



2010

Connecticut

**Behavioral Risk Factor Surveillance System
Questionnaire**

January 2010

Behavioral Risk Factor Surveillance System 2010 Questionnaire

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Interviewer's Script

Intro1

HELLO, I am calling for the **Connecticut Department of Health**. My name is (name) . We are gathering information about the health of **Connecticut** 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. The interview may be monitored and recorded for quality assurance purposes.

Is this (phone number) ?

- 01 Correct Number (proceed to next question)
- 02 Answering Machine (RESIDENCE)
- 03 Answering Machine (UNKNOWN)
- 05 [SELECTED RESPONDENT] ON THE PHONE
- 06 Fax Machine
- 07 Termination Screen
- 08 Hang Up – Before Intro
- 12 Respondent refused to transfer to selected-1x
- 13 Respondent refused to transfer to selected-2x
- 14 CONTINUE IN SPANISH

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

- 1 Yes
- 2 No

X2 STOP Thank you very much, but we are only interviewing private residences in **Connecticut** .

HS2 Is this a cellular telephone?

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

- 1 **No - Not a Cellular Telephone**
- 2 **Yes**

X4 STOP Thank you very much, but we are only interviewing landline telephones and private residences.

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

___ Number of adults [RANGE 0-18]

ASKGENDR Is the adult a man or a woman?

- 21 Male
- 22 Female

ONEADULT Are you the adult?

- 21 Yes and the respondent is Male
- 22 Yes and the respondent is Female
- 03 No

GETADULT May I speak with him or her?

- 1 Yes, Adult coming to the phone. **[GO TO NEWADULT]**
- 2 No, not here (interview will terminate)

MEN How many of these adults are men?
[Range 0-18]

WOMEN How many of these adults are women?
[Range 0-18]

RANDOMLY SELECT ADULT; Assign selected value:

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

ASKFOR The person in your household that I need to speak with is the [INSERT SELECTED]

Are you the person?

- 1 Yes
- 2 No

YOURETHE1 Then you are the person I need to speak with.

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. The interview takes approximately 28 minutes to complete. If you have any questions about the survey, please call xxxxxxxx.

- 001 Person Interested, continue.
- 171 Requested callback
- 173 Selected person unable to complete - language barrier
- 174 Selected person unable to complete – impairment
- 175 Selected person refuses – Before Intro
- 176 Selected person refuses - After Intro
- 002 Go back to Adults question.

GETNEWAD May I speak with him or her?

- 1 Yes, Adult coming to the phone. **[GO TO NEWADULT]**
- 2 No, not here (interview will terminate)
- 3 Go back to Adults question.

NEWADULT

HELLO, I am calling for the **Connecticut Department of Health**. My name is (name) . We are gathering information about the health of **Connecticut** 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.

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 1-xxx-xxx-xxxx. The interview takes approximately xx minutes to complete. The interview may be monitored and recorded for quality assurance purposes.

- 001 Person Interested, continue.
- 173 Selected person unable to complete - language barrier
- 174 Selected person unable to complete – impairment
- 175 Selected person refuses – Before Intro
- 176 Selected person refuses - After Intro
- 002 Go back to Adults question.

Core Sections

Section 1: Health Status

- s1q1** Would you say that in general your health is— (73)
- Please read:**
- 1 Excellent
 - 2 Very good
 - 3 Good
 - 4 Fair
- Or**
- 5 Poor
- Do not read:**
- 7 Don't know / Not sure
 - 9 Refused

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

- s2q1** 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? (74–75)
- — Number of days[RANGE: 1-30]
- 8 8 None
 - 7 7 Don't know / Not sure
 - 9 9 Refused

- s2q2** Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (76–77)
- — Number of days [RANGE: 1-30]
- 8 8 None **[If Q2.1 and Q2.2 = 88 (None), go to next section]**
 - 7 7 Don't know / Not sure
 - 9 9 Refused

//If None go to next section; Else continue to s2q3//

- s2q3** During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (78-79)
- — Number of days[RANGE: 1-30]
- 8 8 None
 - 7 7 Don't know / Not sure
 - 9 9 Refused

Section 3: Health Care Access

- s3q1** Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (80)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- s3q2** Do you have one person you think of as your personal doctor or health care provider?
If "No," ask: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?" (81)
- 1 Yes, only one
 - 2 More than one
 - 3 No
 - 7 Don't know / Not sure
 - 9 Refused
- s3q3** Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (82)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- s3q4** 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. (83)
- [Read if Necessary]**
- 1 Within past year (anytime less than 12 months ago)
 - 2 Within past 2 years (1 year but less than 2 years ago)
 - 3 Within past 5 years (2 years but less than 5 years ago)
 - 4 5 or more years ago
 - 7 Don't know / Not sure
 - 8 Never
 - 9 Refused

Section 4: Sleep

The next question is about getting enough rest or sleep.

- s4q1** During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (84-85)
- – Number of days[RANGE: 1-30]
 - 8 8 None
 - 7 7 Don't know / Not sure
 - 9 9 Refused

Section 5: Exercise

- s5q1** 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? (86)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 6: Diabetes

- s6q1** Have you ever been told by a doctor that you have diabetes? (87)
- If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”
If respondent says pre-diabetes or borderline diabetes, use response code 4.**
- 1 Yes
 - 2 Yes, but female told only during pregnancy
 - 3 No
 - 4 No, pre-diabetes or borderline diabetes
 - 7 Don't know / Not sure
 - 9 Refused

Module 1: Pre-Diabetes

NOTE: Only asked of those not responding “Yes” to Diabetes awareness question).

- Mod1_1.** Have you had a test for high blood sugar or diabetes within the past three years? (245)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- Mod1_2.** Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes? (246)
- If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”**
- 1 Yes
 - 2 Yes, during pregnancy
 - 3 No
 - 7 Don't know / Not sure
 - 9 Refused

Module 2: Diabetes

- Mod2_1.** **To be asked following Q6.1; if response is "Yes"**
How old were you when you were told you have diabetes? (247-248)
- — Code age in years [Range 1-97] [**97 = 97 and older**]
9 8 Don't know / Not sure
9 9 Refused
- Mod2_2.** Are you now taking insulin? (249)
- 1 Yes
2 No
9 Refused
- Mod2_3.** 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. (250-252)
- 1 — — Times per day
2 — — Times per week
3 — — Times per month
4 — — Times per year
8 8 8 Never
7 7 7 Don't know / Not sure
9 9 9 Refused
- Mod2_4.** 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. (253-255)
- 1 — — Times per day
2 — — Times per week
3 — — Times per month
4 — — Times per year
5 5 5 No feet
8 8 8 Never
7 7 7 Don't know / Not sure
9 9 9 Refused
- Mod2_5.** About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (256-257)
- — Number of times
8 8 None
7 7 Don't know / Not sure
9 9 Refused
- Mod2_6.** 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"? (258-259)
- — Number of times
8 8 None
9 8 Never heard of "A one C" test
7 7 Don't know / Not sure
9 9 Refused

Mod2_7. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (260-261)

- — Number of times [Range = 1-76]
8 8 None
7 7 Don't know / Not sure
9 9 Refused

Mod2_8. 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. (262)

Read only if necessary:

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

Do not read:

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

Mod2_9. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (263)

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

Mod2_10. Have you ever taken a course or class in how to manage your diabetes yourself? (264)

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

Section 7: Oral Health

s7q1 How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists. (88)

Read only if necessary:

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

Do not read:

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

s7q2 How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.

(89)

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None
- 7 Don't know / Not sure
- 9 Refused

s7q3 How long has it been since you had your teeth cleaned by a dentist or dental hygienist?

(90)

Read only if necessary:

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

Do not read:

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

Section 8: Cardiovascular Disease Prevalence

Now I would like to ask you some questions about cardiovascular disease.

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."

s8q1 (Ever told) you had a heart attack, also called a myocardial infarction?

(91)

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

s8q2 (Ever told) you had angina or coronary heart disease?

(92)

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

s8q3 (Ever told) you had a stroke?

(93)

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

Section 9: Asthma

- s9q1** Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (94)
- 1 Yes
 - 2 No [Go to next section]
 - 7 Don't know / Not sure [Go to next section]
 - 9 Refused [Go to next section]

- If Yes**
s9q2 Do you still have asthma? (95)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 10: Disability

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

- s10q1** Are you limited in any way in any activities because of physical, mental, or emotional problems? (96)
- 1 Yes
 - 2 No
 - 7 Don't know / Not Sure
 - 9 Refused

- s10q2** 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? (97)

Include occasional use or use in certain circumstances.

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

Section 11: Tobacco Use

- s11q1** Have you smoked at least 100 cigarettes in your entire life? (98)
NOTE: 5 packs = 100 cigarettes
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Ask if Yes

s11q2 Do you now smoke cigarettes every day, some days, or not at all? (99)

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

s11q3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (100)

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

s11q4 How long has it been since you last smoked cigarettes regularly? (101-102)

- 0 1 Within the past month (less than 1 month ago)
- 0 2 Within the past 3 months (1 month but less than 3 months ago)
- 0 3 Within the past 6 months (3 months but less than 6 months ago)
- 0 4 Within the past year (6 months but less than 1 year ago)
- 0 5 Within the past 5 years (1 year but less than 5 years ago)
- 0 6 Within the past 10 years (5 years but less than 10 years ago)
- 0 7 10 years or more
- 0 8 Never smoked regularly
- 7 7 Don't know / Not sure
- 9 9 Refused

s11q5 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? (103)

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
- Do not read:**
- 7 Don't know / Not sure
- 9 Refused

Section 12: Demographics

s12q1 What is your age? (104-105)

- – Code age in years [RANGE 18-99]
- 0 7 Don't know / Not sure
- 0 9 Refused

s12q2 Are you Hispanic or Latino? (106)

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

s12q3 Which one or more of the following would you say is your race? (107-112)
(Check all that apply) [MUL=6]

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native

Or

- 6 Other [specify]_____

Do not read:

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

s12q3o **ENTER OTHER [open end]:** _____

s12q4 Which one of these groups would you say best represents your race? (113)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other

Do not read:

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

s12q5 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? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. (114)

If "Yes", please read:

- 1 Yes, now on active duty
- 2 Yes, on active duty during the last 12 months, but not now
- 3 Yes, on active duty in the past, but not during the last 12 months

If "No", please read:

- 4 No, training for Reserves or National Guard only
- 5 No, never served in the military

Do not read:

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

s12q6 Are you...? (115)

Please read:

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

Or

- 6 A member of an unmarried couple

Do not read:

- 9 Refused

s12q7 How many children less than 18 years of age live in your household?
 [Interviewer: 15 = 15 or more
 88 = None
 99 = Refused] (116-117)

-- Number of children [Range 1-15]

s12q7chk Just to be sure, you have [enter # of children from s12q7] children under 18 living in your household. Is that correct?

1 Yes
 2 No [re-ask s12q7]
 9 Refused

s12q8 What is the highest grade or year of school you completed? (118)

Read only if necessary:

1 Never attended school or only attended kindergarten
 2 Grades 1 through 8 (Elementary)
 3 Grades 9 through 11 (Some high school)
 4 Grade 12 or GED (High school graduate)
 5 College 1 year to 3 years (Some college or technical school)
 6 College 4 years or more (College graduate)
Do not read:
 9 Refused

s12q9 Are you currently...? (119)

Please read:

1 Employed for wages
 2 Self-employed
 3 Out of work for more than 1 year
 4 Out of work for less than 1 year
 5 A Homemaker
 6 A Student
 7 Retired
Or
 8 Unable to work
Do not read:
 9 Refused

s12q10 Is your annual household income from all sources— (120-121)

s12q10A [04] Less than \$25,000 (\$20,000 to less than \$25,000)

1 Yes
 2 No
 7 Don't Know
 9 Refused

s12q10B [03] Less than \$20,000 (\$15,000 to less than \$20,000)

1 Yes
 2 No
 7 Don't Know
 9 Refused

s12q10C [02] Less than \$15,000 (\$10,000 to less than \$15,000)
1 Yes
2 No
7 Don't Know
9 Refused

s12q10D [01] Less than \$10,000
1 Yes
2 No
7 Don't Know
9 Refused

s12q10E [05] Less than \$35,000 (\$25,000 to less than \$35,000)
1 Yes
2 No
7 Don't Know
9 Refused

s12q10F [06] Less than \$50,000 (\$35,000 to less than \$50,000)
1 Yes
2 No
7 Don't Know
9 Refused

s12q10G [07] Less than \$75,000 (\$50,000 to less than \$75,000)
1 Yes
2 No
7 Don't Know
9 Refused

[08] \$75,000 or more

s12q10AA Your Annual Household Income is _____

Is This Correct?

- 1 No, re-ask question
- 2 Yes, correct as is.

ps12q11 About how much do you weigh without shoes?

____P pounds
____K kilograms
7 Don't Know
9 Refused

s12q11_A: Just to double-check, you indicated **[s12q11] pounds** as your weight.

IS THIS CORRECT?

- 1. Yes
- 2. No [go back to s12q11]

s12q11Am: Just to double-check, you indicated **[s12q11m] kilograms** as your weight.

IS THIS CORRECT?

- 1. Yes
- 2. No, [go back to s12q11m]

ps12q12 About how tall are you without shoes?

- ___ F feet
- ___ M centimeters
- 7 Don't Know
- 9 Refused

(126-129)

s12q12a: Just to double check, you indicated you are //s12q12// **FEET** // and s12q12// **INCHES TALL.**

IS THIS CORRECT?

- 1. Yes
- 2. No, go back to s12q12

s12q12am: Just to double check, you indicated you are //s12q12m// **CENTIMETERS** tall. IS THIS CORRECT?

- 1. Yes
- 2 No [go back to s12q12m]

State-Added 1: Demographics – CT TOWN

CT_town. What town do you live in?

___ Enter Town Code

townchk I want to make sure that I got it right. You said you live in the town of **[ct_town]** Is that correct?

- 1 Yes, correct as is\n
- 2 No, re-ask question

//if town =888//

townoth INTERVIEWER: SPECIFY TOWN NAME:

Section 12: Demographics, continued

s12q14 What is your ZIP Code where you live?

(133-137)

___ ZIP Code **[RANGE 03000-03900]**
7 7 7 7 7 Don't know / Not sure
9 9 9 9 9 Refused

s12q15 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

(138)

- 1 Yes
- 2 No **[Go to Q12.17]**
- 7 Don't know / Not sure **[Go to Q12.17]**
- 9 Refused **[Go to Q12.17]**

s12q16 How many of these telephone numbers are residential numbers?
[6 = 6 or more] (139)

_____ Residential telephone numbers **[Range = 1-6]**
 7 Don't know / Not sure
 9 Refused

s12q17 During the past 12 months, has your household been without landline telephone service for 1 week or more? Do not include interruptions of landline telephone service because of weather or natural disasters. (140)

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

[CELL PHONE QUESTIONS]

s12q18a Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (141)

1 Yes **[Go to Q12.18c]**
 2 No
 7 Don't know / Not sure
 9 Refused

s12q18b Do you share a cell phone for personal use (at least one-third of the time) with other adults? (142)

1 Yes **[Go to Q12.18d]**
 2 No **[Go to Q12.19]**
 7 Don't know / Not sure **[Go to Q12.19]**
 9 Refused **[Go to Q12.19]**

s12q18c Do you usually share this cell phone (at least one-third of the time) with any other adults? (143)

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

s12q18d Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone? (144-146)

___ Enter percent (1 to 100)
 8 8 8 Zero
 7 7 7 Don't know / Not sure
 9 9 9 Refused

s12q19 Indicate sex of respondent. Ask only if necessary. (147)

1 Male **[Go to next section]**
 2 Female **[If respondent is 45 years old or older, go to next section]**

- s12q20** To your knowledge, are you now pregnant? (148)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 13: Alcohol Consumption

- s13q1** During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (149)
- 1 Yes
 - 2 No [Go to next section]
 - 7 Don't know / Not sure [Go to next section]
 - 9 Refused [Go to next section]

Ask if Yes

- s13q2** During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (150-152)
- ___ Record Number of Days [Range = 101-107; 201-230]
- 8 8 8 No drinks in past 30 days [Go to next section]
 - 7 7 7 Don't know / Not sure
 - 9 9 9 Refused

- s13q3** 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? (153-154)
- __ __ Number of drinks [Range 1-76]
 - 7 7 Don't know / Not sure
 - 9 9 Refused

- s13q4** Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X** or more drinks on an occasion? (155-156)
- __ __ Number of times [Range 1-76]
 - 8 8 None
 - 7 7 Don't know / Not sure
 - 9 9 Refused

- s13q5** During the past 30 days, what is the largest number of drinks you had on any occasion? (157-158)
- __ __ Number of drinks [Range 1-76]
 - 7 7 Don't know / Not sure
 - 9 9 Refused

Module 28: Novel H1N1 Adult Immunization – Jan-June 2010

- Mod28_1.** There are currently vaccines available for two kinds of flu -- the seasonal flu, and the 2009 H1N1 flu. I will first ask you questions about vaccination for H1N1 flu, which is sometimes called swine flu or pandemic flu, and then ask you questions about vaccination for seasonal flu.
- There are two ways to get the H1N1 flu vaccination. One is a shot in the arm and the other is a spray, mist or drop in the nose. Since September, 2009, have you been vaccinated either way for the H1N1 flu? (933)
- 1 Yes
 - 2 No **[Go to Q14.1]**
 - 7 Don't Know / Not Sure **[Go to Q14.1]**
 - 9 Refused **[Go to Q14.1]**
- Mod28_2** During what month did you receive your H1N1 flu vaccine? (934-935)
- __ Month [Range 1-12]
77 Don't Know / Not Sure
99 Refused
- M28ver** Interviewer verify response - That was **[FILL IN MONTH]** of **[FILL IN YEAR]**, correct?
- 1 Yes, Correct
 - 2 No **[go back to mod28_2]**
- Mod28_3** Was this a shot or was it a vaccine sprayed in the nose? (936)
- 1 Flu shot
 - 2 Flu Nasal Spray (spray, mist or drop in the nose)
 - 7 Don't Know / Not Sure
 - 9 Refused

Section 14: Immunization

- s14q1** Now I will ask you questions about seasonal flu. A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a seasonal flu shot? (159)
- 1 Yes
 - 2 No **[Go to Q14.3]**
 - 7 Don't know / Not sure **[Go to Q14.3]**
 - 9 Refused **[Go to Q14.3]**
- s14q2_M** During what month and year did you receive your most recent seasonal flu shot? (160-165)
- | | | | | | | | |
|----|----------|----|-------|----|-----------|----|----------|
| 01 | January | 04 | April | 07 | July | 10 | October |
| 02 | February | 05 | May | 08 | August | 11 | November |
| 03 | March | 06 | June | 09 | September | 12 | December |
- __ Record 2-digit Month [Range 01-12]
77 Don't know / Not sure
99 Refused
- s14q2_Y** Enter the 4 -digit Year
____ (4 - digit year) [RANGE 2009-2010]
7777 Don't know/Not sure
9999 Refused

s14q3 The seasonal flu vaccine sprayed in the nose is also called FluMist™. During the past 12 months, have you had a seasonal flu vaccine that was sprayed in your nose? (166)

1	Yes	
2	No	[Go to Q14.5]
7	Don't know / Not sure	[Go to Q14.5]
9	Refused	[Go to Q14.5]

s14q4_M During what month and year did you receive your most recent seasonal flu vaccine that was sprayed in your nose? (167-172)

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

__ Record 2-digit Month [Range 01-12]

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

s14q4_Y Enter the 4 -digit Year
 ____ (4 - digit year) [RANGE 2009-2010]

7777	Don't know/Not sure
9999	Refused

s14q5 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? (173)

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

Section 15: Falls

If respondent is 45 years or older continue, otherwise go to next section.

The next questions ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

s15q1 In the past 3 months, how many times have you fallen? (174-175)

__ Number of times [Range 1-76]

8 8	None	[Go to next section]
7 7	Don't know / Not sure	[Go to next section]
9 9	Refused	[Go to next section]

s15q2a "Did this fall cause an injury?"
 By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor. (176-177)

__ Record Number of falls [Range 1-76]

8 8	None
7 7	Don't know / Not sure
9 9	Refused

- s15q2** How many of these falls caused an injury?
By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor. (176–177)
- | | | |
|---|---|-------------------------------------|
| – | – | Record Number of falls [Range 1-76] |
| 8 | 8 | None |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused |

Section 16: Seatbelt Use

- s16q1** How often do you use seat belts when you drive or ride in a car? Would you say— (178)
- Please read:**
- | | |
|---|---------------|
| 1 | Always |
| 2 | Nearly always |
| 3 | Sometimes |
| 4 | Seldom |
| 5 | Never |
- Do not read:**
- | | |
|---|------------------------------|
| 7 | Don't know / Not sure |
| 8 | Never drive or ride in a car |
| 9 | Refused |

Section 17: Drinking and Driving

The next question is about drinking and driving.

- s17q1** During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (179–180)
- | | | |
|---|---|------------------------------|
| – | – | Number of times [Range 1-76] |
| 8 | 8 | None |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused |

Section 18: Women's Health

Ask if respondent sex = Female

The next questions are about breast and cervical cancer.

- s18q1** A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (181)
- | | | |
|---|-----------------------|----------------------|
| 1 | Yes | |
| 2 | No | [Go to Q18.3] |
| 7 | Don't know / Not sure | [Go to Q18.3] |
| 9 | Refused | [Go to Q18.3] |

s18q2 How long has it been since you had your last mammogram? (182)

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 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

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

s18q3 A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam? (183)

- 1 Yes
- 2 No [Go to Q18.5]
- 7 Don't know / Not sure [Go to Q18.5]
- 9 Refused [Go to Q18.5]

s18q4 How long has it been since your last breast exam? (184)

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 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

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

s18q5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (185)

- 1 Yes
- 2 No [Go to Q18.7]
- 7 Don't know / Not sure [Go to Q18.7]
- 9 Refused [Go to Q18.7]

s18q6 How long has it been since you had your last Pap test? (186)

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 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

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

s18q7 Have you had a hysterectomy? (187)

Read only if necessary: A hysterectomy is an operation to remove the uterus (womb).

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

Section 19: Prostate Cancer Screening

Ask if respondent sex = Male and age >39

Now, I will ask you some questions about prostate cancer screening.

s19q1 A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? (188)

- 1 Yes
- 2 No [Go to Q19.3]
- 7 Don't Know / Not sure [Go to Q19.3]
- 9 Refused [Go to Q19.3]

s19q2 How long has it been since you had your last PSA test? (189)

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)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago

Do not read:

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

s19q3 A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam? (190)

- 1 Yes
- 2 No [Go to Q19.5]
- 7 Don't know / Not sure [Go to Q19.5]
- 9 Refused [Go to Q19.5]

s19q4 How long has it been since your last digital rectal exam? (191)

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)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago

Do not read:

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

s19q5 Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer? (192)

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

Section 20: Colorectal Cancer Screening

Ask if age>49 The next questions are about colorectal cancer screening.

s20q1 A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (193)

- 1 Yes
- 2 No [Go to Q20.3]
- 7 Don't know / Not sure [Go to Q20.3]
- 9 Refused [Go to Q20.3]

s20q2 How long has it been since you had your last blood stool test using a home kit? (194)

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 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

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

s20q3 Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? (195)

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

s20q4 For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy? (196)

- 1 Sigmoidoscopy
- 2 Colonoscopy
- 7 Don't know / Not sure
- 9 Refused

s20q5 How long has it been since you had your last sigmoidoscopy or colonoscopy? (197)

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 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago

Do not read:

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

Section 21: HIV/AIDS

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

s21q1 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. (198)

- 1 Yes
- 2 No [Go to Q21.5]
- 7 Don't know / Not sure [Go to Q21.5]
- 9 Refused [Go to Q21.5]

s21q2m Not including blood donations, in what month and year was your last HIV test? (199-204)

- Enter 2-digit month [RANGE 01-12]
- 7 7 Don't know / Not sure
- 9 9 Refused

s21q2y Not including blood donations, in what month and year was your last HIV test? (199-204)

- Enter 4 digit year [RANGE 1985-2010]
- 7 7 7 7 Don't know / Not sure
- 9 9 9 9 Refused

s21q3 Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else? (205-206)

- 01 Private doctor or HMO office
- 02 Counseling and testing site
- 03 Hospital
- 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

s21q4 Was it a rapid test where you could get your results within a couple of hours? (207)

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

s21q5 I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You do not need to tell me which one.

- You have used intravenous drugs in the past year.
- You have been treated for a sexually transmitted or venereal disease in the past year.
- You have given or received money or drugs in exchange for sex in the past year.
- You had anal sex without a condom in the past year.

- Do any of these situations apply to you? (208)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 22: Emotional Support and Life Satisfaction

The next two questions are about emotional support and your satisfaction with life.

- s22q1** How often do you get the social and emotional support you need? (209)
- INTERVIEWER NOTE:** If asked, say “please include support from any source.”
- Please read:**
- 1 Always
 - 2 Usually
 - 3 Sometimes
 - 4 Rarely
 - 5 Never
- Do not read:**
- 7 Don't know / Not sure
 - 9 Refused

- s22q2** In general, how satisfied are you with your life? (210)
- Please read:**
- 1 Very satisfied
 - 2 Satisfied
 - 3 Dissatisfied
 - 4 Very dissatisfied
- Do not read:**
- 7 Don't know / Not sure
 - 9 Refused

Section 23: H1N1 Adult ILI Questions – Jan-March 2010

Insert the following adult questions after core Section 22: Emotional Support and Life Satisfaction in the Landline questionnaire.

We would like to ask you some questions about recent respiratory illnesses.

- s23q1.** During the past month, were you ill with a fever? (919)
- 1 Yes
 - 2 No **[Go to Q8]**
 - 7 Don't know **[Go to Q8]**
 - 9 Refused **[Go to Q8]**
- s23q2.** Did you also have a cough and/or sore throat? (920)
- 1 Yes
 - 2 No **[Go to Q8]**
 - 7 Don't know **[Go to Q8]**
 - 9 Refused **[Go to Q8]**

- s23q3.** When did you first become ill with fever, cough or sore throat? (921)
- 1 Within the past week [Interviewer, if asked: past 1-7 days]
 - 2 2 weeks ago [Interviewer, if asked: past 8-14 days]
 - 3 3-4 weeks ago [Interviewer, if asked: 15-30 days before today]
 - 7 Don't know
 - 9 Refused
- s23q4.** Did you visit a doctor, nurse, or other health professional for this illness? (922)
- 1 Yes
 - 2 No **[Go to Q8]**
 - 7 Don't know **[Go to Q8]**
 - 9 Refused **[Go to Q8]**
- s23q5.** What did the doctor, nurse, or other health professional tell you? Did they say... (923)
- 1 You had regular influenza or the flu,
 - 2 You had swine flu, also known as H1N1 or novel H1N1
 - 3 You had some other illness, but not the flu–
 - 7 Don't know/not sure
 - 9 Refused
- s23q6.** Did you have a flu test that was positive for this illness? Usually a swab from your nose or throat is tested. Would you say... (924)
- 1 Yes, had flu test and it was positive
 - 2 No, had flu test but it was negative
 - 3 No, flu test was not done
 - 7 Don't know
 - 9 Refused
- s23q7.** Did you receive Tamiflu® or oseltamivir [*o sel TAM i veer*] or an inhaled medicine called Relenza® or zanamivir [*za NA mi veer*] to treat this illness? (925)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- s23q8.** Did any other members of your household have a fever with cough or sore throat during the past month? (926)
- 1 Yes
 - 2 No **[If (Q1 = 1(Yes) and Q2 = 1 (Yes)) Go to Q10, Else go to next section]**
 - 7 Don't know / Not sure
 - 9 Refused
- s23q9.** How many household members, were ill during the past month? (927-928)
- ___ # persons [Range 1-76]
 - 8 8 None
 - 7 7 Don't know/Not Sure
 - 9 9 Refused

s23q9A I am sorry, just to double check, you indicated there were ### household members' that were ill during the past month.

Is this correct?

- 1 Yes
- 2 No

s23q10. How many people in your household, including you, were hospitalized for flu during the past month? [Interviewer, if needed: hospitalized means admitted to a hospital to receive medical treatment.]

(929-930)

___ # persons [Range 1-76]

- 8 8 None
- 7 7 Don't know/Not Sure
- 9 9 Refused

s23q10A I am sorry, just to double check, you indicated there were [s23q10:] household members' that were ill during the past month.

Is this correct?

- 1 Yes
- 2 No

Module 10: High Risk/Health Care Worker Jan-June 2010

The next few questions ask about health care work and chronic illness.

Mod10_1. Do you currently volunteer or work in a hospital, medical clinic, doctor's office, dentist's office, nursing home or some other health-care facility? This includes part-time and unpaid work in a health care facility as well as professional nursing care provided in the home.

(313)

INTERVIEWER NOTE: If necessary say: "This includes non-health care professionals, such as administrative staff, who work in a health-care facility."

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

Mod10_2. Do you provide direct patient care as part of your routine work? By direct patient care we mean physical or hands-on contact with patients.

(314)

- 1 Yes
- 2 No
- 7 Don't know / Not sure (*Probe by repeating question*)
- 9 Refused

Mod10_3. Has a doctor, nurse, or other health professional ever said that you have...

Read all items listed below before waiting for an answer:

Lung problems, other than asthma
Kidney problems
Anemia, including Sickle Cell

Or

A weakened immune system caused by a chronic illness or by medicines taken for a chronic illness? **[See Attached Health Problems List, if necessary]**

(315)

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

Mod10_4. Do you still have (this/any of these) problem(s)?

(316)

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

Transition to Modules and State-Added Questions

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

Module 4: Visual Impairment and Access to Eye Care

Ask if age>39

Now I would like to ask you questions about your vision. These questions are for all respondents regardless of whether or not you wear glasses or contact lenses. If you wear glasses or contact lenses, answer questions as if you are wearing them.

Mod4_1. How much difficulty, if any, do you have in recognizing a friend across the street? Would you say—

(273)

Please read:

- 1 No difficulty
- 2 A little difficulty
- 3 Moderate difficulty
- 4 Extreme difficulty
- 5 Unable to do because of eyesight

Or

- 6 Unable to do for other reasons

Do not read:

- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

Mod4_2. How much difficulty, if any, do you have reading print in newspapers, magazines, recipes, menus, or numbers on the telephone? Would you say—

(274)

Please read:

- 1 No difficulty
- 2 A little difficulty
- 3 Moderate difficulty
- 4 Extreme difficulty
- 5 Unable to do because of eyesight

Or

- 6 Unable to do for other reasons

Do not read:

- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

Mod4_3. When was the last time you had your eyes examined by any doctor or eye care provider? (275)

Read only if necessary:

- 1 Within the past month (anytime less than 1 month ago) [Go to Q5]
- 2 Within the past year (1 month but less than 12 months ago) [Go to Q5]
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago
- 5 Never

Do not read:

- 7 Don't know / Not sure
- 8 Not applicable (Blind) [Go to next module]
- 9 Refused

Mod4_4. What is the main reason you have not visited an eye care professional in the past 12 months? (276-277)

Read only if necessary:

- 01 Cost/insurance
- 02 Do not have/know an eye doctor
- 03 Cannot get to the office/clinic (too far away, no transportation)
- 04 Could not get an appointment
- 05 No reason to go (no problem)
- 06 Have not thought of it
- 07 Other

Do not read:

- 77 Don't know / Not sure
- 08 Not Applicable (Blind) [Go to next module]
- 99 Refused

Mod4_5. 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. (278)

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
- 5 Never

Do not read:

- 7 Don't know / Not sure
- 8 Not applicable (Blind) [Go to next module]
- 9 Refused

Mod4_6. Do you have any kind of health insurance coverage for eye care? (279)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 8 Not applicable (Blind) [Go to next module]
- 9 Refused

Mod4_7. Have you been told by an eye doctor or other health care professional that you NOW have cataracts? (280)

- 1 Yes
- 2 Yes, but had them removed
- 3 No
- 7 Don't know / Not sure
- 8 Not applicable (Blind) [Go to next module]
- 9 Refused

- Mod4_8.** Have you EVER been told by an eye doctor or other health care professional that you had glaucoma? (281)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 8 Not applicable (Blind) **[Go to next module]**
 - 9 Refused

Please read:

Age-related Macular Degeneration (AMD) is a disease that affects the macula, the part of the eye that allows you to see fine detail.

- Mod4_9.** Have you EVER been told by an eye doctor or other health care professional that you had age-related macular degeneration? (282)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 8 Not applicable (Blind) **[Go to next module]**
 - 9 Refused

Module 6: Inadequate Sleep

I would like to ask you a few questions about your sleep patterns.

- Mod6_1.** On average, how many hours of sleep do you get in a 24-hour period? Think about the time you actually spend sleeping or napping, not just the amount of sleep you think you should get. (284-285)
- Number of hours [01-24]
 - 7 7 Don't know / Not sure
 - 9 9 Refused

- Mod6_2.** Do you snore? (286)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- Mod6_3.** During the past 30 days, for about how many days did you find yourself unintentionally falling asleep during the day? (287-288)
- Number of days [01-30]
 - 88 None
 - 77 Don't know / Not sure
 - 99 Refused

- Mod6_4.** During the past 30 days, have you ever nodded off or fallen asleep, even just for a brief moment, while driving? (289)
- 1 Yes
 - 2 No
 - 3 Don't drive
 - 4 Don't have license
 - 7 Don't know / Not sure
 - 9 Refused

Module 11: Shingles (Zostavax or ZOS)

Ask if age>49

- Mod11_1.** The next question is about the Shingles vaccine. 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. Have you had this vaccine? (317)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Module 13: Adult Human Papilloma Virus (HPV)

Ask if 49 ≤age≥18

- Mod13_1.** A vaccine to prevent the human papilloma virus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, **[Fill: if female "GARDASIL or CERVARIX"; if male " or GARDASIL"]**. Have you EVER had an HPV vaccination? (321)
- 1 Yes
 - 2 No [Go to next module]
 - 3 Doctor refused when asked [Go to next module]
 - 7 Don't know / Not sure [Go to next module]
 - 9 Refused [Go to next module]

- Mod13_2.** How many HPV shots did you receive? (322-323)
- __ Number of shots[Range 1-3]
- 03 All shots
 - 77 Don't know / Not sure
 - 99 Refused

Module 14: Cancer Survivorship

Now I am going to ask you about cancer.

- Mod14_1.** Have you EVER been told by a doctor, nurse, or other health professional that you had cancer? (324)
- Read only if necessary:** By "other health professional" we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional.
- 1 Yes
 - 2 No [Go to next module]
 - 7 Don't know / Not sure [Go to next module]
 - 9 Refused [Go to next module]

- Mod14_2.** How many different types of cancer have you had? (325)
- 1 Only one
 - 2 Two
 - 3 Three or more
 - 7 Don't know / Not sure [Go to next module]
 - 9 Refused [Go to next module]

Mod14_3. At what age were you told that you had cancer? (326-327)

__ __	Code age in years [Range 1-97]	[97 = 97 and older]
9 8	Don't know / Not sure	
9 9	Refused	

Mod14_4. What type of cancer was it? (328-329)

If Mod14_2 = 2 (Two) or 3 (Three or more), ask: "With your most recent diagnoses of cancer, what type of cancer was it?"

__ __ [1-28]

INTERVIEWER NOTE: Please read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-28]:

Do not read:

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

Mod14_5. Are you currently receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills. (330)

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

Mod14_6. What type of doctor provides the majority of your health care? (331-332)

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	Internist
06	Plastic Surgeon, Reconstructive Surgeon
07	Medical Oncologist
08	Radiation Oncologist
09	Urologist
10	Other

Do not read:

77	Don't know / Not sure
99	Refused

Mod14_7. Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received? (333)

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

Mod14_8. Have you EVER 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? (334)

- 1 Yes
- 2 No [Go to Q10]
- 7 Don’t know / Not sure [Go to Q10]
- 9 Refused [Go to Q10]

mod14_9. Were these instructions written down or printed on paper for you? (335)

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

Mod14_10. With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? (336)

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

INTERVIEWER NOTE: “Health insurance” also includes Medicare, Medicaid, or other types of state health programs.

Mod14_11. Were you EVER denied health insurance or life insurance coverage because of your cancer? (337)

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

Mod14_12. Did you participate in a clinical trial as part of your cancer treatment? (338)

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

Mod14_13. Do you currently have physical pain caused by your cancer or cancer treatment? (339)

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

- Mod14_14.** Is your pain currently under control? (340)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Module 15: Caregiver

People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

- Mod15_1.** During the past month, did you provide any such care or assistance to a friend or family member? (341)
- 1 Yes
 - 2 No [Go to next module]
 - 7 Don't know / Not sure [Go to next module]
 - 9 Refused [Go to next module]

- Mod15_2.** What age is the person to whom you are giving care? (342-344)

INTERVIEWER NOTE: If more than one person, ask: "What is the age of the person to whom you are giving the most care?"

- __ __ Code age in years [0-115]
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

The remainder of these questions will be about the person to whom you are giving the most care.

- Mod15_3.** Is this person male or female? (345)
- 1 Male
 - 2 Female
 - 9 Refused

- Mod15_4.** What is his/her relationship to you? (346-347)

Do not read:

- 0 1 Parent
- 0 2 Parent-in-law
- 0 3 Child
- 0 4 Spouse
- 0 5 Sibling
- 0 6 Grandparent
- 0 7 Grandchild
- 0 8 Other Relative
- 0 9 Non-relative
- 7 7 Don't know / Not sure
- 9 9 Refused

- Mod15_5.** For how long have you provided care for "that person." (348-350)

- 1 __ Days [Range 101-199]
- 2 __ Weeks [Range 201-299]
- 3 __ Months [Range 301-399]
- 4 __ Years [Range 401-499]
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Mod15_6. What has a doctor said is the major health problem, long-term illness, or disability that the person you care for has? **[Check only one condition]**

(351-352)

Do not read:

Physical Health Condition/Disease

- 0 1 Arthritis/Rheumatism
- 0 2 Asthma
- 0 3 Cancer
- 0 4 Diabetes
- 0 5 Heart Disease
- 0 6 Hypertension/High Blood Pressure
- 0 7 Lung Disease/Emphysema
- 0 8 Osteoporosis
- 0 9 Parkinson's Disease
- 1 0 Stroke

Disability

- 1 1 Eye/Vision Problem (blindness)
- 1 2 Hearing Problems (deafness)
- 1 3 Multiple Sclerosis (MS)
- 1 4 Spinal Cord Injury
- 1 5 Traumatic Brain Injury (TBI)

Learning/Cognition

- 1 6 Alzheimer's Disease or Dementia
- 1 7 Attention-Deficit Hyperactivity Disorder (ADHD)
- 1 8 Learning Disabilities (LD)

Developmental Disability

- 1 9 Cerebral Palsy (CP)
- 2 0 Down's Syndrome
- 2 1 Other developmental disability (e.g., spinal bifida, muscular dystrophy, fragile X)

Mental Health

- 2 2 Anxiety
- 2 3 Depression
- 2 4 Other

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

Mod15_7. In which one of the following areas does the person you care for **most** need your help?

(353-354)

Please read:

- 0 1 Taking care of himself/herself, such as eating, dressing, or bathing
- 0 2 Taking care of his/her residence or personal living spaces, such as cleaning, managing money, or preparing meals
- 0 3 Communicating with others
- 0 4 Learning or remembering
- 0 5 Seeing or hearing
- 0 6 Moving around within the home
- 0 7 Transportation outside of the home
- 0 8 Getting along with people
- 0 9 Relieving/decreasing anxiety or depression
- 1 0 Something else

Do not read:

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

Mod15_8. In an average week, how many hours do you provide care for “that person” because of his/her health problem, long-term illness, or disability? (355-357)

Do not read:

-- Hours per week
7 7 Don't know / Not sure
9 9 Refused

Mod15_9. I am going to read a list of difficulties you may have faced as a caregiver. Please indicate which one of the following is the greatest difficulty you have faced as a caregiver. (358-359)

Please read:

0 1 Creates a financial burden
0 2 Doesn't leave enough time for yourself
0 3 Doesn't leave enough time for your family
0 4 Interferes with your work
0 5 Creates stress
0 6 Creates or aggravates health problems
0 7 Affects family relationships
0 8 Other difficulty
8 8 No difficulty

Do not read:

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

Mod15_10. During the past year, has the person you care for experienced changes in thinking or remembering? (360)

Read only if necessary: “Had more difficulty remembering people, places, or things, or understanding or making decisions as easily as they once did.”

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

Module 23: Random Child Selection

If Core s12q7 = 1, Interviewer please read: “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.” **[Go to mod23_1]**

If Core s12q7 is >1 and Core s12q7 does not equal 88 or 99, Interviewer please read: “Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] 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.

INTERVIEWER PLEASE READ:

I have some additional questions about one specific child. The child I will be referring to is the “Xth” child in your household. All following questions about children will be about the “Xth” child.”

Mod23_1m. What is the birth month of the “Xth” child? (460-465)

-- Code month [Range 01-12]
7 7 Don't know / Not sure
9 9 Refused

- Mod23_1y.** What is the birth year of the "Xth" child? (460-465)
- Code year [RANGE 1991-2010]
 7 7 7 7 Don't know / Not sure
 9 9 9 9 Refused
- Mod23_2.** Is the child a boy or a girl? (466)
- 1 Boy
 2 Girl
 9 Refused
- Mod23_3.** Is the child Hispanic or Latino? (467)
- 1 Yes
 2 No
 7 Don't know / Not sure
 9 Refused
- Mod23_4.** Which one or more of the following would you say is the race of the child? (468-473)
- [Check all that apply][MUL=6]**
Please read:
 1 White
 2 Black or African American
 3 Asian
 4 Native Hawaiian or Other Pacific Islander
 5 American Indian, Alaska Native
Or
 6 Other [specify] _____
Do not read:
 7 Don't know / Not sure
 9 Refused
- Mod23_4o** ENTER RESPONSE: _____
- Mod23_5.** Which one of these groups would you say best represents the child's race? (474)
- 1 White
 2 Black or African American
 3 Asian
 4 Native Hawaiian or Other Pacific Islander
 5 American Indian, Alaska Native
 6 Other
 7 Don't know / Not sure
 9 Refused
- Mod23_6.** How are you related to the child? (475)
- Please read:**
 1 Parent (include biologic, step, or adoptive parent)
 2 Grandparent
 3 Foster parent or guardian
 4 Sibling (include biologic, step, and adoptive sibling)
 5 Other relative
 6 Not related in any way
Do not read:
 7 Don't know / Not sure
 9 Refused

Module 27: Child ILI [Jan-March 2010]

The next questions are about the “Xth” child.

Mod27_1. Has the child had a fever with cough and/or sore throat during the past month? (931)

- 1 Yes
- 2 No – **[Go to next module]**
- 7 Don't know – **[Go to next module]**
- 9 Refused – **[Go to next module]**

Mod27_2. Did the child visit a doctor, nurse, or other health professional for this illness? (932)

- 1 Yes
- 2 No – **[Go to next module]**
- 7 Don't know – **[Go to next module]**
- 9 Refused – **[Go to next module]**

Module 30: Novel H1N1 Childhood Immunization [Jan-June 2010]

The next questions are about this child's immunizations.

Mod30_1. I will first ask you questions about vaccination for H1N1 flu, which is sometimes called swine flu or pandemic flu, and then ask you questions about vaccination for seasonal flu. There are two ways to get the H1N1 flu vaccination. One is a shot in the arm and the other is a spray, mist or drop in the nose. Since September, 2009, has **[Fill: he/she]** been vaccinated either way for the H1N1 flu? (937)

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

Mod30_2. Since September 2009, how many of these H1N1 vaccinations has he/she received? (938)

- 1 One vaccination or dose
- 2 Two or more vaccination doses
- 7 Don't Know / Not Sure
- 9 Refused

Mod30_3. During what month did he/she receive his/her (939-940)

- __ Month [Range 1-12]
- 77 Don't Know / Not Sure
- 99 Refused

M33ver

Interviewer verify response - That was [FILL IN MONTH] of [FILL IN YEAR], correct?

- 1 Yes, Correct
- 2 No **[go back to mod30_3]**

Mod30_4 Was this a shot or was it a vaccine sprayed in the nose? (941)

- 1 Flu shot
- 2 Flu Nasal Spray (spray, mist or drop in the nose)
- 7 Don't Know / Not Sure
- 9 Refused

Mod30_5. During what month did [Fill: he/she] receive [Fill: his/her] second H1N1 flu vaccine? (942-943)

- __ Month[Range 1-12]
- 77 Don't Know / Not Sure
- 99 Refused

M335ver

Interviewer verify response That was [FILL IN MONTH] of [FILL IN YEAR], correct?

- 1 Yes, Correct
- 2 No **[go back to mod30_5]**

Mod30_6 Was this a shot or was it a vaccine sprayed in the nose? (944)

- 1 Flu shot
- 2 Flu Nasal Spray (spray, mist or drop in the nose)
- 7 Don't Know / Not Sure
- 9 Refused

Module 25: Childhood Immunization [Jan-June 30, 2010 only]

Mod25_1. Now I will ask you questions about seasonal flu. There are two types of seasonal flu vaccinations. One is a shot and the other is a spray in the nose. During the past 12 months, has **[Fill: he/she]** had a seasonal flu vaccination? (478)

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

Mod25_2m. The flu vaccination may have been either the flu shot or the flu spray. The flu spray is the flu vaccination that is sprayed in the nose. During what month and year did Fill: he/she receive his/her most recent seasonal flu vaccination? (479-484)

- __ Month [RANGE 01-12]
- 77 Don't know / Not sure
- 99 Refused

Mod25_2y. The flu vaccination may have been either the flu shot or the flu spray. The flu spray is the flu vaccination that is sprayed in the nose. During what month and year did **[Fill: he/she]** receive **[Fill: his/her]** most recent seasonal flu vaccination? (479-484)

- __ __ Year [RANGE 2009-2010]
- 7777 Don't know / Not sure
- 9999 Refused

Module 26: Child Human Papilloma Virus (HPV)

If selected child is between ages 9 and 17 years; continue. Otherwise, go to next module.

**NOTE: Human Papilloma Virus (Human Pap·uh·loh·muh Virus);
Gardasil (Gar·duh· seel) Cervarix (Sir·var·icks)**

I have two additional questions about a vaccination the selected child may have had.

Mod26_1. A vaccine to prevent the human papilloma virus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot or *[if female "GARDASIL or CERVARIX"; if male GARDASIL" if refused insert both]*. Has this child EVER had an HPV vaccination? (485)

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

Mod26_2. How many HPV shots did **[Fill: she/he]** receive? (486-487)

- | | |
|-----|----------------------------|
| -- | Number of shots [range1-3] |
| 0 3 | All shots |
| 7 7 | Don't know / Not sure |
| 9 9 | Refused |

State Added 1: Child Questions

CT1_5 (CHILD5) Was "Xth" child breastfed?

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

CT1_6 (CHILD6) For about how many months was this child breastfed?

- | | |
|----|-----------------------|
| -- | Number of Months |
| 77 | Don't know / Not sure |
| 99 | Refused |

PCT1_7: About how much does this child weigh without shoes?

- | | |
|------|------------|
| ___P | Pounds |
| ___K | Kilograms |
| 7 | Don't Know |
| 9 | Refused |

CT1_7 (CHILD7) About how much does this child weigh without shoes?

- | | |
|-------------|------------------------------|
| -- -- -- -- | Weight Range = 5-776,777,999 |
| 7 7 7 7 | Don't know / Not sure |
| 9 9 9 9 | Refused |

ct1_7A Just to double-check, you indicated **[ct1_7]** pounds as your child's weight.
IS THIS CORRECT?
1 Yes, correct as is
2 No, re-ask question

ct1_7A Just to double-check, you indicated **[ct1_7]** kilograms as your child's weight.
IS THIS CORRECT?
1 Yes, correct as is
2 No, re-ask question

PCT1_8: About how tall is this child without shoes?

F HEIGHT GIVEN IN FEET
M HEIGHT GIVEN IN CENTIMETERS
7 Don't Know
9 Refused

ct1_8a Just to double check, you indicated that the child is **[PCT1_8]** FEET and **[PCT1_8]** INCHES TALL
IS THIS CORRECT?
1 Yes, correct as is
2 No, re-ask question

ct1_8Ma Just to double check, you indicated that the child is **[PCT1_8]** CENTIMIMETERS TALL
IS THIS CORRECT?
1 Yes, correct as is
2 No, re-ask question

CT1_9 (CHILD9) On an average day, not including time on the computer, about how many hours did this child watch television, videos or DVDs?

-- Enter number of hours [1-24]
33 Less than one, but more than none
88 None
77 Don't know
99 Refused

//Ask of all where s12q7<88//

CT1_10 (CHILD10) On an average day, about how many hours did this child spend playing video games or on the computer? Please include time spent on the Internet of playing computer games, but not or doing schoolwork on the computer.

-- Enter number of hours
33 Less than one, but more than none
88 None
77 Don't know
99 Refused

//Ask of all where s12q7<88//

CT1_11 (CHILD11) On an average day, how many glasses, bottles or cans of soda, such as Coke or Sprite, or other sweetened drinks, such as fruit punch or Sunny Delight, did this child drink. Do not include diet or sugar free drinks.

___ [range 1-15] glasses, cans or bottles
88 None
77 Don't know
99 Refused

//Ask of all where s12q7<88//

CT1_12 (CHILD12) In the past week, how many times did the child eat fast food or pizza at school, at home, or at fast-food restaurants, carryout or drive thru.

- 1__ PER DAY [101-115]
- 2__ PER WEEK [201-284]
- 888 None
- 777 Don't know

//Ask of all where s12q7<88//

CT1_13 (CHILD13) In the past 12 months has that child seen a dental provider?

- 1 Yes
- 2 No
- 7 Don't Know
- 9 Refused

State-added 2: Carbon Monoxide

CT 2_1 (CODET) A carbon monoxide or CO detector checks the level of carbon monoxide in your home. It is not a smoke detector. Do you have a carbon monoxide detector in your home?

- 1 Yes
- 2 No
- 7 Don't Know
- 9 Refused

State-Added 3: Oral Health

CT3_1 (GUMDIS) Have you ever been told that you have periodontal disease (gum disease)?

- 1 Yes
- 2 No
- 7 Don't Know
- 9 Refused

CT3_2 (ORALEX) The last time you saw your dental provider for dental care, did he or she examine all surfaces of the inside of your mouth, including the back of your throat and under the tongue?

- 1 Yes
- 2 No
- 7 Don't Know
- 9 Refused

CT3_4 (DECAY) In the past year, have you been told by your dental provider that you have dental decay (cavities)?

- 1 Yes
- 2 No
- 7 Don't Know
- 9 Refused

State-Added 4: Genetic Discrimination

The next questions refer to genetic tests that tell you about your chance of developing a disease in the future.

CT4_1 (GENETEST) A genetic test looks at a person's blood or saliva to find differences in genes that might cause disease in the future. How interested are you in having a genetic test that could tell you about your chances of developing a disease?

Please read:

- 1 Very interested
- 2 Somewhat interested
- 3 Not very interested
- 4 Not at all interested

Do not read:

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

The next two questions refer to life insurance and genetic tests. People buy life insurance to provide financial protection for their family in the event that they die. Currently, insurance companies are allowed to use genetic test results along with other health information to determine life insurance coverage and costs.

CT4_2 (GENELIFE) How concerned are you that life insurance companies might use genetic test results to determine life insurance coverage and costs?

Please read:

- 1 Very concerned
- 2 Somewhat concerned
- 3 Not very concerned
- 4 Not at all concerned

Do not read:

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

CT4_3 (GENELAWS) How important do you think it is to have laws that prevent genetic test results from being used to determine life insurance coverage and costs?

Please read:

- 1 Very important
- 2 Somewhat important
- 3 Not very important
- 4 Not at all important

Do not read:

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

The next question is about health insurance and genetic tests. Health insurance pays for medical expenses.

CT4_4 (GENELAWS2) Have you heard about laws that prevent genetic test results from being used to determine health insurance coverage and costs? One such law is called GINA, or the Genetic Information Nondiscrimination Act.

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

State-Added 5: Health Provider

CT5_1 (HEALTHPRO) When you are sick or need advice about your health, to which one of the following places do you usually go? Would you say:

Please Read

- 1 A doctor's office
- 2 A public health clinic or community health center
- 3 A hospital outpatient department
- 4 A hospital emergency room
- 5 Urgent care center
- 6 Some other kind of place
- 8 No usual place

Do not read.

- 7 Don't know
- 9 Refused

CT 5_2 (HEALTHADV)

Did your personal doctor give you any advice to assist you in making changes in your habits or lifestyle that would improve your health or prevent illness?

- 1 Yes
- 2 No
- 3 Didn't need help
- 4 Haven't seen a doctor
- 7 Don't know/Not sure
- 9 Refused.

CT 5_3 (HEALTHADV2) Were you able to follow this advice?

- 1 Yes
- 2 No
- 3 Didn't need help
- 4 Haven't seen a doctor
- 7 Don't know/Not sure
- 9 Refused.

CT5_4 (HEALTHEXP) Within the past 12 months, when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races?

- 1 Worse than other races
 - 2 The same as other races
 - 3 Better than other races
- DO NOT READ**
- 4 Worse than some races, better than others
 - 5 Only encountered people of the same race
 - 6 No health care in past 12 months
 - 7 Don't know/Not sure
 - 9 Refused.

Asthma Call-Back Permission Script

//ask if mod24_1=1 or s9q1=1//

ast1

We would like to call you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in <Connecticut>. 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 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?

(497)

- 1 Yes
- 2 No

Closing statement

//Please read to all:

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

Language Indicator

Lang1. INTERVIEWER: DO NOT ASK QUESTION:

IN WHAT LANGUAGE WAS THIS INTERVIEW COMPLETED?

- 01 ENGLISH
- 02 SPANISH