(C06Q06 = 1 OR C06Q07 = 1) AND CPState = 1			
<b>{If C06Q06 = 1 AND M13Q01 = 1, Was it Melanoma or other skin cancer?</b>				
INTERVIEWER NOTE: IF "MELANOMA" CODE 21, IF "OTHER SKIN CANCER" CODE 22}				
<b>{IF M13Q01 = 2 OR M13Q01 = 3, With your most recent diagnoses of cancer, what type of cancer was it?}</b>				
<b>{DEFAULT, What type of cancer was it?}</b>				
INTERVIEWER NOTE: PLEASE READ LIST ONLY IF RESPONDENT NEEDS PROMPTING FOR CANCER TYPE (I.E., NAME OF CANCER) [1-30]:				
01	Breast cancer			
02	Cervical cancer (cancer of the cervix)			
03	Endometrial cancer (cancer of the uterus)			
04	Ovarian cancer (cancer of the ovary)			
05	Head and neck cancer			
06	Oral cancer			
07	Pharyngeal (throat) cancer			
08	Thyroid			
09	Larynx			
10	Colon (intestine) cancer			
11	Esophageal (esophagus)			
12	Liver cancer			
13	Pancreatic (pancreas) cancer			
14	Rectal (rectum) cancer			
15	Stomach			
16	Hodgkin's Lymphoma (Hodgkin's disease)			
17	Leukemia (blood) cancer			
18	Non-Hodgkin's Lymphoma			
19	Prostate cancer			
20	Testicular cancer			
21	Melanoma			
22	Other skin cancer			
23	Heart			
24	Lung			
25	Bladder cancer			
26	Renal (kidney) cancer			
27	Bone			
28	Brain			
29	Neuroblastoma			
30	Other			
77	DON'T KNOW/NOT SURE			
99	REFUSED			

<b>M13Q04</b>	M13.4	M12.4	Select	413
Ask If	(C06Q06 = 1 OR C06Q07 = 1) AND CPState = 1			
Are you currently receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.				
READ IF NECESSARY				
1	Yes			M13END
2	No, I've completed treatment			
3	No, I've refused treatment			M13END
4	No, I haven't started treatment			M13END
5	Treatment was not needed			M13END
7	DON'T KNOW/NOT SURE			M13END
9	REFUSED			M13END

<b>M13Q05</b>	M13.5	M12.5	Select	414-415
Ask If	M13Q04 = 2			
What type of doctor provides the majority of your health care?				
INTERVIEWER NOTE: IF THE RESPONDENT REQUESTS CLARIFICATION OF THIS QUESTION, SAY:				
"We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.)."				
PLEASE READ [1-10]:				
01	Cancer Surgeon			
02	Family Practitioner			
03	General Surgeon			
04	Gynecologic Oncologist			
05	General Practitioner, Internist			
06	Plastic Surgeon, Reconstructive Surgeon			
07	Medical Oncologist			
08	Radiation Oncologist			
09	Urologist			
10	Other			
77	DON'T KNOW/NOT SURE			
99	REFUSED			



<b>M13Q06</b>	M13.6	M12.6	Select	416
Ask If	M13Q04 = 2			
Did any doctor, nurse, or other health professional <b>EVER</b> give you a written summary of all the cancer treatments that you received?				
READ ONLY IF NECESSARY:				
"By 'other healthcare professional' we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional."				
1	YES			
2	NO			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

<b>M13Q07</b>	M13.7	M12.7	Select	417
Ask If	M13Q04 = 2			
Have you <b>EVER</b> received instructions from a doctor, nurse, or other health professional about where you should return or who you should see for routine cancer check-ups after completing your treatment for cancer?				
1	YES			
2	NO			
				M13Q09
7	DON'T KNOW/NOT SURE			
				M13Q09
9	REFUSED			
				M13Q09

<b>M13Q08</b>	M13.8	M12.8	Select	418
Ask If	M13Q07 = 1			
Were these instructions written down or printed on paper for you?				
1	YES			
2	NO			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

<b>M13Q09</b>	M13.9	M12.9	Select	419
Ask If	M13Q04 = 2			
With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?				
INTERVIEWER NOTE, IF NEEDED SAY:				
"Health insurance' also includes Medicare, Medicaid, or other types of state health programs."				
1	YES			
2	NO			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

<b>M13Q10</b>	M13.10	M12.10	Select	420
Ask If	M13Q04 = 2			
Were you <b>EVER</b> denied health insurance or life insurance coverage because of your cancer?				
1	YES			
2	NO			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

<b>M13Q11</b>	M13.11	M12.11	Select	421
Ask If	M13Q04 = 2			
Did you participate in a clinical trial as part of your cancer treatment?				
1	YES			
2	NO			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

<b>M13Q12</b>	M13.12	M12.12	Select	422
Ask If	M13Q04 = 2			
Do you currently have physical pain caused by your cancer or cancer treatment?				
1	YES			
2	NO			M13END
7	DON'T KNOW/NOT SURE			M13END
9	REFUSED			M13END

<b>M13Q13</b>	M13.13	M12.13	Select	423
Ask If	M13Q12 = 1			
Is your pain currently under control?				
PLEASE READ:				
1 Yes, with medication (or treatment)				
2 Yes, without medication (or treatment)				
3 No, with medication (or treatment)				
4 No, without medication (or treatment)				
7 DON'T KNOW/NOT SURE				
9 REFUSED				

<b>M13END</b>	Pause
Ask If	

## Module 17: Preconception Health/Family Planning

<b>M17INTRO</b>	Pause		
Ask If			
<p style="color: red;">CATI NOTE: IF RESPONDENT IS FEMALE AND GREATER THAN 49 YEARS OF AGE, HAS HAD A HYSTERECTOMY, IS PREGNANT, OR IF RESPONDENT IS MALE GO TO THE NEXT MODULE.</p>			
<b>M17Q01</b>	M17.1	M16.1	Select 436
Ask If	RespGend = 2 AND C08Q02 < 50 AND C08Q21 <> 1 AND CPState = 1		
<p>The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.</p> <p>Did you or your partner do anything the last time you had sex to keep you from getting pregnant?</p>			
1	Yes		
2	No		M17Q03
3	No partner/not sexually active		M17END
4	Same sex partner		M17END
5	Has had a Hysterectomy		M17END
7	DON'T KNOW/NOT SURE		M17Q03
9	REFUSED		M17Q03

<b>M17Q02</b>	M17.2	M16.2	Select	437-438
Ask If	M17Q01 = 1			
What did you or your partner do the last time you had sex to keep you from getting pregnant?				
INTERVIEWER NOTE: IF RESPONDENT REPORTS USING MORE THAN ONE METHOD, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST.				
INTERVIEWER NOTE: IF RESPONDENT REPORTS USING "CONDOMS," PROBE TO DETERMINE IF "FEMALE CONDOMS OR MALE CONDOMS."				
INTERVIEWER NOTE: IF RESPONDENT REPORTS USING AN "IUD" PROBE TO DETERMINE IF "LEVONORGESTREL IUD" OR "COPPER-BEARING IUD."				
INTERVIEWER NOTE: IF RESPONDENT REPORTS "OTHER METHOD," ASK RESPONDENT TO "PLEASE SPECIFIC" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.				
READ ONLY IF NECESSARY:				
01	Female sterilization (ex. Tubal ligation, Essure, Adiana)			M17END
02	Male sterilization (vasectomy)			M17END
03	Contraceptive implant (ex. Implanon)			M17END
04	Levonorgestrel (LEE-voe-nor-JES-trel) (LNG) or hormonal IUD (ex. Mirena)			M17END
05	Copper-bearing IUD (ex. ParaGard)			M17END
06	IUD, type unknown			M17END
07	Shots (ex. Depo-Provera)			M17END
08	Birth control pills, any kind			M17END
09	Contraceptive patch (ex. Ortho Evra)			M17END
10	Contraceptive ring (ex. NuvaRing)			M17END
11	Male condoms			M17END
12	Diaphragm, cervical cap, sponge			M17END
13	Female condoms			M17END
14	Not having sex at certain times (rhythm or natural family planning)			M17END
15	Withdrawal (or pulling out)			M17END
16	Foam, jelly, film, or cream			M17END
17	Emergency contraception (morning after pill)			M17END
18	Other method			M17END
77	DON'T KNOW/NOT SURE			M17END
99	REFUSED			M17END

<b>M17Q03</b>	M17.3	M16.3	Select	439-440
Ask If	M17Q01 = 2 OR M17Q01 > 5			
<p>Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.</p> <p>What was your main reason for not doing anything the last time you had sex to keep you from getting pregnant?</p> <p>INTERVIEWER NOTE: IF RESPONDENT REPORTS "OTHER REASON," ASK RESPONDENT TO "PLEASE SPECIFY" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.</p> <p>READ ONLY IF NECESSARY:</p>				
01	You didn't think you were going to have sex/no regular partner			
02	You just didn't think about it			
03	Don't care if you get pregnant			
04	You want a pregnancy			
05	You or your partner don't want to use birth control			
06	You or your partner don't like birth control/side effects			
07	You couldn't pay for birth control			
08	You had a problem getting birth control when you needed it			
09	Religious reasons			
10	Lapse in use of a method			
11	Don't think you or your partner can get pregnant (infertile or too old)			
12	You had tubes tied (sterilization)			
13	You had a hysterectomy			
14	Your partner had a vasectomy (sterilization)			
15	You are currently breast-feeding			
16	You just had a baby/postpartum			
17	You are pregnant now			
18	Same sex partner			
19	Other reasons			
77	DON'T KNOW/NOT SURE			
99	REFUSED			

<b>M17END</b>	Pause
Ask If	

## Module 27: Sexual Orientation and Gender Identity

<b>M27INTRO</b>	Pause
Ask If	

<b>M27Q01</b>	M27.1	M26.1	Select	684
Ask If	CPState = 1			
<p>The next two questions are about sexual orientation and gender identity.</p> <p>Do you consider yourself to be:</p> <p><b>INTERVIEWER NOTE:</b></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><b>INTERVIEWER NOTE: PLEASE SAY THE NUMBER BEFORE THE TEXT RESPONSE. RESPONDENT CAN ANSWER WITH EITHER THE NUMBER OR THE TEXT/WORD.</b></p> <p><b>PLEASE READ:</b></p>				
1	1 - Straight			
2	2 - Lesbian or gay			
3	3 - Bisexual			
4	OTHER			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

<b>M27Q02</b>	M27.2	M26.2	Select	685
Ask If	CPState = 1			
Do you consider yourself to be transgender?				
INTERVIEWER NOTE: PLEASE SAY THE NUMBER BEFORE THE "YES" TEXT RESPONSE. RESPONDENT CAN ANSWER WITH EITHER THE NUMBER OR THE TEXT/WORD.				
IF YES, ASK:				
"Do you consider yourself to be 1. male-to-female, 2. female-to-male, or 3. gender non-conforming?"				
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 <b>NON-CONFORMING</b> when they do not identify <b>ONLY</b> as a man or <b>ONLY</b> as a woman."				
PLEASE READ				
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			

<b>M27END</b>	Pause
Ask If	



## Module 29: Random Child Selection

*CATI NOTE: IF CORE Q8.16 = 88, OR 99 (NO CHILDREN UNDER AGE 18 IN THE HOUSEHOLD, OR REFUSED), GO TO NEXT MODULE.*

<b>M29INTRO</b>	Pause
Ask If	C08Q16 < 88 AND CPState = 1
<p>{If C08Q16 = 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 C08Q16 &gt; 1 AND C08Q16 &lt; 88, Previously, you indicated there were {C08Q16} children age 17 or younger in your household. Think about those {C08Q16} 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>	

<b>M29Q01</b>	M29.1	M28.1	Numeric	689-694
Ask If	C08Q16 < 88 AND CPState = 1			
What is the birth month and year of the {SHOWKID}?				
Code Month and year				
777777	DON'T KNOW/NOT SURE			
999999	REFUSED			
XX1999	MIN			
XX2017	MAX			

*CATI NOTE: 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).*

<b>M29Q02</b>	M29.2	M28.2	Select	695
Ask If	C08Q16 < 88 AND CPState = 1			
Is the child a boy or a girl?				
1	Boy			
2	Girl			
9	REFUSED			

<b>M29Q03A</b>	M29.3	M28.3	Select	696-699
Ask If	C08Q16 < 88 AND CPState = 1			
Is the child Hispanic, Latino/a, or Spanish origin?				
1	YES			
2	NO			
				M29Q04
7	DON'T KNOW/NOT SURE			
				M29Q04
9	REFUSED			
				M29Q04

<b>M29Q03B</b>	M29.3B	M28.3B	Multiple Select	696-699
Ask If	M29Q03A = 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

<b>M29Q04</b>	M29.4	M28.4	Multiple Select	700-727
Ask If	C08Q16 < 88 AND CPState = 1			
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.				
INTERVIEWER NOTE: 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			

<b>M29Q05</b>	M29.5	M28.5	Select	727-728
Ask If	M29Q04 < 77 AND M29Q04.2 > 0 AND M29Q04.2 <> 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			

<b>M29Q06</b>	M29.6	M28.6	Select	729
Ask If	C08Q16 < 88 AND CPState = 1			
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			

<b>M29END</b>	Pause
Ask If	

## Module 30: Childhood Asthma Prevalence

<b>M30INTRO</b>	Pause
Ask If	C08Q16 < 88 AND CPState = 1

*CATI NOTE: If response to Core C08Q16 = 88 (None) or 99 (Refused), go to next module.*

<b>M30Q01</b>	M30.1	M29.1	Select	730	
Ask If	C08Q16 < 88 AND CPState = 1				
{IF C08Q16 > 1, The next two questions are about the {SHOWKID}.}					
Has a doctor, nurse or other health professional <b>EVER</b> said that the child has asthma?					
1	YES				
2	NO				M30END
7	DON'T KNOW				M30END
9	REFUSED				M30END

<b>M30Q02</b>	M30.2	M29.2	Select	731
Ask If	M30Q01 = 1			
Does the child still have asthma?				
1	YES			
2	NO			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

<b>M30END</b>	Pause
Ask If	

## State Added Section 01: Access for Exercise

<b>IN01INTRO</b>	Pause
Ask If	

<b>IN01Q01</b>	Select	901
Ask If	CPState = 1	
In your neighborhood, do you have access to any sidewalks, bike lanes, trails or parks where you can safely walk, run or bike?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>IN01Q02</b>	Select	902
Ask If	CPState = 1	
Do you have access to public exercise facilities such as walking or running tracks, basketball or tennis courts, swimming pools, sports fields, etc., in your neighborhood?		
INTERVIEW NOTE: IF NECESSARY, PLEASE SAY:		
"Public exercise facilities are facilities that are generally free, low cost, or affordable, such as a Parks and Rec facility, the YMCA, or a community center."		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>IN01END</b>	Pause
Ask If	

## State Added Section 02: Unwanted Sexual Experience

<b>IN02INTRO</b>	Pause
Ask If	

<b>IN02Q01</b>	Select	903
Ask If	CPState = 1	
<p>The next questions are about unwanted sexual experiences. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section I will give you a phone number for an organization that can provide information and referral for this issue. Remember that your answers are strictly confidential and that you don't have to answer a question if you don't want to. This information will help us to better understand the problem of unwanted sexual contact and may help others in the future. Please keep in mind that if you are not in a safe place you can ask me to skip any question you do not want to answer.</p> <p>Are you in a safe place to answer these questions?</p>		
1	YES	
2	NO	IN02END
7	DON'T KNOW/NOT SURE	IN02END
9	REFUSED	IN02END

<b>IN02Q02</b>	Select	904
Ask If	IN02Q01 = 1	
<p>I am going to ask you questions about unwanted sex. Unwanted sex includes things like putting anything into your {IF C08Q01 = 2, vagina} anus, or mouth or making you do these things to them after you said or showed that you didn't want to. It includes times when you were unable to consent; for example you were drunk or asleep or you thought you would be hurt or punished if you refused.</p> <p>In the past 12 months, has anyone had sex with you after you said or showed that you didn't want them to or without your consent?</p>		
1	YES	
2	NO	IN02Q05
7	DON'T KNOW/NOT SURE	IN02Q05
9	REFUSED	IN02Q05



<b>IN02Q03</b>	Multiple Select	905
Ask If	IN02Q02 = 1	
<p>Who did you tell about the incident if anyone? For example, did you tell a friend or family member, doctor, rape crisis center, therapist, member of the clergy, or the police? Please list everyone, including anyone that I have not mentioned.</p> <p>INTERVIEWER NOTE: IF REPORTED MORE THAN ONE INCIDENT ASK ABOUT MOST RECENT.</p> <p>READ IF NECESSARY</p> <p>[SELECT ALL THAT APPLY]</p>		
01	Friend	
02	Family member	
03	Doctor or other medical professional	
04	Crisis center, support group, rape crisis center, other victim service agency	
05	Therapist/counselor	
06	Clergy	
08	Police or other law enforcement	
10	Other [Specify:]	
11	Did not tell anyone	Exclusive
77	DON'T KNOW/NOT SURE	Exclusive
99	REFUSED	Exclusive

<b>IN02Q03o</b>	Open End	921-935
Ask If	IN02Q03 = 10	
<p>You said you told someone else. Can you please specify who you told?</p>		

<b>IN02Q04</b>	Select	936
Ask If	IN02Q02 = 1	
In what type of place did the incident occur? For instance, did this happen at home, school, or at work?		
INTERVIEWER NOTE: IF REPORTED MORE THAN ONE INCIDENT ASK ABOUT MOST RECENT.		
READ IF NECESSARY		
1	At home	
2	At work	
3	In a park	
4	At a friend's home	
5	At a family member's home	
6	Other (Specify:)	OTHER
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>IN02Q05</b>	Key
Ask If	CPState = 1
If you or someone you know would like to talk to a trained counselor, the following toll-free number can connect you to a confidential sexual assault hotline in your area. The number is 1-800-656-HOPE, that's 1-800-656-4673. Would you like me to repeat that?	

<b>IN02END</b>	Pause
Ask If	

## Asthma Call-Back Permission Script

<b>AFUINTRO</b>	Pause
Ask If	

<b>ADLTPERM</b>	Select	732
Ask If	((C06Q04 = 1) OR (M30Q01 = 1 AND (M29Q06 = 1 OR M29Q06 = 3))) AND CPState = 1	
We would like to call you again within the next 2 weeks to talk in more detail about <b>{ADLTCHLD = 1, your, your child's}</b> experiences with asthma. The information will be used to help develop and improve the asthma programs in <b>Indiana</b> . 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?		
1	YES	
2	NO	AFUEND

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

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

<b>MOSTKNOW</b>	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

<b>OTHNAME</b>	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	

<b>CBTIME</b>	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

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