2011

New York State
Behavioral Risk Factor Surveillance System
Landline/Cell Phone Questionnaire

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2011 Questionnaire

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Core Sections

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 1-800-727-5016.
If you have any questions about your rights as a research subject in this research study, please contact Mr. Tony Watson at the New York State Department of Health Institutional Review Board (IRB) at (518) 474-8539.

Section 1: Health Status

1.1 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

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

(74–75)

_ _ Number of days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

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

(76–77)

_ _	Number of days	
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	

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

(78-79)

_ _	Number of days
8 8	None
7 7	Don't know / Not sure
9 9	Refused

Section 3: Health Care Access

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

(80)

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

3.2 Do you have one person you think of as your personal doctor or health care provider?

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

(81)

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

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

(82)

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

9 Refused

3.4 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)

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: Hypertension Awareness

Read only if necessary:

By "other health professional" we mean a nurse practitioner, a physician's assistant, or some other licensed health professional.

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

(84)

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

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

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

(85)

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

Section 5: Cholesterol Awareness

5.1 Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked?

(86)

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

5.2 About how long has it been since you last had your blood cholesterol checked?

(87)

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
9 Refused

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

(88)

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

Section 6: Chronic Health Conditions

Now I would like to ask you some questions about general health conditions.

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure."

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

(89)

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

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

(90)

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

6.3 (Ever told) you had a stroke?

(91)

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

6.4 (Ever told) you had asthma?

(92)

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

6.5 Do you still have asthma?

(93)

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

6.6 (Ever told) you had skin cancer?

(94)

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

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

(95)

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

6.8 (Ever told) you have COPD (chronic obstructive pulmonary disease, emphysema or chronic bronchitis?

(96)

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

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

(97)

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

INTERVIEWER NOTE: Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis,
- polyarteritis nodosa)

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

(98)

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

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

INTERVIEWER NOTE: Incontinence is not being able to control urine flow.

(99)

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

6.12 Has a doctor, nurse or other health professional ever said that you have vision impairment in one or both eyes, even when wearing glasses?

(100)

1 Yes
2 No
3 Respondent is blind
7 Don't know / Not sure
9 Refused

6.13 (Ever told) you have diabetes? (101)

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

CATI note: If Q6.13 = 1 (Yes), go to Diabetes Optional Module (if used). If any other response to Q6.13, go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.

Section 7: Tobacco Use

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

(102)

NOTE: 5 packs = 100 cigarettes

1	Yes	
2	No	**[Go to Q7.5]**
7	Don't know / Not sure	**[Go to Q7.5]**
9	Refused	**[Go to Q7.5]**

7.2 Do you now smoke cigarettes every day, some days, or not at all?

(103)

1	Every day	
2	Some days	
3	Not at all	**[Go to Q7.4]**
7	Don't know / Not sure	**[Go to Q7.5]**
9	Refused	**[Go to Q7.5]**

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

(104)

1	Yes	**[Go to Q7.5]**
2	No	**[Go to Q7.5]**
7	Don't know / Not sure	**[Go to Q7.5]**
9	Refused	**[Go to Q7.5]**

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

(105-106)

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

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

Snus (rhymes with 'goose')

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

(107)

1	Every day
2	Some days
3	Not at all

Do not read:

7	Don't know / Not sure
9	Refused

Section 8: Demographics

8.1 What is your age? (108-109)

_ _ Code age in years
0 7 Don't know / Not sure
0 9 Refused

8.2 Are you Hispanic or Latino? (110)

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

8.3 Which one or more of the following would you say is your race? (111-116)

(Check all that apply)

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:

8 No additional choices
7 Don't know / Not sure
9 Refused

CATI NOTE: If more than one response to Q8.3; continue. Otherwise, go to Q3.5.

8.4 Which one of these groups would you say best represents your race? (117)

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

8.5 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.

(118)

1 Yes
2 No

Do not read:

7 Don't know / Not sure
9 Refused

8.6 Are you…?

(119)

Please read:

1 Married
2 Divorced
3 Widowed
4 Separated
5 Never married

Or

6 A member of an unmarried couple

Do not read:

9 Refused

8.7 How many children less than 18 years of age live in your household?

(120-121)

_ _ Number of children
8 8 None
9 9 Refused

8.8 What is the highest grade or year of school you completed? (122)

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

8.9 Are you currently…? (123)

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

8.10 Is your annual household income from all sources— (124-125)

If respondent refuses at ANY income level, code '99' (Refused)

Read only if necessary:

0 4 Less than $25,000 **If "no," ask 05; if "yes," ask 03**
($20,000 to less than $25,000)

0 3 Less than $20,000 **If "no," code 04; if "yes," ask 02**
($15,000 to less than $20,000)

0 2 Less than $15,000 **If "no," code 03; if "yes," ask 01**
($10,000 to less than $15,000)

0 1 Less than $10,000 **If "no," code 02**

0 5 Less than $35,000 **If "no," ask 06**
($25,000 to less than $35,000)

0 6 Less than $50,000 **If "no," ask 07**
($35,000 to less than $50,000)

0 7 Less than $75,000 **If "no," code 08**
($50,000 to less than $75,000)

0 8 $75,000 or more

Do not read:

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

8.11 About how much do you weigh without shoes?

(126-129)

NOTE: If respondent answers in metrics, put "9" in column 126.

Round fractions up

_ _ _ _ Weight
(pounds/kilograms)
7 7 7 7 Don't know / Not sure
9 9 9 9 Refused

8.12 About how tall are you without shoes?

(130-133)

NOTE: If respondent answers in metrics, put "9" in column 130.

Round fractions down

_ _ / _ _ Height
(f t / inches/meters/centimeters)
7 7/ 7 7 Don't know / Not sure
9 9/ 9 9 Refused

8.13 What county do you live in?

(134-136)

_ _ _ ANSI county code (formerly FIPS county code)
7 7 7 Don't know / Not sure
9 9 9 Refused

8.14 What is the ZIP Code where you live? (137-141)

_ _ _ _ _	ZIP Code
7 7 7 7 7	Don't know / Not sure
9 9 9 9 9	Refused

8.15 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.

(142)

1	Yes	
2	No	**[Go to Q8.17]**
7	Don't know / Not sure	**[Go to Q8.17]**
9	Refused	**[Go to Q8.17]**

8.16 How many of these telephone numbers are residential numbers?

(143)

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

8.17 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.

(144)

1	Yes	**[Go to Q8.19]**
2	No	
7	Don't know / Not sure	
9	Refused	

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

(145)

1	Yes	**[Go to Q8.20]**
2	No	**[Go to Q8.21]**
7	Don't know / Not sure	**[Go to Q8.21]**
9	Refused	**[Go to Q8.21]**

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

(146)

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

8.20 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?

(147-149)

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

8.21 Do you own or rent your home?

(150)

1	Own
2	Rent
3	Other arrangement
7	Don't know / Not sure
9	Refused

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

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

8.22 **Indicate sex of respondent. Ask only if necessary.**

(151)

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

8.23 To your knowledge, are you now pregnant?

(152)

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

Section 9: Fruits and Vegetables

These next questions are about the fruits and vegetables **you** ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home.

I will be asking how often **you** ate or drank each one: for example, once a day, twice a week, three times a month, and so forth.

INTERVIEWER NOTE: If respondent responds less than once per month, put "0" times per month. If respondent gives a number without a time frame, ask: "Was that per day, week, or month?"

9.1 During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice.

(153-155)

1 _ _ Per day
2 _ _ Per week
3 _ _ Per month
5 5 5 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

INTERVIEWER NOTE: Do not include fruit drinks with added sugar or other added sweeteners like Kool-aid, Hi-C, lemonade, cranberry cocktail, Tampico, Sunny Delight, Snapple, Fruitopia, Gatorade, Power-Ade, or yogurt drinks.
Do not include fruit juice drinks that provide 100% daily vitamin C but include added sugar.

Do not include vegetable juices such as tomato and V8 if respondent provides but include in "other vegetables" question 9.6.

DO include 100% pure juices including orange, mango, papaya, pineapple, apple, grape (white or red), or grapefruit. Only count cranberry juice if the R perception is that it is 100% juice with no sugar or artificial sweetener added. 100% juice blends such as orange-pineapple, orange-tangerine, cranberry-grape are also acceptable as are fruit-vegetable 100% blends. 100% pure juice from concentrate (i.e., reconstituted) is counted.

9.2 During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit

(156-158)

1 _ _ Per day
2 _ _ Per week
3 _ _ Per month
5 5 5 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

Read only if necessary: "Your best guess is fine. Include apples, bananas, applesauce, oranges, grape fruit, fruit salad, watermelon, cantaloupe or musk melon, papaya, lychees, star fruit, pomegranates, mangos, grapes, and berries such as blueberries and strawberries."

INTERVIEWER NOTE: Do not count fruit jam, jelly, or fruit preserves.

Do not include dried fruit in ready-to-eat cereals.

Do include dried raisins, cran-raisins if respondent tells you - ***but due to their small serving size they are not included in the prompt.***

Do include cut up fresh, frozen, or canned fruit added to yogurt, cereal, jello, and other meal items.

Include culturally and geographically appropriate fruits that are not mentioned (e.g. genip, soursop, sugar apple, figs, tamarind, bread fruit, sea grapes, carambola, longans, lychees, akee, rambutan, etc.).

9.3 During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans.

(159-161)

1 _ _ Per day
2 _ _ Per week
3 _ _ Per month
5 5 5 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

Read only if necessary: "Include round or oval beans or peas such as navy, pinto, split peas, cow peas, hummus, lentils, soy beans and tofu. Do NOT include long green beans such as string beans, broad or winged beans, or pole beans."

INTERVIEWER NOTE: Include soybeans also called edamame, TOFU (BEAN CURD MADE FROM SOYBEANS), kidney, pinto, hummus, lentils, black, black-eyed peas, cow peas, lima beans and white beans.
Include bean burgers including garden burgers and veggie burgers.

Include falafel and tempeh.

9.4 During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach?

(162-164)

1 _ _ Per day
2 _ _ Per week
3 _ _ Per month
5 5 5 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

INTERVIEWER NOTE: Each time a vegetable is eaten it counts as one time.

INTERVIEWER NOTE: Include all raw leafy green salads including spinach, mesclun, romaine lettuce, bok choy, dark green leafy lettuce, dandelions, komatsuna, watercress, and arugula.

Do not include iceberg (head) lettuce if specifically told type of lettuce. Include all cooked greens including kale, collard greens, choys, turnip greens, mustard greens.

9.5 During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?

(165-167)

1 _ _ Per day
2 _ _ Per week
3 _ _ Per month
5 5 5 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

Read only if needed: "Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash."

FOR INTERVIEWER: Include all forms of carrots including long or baby-cut.

Include carrot-slaw (e.g. shredded carrots with or without other vegetables or fruit).

Include all forms of sweet potatoes including baked, mashed, casserole, pie, or sweet potatoes fries.

Include all hard-winter squash varieties including acorn, autumn cup, banana, butternut, buttercup, delicate, hubbard, kabocha (Also known as an Ebisu, Delica, Hoka, Hokkaido, or Japanese Pumpkin; blue kuri), and spaghetti squash. Include all forms including soup.

Include pumpkin, including pumpkin soup and pie. Do not include pumpkin bars, cake, bread or other grain-based desert-type food containing pumpkin (i.e. similar to banana bars, zucchini bars we do not include).

9.6 Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.

(168-170)

1 _ _ Per day
2 _ _ Per week
3 _ _ Per month
5 5 5 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

Read only if needed: "Do not count vegetables you have already counted and do not include fried potatoes."

INTERVIEWER NOTE: Include corn, peas, tomatoes, okra, beets, cauliflower, bean sprouts, avocado, cucumber, onions, peppers (red, green, yellow, orange); all cabbage including American-style cole-slaw; mushrooms, snow peas, snap peas, broad beans, string, wax-, or pole-beans.

Include any form of the vegetable (raw, cooked, canned, or frozen).

Do not include products consumed usually as condiments including ketchup, catsup, salsa, chutney, relish.

Do include tomato juice if respondent did not count in fruit juice.

Include culturally and geographically appropriate vegetables that are not mentioned (e.g. daikon, jicama, oriental cucumber, etc.).

Do not include rice or other grains.

Section 10: Exercise (Physical Activity)

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

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

10.1 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (171)

1	Yes	
2	No	**[Go to Q10.8]**
7	Don't know / Not sure	**[Go to Q10.8]**
9	Refused	**[Go to Q10.8]**

10.2. What type of physical activity or exercise did you spend the most time doing during the past month? (172-173)

_ _	(Specify)	**[See Coding List A]**
7 7	Don't know / Not Sure	**[Go to Q10.8]**
9 9	Refused	**[Go to Q10.8]**

INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Coding List A, choose the option listed as "Other ".

INTERVIEWER NOTE: Housework may be included as a physical activity or exercise spent and can be coded as "Other".

10.3 How many times per week or per month did you take part in this activity during the past month? (174-176)

1_ _	Times per week
2_ _	Times per month
7 7 7	Don't know / Not sure
9 9 9	Refused

10.4 And when you took part in this activity, for how many minutes or hours did you usually keep at it?

(177-179)

_:_ _	Hours and minutes
7 7 7	Don't know / Not sure
9 9 9	Refused

10.5 What other type of physical activity gave you the next most exercise during the past month?

(180-181)

_ _	(Specify)	**[See Coding List A]**
8 8	No other activity	**[Go to Q10.8]**
7 7	Don't know / Not Sure	**[Go to Q10.8]**
9 9	Refused	**[Go to Q10.8]**

INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Coding List A, choose the option listed as "Other".

INTERVIEWER NOTE: Housework may be included as a physical activity or exercise spent and can be coded as "Other".

10.6 How many times per week or per month did you take part in this activity during the past month?

(182-184)

1_ _	Times per week
2_ _	Times per month
7 7 7	Don't know / Not sure
9 9 9	Refused

10.7 And when you took part in this activity, for how many minutes or hours did you usually keep at it?

(185-187)

_:_ _	Hours and minutes
7 7 7	Don't know / Not sure
9 9 9	Refused

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

(188-190)

1_ _ Times per week
2_ _ Times per month
8 8 8 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

Section 11: Disability

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

11.1 Are you limited in any way in any activities because of physical, mental, or emotional problems?

(191)

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

11.2 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?

(192)

NOTE: Include occasional use or use in certain circumstances.

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

Section 12: Arthritis Burden

If Q6.9 = 1 (yes) then continue, else go to next section.

Next, I will ask you about your arthritis.

Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint.

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

(193)

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

INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

INTERVIEWER NOTE: Q12.2 should be asked of all respondents regardless of employment. status.

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

(194)

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

INTERVIEWER INSTRUCTION: If respondent gives an answer to each issue (whether works, type of work, or amount of work), then if any issue is "yes" mark the overall response as "yes." If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

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

(195)

Please read [1-3]:

1 A lot
2 A little
3 Not at all

Do not read:

7 Don't know / Not sure
9 Refused

INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

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

(196-197)

_ _	Enter number [00-10]
7 7	Don't know / Not sure
9 9	Refused

Section 13: Seatbelt Use

13.1 How often do you use seat belts when you drive or ride in a car? Would you say—

(198)

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 14: Immunization

14.1 Now I will ask you questions about seasonal flu vaccine. There are two ways to get the seasonal flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™. During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?

(199)

1	Yes	
2	No	**[Go to Q14.4]**
7	Don't know / Not sure	**[Go to Q14.4]**
9	Refused	**[Go to Q14.4]**

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

(200-205)

_ _ / _ _ _ _	Month / Year
7 7 / 7 7 7 7	Don't know / Not sure
9 9 / 9 9 9 9	Refused

14.3 At what kind of place did [you/he/she] get [your/his/her] last flu shot/vaccine?
(206-207)

0 1 A doctor's office or health maintenance organization (HMO)
0 2 A health department
0 3 Another type of clinic or health center (Example: a community health center)
0 4 A senior, recreation, or community center
0 5 A store (Examples: supermarket, drug store)
0 6 A hospital (Example: inpatient)
0 7 An emergency room
0 8 Workplace
0 9 Some other kind of place
1 0 Received vaccination in Canada/Mexico (Volunteered – Do not read)
1 1 A school
7 7 Don't know / Not sure **(*Probe:* "How would you describe the place where you went to get your most recent flu vaccine?"**

Do not read:

9 9 Refused

14.4 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?
(208)

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

Section 15: Alcohol Consumption

15.1 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?
(209-211)

1 _ _ Days per week
2 _ _ Days in past 30 days
8 8 8 No drinks in past 30 days **[Go to next section]**
7 7 7 Don't know / Not sure **[Go to next section]**
9 9 9 Refused **[Go to next section]**

15.2 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?
(212-213)

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

_ _ Number of drinks
7 7 Don't know / Not sure
9 9 Refused

15.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X [CATI X = 5 for men, X = 4 for women]** or more drinks on an occasion?

(214-215)

_ _	Number of times
8 8	None
7 7	Don't know / Not sure
9 9	Refused

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

(216-217)

_ _	Number of drinks
7 7	Don't know / Not sure
9 9	Refused

Section 16: HIV/AIDS

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

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

(218)

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

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

(219-224)

NOTE: If response is before January 1985, code "Don't know."
CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

_ _ /_ _ _ _	Code month and year
7 7/ 7 7 7 7	Don't know / Not sure
9 9/ 9 9 9 9	Refused / Not sure

16.3 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?

(225)

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

Closing Statement or Transition to Modules and/or State-Added Questions

Closing Statement

Please read:

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

Or

Transition to modules and/or state-added questions

Please read:

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

Optional Modules

Module 1A: Pre-Diabetes

NOTE: Only asked of those not responding "Yes" (code = 1) to Core Q6.13 (Diabetes awareness question).

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

CATI NOTE: If Core Q6.13 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 "Yes" (code = 1).

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

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

(246)

1 Yes
2 Yes, during pregnancy
3 No
7 Don't know / Not sure
9 Refused

Module 9B: Cardiovascular Health

I would like to ask you a few more questions about your cardiovascular or heart health.

CATI NOTE: If Core Q6.1 = 1 (Yes), continue. If Core Q6.1 = 2, 7, or 9 (No, Don't know, or Refused), skip Q1.

1. Following your heart attack, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."

(312)

1 Yes
2 No

7 Don’t know / Not sure
9 Refused

CATI NOTE: If Core Q6.3 = 1 (Yes), ask Q2. If Core Q6.3 = 2, 7, or 9 (No, Don’t know, or Refused), skip Q2.

2. Following your stroke, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."

(313)

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

[Question 3 is asked of all respondents.]

3. Do you take aspirin daily or every other day?

(314)

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

4. Do you have a health problem or condition that makes taking aspirin unsafe for you?

(315)

If "Yes", ask *"Is this a stomach condition*?" Code upset stomach as stomach problems.

1 Yes, not stomach related
2 Yes, stomach problems
3 No
7 Don’t know / Not sure
9 Refused

Module 10B: Actions to Control High Blood Pressure

CATI NOTE: If Core Q4.1 = 1 (Yes); continue. Otherwise, go to next module.

Earlier you stated that you had been diagnosed with high blood pressure.

Are you now doing any of the following to help lower or control your high blood pressure?

1. (Are you) changing your eating habits (to help lower or control your high blood pressure)?

(316)

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

2. (Are you) cutting down on salt (to help lower or control your high blood pressure)? (317)

1 Yes
2 No
3 Do not use salt
7 Don't know / Not sure
9 Refused

3. (Are you) reducing alcohol use (to help lower or control your high blood pressure)? (318)

1 Yes
2 No
3 Do not drink
7 Don't know / Not sure
9 Refused

4. (Are you) exercising (to help lower or control your high blood pressure)? (319)

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

Has a doctor or other health professional ever advised you to do any of the following to help lower or control your high blood pressure?

5. (Ever advised you to) change your eating habits (to help lower or control your high blood pressure)? (320)

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

6. (Ever advised you to) cut down on salt (to help lower or control your high blood pressure)? (321)

1 Yes
2 No
3 Do not use salt
7 Don't know / Not sure
9 Refused

7. (Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)?

(322)

1 Yes
2 No
3 Do not drink
7 Don't know / Not sure
9 Refused

8. (Ever advised you to) exercise (to help lower or control your high blood pressure)?

(323)

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

9. (Ever advised you to) take medication (to help lower or control your high blood pressure)?

(324)

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

10. Were you told on **two or more different visits** by a doctor or other health professional that you had high blood pressure? (325)

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
4 Told borderline or pre-hypertensive
7 Don't know / Not sure
9 Refused

Module 19A: Tetanus Diphtheria (Adults)

Next, I will ask you about the tetanus diphtheria vaccination.

1. Have you received a tetanus shot in the past 10 years?

(398)

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

2. Was your most recent tetanus shot given in 2005 or later?

(399)

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

3. There are currently two types of tetanus shots available for adults. One contains the tetanus diphtheria vaccine. The other type contains tetanus diphtheria and pertussis or whooping cough vaccine. Did your doctor say your recent tetanus shot included the pertussis or whooping cough vaccine?

(400)

1 Yes (included pertussis)
2 No (did not include pertussis)
3 Doctor did not say
7 Don't know / Not sure
9 Refused

Module 26A: Anxiety and Depression

Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks.

1. Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?

(435-436)

_ _ 01–14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

2. Over the last 2 weeks, how many days have you felt down, depressed or hopeless?

(437-438)

_ _ 01–14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

3. Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much?

(439-440)

_ _ 01–14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

4. Over the last 2 weeks, how many days have you felt tired or had little energy?

(441-442)

_ _	01–14 days
8 8	None
7 7	Don't know / Not sure
9 9	Refused

5. Over the last 2 weeks, how many days have you had a poor appetite or eaten too much?

(443-444)

_ _	01–14 days
8 8	None
7 7	Don't know / Not sure
9 9	Refused

6. Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down?

(445-446)

_ _	01–14 days
8 8	None
7 7	Don't know / Not sure
9 9	Refused

7. Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV?

(447-448)

_ _	01–14 days
8 8	None
7 7	Don't know / Not sure
9 9	Refused

8. Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?

(449-450)

_ _	01–14 days
8 8	None
7 7	Don't know / Not sure
9 9	Refused

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

(451)

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

10. Has a doctor or other healthcare provider EVER told you that you have an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)?

(452)

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

Module 27B: Cognitive Impairment

The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This **does not refer** to occasionally forgetting your keys or the name of someone you recently met. This **refers to** things like confusion or memory loss that are happening more often or getting worse. We want to know how these difficulties impact you or someone in your household.

1. During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?

(453)

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

CATI NOTE: If 1 adult in household and Q1 = 1 (Yes), go to Q4; otherwise, go to next module.

CATI NOTE: If number of adults > 1, go to Q2.

2. **[If Q1 = 1);** Not including yourself**]**, how many adults 18 or older in your household experienced confusion or memory loss that is happening more often or is getting worse during the past 12 months?

(454)

_ Number of people **[6 = 6 or more]**
8 NONE
7 Don't know / Not sure
9 Refused

CATI NOTE: If Q1 = 1 and Q2 > 6, go to Q4.

CATI NOTE: If number of adults > 1 and Q2 < 7; continue. Otherwise, go to next module.

CATI NOTE: If Q2 < 7; go to Q3. Otherwise, go to next module.

3. Of these people, please select the person who had the most recent birthday. How old is this person?

(455-456)

Read only if necessary:

0 1 Age 18-29
0 2 Age 30-39

0 3 Age 40-49
0 4 Age 50-59
0 5 Age 60-69
0 6 Age 70-79
0 7 Age 80-89
0 8 Age 90 +

Do not read:

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

CATI NOTE: If Q1 ≠ 1 (Yes); read: "For the next set of questions we will refer to the person you identified as 'this person'**."**

INTERVIEWER NOTE: Repeat definition only as needed: "For these questions, please think about confusion or memory loss that is happening more often or getting worse**."**

4. During the past 12 months, how often **[If Q1 = 1 (Yes): insert** "have you;" **otherwise, insert** "has this person"] given up household activities or chores **[If Q1 = 1 (Yes): insert** "you;" **otherwise, insert** "they"] used to do, because of confusion or memory loss that is happening more often or is getting worse?

(457)

Please read:

1 Always
2 Usually
3 Sometimes
4 Rarely
5 Never

Do not read:

7 Don't know / Not sure
9 Refused

5. As a result of **[If Q1 = 1 (Yes): insert** "your;" **otherwise, insert** "this person's"] confusion or memory loss, in which of the following four areas **[If Q1 = 1 (Yes): insert** "do you;" **otherwise, insert** "does this person"] need the MOST assistance?

(458)

1 Safety **[read only if necessary:** such as forgetting to turn off the stove or falling**]**
2 Transportation **[read only if necessary:** such as getting to doctor's appointments**]**
3 Household activities **[read only if necessary:** such as managing money or housekeeping**]**
4 Personal care **[read only if necessary:** such as eating or bathing**]**

Do not read:

5 Needs assistance, but not in those areas
6 Doesn't need assistance in any area
7 Don't know / Not sure
9 Refused

6. During the past 12 months, how often has confusion or memory loss interfered with **[If Q1 = 1 (Yes): insert** "your;" **otherwise, insert** "this person's"**]** ability to work, volunteer, or engage in social activities?

(459)

Please read:

1 Always
2 Usually
3 Sometimes
4 Rarely
5 Never

Do not read:

7 Don't know / Not sure
9 Refused

7. During the past 30 days, how often **[If Q1 = 1 (Yes): insert** "has;" **otherwise, insert** "have you,"] a family member or friend provided any care or assistance for **[If Q1 = 1 (Yes):** "you;" **otherwise, insert** "this person"**]** because of confusion or memory loss?

(460)

Please read:

1 Always
2 Usually
3 Sometimes
4 Rarely
5 Never

Do not read:

7 Don't know / Not sure
9 Refused

8. Has anyone discussed with a health care professional, increases in **[If Q1 = 1 (Yes): insert** "your;" **otherwise, insert** "this person's"**]** confusion or memory loss?

(461)

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

9. Have **[If Q1 = 1 (Yes): insert** "Have you;" **otherwise, insert** "has this person"**]** received treatment such as therapy or medications for confusion or memory loss?

(462)

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

10. Has a health care professional ever said that **[If Q1 = 1 (Yes): insert** "you have;" **otherwise, insert** "this person has"**]** Alzheimer's disease or some other form of dementia?

(463)

1 Yes, Alzheimer's Disease
2 Yes, some other form of dementia but not Alzheimer's Disease
3 No diagnosis has been given
7 Don't know / Not sure
9 Refused

Module 32AB: Random Child Selection

CATI NOTE: If Core Q8.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

If Core Q8.7 = 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 Q1]**

If Core Q8.7 is >1 and Core Q8.7 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.

CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the "Xth" child. Please substitute "Xth" child's number in all questions below.

INTERVIEWER PLEASE READ:
I have some additional questions about one specific child. The child I will be referring to is the "Xth" **[CATI: please fill in correct number]** child in your household. All following questions about children will be about the "Xth" **[CATI: please fill in]** child."

1. What is the birth month and year of the "**Xth**" child?

(488-493)

_ _/_ _ _ _	Code month and year
7 7/ 7 7 7 7	Don't know / Not sure
9 9/ 9 9 9 9	Refused

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

2. Is the child a boy or a girl?

(494)

1 Boy
2 Girl
9 Refused

3. Is the child Hispanic or Latino?

(495)

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

4. Which one or more of the following would you say is the race of the child?

(496-501)

[Check all that apply]

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:

8 No additional choices
7 Don't know / Not sure
9 Refused

CATI NOTE: If more than one response to Q4, continue. Otherwise, go to Q6.

5. Which one of these groups would you say best represents the child's race?

(502)

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

6. How are you related to the child?

(503)

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 33A: Childhood Asthma Prevalence

CATI NOTE: If response to Core Q8.7 = 88 (None) or 99 (Refused), go to next module.

Now, I would like to ask you about the "Xth" **[CATI: please fill in correct number]** child.

1. Has a doctor, nurse or other health professional EVER said that the child has asthma? (504)

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

2. Does the child still have asthma? (505)

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

Module 34A: Child Immunization (Influenza)

CATI NOTE: If Core Q8.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

CATI NOTE: If selected child's age is ≥ 6 months, continue. Otherwise, go to next module.

1. During the past 12 months, has [Fill: he/she] had a seasonal flu vaccination? There are two types of flu vaccinations. One is a shot and the other is a spray in the nose? (506)

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

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

(507-512)

_ _ / _ _ _ _	Month / Year
7 7 / 7 7 7 7	Don't know / Not sure
9 9 / 9 9 9 9	Refused

3. At what kind of place did [he/she] get [his/her] last seasonal flu vaccine?

(513-514)

0 1	A doctor's office or health maintenance organization (HMO)
0 2	A health department
0 3	Another type of clinic or health center (Example: a community health center)
0 4	A senior, recreation, or community center
0 5	A store (Examples: supermarket, drug store)
0 6	A hospital (Example: inpatient)
0 7	An emergency room
0 8	Workplace
0 9	Some other kind of place
1 0	Received vaccination in Canada/Mexico (Volunteered – Do not read)
1 1	A school
7 7	Don't know / Not sure **(*Probe:* "How would you describe the place where you went to get your most recent flu vaccine?"**
9 9	Refused

State-Added Modules

NY State-Added Module 2A: Family History of Diabetes

1. Do you have a parent, brother or sister, or child related by blood, who has been diagnosed with diabetes by a health care provider? (Respondents were instructed not to include relatives who had diabetes only during pregnancy. (552)

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

NY State-Added Module 3A: High Risk/Health Care Worker

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

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. (553)

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

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. (554)

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

NY State-Added Module 4A: Sexual Behavior/STD Awareness

1. When you go to a doctor's office or clinic for a regular check-up or physical exam, how often does the doctor take a sexual history (ask about your sexual partners and sexual practices)? (555)

1=Every time
2=Almost every time
3=Sometimes

4=Rarely (Hardly Ever)
5=Never
6=N/A Haven't had a regular check-up
Do not read:
7=Don't know / Not sure
9=Refused

2. During the past 12 months, with how many people have you had sex?
By sex we mean oral, vaginal, or anal sex, but NOT masturbation. (556-557)

__ -= number of partners
88=None (If None only, Skip to Q7)
Do not read:
77=Don't Know/not sure
99=Refused

3. During the past 12 months, have you had sex with only males, only females, or with both males and females? (558)

1=Only with male(s)
2=Only with female(s)
3=Both male and female
Do not read:
7=Don't know/not sure
9=Refused

4. What is the chance that if you used a condom during sex, you would feel less physical pleasure?(559)

1=No chance
2=A little chance
3=50-50 chance
4=A pretty good chance
5=An almost certain chance
Do not read:
7=Don't know/not sure
9=Refused

5. Do you have sex with someone that you would "not" call your main partner? (560)

1=Yes
2=No (If no, skip to Q7)
Do not read
7=Don't Know/not sure
9=Refused

6. When you have sex with someone you do "not" think of as a main partner, how often do the two of you use condoms, would you say. . . (561)

1=Every time
2=Almost every time
3=Sometimes
4=Almost never
5=Never
Do not read:

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

7. Please tell me whether the following statement is true or false. (562)

Having another STD increases your chances of being infected with HIV.

1=True
2=False
Do not read:
7=Don't Know
9=Refused

8. Do you support or oppose a government information program to promote safe sex practices, such as the use of condoms? (563)

1=Support
2=Oppose
3=No opinion
Do not read:
7=Don't Know
9=Refused

NY State-Added Module 5A: HIV Testing Law

Next, I am going to ask you some questions about your recent medical care visits and whether you have been offered an HIV test in various settings.

1. Since September, 2010, have you received medical care at an inpatient unit of a hospital? (564)

1	Yes	
2	No	(go to Q3)
7	Don't know	(go to Q3)
9	Refused	(go to Q3)

2. Were you offered an HIV test while at an inpatient unit of a hospital? (565)

1	Yes
2	No
7	Don't know
9	Refused

3. Since September, 2010, have you received medical care at an emergency department of a hospital? (566)

1	Yes	
2	No	(go to Q5)
7	Don't know	(go to Q5)
9	Refused	(go to Q5)

4. Were you offered an HIV test while at an emergency department of a hospital? (567)

1 Yes
2 No
7 Don't know
9 Refused

Interviewer note: Question 5 is referencing **primary care** providers which include:
Physicians, physician assistants, nurse practitioners and nurse midwives in the following specialties:

- Family medicine
- General pediatrics
- Internal medicine
- Obstetrics or gynecology

Providers **not** considered to be primary care include physicians, physician assistants and nurse practitioners in the following specialties:

- Allergy and Immunology
- Anesthesiology
- Dermatology
- Cardiology
- Endocrinology
- Gastroenterology
- Oncology and Hematology
- Hospice and Palliative Medicine
- Nephrology
- Pulmonary Disease
- Rheumatology
- Neurology
- Neurosurgery
- Ophthalmology
- Orthopaedic Surgery
- Otolaryngology (E.N.T.)
- Psychiatry
- Radiology
- Surgery
- Urology

Other **non**-primary care providers include:

- Alternative therapists (e.g., acupuncturists, herbalists)
- Audiologists
- Dentists and orthodontists
- Nurses, nurse anesthetists and nurses aides
- Podiatrists
- Therapists (occupational, physical, radiation, recreational, respiratory, speech-language, exercise)

5. Since September, 2010, have you received medical care from a primary care provider? (568)

1 Yes
2 No (go to Q7)
7 Don't know (go to Q7)

9 Refused (go to Q7)

6. Were you offered an HIV test by your primary care provider? (569)

1 Yes
2 No
7 Don't know
9 Refused

7. Since September, 2010, have you received medical care from any other medical care providers?(570)

Interviewer note: This could include, but is not limited to, mental health providers, urgent care centers and specialists referenced in List A.

1 Yes
2 No (go to Q09)
7 Don't know (go to Q09)
9 Refused (go to Q09)

List A:

- Allergy and Immunology
- Alternative therapists (e.g., acupuncturists, herbalists)
- Anesthesiology
- Audiologists
- Cardiology
- Dentists and orthodontists
- Dermatology
- Endocrinology
- Gastroenterology
- Hospice and Palliative Medicine
- Infectious Disease
- Nephrology
- Neurology
- Neurosurgery
- Nurses, nurse anesthetists and nurses aides
- Oncology and Hematology
- Ophthalmology
- Orthopaedic Surgery
- Otolaryngology (E.N.T.)
- Podiatrists
- Psychiatry
- Pulmonary Disease
- Radiology
- Rheumatology
- Surgery
- Therapists (occupational, physical, radiation, recreational, respiratory, speech-language,exercise
- Urology

8. Were you offered an HIV test by these medical care providers? (571)

1 Yes
2 No

7 Don't know
9 Refused

Cati note: Ask Q 09 if Q2, Q4, Q6 or Q8 = 1 (yes)

9. Did you accept the HIV test that was offered by any of these medical care providers? (572)

1 Yes
2 No
7 Don't know
9 Refused

NY State-Added Module 6B: Sweetened Beverages Consumption

1. During the past 7 days, how many times did you drink a can, bottle or glass of **regular soda,** such as Coke, Pepsi, or Sprite? Do **not** include diet soda, seltzer, club soda. (573-574)

INTERVIEWER NOTE: Ounces do not matter. Multiple cans, bottles, or glasses would count as multiple times.

Would you say:

02 1 to 3 times during the past 7 days
03 4 to 6 times during the past 7 days
04 1 time per day
05 2 times per day
06 3 times per day
08 4 or more times per day
01 I did not drink regular soda during the past 7 days
Do not read:
07 Don't know / Not sure
09 Refused

2. During the past 7 days, how many times did you drink a can, bottle or glass of **diet soda,** such as **Die**t Coke, **Diet** Pepsi, or **Diet** Sprite? Do **not** include regular soda. (575-576)

INTERVIEWER NOTE: Ounces do not matter. Multiple cans, bottles, or glasses would count as multiple times.

Read only if necessary: Would you say?

Please read:

02 1 to 3 times during the past 7 days
03 4 to 6 times during the past 7 days
04 1 time per day
05 2 times per day
06 3 times per day
08 4 or more times per day

01 I did not drink diet soda during the past 7 days
Do not read:
07 Don't know / Not sure
09 Refused

3. During the past 7 days, how many times did you drink a can, bottle or glass of **sweetened beverage**, such as Snapple, Gatorade, SunnyD, Hawaiian Punch, Hi-C, Kool-Aid, lemonade, or sugar sweetened iced tea? Do **not** include coffee or hot tea. (577-578)

INTERVIEWER NOTE: Ounces do not matter. Multiple cans, bottles, or glasses would count as multiple times.

Read only if necessary: Would you say?

Please read:

02 1 to 3 times during the past 7 days
03 4 to 6 times during the past 7 days
04 1 time per day
05 2 times per day
06 3 times per day
08 4 or more times per day
01 I did not drink sweetened beverages during the past 7 days
Do not read:
07 Don't know / Not sure
09 Refused

CATI NOTE: If Core Q11.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.
CATI NOTE: From Module 32 Random Child Selection.
Childage >=2 or 24months and M32Q06 = 1,2,3 (Parent, grandparent,foster) continue. Otherwise go to next module.

The next three questions are about the "Xth" **[CATI: please fill in correct number]** child.

4. During the past 7 days, how many times did your **"Xth"** child drink a can, bottle or glass of **regular soda,** such as Coke, Pepsi, or Sprite? Do **not** include diet soda, seltzer, club soda. (579-580)

INTERVIEWER NOTE: Ounces do not matter. Multiple cans, bottles, or glasses would count as multiple times.

Read only if necessary: Would you say?

Please read:

02 1 to 3 times during the past 7 days
03 4 to 6 times during the past 7 days
04 1 time per day
05 2 times per day
06 3 times per day
08 4 or more times per day
01 The child did not drink regular soda during the past 7 days
Do not read:
07 Don't know / Not sure

09 Refused

5. During the past 7 days, how many times did your **"Xth"** child drink a can, bottle or glass of **diet soda,** such as **Die**t Coke, **Diet** Pepsi, or **Diet** Sprite? Do **not** include regular soda. (581-582)

INTERVIEWER NOTE: Ounces do not matter. Multiple cans, bottles, or glasses would count as multiple times.

Read only if necessary: Would you say?

Please read:

02 1 to 3 times during the past 7 days
03 4 to 6 times during the past 7 days
04 1 time per day
05 2 times per day
06 3 times per day
08 4 or more times per day
01 The child did not drink diet soda during the past 7 days
Do not read:
07 Don't know / Not sure
09 Refused

6. During the past 7 days, how many times did your **"Xth"** child drink a can, bottle or glass of **sweetened beverage**, such as Snapple, Gatorade, SunnyD, Hawaiian Punch, Hi-C, Kool-Aid, lemonade, or sugar sweetened iced tea? Do **not** include coffee or hot tea. (583-584)

INTERVIEWER NOTE: Ounces do not matter. Multiple cans, bottles, or glasses would count as multiple times.
Read only if necessary: Would you say?

Please read:

02 1 to 3 times during the past 7 days
03 4 to 6 times during the past 7 days
04 1 time per day
05 2 times per day
06 3 times per day
08 4 or more times per day
01 The child did not drink sweetened beverages during the past 7 days
Do not read:
07 Don't know / Not sure
09 Refused

NY State-Added Module 7B: Fast Food and Calorie Posting

1. In an average week how often do you eat [eat in or take out] a meal from a fast-food place such as McDonald's, KFC, Taco Bell, or take out pizza places? (585)

1 Never **[Go to Q3]**
2 Less than once per week **[Go to Q3]**

3 1-2 times a week
4 3-4 times a week
5 5 or more times a week

Read only if necessary:

7 Don't know / Not sure
9 Refused

2. In an average week how often do you eat a meal from a fast-food place which was located within 1 mile (or 20-minute walk) from your home? (586)

1 Never
2 Less than once per week
3 1-2 times a week
4 3-4 times a week
5 5 or more times a week

Read only if necessary:

7 Don't know / Not sure
9 Refused

3. When was the last time you ate a meal from a fast-food place? (587)

1 Within the last two days
2 Within the last five days
3 About 1 week ago
4 About 2 weeks ago
5 Within the last month
6 More than a month ago

Do not read:

7 Don't know / Not sure
9 Refused

4. The last time you ate or got take-out food from a fast food place did you see any information about the calories in the items on the menu? (588)

1	Yes	
2	No	Go to next module
3	Never noticed, never looked	Go to next module
Do not read:		
7	Don't know / Not sure	Go to next module
9	Refused	Go to next module

5. Did you use the calorie information to help you decide what to buy? (589)

1 Yes
2 No

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

NY State-Added Module 8B: Calorie Awareness

1. As far as you know, how many calories should a person of your age, weight, and height consume each day? (590-594)

- - - - - calories
77777 Don't know / Not sure
99999 Refused

2. When you are making decisions about what food to purchase at a grocery store or restaurant, how often do you consider the amount of calories in the items you are considering to purchase? (595)

1 Almost Never
2 Rarely
3 Sometimes`
4 Often
5 Almost Always
Do not read:
7 Don't know / Not sure
9 Refused

NY State-Added Module 9B: Neighborhood Perception and Environment

The following questions are about your neighborhood. A neighborhood is defined as an area within a 20 minute walk or a 5 to10 minute drive from your home.

1. Overall, how would you rate your neighborhood as a place to walk or be physically active? Would you say... (596)

Please read:

1 Very pleasant
2 Somewhat pleasant
3 Not very pleasant
4 Not at all pleasant
Do not read:
7 Don't know / Not sure
9 Refused

NY State-Added Module 10B: Perceived Nutrition Environment and Policy

1. To what degree would you agree with the statement, "It is easy to purchase healthy foods in my neighborhood such as whole grain foods, low fat options, and fruits and vegetables." Would you… (597)

Please read:

1 Strongly agree
2 Agree
3 Neither agree nor disagree (neutral)
4 Disagree
5 Strongly disagree
Do not read:
7 Don't Know/Not Sure
9 Refused

NY State-Added Module 11B: Access to Low-Fat Dairy

1. Would you say the stores where you and your family shop, offer 1% fat, skim or fat free milk always, most of the time, sometimes, rarely, or never? (598)

1 Always
2 Most of the Time
3 Sometimes
4 Rarely
5 Never
Do not read:
7 Refused
9 Don't know

NY State-Added Module 12B: Milk Consumption

1. What TYPE of milk do you usually drink or put on your cereal? **(599)**

INTERVIEWER NOTE: If respondent is uncertain how to answer read the following: "Different types of milk include whole, 2%, 1% and skim milk. "

INTERVIEWER NOTE: If respondent is still uncertain, read the following: "Sometimes different types of milk are called regular, reduced fat, low fat or fat free."

INTERVIEWER NOTE: If respondent indicates they drink Lactose free milk, probe for which type (whole, 2%, 1% or skim). If respondent indicates that they drink soy, rice, or other non-dairy milk substitute most or all of the time, code as 5.

1 whole (regular)
2 2% milk (reduced fat)
3 1% milk (low fat)
4 skim milk (fat free)
5 Don't usually drink milk
Do not read:
7 Don't know / Not sure
9 Refused

NY State-Added Module 13B: Sodium

Now I'd like to ask you some questions about salt or sodium in the diet.

1. How important do you think it is to eat less salt or sodium in order to prevent getting high blood pressure? (600)

1 Very important
2 Important
3 Somewhat important
4 Not important at all
Do not read:
7 Don't know / Not sure
9 Refused

2. Do you think food companies and restaurants should be encouraged to reduce the amount of salt or sodium in the foods that they produce? (601)

1 Strongly agree
2 Agree
3 Neutral
4 Disagree
5 Strongly disagree
Do not read:
7 Don't know / Not sure
9 Refused

NY State-Added Module 14B: Food Security/Social Context

1. In the past few months, how often would you say that you and your household did not have enough to eat? (602)

1=Never
2=Rarely
3=Sometimes
4=Frequently
Do not read:
7=Don't know/not sure
9=Refused

Cati note: Ask Q 01 if CQ6.9 = 1

NY State-Added Module 15B: Arthritis Management

1. Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms? (603)

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

2. Have you ever taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms? (604)

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

NY State-Added Module 16B: Oral Health

1. Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance such as GHI, Medicaid? **(605)**

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

Closing statement

Please read:

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.

Activity List for Common Leisure Activities (To be used for Section 10: Physical Activity)

Code Description (Physical Activity, Questions 10.2 and 10.5 above)

0 1 Active Gaming Devices (Wii Fit, Dance Dance revolution)
0 2 Aerobics video or class
0 3 Backpacking
0 4 Badminton
0 5 Basketball
0 6 Bicycling machine exercise
0 7 Bicycling
0 8 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)
0 9 Bowling
1 0 Boxing
1 1 Calisthenics
1 2 Canoeing/rowing in competition
1 3 Carpentry
1 4 Dancing-ballet, ballroom, Latin, hip hop, etc
1 5 Elliptical/EFX machine exercise
1 6 Fishing from river bank or boat
1 7 Frisbee
1 8 Gardening (spading, weeding, digging, filling)
1 9 Golf (with motorized cart)
2 0 Golf (without motorized cart)
2 1 Handball
2 2 Hiking – cross-country
2 3 Hockey
2 4 Horseback riding
2 5 Hunting large game – deer, elk
2 6 Hunting small game – quail
2 7 Inline Skating
2 8 Jogging
2 9 Lacrosse
3 0 Mountain climbing
3 1 Mowing lawn
3 2 Paddleball
3 3 Painting/papering house
3 4 Pilates
3 5 Racquetball
3 6 Raking lawn
3 7 Running
3 8 Rock Climbing
3 9 Rope skipping
4 0 Rowing machine exercise
4 1 Rugby
4 2 Scuba diving
4 3 Skateboarding
4 4 Skating – ice or roller
4 5 Sledding, tobogganing
4 6 Snorkeling
4 7 Snow blowing
4 8 Snow shoveling by hand
4 9 Snow skiing
5 0 Snowshoeing
5 1 Soccer
5 2 Softball/Baseball
5 3 Squash
5 4 Stair climbing/Stair master
5 5 Stream fishing in waders
5 6 Surfing
5 7 Swimming
5 8 Swimming in laps
5 9 Table tennis
6 0 Tai Chi
6 1 Tennis
6 2 Touch football
6 3 Volleyball
6 4 Walking
6 6 Waterskiing
6 7 Weight lifting
6 8 Wrestling
6 9 Yoga
7 0 Other

9 9 Refused