



**2010**

**Behavioral Risk Factor Surveillance System  
Questionnaire**

**MARYLAND**

**January 6, 2010**

# Behavioral Risk Factor Surveillance System 2010 Draft Questionnaire – Maryland

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## Interviewer's Script

HELLO, I am calling for the Maryland Department of Health and Mental Hygiene. My name is (name). We are gathering information about the health of Maryland 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.

CATI NOTE: Don't Know and Refused answer codes should be present only where specified in this script; do not add codes for Don't Know or Refused.

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

1. Yes **GO TO PVTRESID**
2. No
7. (VOL) Don't Know/Not Sure
9. (VOL) Refused

**If "No", "Don't Know", "Refused"**

**SOCTEL** 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**

**PVTRESID** Is this a private residence in Maryland ?

1. Yes **GO TO CELLPH**
2. No

**If "No"**

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

### **Qualified Level 1**

**CELLPH** Is this a cellular telephone?

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

1. Yes
2. No

**CATI DUMMY QUESTION: AUTOPUNCH RESPONSE TO 'CELLFON'. IF CELLPH=1 (YES), CELLFON=2 (YES). IF CELLPH=2 (NO), CELLFON=1 (NO).**

**CELLFON**

- 1 No, not a cellular telephone. **GO TO RESPONDENT SELECTION**
- 2 Yes **SCREEN-OUT**

**SOCELFON** Thank you very much, but we are only interviewing land line telephones and private residents.

1 S/O CELLULAR PHONE

### **Qualified Level 2**

**RESPONDENT SELECTION**

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?

**NUMADULT** \_\_\_ Number of adults

**If NUMADULT = 1, ASK:  
NMADLT1** 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).

**If "no,"**

Is the adult a man or a woman? Enter 1 man (in NUMMEN) or 1 woman (in NUMWOMEN) below. May I speak with [fill in (him/her) from previous question]? **Go to "correct respondent"**.

**Qualified Level 3**

- **IF NUMADULT=2, 3, or 4, GO TO NUMMEN**
- **IF NUMADULT>4, ASK**

**PNMADULT**

Are they all 18 years of age or older, and all are currently living in the household, and the household is not a group home or institution.

- 1 Yes **GO TO NUMMEN**
- 2 No **GO BACK TO NUMADULT AND RE-ASK IT**
- 9 (VOL) Refused **GO TO NUMMEN**

**NUMMEN** How many of these adults are men?

\_\_\_ Number of men

**NUMWOMEN** How many of these adults are women?

\_\_\_ Number of women

**Qualified Level 4**

**IF NUMMEN+NUMWOMEN DOES NOT EQUAL NUMADULT, WE NEED TO RE-ASK THE QUESTIONS. DISPLAY THE FOLLOWING TEXT SCREEN, THEN GO BACK TO NUMMEN:**

[INTERVIEWER: THE TOTAL NUMBER OF ADULTS IS NOT EQUAL TO NUMBER OF MEN AND WOMEN. PLEASE RE-ASK QUESTIONS.]

- 1. Continue **GO BACK TO NUMMEN**

- **IF NUMADULT<5 AND NUMWOMEN<3 AND NUMMEN<3, RANDOMLY SELECT ONE OF THE HOUSEHOLD ADULTS, THEN SAY:**

**RNAME** The person in your household that I need to speak with is the (first/second) (male/female) adult.

[CATI: this should display as a text screen and then go to INTRO1]

- **IF NUMADULT>4 OR NUMMEN>2 OR NUMWOMEN>2, ASK “ALLNA” TO GET THE NAMES OF EACH ADULT IN THE HOUSEHOLD. REFER TO NUMMEN AND NUMWOMEN TO DETERMINE HOW MANY OF EACH SEX TO ASK FOR A NAME (0 TO 10).**

**(IF NUMMEN=1-10) ASK FOR THE NAME OF THE “OLDEST MALE”, THEN THE “SECOND OLDEST MALE, THEN “THIRD OLDEST MALE”, ETC.**

**(IF NUMWOMEN=1-10) ASK FOR THE NAME OF THE “OLDEST FEMALE”, THEN THE “SECOND OLDEST FEMALE, THEN “THIRD OLDEST FEMALE”, ETC.**

**ALLNA**

Could you please name all the (male/female) members of the household from oldest to youngest?

[ENTER NAME OF \_\_\_ OLDEST (MALE/FEMALE) ADULT]

**AFTER ALL NAMES HAVE BEEN ENTERED, RANDOMLY SELECT ONE OF THE HOUSEHOLD ADULTS, THEN SAY:**

**RNAME** The person in your household that I need to speak with is (display name of selected adult).

[CATI: this should display as a text screen and then go to INTRO1]

**INTRO1** May I speak with (him/her)?

- 1 Continue
- 2 Callback
- 3 (VOL) Refused
- 4 Not available duration
- 5 Language barrier / not Spanish
- 6 Physical / Mental incapacity / health / deaf
- 7 Screen out location

**To the correct respondent:**

HELLO, I am calling for the Maryland Department of Health and Mental Hygiene. My name is (name). We are gathering information about the health of Maryland 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 **1-877-473-1212**.

### Section 1: Health Status

---

**GENHLTH** 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

**Qualified Level 5**

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

---

**PHYSHLTH** 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

**MENTHLTH** 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 PHYSHLTH and MENTHLTH = 88 (None), go to next section]**
- 7 7 Don't know / Not sure
- 9 9 Refused

**POORHLTH** 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

---

**HLTHPLAN** 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

**PERSDOC2** 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

**MEDCOST** 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

**CHECKUP1** 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.

**QLREST2** 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

---

**EXERANY2** 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

---

**DIABETE2** 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]

**To be asked following DIABETE2; if response is "Yes" (code = 1)  
IF DIABETE2 = 1 CONTINUE; ELSE GO TO next section.**

**DIABAGE2** 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

**INSULIN** Are you now taking insulin?

(249)

- 1 Yes
- 2 No
- 9 Refused

**BLDSUGAR** 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

**FEETCHK2** 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

**DOCTDIAB** 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

**CHKHEMO3** 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 FEETCHK2 = 555 (No feet), go to EYEEEXAM.**

**FEETCHK** 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

**EYEEEXAM** 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

**DIABEYE** 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

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

(264)

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

## Section 7: Oral Health

---

**LASTDEN3** 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

**RMVTETH3** How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

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

(89)

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

**CATI note: If LASTDEN3= 8 (Never) or RMVTETH3= 3 (All), go to next section.**

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

**Read only if necessary:**

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

**Do not read:**

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

## Section 8: Cardiovascular Disease Prevalence

---

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

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

**CVDINFR4** (Ever told) you had a heart attack, also called a myocardial infarction? (91)

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

**CVDCRHD4** (Ever told) you had angina or coronary heart disease? (92)

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

**CVDSTRK3** (Ever told) you had a stroke? (93)

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

## Section 9: Asthma

---

**ASTHMA2** Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (94)

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

**ASTHNOW** Do you still have asthma? (95)

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

## Section 10: Disability

---

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

**QLACTLM2** Are you limited in any way in any activities because of physical, mental, or emotional problems? (96)

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

**USEEQUIP** Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (97)

**Include occasional use or use in certain circumstances.**

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

## Section 11: Tobacco Use

---

**SMOKE100** Have you smoked at least 100 cigarettes in your entire life? (98)

**NOTE: 5 packs = 100 cigarettes**

- 1 Yes
- 2 No [Go to USENOW3]
- 7 Don't know / Not sure [Go to USENOW3]
- 9 Refused [Go to USENOW3]

**SMOKDAY2** 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 LASTSMK1]
- 7 Don't know / Not sure [Go to USENOW3]
- 9 Refused [Go to USENOW3]

**STOPSMK2** 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 USENOW3] |
| 2 | No                    | [Go to USENOW3] |
| 7 | Don't know / Not sure | [Go to USENOW3] |
| 9 | Refused               | [Go to USENOW3] |

**CATI note: If SMOKDAY2= 3 (Not at all); continue. Otherwise, go to USENOW3.**

**LASTSMK1** 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  |

**USENOW3** Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? (103)

**Snus (rhymes with 'goose')**

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

- |   |            |
|---|------------|
| 1 | Every day  |
| 2 | Some days  |
| 3 | Not at all |

**Do not read:**

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

## Section 12: Demographics

---

**AGE** What is your age? (104-105)

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

**{CATI: if (DIABAGE2 = 01-97 and AGE = 18-99) AND (DIABAGE2 > AGE), continue; else go to INSULIN}**

**UPDTAGDI** I'm sorry, you indicated you were **{CATI: fill-in response from AGE}** years old, and earlier you stated you were first diagnosed with Diabetes at age **{CATI: fill-in response from DIABAGE2}**. Can you help me resolve this difference?

- Update age **GO TO AGE**
- Update diabetes age **GO TO DIABAGE2**

**HISPANC2** Are you Hispanic or Latino? (106)

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

**MRACE** 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:**

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



**CATI note: If more than one response to MRACE; continue. Otherwise, go to VETERAN2.**

**ORACE2** Which one of these groups would you say best represents your race? (113)

**List only responses given at MRACE**

- 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

**VETERAN2** Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

(114)

**If "Yes", please read:**

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

**If "No", please read:**

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

**Do not read:**

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

**MARITAL** 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

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

– – Number of children

8 8 None

9 9 Refused

**EDUCA** 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

**EMPLOY** 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

**INCOME2** 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

**WEIGHT2** 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

**HEIGHT3** About how tall are you without shoes? (126-129)

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

**Round fractions down**

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

**CTYCODE** What county do you live in? (130-132)

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

**ZIPCODE** What is your ZIP Code where you live? (133-137)

__ __ __ __ __	ZIP Code (range 20601-21930)
7 7 7 7 7	Don't know / Not sure
9 9 9 9 9	Refused

**NUMHHOL2** Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (138)

1	Yes	
2	No	<b>[Go to TELSERV2]</b>
7	Don't know / Not sure	<b>[Go to TELSERV2]</b>
9	Refused	<b>[Go to TELSERV2]</b>

**Qualified Level 6**

**NUMPHON2** How many of these telephone numbers are residential numbers? (139)

__	Residential telephone numbers <b>[6 = 6 or more]</b>
7	Don't know / Not sure
9	Refused

**TELSERV2** During the past 12 months, has your household been without landline telephone service for 1 week or more? Do not include interruptions of landline telephone service because of weather or natural disasters.

(140)

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

**CELL PHONE QUESTIONS**

**CPDEMO1** Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.

(141)

- 1 Yes **[Go to CPDEMO3]**
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**CPDEMO2** Do you share a cell phone for personal use (at least one-third of the time) with other adults?

(142)

- 1 Yes **[Go to CPDEMO4]**
- 2 No **[Go to SEX]**
- 7 Don't know / Not sure **[Go to SEX]**
- 9 Refused **[Go to SEX]**

**CPDEMO3** Do you usually share this cell phone (at least one-third of the time) with any other adults?

(143)

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

**CPDEMO4** Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone?

(144-146)

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

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

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

**PREGNANT**        To your knowledge, are you now pregnant? (148)

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

### Section 13: Alcohol Consumption

---

**DRNKANY4**        During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (149)

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

**ALCDAY4**        During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (150-152)

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

**AVEDRNK2**        One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? (153-154)

**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

**DRNK3GE5** 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? (155-156)

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

**MAXDRNKS** During the past 30 days, what is the largest number of drinks you had on any occasion? (157-158)

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

**CATI: IF DRNK3GE5=88 AND SEX=1, MAXDRNKS CANNOT BE 5-76. IF DRNK3GE5=88 AND SEX=2, MAXDRNKS CANNOT BE 4-76.**

## Module 28: Novel H1N1 Adult Immunization

---

### TO BE ASKED JAN-JUNE 2010

**H1N1AV01** There are currently vaccines available for two kinds of flu -- the seasonal flu, and the 2009 H1N1 flu. I will first ask you questions about vaccination for H1N1 flu, which is sometimes called swine flu or pandemic flu, and then ask you questions about vaccination for seasonal flu.

There are two ways to get the H1N1 flu vaccination. One is a shot in the arm and the other is a spray, mist or drop in the nose.

Since September, 2009, have you been vaccinated either way for the H1N1 flu? (933)

- 1 Yes
- 2 No [Go to FLUSHOT3]
- 7 Don't Know / Not Sure [Go to FLUSHOT3]
- 9 Refused [Go to FLUSHOT3]

**H1N1AV02** During what month did you receive your H1N1 flu vaccine? (934-935)

\_\_ \_\_ Month [RANGE 7-12, 77, 99]

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

- 77 Don't Know / Not Sure
- 99 Refused

**CATI note: [If H1N1AV02\_Month is (7, 8, 9, 10, 11, 12) then H1N1AV02\_Year=2009; else if**

H1N1AV02\_Month is (1, 2, 3, 4, 5, 6) then H1N1AV02\_Year=2010]

**VR01** That was [FILL IN NAME OF MONTH] of [FILL IN YEAR], correct?

- |   |     |                   |
|---|-----|-------------------|
| 1 | Yes | [CONTINUE]        |
| 2 | No  | [RE-ASK H1N1AV02] |

**H1N1AV03** Was this a shot or was it a vaccine sprayed in the nose?

(936)

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

## Section 14: Immunization

---

**FLUSHOT4** Now I will ask you questions about seasonal flu. A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a seasonal flu shot?

(159)

- |   |                       |            |
|---|-----------------------|------------|
| 1 | Yes                   |            |
| 2 | No                    | [FLUSPRY2] |
| 7 | Don't know / Not sure | [FLUSPRY2] |
| 9 | Refused               | [FLUSPRY2] |

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

(160-165)

- |   |                       |
|---|-----------------------|
| <u>  </u> / <u>  </u> <u>  </u> <u>  </u> | Month / Year          |
| <u>77</u> / <u>7777</u>                   | Don't know / Not sure |
| <u>99</u> / <u>9999</u>                   | Refused               |

**FLUSPRY3** The seasonal flu vaccine sprayed in the nose is also called FluMist™. During the past 12 months, have you had a seasonal flu vaccine that was sprayed in your nose?

(166)

- |   |                       |                  |
|---|-----------------------|------------------|
| 1 | Yes                   |                  |
| 2 | No                    | [Go to PNEUVAC3] |
| 7 | Don't know / Not sure | [Go to PNEUVAC3] |
| 9 | Refused               | [Go to PNEUVAC3] |



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

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

**PNEUVAC3** A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot? (173)

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

## Section 15: Falls

---

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

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

**FALL3MN2** In the past 3 months, how many times have you fallen? (174-175)

__ __	Number of times	<b>[76 = 76 or more]</b>
8 8	None	<b>[Go to next section]</b>
7 7	Don't know / Not sure	<b>[Go to next section]</b>
9 9	Refused	<b>[Go to next section]</b>

**FALLINJ2** **[Fill in "Did this fall (from FALL3MN2) cause an injury?"]. If only one fall from FALL3MN2 and response is "Yes" (caused an injury); code 01. If response is "No," code 88.**

How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

(176-177)

__ __	Number of falls	<b>[76 = 76 or more]</b>
8 8	None	
7 7	Don't know / Not sure	
9 9	Refused	

## Section 16: Seatbelt Use

---

**SEATBELT** How often do you use seat belts when you drive or ride in a car? Would you say— (178)

**Please read:**

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never

**Do not read:**

- 7 Don't know / Not sure
- 8 Never drive or ride in a car
- 9 Refused

**CATI note: If SEATBELT = 8 (Never drive or ride in a car), go to Section 18; otherwise continue.**

## Section 17: Drinking and Driving

---

**CATI note: If DRNKANY4= 2 (No); go to next section.**

The next question is about drinking and driving.

**DRNKDRI2** During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (179–180)

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

## Section 18: Women's Health

---

**CATI note: If respondent is male, go to the next section.**

The next questions are about breast and cervical cancer.

**HADMAM** A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (181)

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

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

**Read only if necessary:**

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

**Do not read:**

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

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

- 1 Yes
- 2 No **[Go to HADPAP2]**
- 7 Don't know / Not sure **[Go to HADPAP2]**
- 9 Refused **[Go to HADPAP2]**

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

**Read only if necessary:**

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

**Do not read:**

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

**HADPAP2** A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (185)

- 1 Yes
- 2 No **[Go to HADHYST2]**
- 7 Don't know / Not sure **[Go to HADHYST2]**
- 9 Refused **[Go to HADHYST2]**

**LASTPAP2** How long has it been since you had your last Pap test? (186)

**Read only if necessary:**

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

**Do not read:**

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

**CATI note: If response to PREGNANT = 1 (is pregnant); then go to next section.**

**HADHYST2** Have you had a hysterectomy? (187)

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

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

## Section 19: Prostate Cancer Screening

---

**CATI note: If respondent is  $\leq 39$  years of age, or is female, go to next section.**

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

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

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

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

**Read only if necessary:**

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

**Do not read:**

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

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

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

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

**Read only if necessary:**

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

**Do not read:**

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

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

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

## Section 20: Colorectal Cancer Screening

---

**CATI note: If respondent is  $\leq 49$  years of age, go to next section.**

The next questions are about colorectal cancer screening.

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

- 1 Yes
- 2 No **[Go to HADSIGM3]**
- 7 Don't know / Not sure **[Go to HADSIGM3]**
- 9 Refused **[Go to HADSIGM3]**

**LSTBLDS3** How long has it been since you had your last blood stool test using a home kit? (194)

**Read only if necessary:**

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

**Do not read:**

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

**HADSIGM3** Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? (195)

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

**HADSGC01** For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy? (196)

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

**LASTSIG3** How long has it been since you had your last sigmoidoscopy or colonoscopy? (197)

**Read only if necessary:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago

**Do not read:**

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

## Section 21: HIV/AIDS

---

**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.

**HIVTST5** Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (198)

- |   |                       |                  |
|---|-----------------------|------------------|
| 1 | Yes                   |                  |
| 2 | No                    | [Go to HIVRISK2] |
| 7 | Don't know / Not sure | [Go to HIVRISK2] |
| 9 | Refused               | [Go to HIVRISK2] |

**HIVTSTD2** Not including blood donations, in what month and year was your last HIV test? (199-204)

**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.**

- |   |                       |
|---|-----------------------|
| <u>  </u> / <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> | Code month and year   |
| 77/7777   | Don't know / Not sure |
| 99/9999   | Refused               |

**WHRTST8** Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else? (205-206)

- |     |   |
|-----|---|
| 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 HIVRDTST; if HIVTSTD2= within last 12 months. Otherwise, go to HIVRISK2.**



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

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

**HIVRISK2** I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You do not need to tell me which one.

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

Do any of these situations apply to you? (208)

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

## Section 22: Emotional Support and Life Satisfaction

---

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

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

**INTERVIEWER NOTE:** If asked, say “please include support from any source.” (209)

**Please read:**

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

**Do not read:**

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

**LSATISFY** In general, how satisfied are you with your life?

(210)

**Please read:**

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied

**Do not read:**

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

## Section 24: H1N1 Adult

---

### TO BE ASKED JAN-MARCH 2010

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

**H1N1AQ01.** During the past month, were you ill with a fever?

(919)

- 1 Yes
- 2 No **[SKIP TO H1N1AQ08]**
- 7 Don't know **[SKIP TO H1N1AQ08]**
- 9 Refused **[SKIP TO H1N1AQ08]**

**H1N1AQ02.** Did you also have a cough and/or sore throat?

(920)

- 1 Yes
- 2 No **[SKIP TO H1N1AQ08]**
- 7 Don't know **[SKIP TO H1N1AQ08]**
- 9 Refused **[SKIP TO H1N1AQ08]**

**H1N1AQ03.** When did you first become ill with fever, cough or sore throat? [READ LIST, choose the most specific]

(921)

- 1 Within the past week [if asked: past 1-7 days]
- 2 2 weeks ago [if asked: past 8-14 days]
- 3 3-4 weeks ago [if asked: 15-30 days before today]
- 7 Don't know
- 9 Refused

- H1N1AQ04.** Did you visit a doctor, nurse, or other health professional for this illness? (922)
- 1 Yes
  - 2 No [SKIP TO H1N1AQ08]
  - 7 Don't know [SKIP TO H1N1AQ08]
  - 9 Refused [SKIP TO H1N1AQ08]

- H1N1AQ05.** What did the doctor, nurse, or other health professional tell you? Did they say... [READ LIST] (923)
- 1 You had regular influenza or the flu,
  - 2 You had swine flu, also known as H1N1 or novel H1N1
  - 3 You had some other illness, but not the flu–
  - 7 Don't know/not sure
  - 9 Refused

- H1N1AQ06.** Did you have a flu test that was positive for this illness? Usually a swab from your nose or throat is tested. Would you say... (924)
- [READ LIST]
- 1 Yes, had flu test and it was positive
  - 2 No, had flu test but it was negative
  - 3 No, flu test was not done
  - 7 Don't know
  - 9 Refused

- H1N1AQ07.** Did you receive Tamiflu® or oseltamivir [o sel TAM i veer] or an inhaled medicine called Relenza® or zanamivir [za NA mi veer] to treat this illness? (925)
- 1 Yes
  - 2 No
  - 7 Don't know
  - 9 Refused

**IF (NUMADLT=1 AND CHILDREN=88 AND (H1N1AQ01>1 OR H1N1AQ02>1), GO TO NEXT SECTION.**

**IF (NUMADLT=1 AND CHILDREN=88 AND H1N1AQ02=1), SKIP TO H1N1AQ10.**

**ELSE, ASK H1N1AQ08.**

- H1N1AQ08.** Did any other members of your household have a fever with cough or sore throat during the past month? (926)
- 1 Yes
  - 2 No [Go to pre-H1N1AQ10]
  - 7 Don't know
  - 9 Refused

**H1N1AQ09.** How many household members, [CATI IF H1N1AQ02=1, READ-IN: including you,] were ill during the past month? (927-928)

\_\_\_ # persons [RANGE 1-15, 77, 99]  
 88 None  
 77 Don't know/Not Sure  
 99 Refused

**IF H1N1AQ02=1 (Yes) or H1N1AQ08=1 (Yes) continue to H1N1AQ10; otherwise, go to NEXT SECTION.**

**H1N1AQ10.** How many people in your household, including you, were hospitalized for flu during the past month? [If needed: hospitalized means admitted to a hospital to receive medical treatment.] (929-930)

\_\_\_ # persons [RANGE 1-15, 77, 88, 99]  
 88 None  
 77 Don't know/Not Sure  
 99 Refused

## Module 10: High Risk /Health Care Worker

---

### TO BE ASKED JAN-JUNE 2010

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

**WRKHCF1** Do you currently volunteer or work in a hospital, medical clinic, doctor's office, dentist's office, nursing home or some other health-care facility? This includes part-time and unpaid work in a health care facility as well as professional nursing care provided in the home. (313)

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

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

**DIRCONT1** Do you provide direct patient care as part of your routine work? By direct patient care we mean physical or hands-on contact with patients. (314)

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

**DRHPAD1** Has a doctor, nurse, or other health professional ever said that you have...

**Read all items listed below before waiting for an answer:**

Lung problems, other than asthma

Kidney problems

Anemia, including Sickle Cell

**Or** A weakened immune system caused by a chronic illness or by medicines taken for a chronic illness?

**[IF NECESSARY: See Health Problems List Tack-Up]**

(315)

- |   |                       |  |
|---|-----------------------|--|
| 1 | Yes                   |  |
| 2 | No                    | <b>[Go to Core Transition Statement]</b> |
| 7 | Don't know / Not sure | <b>[Go to Core Transition Statement]</b> |
| 9 | Refused               | <b>[Go to Core Transition Statement]</b> |

**HAVHPAD** Do you still have (this/any of these) problem(s)?

(316)

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

## Transition to Modules and/or State-Added Questions

**Please read:**

Now I have some questions about other health topics.

## Optional Modules

Module 23: Random Child Selection [Splits 1, 2]

---

**[Splits 1, 2]**

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

**If CHILDREN = 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 RCSBIRTH]**

**If CHILDREN is >1 and CHILDREN 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. (do not display that text on screen) 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.”

**RCSBIRTH**      What is the birth month and year of the “Xth” child? (460-465)

_ _ / _ _	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).**

**RCSGENDR**      Is the child a boy or a girl? (466)

1	Boy
2	Girl
9	Refused

**RCHISLAT**      Is the child Hispanic or Latino? (467)

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

**RCSRACE**      Which one or more of the following would you say is the race of the child? (468-473)

**[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:**

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

**CATI note: If more than one response to RCSRACE, continue. Otherwise, go to RCSRLTN2.**

**RCSBRACE** Which one of these groups would you say best represents the child's race? (474)

**CATI: List only responses given as part of RCSRACE**

- 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

**RCSRLTN2** How are you related to the child? (475)

**Please read:**

- 1 Parent (include biologic, step, or adoptive parent)
- 2 Grandparent
- 3 Foster parent or guardian
- 4 Sibling (include biologic, step, and adoptive sibling)
- 5 Other relative
- 6 Not related in any way

**Do not read:**

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

## Module 27: H1N1 Child [Splits 1, 2]

---

### TO BE ASKED JAN – MARCH 2010

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

The next two questions are about the “Xth” child. .

**H1N1CQ01.** Has the child had a fever with cough and/or sore throat during the past month? (931)

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

**H1N1CQ02.** Did the child visit a doctor, nurse, or other health professional for this illness? (932)

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

## Module 24: Childhood Asthma Prevalence [Splits 1, 2]

---

[Splits 1, 2]

**CATI note: If response to CHILDREN = 88 (None) or 99 (Refused), go to next module.**

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

**CASTHDX2** Has a doctor, nurse or other health professional EVER said that the child has asthma? (476)

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

**CASTHNO2** Does the child still have asthma? (477)

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



## Module 30: Novel H1N1 Childhood Immunization [Splits 1, 2]

---

### TO BE ASKED JAN – JUNE 2010

**CATI note: If response to CHILDREN = 88 (None) or 99 (Refused), go to next module.**

**CATI note: If selected child's age is  $\geq$  6 months, continue. Otherwise, go to next module.**

The next questions are about this child's immunizations.

**H1N1CV01** I will first ask you questions about vaccination for H1N1 flu, which is sometimes called swine flu or pandemic flu, and then ask you questions about vaccination for seasonal flu. There are two ways to get the H1N1 flu vaccination. One is a shot and the other is a spray, mist or drop in the nose.

Since September, 2009, has [Fill: he/she] been vaccinated either way for the H1N1 flu vaccination?

(937)

- |   |                       |                            |
|---|-----------------------|----------------------------|
| 1 | Yes                   |                            |
| 2 | No                    | <b>[Go to next module]</b> |
| 7 | Don't Know / Not Sure | <b>[Go to next module]</b> |
| 9 | Refused               | <b>[Go to next module]</b> |

**CATI note: If Child age is 10 years or older, Go to H1N1CV03.**

**H1N1CV02** Since September 2009, how many of these H1N1 vaccinations has [Fill: he/she] received?

(938)

- |   |                               |                            |
|---|-------------------------------|----------------------------|
| 1 | One vaccination or dose       |                            |
| 2 | Two or more vaccination doses |                            |
| 7 | Don't Know / Not Sure         | <b>[Go to next module]</b> |
| 9 | Refused                       | <b>[Go to next module]</b> |

**H1N1CV03** During what month did [Fill: he/she] receive [Fill: his/her] (CATI note: if child age < 10, "first H1N1 flu vaccine?"; otherwise, "H1N1 flu vaccine?")

(939-940)

\_\_ Month **[RANGE 7-12, 77, 99]**  
 01=January, 02=February, 03=March, 04=April, 05=May, 06=June, 07=July, 08=August,  
 09=September, 10=October, 11=November, 12=December  
 77 Don't Know / Not Sure  
 99 Refused

**CATI note: [If H1N1CV03\_Month is (7, 8, 9, 10, 11, 12) then H1N1CV03\_Year=2009; else if H1N1CV03\_Month is (1, 2, 3, 4, 5, 6) then H1N1CV03\_Year=2010]**

**VR02** That was [FILL IN NAME OF MONTH] of [FILL IN YEAR], correct?

- 1 Yes [CONTINUE]
- 2 No [RE-ASK H1N1CV03]

**H1N1CV04** Was this a shot or was it a vaccine sprayed in the nose? (941)

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

**CATI note:** If Child age ≥ 10 Go to next module. If H1N1CV02 = 2, THEN ASK H1N1CV05, otherwise Go to next module.

**H1N1CV05** During what month did [Fill: he/she] receive [Fill: his/her] second H1N1 flu vaccine? (942-943)

- \_\_ Month [RANGE 7-12, 77, 99]  
 01=January, 02=February, 03=March, 04=April, 05=May, 06=June, 07=July, 08=August,  
 09=September, 10=October, 11=November, 12=December  
 77 Don't Know / Not Sure  
 99 Refused

**CATI note:** [If H1N1CV05\_Month is (7, 8, 9, 10, 11, 12) then H1N1CV05\_Year=2009; else if H1N1CV05\_Month is (1, 2, 3, 4, 5, 6) then H1N1CV05\_Year=2010]

[If Date (H1N1CV05\_Month, H1N1CV05\_Year) < Date(H1N1CV03\_Month, H1N1CV03\_year), interviewer verify responses]

**VR03** That was [FILL IN NAME OF MONTH] of [FILL IN YEAR], correct?

- 1 Yes [CONTINUE]
- 2 No [RE-ASK H1N1CV05]

**H1N1CV06** Was this a shot or was it a vaccine sprayed in the nose? (944)

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

## Module 25: Childhood Immunization [Splits 1, 2]

---

[Splits 1, 2]

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

**CATI note: If selected child's age is  $\geq 6$  months, continue. Otherwise, go to next module.**

**FLUSHCH2** Now I will ask you questions about seasonal flu. There are two types of seasonal flu vaccinations. One is a shot and the other is a spray in the nose. During the past 12 months, has **[Fill: he/she]** had a seasonal flu vaccination? (478)

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

**RCVFCVCH3** The flu vaccination may have been either the flu shot or the flu spray. The flu spray is the flu vaccination that is sprayed in the nose. During what month and year did **[Fill: he/she]** receive **[Fill: his/her]** most recent seasonal flu vaccination? (479-484)

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

## Module 6: Inadequate Sleep [Split 2]

---

[Split 2]

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

**SLEPTIME** 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.**

(284-285)

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

**SLEPSNOR** 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.

**SLEPSNOR** (286)

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

**SLEPDAY** During the past 30 days, for about how many days did you find yourself unintentionally falling asleep during the day? (287-288)

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

**SLEPDRIV** During the past 30 days, have you ever nodded off or fallen asleep, even just for a brief moment, while driving? (289)

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

## Module 12: Tetanus Diphtheria (Adults) [Split 1]

---

### [Split 1]

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

**TNSARCV** Have you received a tetanus shot in the past 10 years? (318)

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

**TNSARCNT** Was your most recent tetanus shot given in 2005 or later? (319)

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

**TNSASHOT** There are currently two types of tetanus shots available for adults. One contains the tetanus diphtheria vaccine. The other type contains tetanus diphtheria and pertussis or whooping cough vaccine. Did your doctor say your recent tetanus shot included the pertussis or whooping cough vaccine? (320)

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

## Module 26: Child Human Papilloma Virus (HPV) [Split 2]

---

[Split 2]

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

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

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

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

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

HPVCHSHT How many HPV shots did [Fill: she/he] receive?

(486-487)

\_ \_ Number of shots  
 0 3 All shots  
 7 7 Don't know / Not sure  
 9 9 Refused

## State-Added Questions

### State-Added 1: Childhood Demographics [Splits 1, 2]

---

[Splits 1, 2]

{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.

These questions are about the previously selected (Xth) child.

CHLDHT About how tall is the child without shoes?

(501-503)

**CATI: If chldage2<84 (months), DISPLAY FOLLOWING TEXT:**

[NOTE: 20 inches = 1 foot, 8 inches. 25 inches = 2 feet, 1 inch  
 30 inches = 2 feet, 6 inches, 35 inches = 2 feet, 11 inches  
 40 inches = 3 feet, 4 inches, 45 inches = 3 feet, 9 inches]

**[Round fractions down]**

\_ / \_ \_ Height  
 ft / inches  
 777 Don't know / Not sure  
 999 Refused

CHLDWT About how much does this child weigh without shoes?

(504-506)

**[Round fractions up]**

\_ \_ \_ Weight (in pounds)  
 777 Don't know / Not sure  
 999 Refused

## State-Added 2: COPD [Split 1]

---

[Split 1]

**COPD1** Have you ever been told by a doctor or other health professional that you have a chronic lung disease, such as emphysema, chronic bronchitis, or chronic obstructive pulmonary disease, also known as c-o-p-d? (507)

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

## State-Added 3: Physical Activity [Splits 1, 2]

---

[Splits 1, 2]

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

**JOBACTIV** When you are at work, which of the following best describes what you do? Would you say— (508)

**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.

**MODPACT** 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?  
(509)

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

**MODPADAY** How many days per week do you do these moderate activities for at least 10 minutes at a time?  
(510-511)

- — Days per week
- 8 8 Do not do any moderate physical activity for at least 10 minutes at a time [Go to VIGPACT]
- 7 7 Don't know / Not sure [Go to VIGPACT]
- 9 9 Refused [Go to VIGPACT]

**MODPATIM** 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?  
(512-514)

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

**VIGPACT** 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?  
(515)

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

**VIGPADAY** How many days per week do you do these vigorous activities for at least 10 minutes at a time?  
(516-517)

- — 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]



**VIGPATIM** 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? (518-520)

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

## State-Added 4: Fruits and Vegetables [Splits 1, 2]

---

[Splits 1, 2]

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.

**FRUITJUI** How often do you drink fruit juices such as orange, grapefruit, or tomato? (521-523)

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

**FRUIT** Not counting juice, how often do you eat fruit? (524-526)

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

**GREENSAL** How often do you eat green salad? (527-529)

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

**POTATOES** How often do you eat potatoes not including French fries, fried potatoes, or potato chips?  
(530-532)

- 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

**CARROTS** How often do you eat carrots?  
(533-535)

- 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

**VEGETABL** 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.)  
(536-538)

- 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

## State-Added 5: Sun Exposure [Split 2]

---

[Split 2]

**MD5\_1** How often do you limit your exposure to the sun between the hours of 10:00am and 4:00pm?  
(539)

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never
- 6 Don't go out in the sun **(Go to MD5\_5)**
- 7 Don't know/Not sure
- 9 Refused

**LMTSUN**

**MD5\_2.** When outdoors for an hour or more on a **sunny day**, how often do you use a sunscreen lotion with a rating of 15 or higher? (540)

- |   |                         |                |
|---|-------------------------|----------------|
| 1 | Always                  |                |
| 2 | Nearly always           | <b>SUNSCRN</b> |
| 3 | Sometimes               |                |
| 4 | Seldom                  |                |
| 5 | Never                   |                |
| 6 | Don't go out in the sun |                |
| 7 | Don't know/Not sure     |                |
| 9 | Refused                 |                |

**MD5\_3.** When outdoors for an hour or more on a **sunny day**, how often do you wear a hat with a broad brim? (541)

- |   |                         |                |
|---|-------------------------|----------------|
| 1 | Always                  |                |
| 2 | Nearly always           | <b>WEARHAT</b> |
| 3 | Sometimes               |                |
| 4 | Seldom                  |                |
| 5 | Never                   |                |
| 6 | Don't go out in the sun |                |
| 7 | Don't know/Not sure     |                |
| 9 | Refused                 |                |

**MD5\_4.** When outdoors for an hour or more on a **sunny day**, how often do you wear protective clothing like a long sleeve shirt and long pants? (542)

- |   |                         |                 |
|---|-------------------------|-----------------|
| 1 | Always                  |                 |
| 2 | Nearly always           | <b>WEARLONG</b> |
| 3 | Sometimes               |                 |
| 4 | Seldom                  |                 |
| 5 | Never                   |                 |
| 6 | Don't go out in the sun |                 |
| 7 | Don't know/Not sure     |                 |
| 9 | Refused                 |                 |

**{Ask if respondent has a child aged 12 years or younger (RCSBIRTH). If no children aged 12 or younger, go to next section.}**

**MD5\_5.** When the youngest child under the age of 13 in your household is outdoors on a sunny day for an hour or more, how often is his or her skin protected from the sun, such as using sunscreens or sunblock or wearing hats or protective clothing? (543)

- |   |                         |                 |
|---|-------------------------|-----------------|
| 1 | Always                  |                 |
| 2 | Nearly always           | <b>CHLDPRCT</b> |
| 3 | Sometimes               |                 |
| 4 | Seldom                  |                 |
| 5 | Never                   |                 |
| 6 | Don't go out in the sun |                 |
| 7 | Don't know/Not sure     |                 |
| 9 | Refused                 |                 |

## State-Added 6: Oral Cancer [Split 2]

[Split 2]

### CATI: AUTOPUNCH MD6.1 WITH RESPONSE TO CORE QUESTION 'LASTDEN3'

**MD6.1** How long has it been since you last visited a dentist or a dental clinic for any reason?  
(READ ONLY IF NECESSARY) (544)

- |  |                 |
|--|-----------------|
| <ul style="list-style-type: none"> <li>1 Within the past year</li> <li>2 Within the past 2 years</li> <li>3 Within the past 5 years</li> <li>4 5 or more years ago</li> <li>7 Don't know / Not sure</li> <li>8 Never</li> <li>9 Refused</li> </ul> | <b>LASTDEN3</b> |
|--|-----------------|

**IF MD6.1=8 (Never), 7 (Don't Know), or 9 (Refused), GO DIRECTLY TO MD6.2. IF MD6.1=1-4, READ:**

Earlier you said you visited a dentist or dental clinic [DISPLAY RESPONSE TO MD6.1]. I have some additional questions on the subject.

**MD6.2** Have you ever had a test or exam for oral or mouth cancer in which the doctor or dentist pulls on your tongue, sometimes with gauze wrapped around it, and feels under the tongue and inside the cheeks? (545)

- |   |                |
|---|----------------|
| <ul style="list-style-type: none"> <li>1 I think so</li> <li>2 Yes</li> <li>3 No <b>{Go to next section}</b></li> <li>7 Don't know/Not sure</li> <li>9 Refused</li> </ul> | <b>ORALTST</b> |
|---|----------------|

**MD6.3** When did you have your most recent oral or mouth cancer exam? (546)

- |  |                 |
|--|-----------------|
| <ul style="list-style-type: none"> <li>1 Within the past year (&lt;12 MONTHS AGO)</li> <li>2 Within the past 2 years (≥1 YEAR BUT &lt; 2 YEARS AGO)</li> <li>3 Within the past 3 years (≥2 YEARS BUT &lt; 3 YEARS AGO)</li> <li>4 Within the past 5 years (≥3 YEARS BUT &lt; 5 YEARS AGO)</li> <li>5 5 or more years ago</li> <li>6 Never</li> <li>7 DON'T KNOW/NOT SURE</li> <li>9 REFUSED</li> </ul> | <b>ORALLAST</b> |
|--|-----------------|

**MD6.4** What type of medical care person examined you when you had your last check-up for oral cancer? **(READ CHOICES)**

(547)

**ORALWHO**

- 1 Doctor/physician
- 2 Nurse/Nurse practitioner
- 3 Dentist
- 4 Dental Hygienist
- 5 Other (SPECIFY \_\_\_\_\_ )
- 7 Don't know/Not sure
- 9 Refused

## Asthma Call-Back Permission Script

**CATI: IF ASTHMA2 = 1 or CASTHDX2 = 1, continue; Else go to CLOSING**

**CALLBACK** We would like to call you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in **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 first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

(497)

- 1 Yes
- 2 No **GO TO CLOSING**

**Pre CHILDName: If CASTHDX2 = 1; ask CHILDName; else go to ADULTName.**

**CHILDName** Can I please have your child's first name, initials or nickname so we can ask about the right child when we call back? This is the {*CHILDAGE*} year old child which is the {*AGESEL*.} CHILD.

[CATI: If more than one child, show child age {#} and which child was selected (*FIRST*, *SECOND*, *ETC.*) from child selection module]

Enter child's first name, initials or nickname: \_\_\_\_\_  
 Refused ..... 99

**Pre ADULTName: ASTHMA2 = 1 or CASTHDX2 = 1 ASK ADULTName, else go to CLOSING.**

**ADULTName** Can I please have your first name, initials or nickname so we know who to ask for when we call back?

Enter respondent's first name, initials or nickname: \_\_\_\_\_  
 Refused ..... 99

## Closing statement

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**Please read:**

Those are all the questions I have. I'd like to thank you on behalf of the Maryland Department of Health and Mental Hygiene and the Centers for Disease Control and Prevention for answering these questions. If you have any questions about this survey, I will provide a telephone number for you to call to get more information. Thank you again. Goodbye.

(IF RESPONDENT ASKS FOR TELEPHONE NUMBER: "for more information, please call 1-888-772-4269")

## List of Health Problems to Accompany Module 10, Question 3

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### [DO NOT READ]

#### **Lung Problems**

- Acute Respiratory Distress Syndrome (ARDS)
- Bronchiectasis
- Bronchopulmonary Dysplasia
- Chronic Obstructive Pulmonary Disease (COPD)
- Cystic Fibrosis
- Emphysema
- Lymphangioliomyomatosis (LAM)
- Pulmonary Arterial Hypertension
- Sarcoidosis

#### **Kidney Problems**

- Chronic Kidney Disease
- Cystitis
- Cystocele (Fallen Bladder)
- Cysts
- Ectopic Kidney
- End-Stage Renal Disease (ESRD)
- Glomerular Diseases
- Interstitial Cystitis
- Kidney Failure
- Kidney Stones
- Nephrotic Syndrome
- Polycystic Kidney Disease
- Pyelonephritis (Kidney Infection)
- Renal Artery Stenosis
- Renal Osteodystrophy
- Renal Tubular Acidosis

#### **Anemia**

- Anemia
- Aplastic Anemia
- Fanconi Anemia
- Iron Deficiency Anemia
- Pernicious Anemia
- Sickle Cell Anemia
- Thalassemia

### **Causes of Weak Immune System**

- Cancer
- Chemotherapy
- HIV/AIDS
- Rheumatoid Arthritis
- Steroids
- Systemic lupus erythmatosus (SLE)
- Transplant Medicines