2009

New York State
Behavioral Risk Factor Surveillance System
Questionnaire

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Interviewer's Script

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

Is this **__(phone number)__** ?

If "no,"
Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **STOP**

Is this a private residence in __state__ ?

If "no,"
Thank you very much, but we are only interviewing private residences in __state__ . **STOP**

Is this a cellular telephone?

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

If "yes,"
Thank you very much, but we are only interviewing land line telephones and private residences. **STOP**

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

If "1,"
Are you the adult?

If "yes,"
Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary). **Go to page 5.**

If "no,"
Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with **[fill in (him/her) from previous question]**? **Go to "correct respondent" on the next page.**

How many of these adults are men?

__ Number of men

How many of these adults are women?

__ Number of women

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

If "you," go to page 4

To the correct respondent:

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

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 **(give appropriate state telephone number)**.

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?

(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: Sleep

The next question is about getting enough rest or sleep.

4.1 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
8 8 None
7 7 Don't know / Not sure
9 9 Refused

Section 5: Exercise

5.1 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?

(86)

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

Section 6: Diabetes

6.1 Have you ever been told by a doctor that you have diabetes?

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.

(87)

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

Section 7: Hypertension Awareness

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

(88)

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]**

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

(89)

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

Section 8: Cholesterol Awareness

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

(90)

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

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

(91)

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

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

(92)

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

Section 9: 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."

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

(93)

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

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

(94)

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

9.3 (Ever told) you had a stroke?

(95)

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

Section 10: Asthma

10.1 Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

(96)

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

10.2 Do you still have asthma?

(97)

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

Section 11: Tobacco Use

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

(98)

NOTE: 5 packs = 100 cigarettes

1 Yes

2	No	**[Go to Q11.5]**
7	Don't know / Not sure	**[Go to Q11.5]**
9	Refused	**[Go to Q11.5]**

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

(99)

1	Every day	
2	Some days	
3	Not at all	**[Go to Q11.4]**
7	Don't know / Not sure	**[Go to Q11.5]**
9	Refused	**[Go to Q11.5]**

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

(100)

1	Yes	**[Go to Q11.5]**
2	No	**[Go to Q11.5]**
7	Don't know / Not sure	**[Go to Q11.5]**
9	Refused	**[Go to Q11.5]**

CATI note: If Q11.2 = 3 (Not at all); continue. Otherwise, go to Q11.5.

11.4 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

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

(103)

1	Every day
2	Some days
3	Not at all

Do not read:

7	Don't know / Not sure
9	Refused

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

Section 12: Demographics

12.1 What is your age? (104-105)

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

12.2 Are you Hispanic or Latino? (106)

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

12.3 Which one or more of the following would you say is your race? (107-112)

(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 Q12.3; continue. Otherwise, go to Q12.5.

12.4 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 [specify] _____

Do not read:

7 Don't know / Not sure
9 Refused

12.5 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. (114)

Would you say

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
4 No, training for Reserves or National Guard only
5 No, never served in the military
7 Don't know / Not sure
9 Refused

12.6 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

12.7 How many children less than 18 years of age live in your household? (116-117)

_ _ Number of children
8 8 None
9 9 Refused

12.8 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

12.9 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

12.10 Is your annual household income from all sources—

(120-121)

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

12.11 About how much do you weigh without shoes?

(122-125)

Note: If respondent answers in metrics, put "9" in column 122.

Round fractions up

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

CATI note: If Q12.11 = 7777 (Don't Know/Not sure) or 9999 (Refused), skip Q12.13 and Q12.14.

12.12 About how tall are you without shoes?

(126-129)

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

Round fractions down

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

12.13 How much did you weigh a year ago? *[If you were pregnant a year ago, how much did you weigh before your pregnancy?]* **CATI: If female respondent and age <46.**

(130-133)

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

Round fractions up

_ _ _ _ Weight
(pounds/kilograms)
7 7 7 7 Don't know / Not sure **[Go to Q12.15]**
9 9 9 9 Refused **[Go to Q12.15]**

CATI note: Subtract weight one year ago from current weight. If weight is same, skip Q12.14.

12.14 Was the change between your current weight and your weight a year ago intentional?

(134)

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

12.15 What county do you live in?

(135-137)

_ _ _ FIPS county code
7 7 7 Don't know / Not sure
9 9 9 Refused

12.16 What is your ZIP Code where you live?

(138-142)

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

12.17 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.

(143)

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

12.18 How many of these telephone numbers are residential numbers?

(144)

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

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

(145)

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

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

(146)

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

12.21 To your knowledge, are you now pregnant?

(147)

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

Section 13: Caregiver Status

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

13.1 During the past month, did you provide any such care or assistance to a friend or family member?

(148)

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

Section 14: Disability

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

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

(149)

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

14.2 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?

(150)

Include occasional use or use in certain circumstances.

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

Section 15: Alcohol Consumption

15.1 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?

(151)

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

15.2 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

(152-154)

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
9 9 9 Refused

15.3 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?

(155-156)

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

15.4 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?

(157-158)

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

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

(159-160)

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

Section 16: Immunization (bolded edits added 9/1/09)

16.1. **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?

(161)

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 During what month and year did you receive your most recent **seasonal** flu shot?

(162-167)

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

16.3 **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?

(168)

1 Yes
2 No **[Go to Q16.5]**
7 Don't know / Not sure **[Go to Q16.5]**
9 Refused **[Go to Q16.5]**

16.4 During what month and year did you receive your most recent **seasonal** flu vaccine that was sprayed in your nose?

(169-174)

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

16.5 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?

(175)

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

Section 17: Arthritis Burden

Next I will ask you about arthritis.

17.1 Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

(176)

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

9 Refused **[Go to next section]**

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)**

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

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

(177)

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: Q17.3 should be asked of all respondents regardless of employment status.

17.3 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?

(178)

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 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."

17.4 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?

(179)

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."

17.5 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*.

(180-181)

_ _ Enter number [0-10]
7 7 Don't know / Not sure
9 9 Refused

Section 18: Fruits and Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods **you** eat. Include all foods *you* eat, both at home and away from home.

18.1 How often do you drink fruit juices such as orange, grapefruit, or tomato?

(182-184)

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

18.2 Not counting juice, how often do you eat fruit?

(185-187)

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

18.3 How often do you eat green salad?

(188-190)

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

18.4 How often do you eat potatoes not including French fries, fried potatoes, or potato chips?

(191-193)

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

18.5 How often do you eat carrots?

(194-196)

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

18.6 Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (Example: A serving of vegetables at both lunch and dinner would be two servings.)

(197-199)

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

Section 19: Physical Activity

CATI note: If Core Q12.9 = 1 (Employed for wages) or 2 (Self-employed); continue. Otherwise, go to Q19.2.

19.1 When you are at work, which of the following best describes what you do? Would you say—

(200)

If respondent has multiple jobs, include all jobs.

Please read:

1 Mostly sitting or standing
2 Mostly walking
3 Mostly heavy labor or physically demanding work

Do not read:

7 Don't know / Not sure
9 Refused

Please read:

We are interested in two types of physical activity - vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

19.2 Now, thinking about the moderate activities you do **[fill in "when you are not working" if "employed" or self-employed"]** in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

(201)

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

19.3 How many days per week do you do these moderate activities for at least 10 minutes at a time?

(202-203)

_ _ Days per week
8 8 Do not do any moderate physical activity for at least 10 minutes at a time? **[Go to Q19.5]**
7 7 Don't know / Not sure **[Go to Q19.5]**
9 9 Refused **[Go to Q19.5]**

19.4 On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

(204-206)

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

19.5 Now, thinking about the vigorous activities you do **[fill in "when you are not working" if "employed" or "self-employed"]** in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

(207)

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

19.6 How many days per week do you do these vigorous activities for at least 10 minutes at a time?

(208-209)

_ _	Days per week	
8 8	Do not do any vigorous physical activity for at least 10 minutes at a time	**[Go to next section]**
7 7	Don't know / Not sure	**[Go to next section]**
9 9	Refused	**[Go to next section]**

19.7 On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

(210-212)

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

Section 20: HIV/AIDS

CATI note: If respondent is 65 years old or older, go to next section.

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.

20.1 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.

(213)

1	Yes	
2	No	**[Go to Q20.5]**
7	Don't know / Not sure	**[Go to Q20.5]**
9	Refused	**[Go to Q20.5]**

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

(214-219)

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

20.3 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?

(220-221)

0 1	Private doctor or HMO office
0 2	Counseling and testing site
0 3	Hospital
0 4	Clinic
0 5	Jail or prison (or other correctional facility)
0 6	Drug treatment facility
0 7	At home
0 8	Somewhere else
7 7	Don't know / Not sure
9 9	Refused

CATI note: Ask Q20.4; if Q20.2 = within last 12 months. Otherwise, go to Q20.5.

20.4 Was it a rapid test where you could get your results within a couple of hours?

(222)

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

20.5 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?

(223)

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

Section 21: Emotional Support and Life Satisfaction

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

21.1 How often do you get the social and emotional support you need?

INTERVIEWER NOTE: If asked, say "please include support from <u>any</u> source."

(224)

Please read:

1 Always
2 Usually
3 Sometimes
4 Rarely
5 Never

Do not read:

7 Don't know / Not sure
9 Refused

21.2 In general, how satisfied are you with your life?

(225)

Please read:

1 Very satisfied
2 Satisfied
3 Dissatisfied
4 Very dissatisfied

Do not read:

7 Don't know / Not sure
9 Refused

Section 22: Cancer Survivors

Now I am going to ask you about cancer.

22.1 Have you EVER been told by a doctor, nurse, or other health professional that you had cancer?

(226)

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]**

22.2 How many different types of cancer have you had?

(227)

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]**

22.3 At what age were you told that you had cancer?

(228-229)

_ _ Code Age in years {97 = 97 and older}
9 8 Don't know / Not sure
9 9 Refused

CATI note: If Q22.2 = 2 (Two) or 3 (Three or more), ask: "At what age was your first diagnosis of cancer?"

INTERVIEWER NOTE: This question refers to the first time they were told about their first cancer.

22.4 What type of cancer was it?

(230-231)

If Q22.2 = 2 (Two) or 3 (Three or more), ask: "With your most recent diagnoses of cancer, what type of cancer was it?"

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

Breast
0 1 Breast cancer

Female reproductive (Gynecologic)
0 2 Cervical cancer (cancer of the cervix)
0 3 Endometrial cancer (cancer of the uterus)
0 4 Ovarian cancer (cancer of the ovary)

Head/Neck
0 5 Head and neck cancer
0 6 Oral cancer
0 7 Pharyngeal (throat) cancer
0 8 Thyroid

Gastrointestinal
0 9 Colon (intestine) cancer
1 0 Esophageal (esophagus)
1 1 Liver cancer
1 2 Pancreatic (pancreas) cancer
1 3 Rectal (rectum) cancer
1 4 Stomach

Leukemia/Lymphoma (lymph nodes and bone marrow)
1 5 Hodgkin's Lymphoma (Hodgkin's disease)
1 6 Leukemia (blood) cancer
1 7 Non-Hodgkin's Lymphoma

Male reproductive
1 8 Prostate cancer
1 9 Testicular cancer

Skin
2 0 Melanoma
2 1 Other skin cancer

Thoracic
2 2 Heart
2 3 Lung

Urinary cancer:
2 4 Bladder cancer
2 5 Renal (kidney) cancer

Others
2 6 Bone
2 7 Brain
2 8 Neuroblastoma
2 9 Other

Do not read:

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

Optional Modules

Module 1B: Pre-Diabetes (Asked in Core)

NOTE: Only asked of those not responding "Yes" (code = 1) to Core Q6.1 (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 Q6.1 = 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?

(246)

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

Module 2B: Diabetes (Asked in Core)

To be asked following Core Q6.1; if response is "Yes" (code = 1)

1. How old were you when you were told you have diabetes?

(247-248)

_ _ Code age in years **[97 = 97 and older]**
9 8 Don't know / Not sure
9 9 Refused

2. Are you now taking insulin?

(249)

1 Yes
2 No
9 Refused

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

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

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 **[76 = 76 or more]**
8 8 None
7 7 Don't know / Not sure
9 9 Refused

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 **[76 = 76 or more]**
8 8 None
9 8 Never heard of "A one C" test
7 7 Don't know / Not sure
9 9 Refused

CATI note: If Q4 = 555 (No feet), go to Q8.

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 **[76 = 76 or more]**
8 8	None
7 7	Don't know / Not sure
9 9	Refused

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

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

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

Module 5A: Inadequate Sleep

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

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.

INTERVIEWER NOTE: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.

(283-284)

_ _	Number of hours [01-24]
7 7	Don't know / Not sure
9 9	Refused

2. Do you snore?

INTERVIEWER NOTE: If the respondent indicates that their spouse or someone told him/her that they snore, then the answer to the question is "Yes," the respondent snores.

(285)

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

3. During the past 30 days, for about how many days did you find yourself unintentionally falling asleep during the day?

(288-289)

_ _	Number of days [01-30]
8 8	None
7 7	Don't know / Not sure
9 9	Refused

4. During the past 30 days, have you ever nodded off or fallen asleep, even just for a brief moment, while driving?

(290)

1	Yes
2	No
3	Don't drive
4	Don't have license
7	Don't know / Not sure
9	Refused

Module 7A: Actions to Control High Blood Pressure

CATI note: If Core Q7.1 = 1 (Yes); continue. Otherwise, go to next module.

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)? (295)

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)? (296)

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)? (297)

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)? (298)

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)? (299)

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)?

(300)

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)?

(301)

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)?

(302)

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)?

(303)

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

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

(304)

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 8A: Heart Attack and Stroke

Now I would like to ask you about your knowledge of the signs and symptoms of a heart attack and stroke.

Which of the following do you think is a symptom of a heart attack? For each, tell me "yes," "no," or you're "not sure."

1. (Do you think) pain or discomfort in the jaw, neck, or back (are symptoms of a heart attack?) (305)

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

2. (Do you think) feeling weak, lightheaded, or faint (are symptoms of a heart attack?) (306)

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

3. (Do you think) chest pain or discomfort (are symptoms of a heart attack?) (307)

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

4. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a heart attack?) (308)

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

5. (Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack?) (309)

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

6. (Do you think) shortness of breath (is a symptom of a heart attack?)

(310)

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

Which of the following do you think is a symptom of a stroke? For each, tell me "yes," "no," or you're "not sure."

7. (Do you think) sudden confusion or trouble speaking (are symptoms of a stroke?)

(311)

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

8. (Do you think) sudden numbness or weakness of face, arm, or leg, especially on one side, (are symptoms of a stroke?)

(312)

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

9. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?)

(313)

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

10. (Do you think) sudden chest pain or discomfort (are symptoms of a stroke?)

(314)

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

11. (Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?)

(315)

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

12. (Do you think) severe headache with no known cause (is a symptom of a stroke?)

(316)

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

13. If you thought someone was having a heart attack or a stroke, what is the first thing you would do?

(317)

Please read:

1 Take them to the hospital
2 Tell them to call their doctor
3 Call 911
4 Call their spouse or a family member

Or

5 Do something else

Do not read:

7 Don't know / Not sure
9 Refused

Module 25AB: Random Child Selection

CATI note: If Core Q12.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

If Core Q12.7 = 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 Q12.7 is >1 and Core Q12.7 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?

(465-470)

_ _/_ _ _ _	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? (471)

1 Boy
2 Girl
9 Refused

3. Is the child Hispanic or Latino? (472)

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? (473-478)

[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? (479)

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? (480)

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 26AB: Childhood Asthma Prevalence

CATI note: If response to Core Q12.7 = 88 (None) or 99 (Refused), go to next module.

The next two questions are 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? (481)

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? (482)

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

NY State-Added Module 2B: Adult TV Viewing

"Now I will ask about TV watching or computer use.

NY02Q01 Over the past 30 days, on a typical day how much time altogether did you spend sitting and watching TV or videos or using a computer outside of work? Would you say... (502-503)

1 less than 1 hour,
2 1 hour,
3 2 hours,
4 3 hours,
5 4 hours,
6 5 hours or more?
8 {you do/s/he does} not watch TV or videos or use a computer outside of work
7 Don't Know/not sure
9 Refused

NY State-Added Module 3B: Childhood Television Environment

CATI NOTE: From Module 25 Random Child Selection.
Childage >=2 or 24months and M25Q06 = 1,2,3 (Parent, grandparent,foster) continue.
Otherwise go to next module.

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

NY03Q01 Does the **"Xth"** child have a television set in his/her bedroom? (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

NY03Q02 Do you limit the amount of time the **"Xth"** child is allowed to watch TV, videos or DVDs? (505)

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

NY State-Added Module 4B: Food Security/Social Context

NY04Q01. In the past few months, how often would you say that you and your household did not have enough to eat? (506)

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

NY State-Added Module 5B: Access to Fruits and Vegetables

NY05Q01. When you or someone in your household shops for fresh fruits or vegetables, do you buy them in your community or neighborhood? (507)

1 Yes, in my community or neighborhood Go to next module
2 No, some place else
7 Don't know/Not Sure Go to next module
9 Refused Go to next module

IF: (NY05Q01 is No, some place else): Ask the following:

NY05Q02. What is the main reason you or someone in your household does not buy fresh fruits and vegetables in your community or neighborhood? (508-509)

READ ONLY IF NECESSARY:
01 No stores in my community or neighborhood

02 Stores in my community or neighborhood have poor quality fruits and vegetables
03 Stores in my community or neighborhood are too expensive
04 Stores in my community or neighborhood have poor quality service
05 I feel uncomfortable in stores in my community or neighborhood
06 Don't cook
07 Don't eat fresh fruits or vegetables
08 Other (SPECIFY) _____
77 Don't know/Not sure
99 Refused

NY State-Added Module 6B: Sweetened Beverage Consumption

NY06Q01. 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. (510-511)
INTERVIEWER NOTE: OUNCES DOES NOT MATTER. MULTIPLE CANS, BOTTLES OR GLASSES WOULD COUNT AS MULTIPLE TIMES

Would you say:
2 1 to 3 times during the past 7 days
3 4 to 6 times during the past 7 days
4 1 time per day
5 2 times per day
6 3 times per day
8 4 or more times per day
1 I did not drink regular soda during the past 7 days

---
7 Don't Know/not sure
9 Refused

NY06Q02. 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. (512-513)

INTERVIEWER NOTE: OUNCES DO NOT MATTER. MULTIPLE CANS, BOTTLES OR GLASSES WOULD COUNT AS MULTIPLE TIMES

Would you say:
2 1 to 3 times during the past 7 days
3 4 to 6 times during the past 7 days
4 1 time per day
5 2 times per day
6 3 times per day
8 4 or more times per day
1 I did not drink diet soda during the past 7 days
---
7 Don't Know/not sure
9 Refused

NY06Q03. 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. (514-515)

INTERVIEWER NOTE: OUNCES DOES NOT MATTER. MULTIPLE CANS, BOTTLES OR GLASSES WOULD COUNT AS MULTIPLE TIMES.

Would you say:
2 1 to 3 times during the past 7 days
3 4 to 6 times during the past 7 days
4 1 time per day
5 2 times per day
6 3 times per day
8 4 or more times per day
1 I did not drink sweetened beverages during the past 7 days
---
7 Don't Know/not sure
9 Refused

CATI NOTE: From Module 25 Random Child Selection.
Childage >=2 or 24months and M25Q06 = 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.

NY06Q04. 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. (516-517)

INTERVIEWER NOTE: OUNCES DOES NOT MATTER. MULTIPLE CANS, BOTTLES OR GLASSES WOULD COUNT AS MULTIPLE TIMES.

Would you say:
2 1 to 3 times during the past 7 days
3 4 to 6 times during the past 7 days
4 1 time per day
5 2 times per day
6 3 times per day
8 4 or more times per day
1 The child did not drink regular soda during the past 7 days
---
7 Don't Know/not sure
9 Refused

NY06Q05. 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. (518-519)

INTERVIEWER NOTE: OUNCES DO NOT MATTER. MULTIPLE CANS, BOTTLES OR GLASSES WOULD COUNT AS MULTIPLE TIMES

Would you say:
2 1 to 3 times during the past 7 days
3 4 to 6 times during the past 7 days
4 1 time per day
5 2 times per day
6 3 times per day
8 4 or more times per day
1 The child did not drink diet soda during the past 7 days
---
7 Don't Know/not sure
9 Refused

NY06Q06. 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. (520-521)

INTERVIEWER NOTE: OUNCES DOES NOT MATTER. MULTIPLE CANS, BOTTLES OR GLASSES WOULD COUNT AS MULTIPLE TIMES.

Would you say:
2 1 to 3 times during the past 7 days
3 4 to 6 times during the past 7 days
4 1 time per day
5 2 times per day
6 3 times per day
8 4 or more times per day
1 The child did not drink sweetened beverages during the past 7 days
---
7 Don't Know/not sure
9 Refused

NY State-Added Module 7B: Disability Limitations

CATI Note: if Core 14.1 = 1 (yes-limitations) or Core 14.2 = 1 (yes-special equipment) (Section 14: Disability) continue. Otherwise go to next module.

NY07Q01. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? (522)

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

NY07Q02. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? (523)

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

NY State-Added Module 8B: Caregiver

NY08Q01. People may provide regular care or assistance to someone who has a long-term illness or disability. During the past month, did you provide any such care or assistance to a family member or friend? (524)

1 Yes
2 No [go to closing]
3 Yes, but family member or friend died in past 30 days [Go to closing]
7 Don't know/Not sure [Go to closing]
9 Refused [Go to closing]

NY08Q02. What age is the person to whom you are giving care? (525-526)
(PROBE for age – If more than one, ask, "What is the age of the person to whom you are giving the most care?")
Interviewer Note: If respondent unsure record best estimate

_ _ Code age in years(97=age 97 and older)

9 8 Don't know / Not sure
9 9 Refused

NY08Q03. What is the gender of the person you are caring for? (527)
1 Male
2 Female
7 Don't know/Not sure
9 Refused

NY08Q04. What is (CATI: his/her) relationship to you? For example is he/she your (mother/daughter or father/son)? (528-529)
DO NOT READ.

01 Parent
02 Grandparent
03 Mother-in-law or Father-in-law
04 Spouse
05 Significant Other / Partner
06 Sibling
07 Child
08 Other Relative
09 Non-relative (ie friend, neighbor, church member…)

77 Don't know / not sure
99 Refused

Cati Note: (care recipient)= response from NY08Q04

NY08Q05. What do you think or what has a doctor said is the major health problem that your (**CATI code** NY08Q04.) has? CHECK ONE CONDITION ONLY (530-531)

DO NOT READ
1 Aging, Old Age
2 AIDS or HIV
3 Alcohol or drug addiction
4 Alzheimer's Disease
5 Anxiety other emotional
6 Arthritis/rheumatism
7 Asthma
8 Attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD)
9 Cancer
10 Cerebral Palsy
11 Chromosomal anomaly
12 Dementia
13 Depression

14 Developmental delays
15 Diabetes
16 Down's syndrome
17 Eye/vision problem (blindness)
18 Hearing problems (deafness)
19 Heart disease
20 Hypertension/high blood pressure
21 Kidney Disease, dialysis
22 Lung disease/emphysema
23 Memory
24 Multiple Sclerosis
25 Muscular Dystrophy
26 Obesity
27 Osteoporosis
28 Other (SPECIFY: _____)
29 Parkinson's
30 Spinal Cord Injury (SCI)
31 Stroke
32 Traumatic Brain Injury (TBI)

88 No (other) problem or condition
77 Don't know/Not sure
99 Refuse

NY08Q06. Does your (care recipient **NY08Q04**) live in: (532-533)

Please read:
01 Your home
02 (Cati his/her) own home alone
03 (Cati his/her) own home with spouse
04 (Cati his/her) own home with individuals other than spouse
05 Someone else's home
06 Assisted living residence
07 Independent living or retirement community
08 Nursing home
_____
77 Don't know / not sure
99 Refused

NY08Q07. How long have you been providing care for your (care recipient **NY08Q04**)? (534-536)
PROMPT: Your best estimate is fine.
Interviewer Notes: Examples of care include helping with everyday activities, help in getting dressed, toileting, housework, meal prep, arranging for paid care like adult day care, transportation, taking medications, accessing health care or monitoring the person who is prone to wandering.

1_ _ Days
2_ _ Weeks
3_ _ Months
4_ _ Year

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

NY08Q08. In an average week, how many hours do you spend providing care for your (care recipient **NY08Q04**)? (537-539)

Interviewer Notes: Round up to the nearest hour.

__ _	Hours
76	76 or greater
77 7	Don't know / Not sure
99 9	Refused

NY08Q09. Do you need assistance managing challenging behaviors such as wandering, physical needs or supervision? (540)

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

NY08Q10. How emotionally stressful do you find caring for your (care recipient **NY08Q04**)? (541)

Please read:

1 Extremely stressful
2 Stressful
3 Somewhat stressful
4 Not stressful at all

7 Don't know / not sure
9 Refused

NY08Q11. How much of a financial burden does caring for your (care recipient **NY08Q04**) place on you? (542)

Please read:

1 Significant financial burden
2 Moderate financial burden
3 Minimal financial burden
4 No financial burden at all

7 Don't know / not sure
9 Refused

CATI NOTE:

If C12Q09 (employment) = 6,9 Go to Closing
If C12Q09 (employment not working) = 3,4,5,7,8 Go to NY08Q13

If C12Q09 (employment outside home) = 1,2 continue

NY08Q12. Has your job been affected by your caregiving responsibilities, such as having to take time off from work, or reducing work hours? (543)

1 Yes
2 No

7 Don't know / not sure
9 Refused

Cati Note NY08Q13 only asked of those C12Q09 (employment not working) = 3,4,5,7,8

NY08Q13. Did you retire or leave work as a result of caregiving responsibilities? (544)

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

NY State-Added Module 9A: Sexual Behavior STD/Female Condom

NY09Q01. What do you think are your chances of getting a sexually transmitted disease, such as gonorrhea or genital herpes? Would you say...(READ) (545)

1=High
2=Medium
3=Low
4=No Chance
7=Don't Know
9=Refused

NY09Q02. In the past twelve months, do you recall having heard or seen either of the following messages in news or media coverage? (546)

That one in four teenagers will contract a sexually transmitted disease, or STD.
1=Yes
2=No
7=Don't Know
9=Refused

NY09Q03. In the past twelve months, do you recall having heard or seen either of the following messages in news or media coverage? (547)

That one in two –that's half of adults will contract an STD by age 25.
1=Yes
2=No
7=Don't Know
9=Refused

NY09Q04. Please tell me whether the following statement is true or false. (548)

Having another STD increases your chances of being infected with HIV.
1=True
2=False
7=Don't Know
9=Refused

NY09Q05. 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 By sexual history we mean asking you about sexual partners and sexual practices. (549)

1=Every time
2=Almost every time
3=Sometimes
4=Rarely (Hardly Ever)
5=Never
8=N/A Haven't had a regular check-up
Do not read:
7 Don't know / Not sure
9 Refused

NY09Q06. Have you EVER been told by a doctor, nurse, or other health professional that you have genital herpes? (550)

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

NY09Q07. Some people use condoms to keep from getting infected with S.T.D.s, including H.I.V., through sexual activity. How effective do you think a properly used latex or polyurethane condom is for this purpose? Would you say it is: (551)

1=Very effective?
2=Somewhat effective?
3= Not at all effective?
Do not read:
7 Don't know / Not sure
9 Refused

NY09Q08. 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. (552-553)

__= number of partners
88=None **Go to NY09Q10**
77= Don't Know/not sure
99=Refused

NY09Q09. When you have sex with your main partner, how often do the two of you use condoms, would you say. . . (554)

1= Every time
2= Almost every time
3= Sometimes
4= Almost never
5= never
6= Don't have a main sexual partner

Do not read:

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

If C12Q20=2 (females only) continue otherwise go to closing.
Latex condoms for males, when used consistently and correctly, are a highly effective method for preventing unwanted pregnancies as well as sexually transmitted diseases. The female condom is a similar device designed for use by females during sexual intercourse.

NY09Q10. Have you:
Heard about the female condom? (555)
1=Yes
2= No **Go to Closing**
7=DK/NS **Go to Closing**
9=Refused **Go to Closing**

NY09Q11. Have you:
Actually seen a female condom? (556)
1=Yes
2= No **Go to Closing**
7=DK/NS **Go to Closing**
9=Refused **Go to Closing**

NY09Q12. Actually used the female condom? (557)
1=Yes
2= No **Go to Closing**
7=DK/NS **Go to Closing**
9=Refused **Go to Closing**

NY09Q13. How often have you used the female condom? (558)
(Check one)
1= Just once
2=2-5 times
3= 6-10 times
4=More than 10 times
7=DK/NS
9=Refused