



Maryland

2009

**Behavioral Risk Factor Surveillance System
Questionnaire**

2/6/2009



Maryland BRFSS 2009 Questionnaire

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Interviewer's Script

Intro1

HELLO, I am calling for 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?

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:

Intro2

HELLO, I am calling for 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.

Confidentiality Statement

YOURTHE1

Then you are the person I need to speak with.

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. This health survey is entirely voluntary. If you have any questions about this survey, please contact the Maryland BRFSS Coordinator, Mr. Helio Lopez at (410) 767-5159. If you have any questions regarding your rights as a participant, please call Miss Gay Hutchen, IRB Administrator, at (410) 767-8448.

The survey will take approximately 20 minutes.

The interview may be monitored for quality assurance.

Section 1: Health Status

//Ask of all//

- S1q1** Would you say that in general your health is— (73)
- Please read:**
- 1 Excellent
 - 2 Very good
 - 3 Good
 - 4 Fair
- Or**
- 5 Poor
- Do not read:**
- 7 DON'T KNOW / NOT SURE
 - 9 REFUSED

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

//Ask of all//

- S2q1** Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (74–75)

-- NUMBER OF DAYS
8 8 NONE
7 7 DON'T KNOW / NOT SURE
9 9 REFUSED

//Ask of all//

S2q2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (76-77)

-- NUMBER OF DAYS
8 8 NONE (If s2q1 and s2q2 = 88 (None), go to next section)
7 7 DON'T KNOW / NOT SURE
9 9 REFUSED

//If s2q1 = 88 AND s2q2 = 88 go to next section; Else continue to s2q3//

s2q3 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (78-79)

-- NUMBER OF DAYS
8 8 NONE
7 7 DON'T KNOW / NOT SURE
9 9 REFUSED

Section 3: Health Care Access

//ask of all//

s3q1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (80)

1 YES
2 NO
7 DON'T KNOW / NOT SURE
9 REFUSED

//ask of all//

s3q2 Do you have one person you think of as your personal doctor or health care provider?
IF "NO," ASK: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?" (81)

1 YES, ONLY ONE

- 2 MORE THAN ONE
- 3 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

//ask of all//
s3q3

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

(82)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

//ask of all//

s3q4

About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

(83)

READ IF NECESSARY

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

DO NOT READ

- 7 DON'T KNOW / NOT SURE
- 8 NEVER
- 9 REFUSED

Section 4: Sleep

//ask of all//

The next question is about getting enough rest or sleep.

s4q1

During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?

(84-85)

- NUMBER OF DAYS
- 8 8 NONE
- 7 7 DON'T KNOW / NOT SURE
- 9 9 REFUSED

Section 5: Exercise

//ask of all//

s5q1 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

(86)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Section 6: Diabetes

//ask of all//

s6q1 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

Module 2: Diabetes [Split 1]

/SPLIT 1 continue; SPLIT 2 go to next section/

To be asked following Core s6q1 if response is "Yes" (code = 1)

/if s6q1=1 AND SPLIT=1 continue; if s6q1=2,3,4,7,9 OR SPLIT=2 go to next section/

//ask if s6q1=1//

Mod2_1. How old were you when you were told you have diabetes?

(247-248)

- 9 8 CODE AGE IN YEARS [97 = 97 AND OLDER]
- 9 8 DON'T KNOW / NOT SURE
- 9 9 REFUSED

//ask of all (if s6q1=1)//

Mod2_2. Are you now taking insulin? (249)

- 1 YES
- 2 NO
- 9 REFUSED

//ask of all//

Mod2_3. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (250-252)

- 1 _ _ Times per day
- 2 _ _ Times per week
- 3 _ _ Times per month
- 4 _ _ Times per year
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

//ask of all//

Mod2_4. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (253-255)

- 1 _ _ Times per day
- 2 _ _ Times per week
- 3 _ _ Times per month
- 4 _ _ Times per year
- 5 5 5 No feet
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

//ask of all//

Mod2_5. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (256-257)

- _ _ Number of times [76 = 76 or more]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

//ask of all//

Mod2_6. A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?

(258-259)

- — Number of times [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 Mod2_4 = 555 (No feet), go to Mod2_8./

//ask if mod2_4=1xx,2xx,3xx,4xx,777,888,999//

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

(260-261)

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

//ask of all//

Mod2_8. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

(262)

Read only if necessary:

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

Do not read:

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

//ask of all//

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

(263)

- 1 Yes
- 2 No

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

//ask of all//

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

(264)

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

Section 7: Hypertension Awareness

//ask of all//

s7q1 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 **(GO TO NEXT SECTION) YES, BUT FEMALE TOLD ONLY DURING PREGNANCY**
- 3 **(GO TO NEXT SECTION) NO**
- 4 **(GO TO NEXT SECTION) TOLD BORDERLINE HIGH OR PRE-HYPERTENSIVE**
- 7 **(GO TO NEXT SECTION) DON'T KNOW / NOT SURE**
- 9 **(GO TO NEXT SECTION) REFUSED**

//if s7q1=2,3,4,7,9 go to next section/

//ask if s7q1=1//

s7q2 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

//ask of all//

s8q1 Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (90)

- 1 YES
- 2 **(GO TO NEXT SECTION)** NO
- 7 **(GO TO NEXT SECTION)** DON'T KNOW / NOT SURE
- 9 **(GO TO NEXT SECTION)** REFUSED

//If s8q1=2,7,9 go to next section/

//ask if s8q1=1//

s8q2 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

//ask if s8q1=1//

s8q3 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

//Read to all//

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."

//ask of all//

s9q1 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

//ask of all//

s9q2 Ever told you had angina or coronary heart disease? (94)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

//ask of all//

s9q3 Ever told you had a stroke? (95)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Section 10: Asthma

//ask of all//

s10q1 Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (96)

- 1 Yes
- 2 **(GO TO NEXT SECTION)** No
- 7 **(GO TO NEXT SECTION)** Don't know / Not sure
- 9 **(GO TO NEXT SECTION)** Refused

//If s10q1=2,7,9 go to next section/

//Ask if s10q1=1//

s10q2 Do you still have asthma? (97)

- 1 YES

- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Section 11: Tobacco Use

//ask of all//

s11q1 Have you smoked at least 100 cigarettes in your entire life? (98)

[NOTE: 5 PACKS = 100 CIGARETTES]

- 1 YES
- 2 **(Go to s11q5)** NO
- 7 **(Go to s11q5)** DON'T KNOW / NOT SURE
- 9 **(Go to s11q5)** REFUSED

//if s11q1=2,7,9 go to s11q5/

//Ask if s11q1=1//

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

- 1 EVERY DAY
- 2 SOME DAYS
- 3 **(Go to s11q4)** NOT AT ALL
- 7 **(Go to s11q5)** DON'T KNOW / NOT SURE
- 9 **(Go to s11q5)** REFUSED

//if s11q2=3 go to s11q4; Else if s11q2=7,9 go to s11q5/

//ask if s11q2=1 or 2//

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

- 1 **(GO TO S11Q5)** YES
- 2 **(GO TO S11Q5)** NO
- 7 **(GO TO S11Q5)** DON'T KNOW / NOT SURE
- 9 **(GO TO S11Q5)** REFUSED

//ask if s11q2=3//

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

Read if necessary

- 01 Within the past month (less than 1 month ago)

- 02 Within the past 3 months (1 month but less than 3 months ago)
- 03 Within the past 6 months (3 months but less than 6 months ago)
- 04 Within the past year (6 months but less than 1 year ago)
- 05 Within the past 5 years (1 year but less than 5 years ago)
- 06 Within the past 10 years (5 years but less than 10 years ago)
- 07 10 years or more

Do not read

- 08 NEVER SMOKED REGULARLY
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

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

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

(103)

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Section 12: Demographics

//ask of all//

s12q1 What is your age? (104-105)

- CODE AGE IN YEARS
- 0 7 DON'T KNOW / NOT SURE
- 0 9 REFUSED

//ask of all//

s12q2 Are you Hispanic or Latino? (106)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

//ask of all//

s12q3 Which one or more of the following would you say is your race? (107-112)

(Check all that apply) /MUL=6/

Please read:

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

Or

- 6 Other [specify] _____

Do not read:

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

//If s12q3 = MUL response continue with s12q4; Else if one response to s12q3, go to s12q5.

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

(113)

//List only responses given at s12q3//

Please read

- 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

//ask of all//

s12q5 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

(114)

Read if necessary

- 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

Do not read

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

//ask of all//

s12q6 Are you...? (115)

Please read:

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

Or

- 6 A member of an unmarried couple

Do not read:

- 9 REFUSED

//ask of all//

s12q7 How many children less than 18 years of age live in your household? (116-117)

- __ CODE NUMBER OF CHILDREN
- 8 8 NONE
- 9 9 REFUSED

//ask of all//

s12q8 What is the highest grade or year of school you have 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

//ask of all//

s12q9 Are you currently...? (119)

Please read:

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student

- 7 Retired
- Or**
- 8 Unable to work

Do not read:
9 REFUSED

//ask of all//

s12q10 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

//ask of all//

s12q11 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

//ask of all//

s12q12 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

//if s12q11 = 7777 or 9999 skip s12q13 and s12q14; else continue//

s12q13 How much did you weigh a year ago?

/CATI: If female respondent and age <46, add: If you were pregnant a year ago, how much did you weigh before your pregnancy?

(130-133)

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

ROUND FRACTIONS UP

_____	Weight
(pounds/kilograms)	
7 7 7 7	(Go to s12q15) Don't know / Not sure
9 9 9 9	(Go to s12q15) Refused

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

//ask if s12q11 and s12q13 answers are NOT the same//

s12q14 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

//ask of all//

s12q15 What county do you live in? (135-137)

__ __ __ FIPS county code

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

//ask of all//

s12q16 What is your ZIP Code where you live? (138-142)

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

//ask of all//

s12q17 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 **[Go to s12q19]** No
 7 **[Go to s12q19]** Don't know / Not sure
 9 **[Go to s12q19]** Refused

//if s12q17=2,7,9 go to s12q19/

//ask if s12q17=1//

s12q18 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

//ask of all//

s12q19 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

[CELL PHONE QUESTIONS—to be inserted following Q12.19]

//ask of all//

s12q19a. Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.

- 1 [GO TO s12q19c] YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

//ask if s12q19a=2,7,9//

s12q19b. Do you share a cell phone for personal use (at least one-third of the time) with other adults?

- 1) [Go TO s12q19d] YES
- 2) [SKIP TO s12q20] NO
- 7) [SKIP TO s12q20] DON'T KNOW
- 9) [SKIP TO s12q20] REFUSED

//ask if s12q19a=1//

s12q19c. Do you usually share this cell phone (at least one-third of the time) with any other adults?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

//ask if s12q19a=1 OR s12q19b=1//

s12q19d. 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?

- ___ % Record value between 0% and 100%,
- 777 Don't Know
- 999 Refused

//ask of all//

s12q20 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]

//ask if s12q20=2 AND s12q1 <= 44//

s12q21 To your knowledge, are you now pregnant?

(147)

- 1 Yes
- 2 No

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

Section 13: Caregiver Status

//ask of all//

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

s13q1 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.

//ask of all//

s14q1 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

//ask of all//

s14q2 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

//ask of all//

s15q1 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 **[Go to next section]** No
- 7 **[Go to next section]** Don't know / Not sure
- 9 **[Go to next section]** Refused

/if s15q1=2,7,9 go to next section/

//ask if s15q1=1//

s15q2 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

/if s15q2=888 go to next section/

//ask if s15q2=1xx, 2xx, 777, 999//

s15q3 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

//ask of all (who answered s15q3)//

s15q4 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

//ask of all (who answered s15q3)//

s15q5 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

//ask of all//

s16q1 A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot? (161)

- 1 Yes
- 2 **[Go to s16q3]** No
- 7 **[Go to s16q3]** Don't know / Not sure
- 9 **[Go to s16q3]** Refused

/if s16q1=2,7,9 go to s16q3/

//ask if s16q1=1//

s16q2 During what month and year did you receive your most recent flu shot? (162-167)

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

//ask of all//

s16q3 During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine sprayed in the nose is also called FluMist™. (168)

- 1 Yes
- 2 **[Go to s16q5]** No
- 7 **[Go to s16q5]** Don't know / Not sure
- 9 **[Go to s16q5]** Refused

/if s16q3=2,7,9 go to s16q5/

//ask if s16q3=1//

s16q4 During what month and year did you receive your most recent 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

//ask of all//

s16q5 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

Pandemic Influenza Questions (Jan-Feb 2009 only)

Pandemic Flu questions to be added after Immunization Questions s16q1-s16q5 for January-February 2009 only]

//ask of all//

PF1. What do you think is the most effective ONE thing you can do to prevent getting sick from the flu? (751)

Please read:

- 1 Avoiding touching your eyes, nose or mouth as much as possible during the flu season
- 2 Avoiding close contact with others who may have the flu
- 3 Getting the flu vaccination
- 4 Taking anti-viral medicine, like Tamiflu, on the first or second day that you have symptoms of the flu

Do not read:

- 7 DON'T KNOW / NOT SURE
9 REFUSED

//ask of all//

PF2 What do you think is the most effective thing to do to prevent spreading the flu to people when you are sick? (752)

Please read:

- 1 Frequent hand washing

- 2 Covering your mouth and nose when coughing or sneezing
 - 3 Staying home when you are sick with the flu
 - 4 Getting the flu vaccination
- OR
- 5 Something else

Do not read:

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

//ask of all//

PF3. If there is a pandemic flu outbreak and you do not get the pandemic flu vaccination, what do you think your chances are of getting sick with the pandemic flu? (753)

Interviewer Note: Please read both the subjective label and the percentage range.

- 1 Very high (90-100%)
- 2 High (70-89%)
- 3 Average (50-69%)
- 4 Low (20-49%)
- 5 Very low (0-19%)

Do not read:

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

//ask of all//

PF4. If there was a pandemic flu outbreak, how likely are you to get a pandemic flu vaccination if it was available to you? (754)

Please read:

- 1 Definitely get one
- 2 Probably get one
- 3 Probably not get one
- 4 Definitely not get a pandemic flu vaccination

Do not read:

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

//ask of all//

PF5. If public health officials recommended that everyone go to a particular public place such as a local school, fire station, or sports stadium to get vaccinated to prevent the spread of pandemic flu, would you... (755)

Please read:

- 1 Definitely go

- 2 Probably go
- 3 Probably not go
- 4 Definitely not go to a particular place to get vaccinated

Do not read:

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

//ask of all//

PF6. Imagine an outbreak of pandemic flu in the U.S. in the next year. What would be the most important ONE thing you would want to know?

(756-757)

Please read:

- 0 1 How to prevent getting the flu
- 0 2 How to prevent spreading the flu
- 0 3 Symptoms of the flu
- 0 4 How to treat the flu
- 0 5 Cities where cases of the flu have been identified
- 0 6 Information about the flu vaccine
- 0 7 Something else

Do not read:

- 7 7 DON'T KNOW / NOT SURE
- 9 9 REFUSED

//ask of all//

PF7. During a pandemic flu outbreak in the U.S., what would be your ONE most preferred source for getting information about the pandemic flu? Please tell me your one most preferred source.

(758-759)

Do not read:

- 0 1 NEWSPAPERS
- 0 2 TELEVISION
- 0 3 RADIO
- 0 4 INTERNET WEBSITES
- 0 5 YOUR DOCTOR
- 0 6 THE CDC (CENTERS FOR DISEASE CONTROL AND PREVENTION)
- 0 7 STATE OR LOCAL PUBLIC HEALTH DEPARTMENTS
- 0 8 OTHER GOVERNMENT AGENCIES
- 0 9 FAMILY OR FRIENDS
- 1 0 RELIGIOUS LEADERS
- 1 1 SOME OTHER SOURCE
- 7 7 DON'T KNOW / NOT SURE
- 9 9 REFUSED

//ask of all//

PF8. Excluding vaccination, what is the ONE most likely thing you would do if a pandemic flu outbreak were reported IN YOUR STATE? Please choose one from the following list?

(760-761)

Please read:

- 0 1 Consult a website
- 0 2 Avoid crowds and public events
- 0 3 Consult your doctor
- 0 4 Try to get a prescription for an anti-viral drug such as Tamiflu
- 0 5 Reduce or avoid travel
- 0 6 Wash hands frequently
- 0 7 Wear a face mask
- 0 8 Keep household members at home while the outbreak lasts
- 0 9 Stock up on medicines and food to help with flu symptoms
- 1 0 Something else

INTERVIEWER SAY: I will repeat the question and answer choices to assist your recall.

Do not read:

- 7 7 DON'T KNOW / NOT SURE
- 9 9 REFUSED

//ask of all//

PF9. If public health officials recommended that everyone stay at home for a month because of a serious outbreak of pandemic flu in your community, are you very likely, somewhat likely, somewhat unlikely, or very unlikely to stay home for a month?

(762)

- 1 Very likely
- 2 Somewhat likely
- 3 Somewhat unlikely
- 4 Very unlikely to stay at home for a month
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

//ask of all//

PF10. I'm going to read you a list of job types. Please tell me if you currently work in any of these fields.

(763)

- a. Emergency medical services, law enforcement, fire services, or in the manufacture of pandemic vaccines or anti-virals.
- b. Public health, healthcare provider, home health, or in a nursing home.
- c. Homeland or national security as one who would be deployed during a flu pandemic.

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Section 17: Arthritis Burden

Next I will ask you about arthritis.

//ask of all//

s17q1 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)

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)**

1	YES	
2	[GO TO NEXT SECTION]	NO
7	[GO TO NEXT SECTION]	DON'T KNOW / NOT SURE
9	[GO TO NEXT SECTION]	REFUSED

/if s17q1=2,7,9 go to next section/

//ask if s17q1=1//

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

s17q2 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

(177)

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."

1	YES
2	NO
7	DON'T KNOW / NOT SURE
9	REFUSED

INTERVIEWER NOTE: THIS QUESTION SHOULD BE ASKED OF ALL RESPONDENTS REGARDLESS OF EMPLOYMENT STATUS.

//ask of all (if s17q1=1)//

s17q3

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)

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.”

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

//ask of all (if s17q1=1)//

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)

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.”

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

//ask of all (if s17q1=1)//

s17q5

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]
- 9 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.

//ask of all//

s18q1 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

//ask of all//

s18q2 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

//ask of all//

s18q3 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

//ask of all//

s18q4 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

//ask of all//

s18q5 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

//ask of all//

s18q6 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./

//ask if s12q9=1 or 2//

S19q1 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

//read to all//

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.

//ask of all//

s19q2 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 **[GO TO s19q5]** NO
- 7 **[GO TO s19q5]** DON'T KNOW / NOT SURE
- 9 **[GO TO s19q5]** REFUSED

//if s19q2=2,7,9 go to s19q5/

//ask if s19q2=1//

s19q3 How many days per week do you do these moderate activities for at least 10 minutes at a time? (202-203)

- – Days per week **[RANGE 01-07]**
- 8 8 **[Go to s19q5]** Do not do any moderate physical activity for at least 10 minutes at a time?
- 7 7 **[Go to s19q5]** Don't know / Not sure
- 9 9 **[Go to s19q5]** Refused

//if s19q3=88,77,99 go to s19q5/

//ask if s19q3=01-07//

s19q4 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

//ask of all//

s19q5 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 | [GO TO NEXT SECTION] | NO |
| 7 | [GO TO NEXT SECTION] | DON'T KNOW / NOT SURE |
| 9 | [GO TO NEXT SECTION] | REFUSED |

/if s19q5=2,7,9 go to next section/

//ask if s19q5=1//

s19q6 How many days per week do you do these vigorous activities for at least 10 minutes at a time?

(208-209)

- | | | |
|-----|------------------------------------|--|
| — — | Days per week [RANGE 01-07] | |
| 8 8 | [Go to next section] | Do not do any vigorous physical activity for at least 10 minutes at a time |
| 7 7 | [Go to next section] | Don't know / Not sure |
| 9 9 | [Go to next section] | Refused |

/if s19q6=88,77,99 go to next section/

//ask if s19q6=01-07//

s19q7 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 (s12q1>64) 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.

//ask if s12q1<65//

s20q1 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 | [GO TO S20Q5] | NO |
| 7 | [GO TO S20Q5] | DON'T KNOW / NOT SURE |
| 9 | [GO TO S20Q5] | REFUSED |

/if s20q1=2,7,9 go to s20q5/

//ask if s20q1=1//

s20q2 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 |
| 77/7777 | Don't know / Not sure |
| 99/9999 | Refused |

//ask if s20q1=1//

s20q3 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)

- | | |
|----|---|
| 01 | Private doctor or HMO office |
| 02 | Counseling and testing site |
| 03 | Hospital |
| 04 | Clinic |
| 05 | Jail or prison (or other correctional facility) |
| 06 | Drug treatment facility |
| 07 | At home |
| 08 | Somewhere else |
| 77 | DON'T KNOW / NOT SURE |
| 99 | REFUSED |

/Ask s20q4 if s20q2 = within last 12 months. Otherwise, go to s20q5./

s20q4 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 |

//ask of all (if s12q1<65)//

s20q5

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.

//ask of all//

s21q1 How often do you get the social and emotional support you need?

INTERVIEWER NOTE: If asked, say "please include support from any 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

//ask of all//

s21q2 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.

//ask of all//

s22q1 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	[Go to next section (transition statement)]	No
7	[Go to next section (transition statement)]	Don't know / Not sure
9	[Go to next section (transition statement)]	Refused

/if s22q1=2,7,9, go to next section/

//ask if s22q1=1//

s22q2 How many different types of cancer have you had? (227)

1	Only one	
2	Two	
3	Three or more	
7	[Go to next section (transition statement)]	Don't know / Not sure
9	[Go to next section (transition statement)]	Refused

/if s22q2=7 or 9 go to next section/

//ask if s22q2=1,2 or 3//

s22q3 At what age were you told that you had cancer?

/CATI note: If s22q2 = 2 (Two) or 3 (Three or more), ask: “At what age was your first diagnosis of cancer?”

__ AGE IN YEARS (228-229)

7 7 DON'T KNOW / NOT SURE
9 9 REFUSED

INTERVIEWER NOTE: THIS QUESTION REFERS TO THE FIRST TIME THEY WERE TOLD ABOUT THEIR FIRST CANCER.

//ask of all (if s22q2=1,2,3)//

s22q4 What type of cancer was it?

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

(230-231)

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

Transition to Modules and State-Added Questions

//read to all//

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

Module 4: Visual Impairment and Access to Eye Care [Split 2]

/SPLIT 1 go to next section; SPLIT 2 continue/

/CATI: If s12q1<40 OR SPLIT=1 go to next section (respondent less than 40 years of age go to next section)./

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

//ask of all (where s12q1>39//

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

(273)

Please read:

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

Or
6 Unable to do for other reasons

Do not read:
7 DON'T KNOW / NOT SURE
8 **[GO TO NEXT SECTION]** NOT APPLICABLE (BLIND)
9 REFUSED

//If Mod4_1=8 go to next section/

//ask if Mod4_1=1,2,3,4,5,6,7,9//

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

(274)

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

Or
6 Unable to do for other reasons

Do not read:
7 DON'T KNOW / NOT SURE
8 **[GO TO NEXT SECTION]** NOT APPLICABLE (BLIND)
9 REFUSED

//If Mod4_2=8 go to next section/

//ask if Mod4_2=1,2,3,4,5,6,7,9//

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

Read only if necessary:
1 **[GO TO MOD4_5]** Within the past month (anytime less than 1 month ago)
2 **[GO TO MOD4_5]** Within the past year (1 month but less than 12 months ago)
3 Within the past 2 years (1 year but less than 2 years ago)
4 2 or more years ago
5 Never

Do not read:
7 DON'T KNOW / NOT SURE
8 **[GO TO NEXT SECTION]** NOT APPLICABLE (BLIND)
9 REFUSED

//if mod4_3=1 or 2 go to Mod4_5; If mod4_3=8 go to next section/

//ask if mod4_3=3,4,5,7,9//

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

(276-277)

Read only if necessary:

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

Do not read:

- 77 DON'T KNOW / NOT SURE
- 08 **[GO TO NEXT SECTION]** NOT APPLICABLE (BLIND)
- 99 REFUSED

/CATI note: Skip Mod4_5 if any response to Mod2_8 (diabetes module question 8)/

/if mod4_4=08 go to next section/

/if mod4_3=1 or 2 go to Mod4_5

//ask if Mod4_4=01,02,03,04,05,06,07,77,99 and Mod2_8=blank//

Mod4_5. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

(278)

Read only if necessary:

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

Do not read:

- 7 DON'T KNOW / NOT SURE
- 8 **[GO TO NEXT SECTION]** NOT APPLICABLE (BLIND)
- 9 REFUSED

/if mod4_5=8 go to next section/

//ask if mod4_5=1,2,3,4,5,7,9//

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

(279)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 8 **[GO TO NEXT SECTION]** NOT APPLICABLE (BLIND)

9 REFUSED

/if mod4_6=8 go to next section/

//ask if mod4_6=1,2,7,9//

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

- 1 YES
- 2 YES, BUT HAD THEM REMOVED
- 3 NO
- 7 DON'T KNOW / NOT SURE
- 8 **[GO TO NEXT SECTION]** NOT APPLICABLE (BLIND)
- 9 REFUSED

/if mod4_7=8 go to next section/

//ask if mod4_7=1,2,3,7,9//

Mod4_8. Have you EVER been told by an eye doctor or other health care professional that you had glaucoma? (281)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 8 **[GO TO NEXT SECTION]** NOT APPLICABLE (BLIND)
- 9 REFUSED

/if mod4_8=8 go to next section/

//read and continue if mod4_8=1,2,7,9//

Please read:

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

NOTE: Age-related Macular Degeneration (Age-related Mak-yuh-luh r Di-jen-uh-rey-shuh n)

Mod4_9. Have you EVER been told by an eye doctor or other health care professional that you had age-related macular degeneration? (282)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 8 NOT APPLICABLE (BLIND)
- 9 REFUSED

Module 5: Inadequate Sleep [Split 2]

/SPLIT 1 go to next section; SPLIT 2 continue/

//read to all//

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

//ask of all//

Mod5_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 [RANGE 01-24]
7 7	DON'T KNOW / NOT SURE
9 9	REFUSED

//ask of all//

Mod5_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

//ask of all//

Mod5_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 [RANGE 01-30]
8 8	NONE
7 7	DON'T KNOW / NOT SURE
9 9	REFUSED

//ask of all//

Mod5_4. During the past 30 days, have you ever nodded off or fallen asleep, even just for a brief moment, while driving?

- 1 YES
- 2 NO
- 3 DON'T DRIVE
- 4 DON'T HAVE LICENSE
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Module 7: Actions to Control High Blood Pressure [Split 1]

/SPLIT 1 continue; SPLIT 2 go to next section/

/CATI note: If Core s7q1 = 1 (Yes) AND SPLIT=1 continue. Otherwise, go to next module./

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

//ask if s7q1=1 AND SPLIT=1//

Mod7_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

//ask of all//

Mod7_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

//ask of all//

Mod7_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

//ask of all//

Mod7_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?

//ask of all//

Mod7_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

//ask of all//

Mod7_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

//ask of all//

Mod7_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

//ask of all//

Mod7_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

//ask of all//

Mod7_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

//ask of all//

Mod7_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 8: Heart Attack and Stroke **[Split 1]**

/SPLIT 1 continue; SPLIT 2 go to next section/

//read to all//

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."

//ask of all//

Mod8_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

//ask of all//

Mod8_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

//ask of all//

Mod8_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

//ask of all//

Mod8_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

//ask of all//

Mod8_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

//ask of all//

Mod8_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.”

//ask of all//

Mod8_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

//ask of all//

Mod8_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

//ask of all//

Mod8_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

//ask of all//

Mod8_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

//ask of all//

Mod8_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

//ask of all//

Mod8_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

//ask of all//

Mod8_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 12: Cancer Survivorship (Split 2)

If split=2 continue. Else go to next module.

/CATI: If Core s22q1 = 1 (Yes), continue. Otherwise, go to next section./

Previously you said that you had been told by your doctor that you had cancer. I will now ask you about your experiences with cancer.

//ask if s22q1=1//

Mod12_1. Are you currently receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills. (335)

- 1 **[GO TO NEXT SECTION]** YES
- 2 NO
- 7 **[GO TO NEXT SECTION]** DON'T KNOW / NOT SURE
- 9 **[GO TO NEXT SECTION]** REFUSED

/if mod12_1=1,7,9 go to next section/

//ask if mod12_1=2//

Mod12_2. What type of doctor provides the majority of your health care? (336-337)

Please read [1-10]:

- 0 1 Cancer Surgeon
- 0 2 Family Practitioner
- 0 3 General Surgeon
- 0 4 Gynecologic Oncologist
- 0 5 Internist
- 0 6 Plastic Surgeon, Reconstructive Surgeon
- 0 7 Medical Oncologist
- 0 8 Radiation Oncologist
- 0 9 Urologist
- 1 0 Other

Do not read:

- 7 7 DON'T KNOW / NOT SURE
- 9 9 REFUSED

//ask if mod12_1=2//

Mod12_3. Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received? (338)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

//ask if mod12_1=2//

Mod12_4. Have you EVER received instructions from a doctor, nurse, or other health professional about *where* you should return or *who* you should see for routine cancer check-ups after completing treatment for cancer? (339)

- 1 YES
- 2 **[GO TO MOD12_6]** NO
- 7 **[GO TO MOD12_6]** DON'T KNOW / NOT SURE
- 9 **[GO TO MOD12_6]** REFUSED

/if mod12_4=2,7,9 go to mod12_6/

//ask if mod12_4=1//

Mod12_5. Were these instructions written down or printed on paper for you?

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

//ask if mod12_1=2//

Mod12_6. With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?

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

(341)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

//ask if mod12_1=2//

Mod12_7. Were you EVER denied health insurance or life insurance coverage because of your cancer?

(342)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

//ask if mod12_1=2//

Mod12_8. Did you participate in a clinical trial as part of your cancer treatment?

(343)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

//ask if mod12_1=2//

Mod12_9. Do you currently have physical pain caused by your cancer or cancer treatment?

(344)

- 1 YES
- 2 **[GO TO NEXT SECTION]** NO
- 7 **[GO TO NEXT SECTION]** DON'T KNOW / NOT SURE
- 9 **[GO TO NEXT SECTION]** REFUSED

/if mod12_9=2,7,9 go to next section/

//ask if mod12_9=1//

Mod12_10. Is your pain currently under control? (345)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Module 25: Random Child Selection [Split 1&2]

/SPLIT 1 AND SPLIT 2 continue/

CATI note: If Core s12q7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next section.

If Core s12q7 = 1, Interviewer please read: “Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.” **[Go to Mod25_1]**

If Core s12q7 is >1 and Core s12q7 does not equal 88 or 99, Interviewer please read: “Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last.” Please include children with the same birth date, including twins, in the order of their birth.

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.”

/ask of all (who qualified for section)//

Mod25_1. What is the birth month and year of the “Xth” child? (461-466)

- $\frac{_}{7} \frac{_}{7} / \frac{_}{7} \frac{_}{7} \frac{_}{7} \frac{_}{7}$ Code month and year
- 9 9 / 9 9 9 9 DON'T KNOW / NOT SURE
- 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 \geq 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

//ask of all//

Mod25_2. Is the child a boy or a girl? (467)

- 1 BOY
- 2 GIRL
- 9 REFUSED

//ask of all//

Mod25_3. Is the child Hispanic or Latino? (468)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

//ask of all//

Mod25_4. [MUL=6] Which one or more of the following would you say is the race of the child? (469-474)

[Check all that apply – up to 6]

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- Or**
- 6 Other [specify] _____

Do not read:

- 8 NO ADDITIONAL CHOICES
- 7 DON'T KNOW / NOT SURE [NOT MUL]
- 9 REFUSED [NOT MUL]

/CATI note: If more than one response to Mod25_4, continue. Otherwise, go to Mod25_6./

Mod25_5. Which one of these groups would you say best represents the child's race? (475)

/CATI: List only responses given as part of Mod25_5/

Please read

- 1 White

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

Do not read

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

//ask of all//

Mod25_6. How are you related to the child? (476)

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 26: Childhood Asthma Prevalence [Split 1&2]

/SPLIT 1 AND SPLIT 2 continue/

/CATI note: If response to Core s12q7 = 88 (None) or 99 (Refused), go to next module./

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

//ask of all//

Mod26_1. Has a doctor, nurse or other health professional EVER said that the child has asthma? (477)

- 1 YES
- 2 **[GO TO NEXT SECTION]** NO
- 7 **[GO TO NEXT SECTION]** DON'T KNOW / NOT SURE
- 9 **[GO TO NEXT SECTION]** REFUSED

/cati: if mod26_1=2,7,9 go to next section/

//ask if mod26_1=1//

Mod26_2. Does the child still have asthma? (478)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

State-Added 1: Child Demographics [Split 1 & 2]

/SPLIT 1 AND SPLIT 2 continue/

/CATI: Select same child from RANDOM CHILD SELECTION MODULE/

/CATI: If S12q7 = 88 or 99 (No children under 18 in HH, or Refused), go to next section./

//ask of all (that qualified)//

MD1_1. About how tall is the child without shoes?

[Round fractions down]

_ / _ _ Height
ft / inches

- 777 DON'T KNOW / NOT SURE
- 999 REFUSED

//ask of all (that qualified)//

MD1_2. About how much does this child weigh without shoes?

[Round fractions up]

_ _ _ Weight (in pounds)
777 DON'T KNOW / NOT SURE
999 REFUSED

State-Added 2: Anxiety and Depression [Split 2]

/SPLIT 1 go to next section; SPLIT 2 continue/

//ask if split =2//

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.~~

MD2_1. Has a doctor or other healthcare provider EVER told you that you had an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)?

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

//ask if split=2//

MD2_2. Has a doctor or other healthcare provider EVER told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

State-Added 3: Oral Health [Split 2]

/SPLIT 1 go to next section; SPLIT 2 continue/

//ask if SPLIT=2//

MD3_1. How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.

(88)

Read only if necessary:

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

Do not read:

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

//ask of all (split 2 only)//

MD3_2 How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

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

(89)

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None
- 7 **[DO NOT READ]** DON'T KNOW / NOT SURE
- 9 **[DO NOT READ]** REFUSED

/CATI: If MD3_1 = 8 (Never) OR MD3_2 = 3 (All), go to next section/

//ask if MD3_1=1,2,3,4,7,9 AND MD3_2=1,2,8,7,9//

MD3_3 How long has it been since you had your teeth cleaned by a dentist or dental hygienist?
(90)

Read only if necessary:

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

Do not read:

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

Asthma Call-Back Permission Script **[Split 1&2]**

/SPLIT 1 AND SPLIT 2 continue/

/Maryland will participate in Adult and Child Asthma in 2009/

//If s10q1=1 or Mod26_1=1, continue. Else go to closing//

ast1. We would like to call to you again within the next 2 weeks to talk in more detail about **(your/your child's)** experiences with asthma. The information will be used to help develop and improve the asthma programs in **Maryland**.

The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

- 1 YES
- 2 **[GO TO CLOSING]** NO

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 **Maryland**. Thank you very much for your time and cooperation.

If you have any questions regarding your rights as a participant, please call Miss Gay Hutchen, IRB Administrator, at (410) 767-8448.