



2013

**Behavioral Risk Factor Surveillance System
Questionnaire**

Maryland

5780

January 14, 2013



**Behavioral Risk Factor Surveillance System
2013 Questionnaire – Maryland Questionnaire #5780**

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SAMPLE READ-IN: FRAME

1. Landline
2. Cell Phone

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.

**IF FRAME=2 (CELL PHONE) ASK SAFE, IF FRAME=1 SKIP TO CTELENUM
SAFE** Is this a safe time to talk with you?

Yes **[Go to CTELENUM]**
No **CALLBACK**

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

IF FRAME=1, ASK: Is this a private residence?

IF FRAME=2, ASK: Do you live in a private residence?

READ ONLY IF NECESSARY: "By private residence, we mean someplace like a house or apartment."

1. Yes **GO TO STATERES**
2. No **GO TO COLHOS**
3. No, business phone only **THANK & END**

COLHOS Do you live in college housing?

Read only if necessary: "By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangements provided by a college or university"

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

If "No,"
SOPVTRES Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time. **STOP**

STATERES Do you reside in Maryland ?

- Yes **[Go to CELLPH]**
No **[Go to state]**

IF FRAME=1 (landline) SCREEN-OUT AT 'STATE'. IF FRAME=2 (cell phone), GO TO RSPSTATE.
STATE Thank you very much, but we are only interviewing persons who live in the state of Maryland at this time. **STOP**

RSPSTATE In what state do you live?

_____ ENTER STATE
99 REFUSED **[THANK & END]**

Qualified Level 1

CELLPH Is this a cellular telephone?

Interviewer Note: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).

[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.
- 2 Yes

CATI: IF FRAME=1 (landline) and CELLFON=1 (not a cell phone), GO TO RESPONDENT SELECTION.
IF FRAME=1 (landline) and CELLFON=2 (yes cell phone), THANK & END.
IF FRAME=2 (cell phone) and CELLFON=1 (not a cell phone), THANK & END.
IF FRAME=2 (cell phone) and CELLFON=2 (yes cell phone), ASK LANDLINE.

LANDLINE Do you also have a landline telephone in your home that is used to make and receive calls?

READ ONLY IF NECESSARY: “By landline telephone, we mean a “regular” telephone in your home that is connected to outside telephone lines through a cable or cord and is used for making or receiving calls. Please include landline phones used for both business and personal use.”

Interviewer Note: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services.).

PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

- 1 YES **Go to PCTCELL**
- 2 NO **Go to RESPONDENT SELECTION**
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

IF "No", GO TO THE RESPONDENT SELECTION
IF "Don't Know" or "Refused", GO TO TERMINATION

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

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

IF PCTCELL=90-100, GO TO RESPONDENT SELECTION.
IF PCTCELL=1-89, 777, 888, 999, GO TO TERMINATION.

TERMINATION

Thank you very much. Those are all the questions that I have for you today.

Qualified Level 2

RESPONDENT SELECTION

CATI NOTE:

- **IF CELLPH=1 (is a cell phone) or COLHOS=1 (College Housing = Yes) continue;**
- **Otherwise go to Adult Random Selection**

CADULT Are you 18 years of age or older?

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY. ASK GENDER IF NECESSARY.

- 1 YES, Male Respondent **[Go to Core Section Introduction]**

- 2 YES, Female Respondent [Go to Core Section Introduction]
- 3 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

SOCOLAD Thank you very much, but we are only interviewing persons aged 18 or older at this time. **STOP**

Adult Random 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**. If you would like to contact the Department of Health about this study, please call (410) 767-5159 or 1-866-616-5086.

Section 1: Health Status

CATI: IF CELLPH=1 (is a cell phone) OR COLHOS=1 (College Housing = Yes), SET NUMADULT=1.

GENHLTH Would you say that in general your health is—

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?

- — 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?

- – 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?

- – 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, government plans such as Medicare, or Indian Health Service?

- 1 Yes **ASK M4.1**
- 2 No **GO TO PERSDOC2**
- 7 Don't know / Not sure **GO TO PERSDOC2**
- 9 Refused **GO TO PERSDOC2**

Module 4: Health Care Access (Split 1, 2)

M4.1 Do you have Medicare?

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

Note: Medicare is a coverage plan for people age 65 or over and for certain disabled people.

M4.2 Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans? [SELECT ALL THAT APPLY]

Please Read:

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicaid or Medical Assistance or MA
- 05 The military, CHAMPUS, or the VA [or CHAMP-VA]
- 06 The Indian Health Service [or the Alaska Native Health Service]
- 07 Some other source
- 88 None
- 77 Don't know/Not sure
- 99 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?"

- 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?

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

M4.3 Other than cost, there are many other reasons people delay getting needed medical care.

Have you delayed getting needed medical care for any of the following reasons in the past 12 months? Select the most important reason.

Please read

- 1 You couldn't get through on the telephone.
- 2 You couldn't get an appointment soon enough.
- 3 Once you got there, you had to wait too long to see the doctor.
- 4 The (clinic/doctor's) office wasn't open when you got there.
- 5 You didn't have transportation.

Do not read:

- 6 Other (specify) _____
- 8 No, I did not delay getting medical care/did not need medical care
- 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.

- 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

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

CATI Note: If HLTHPLAN = 1 (Yes) continue, else go to M4.4b

M4.4a In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage?

- 1 Yes **Go to M4.5**
- 2 No **Go to M4.5**
- 7 Don't know/Not sure **Go to M4.5**
- 9 Refused **Go to M4.5**

CATI Note: If HLTHPLAN = 2, 7, or 9 continue, else go to next question M4.5

M4.4b About how long has it been since you last had health care coverage?

- 1 6 months or less
- 2 More than 6 months, but not more than 1 year ago
- 3 More than 1 year, but not more than 3 years ago
- 4 More than 3 years
- 5 Never
- 7 Don't know/Not sure
- 9 Refused

M4.5 How many times have you been to a doctor, nurse, or other health professional in the past 12 months?

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

M4.6 Was there a time in the past 12 months when you did not take your medication as prescribed because of cost? Do not include over-the-counter (OTC) medication.

- 1 Yes
- 2 No

Do not read:

- 3 No medication was prescribed.
- 7 Don't know/Not sure
- 9 Refused

M4.7 In general, how satisfied are you with the health care you received? Would you say—

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Not at all satisfied

Do not read

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

M4.8 Do you currently have any medical bills that are being paid off over time?

INTERVIEWER NOTE:

This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year.

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

Section 4: Inadequate Sleep

I would like to ask you about your sleep pattern.

SLEPTIME2 On average, how many hours of sleep do you get in a 24-hour period?

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.

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

Section 5: Hypertension Awareness

BPHIGH3 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?

Read only if necessary: By “other health professional” we mean a nurse practitioner, a physician’s assistant, or some other licensed health professional.

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

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

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

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

Section 6: Cholesterol Awareness

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

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

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

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 |

TOLDHI2 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?

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

Section 7: Chronic Health Conditions

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

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

CVDINFR4 (Ever told) you that you had a heart attack also called a myocardial infarction?

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

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

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

CVDSTRK3 (Ever told) you had a stroke?

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

ASTHMA2 (Ever told) you had asthma?

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

ASTHNOW Do you still have asthma?

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

CHCSNCR (Ever told) you had skin cancer?

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

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

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

IF STATERES=1 (MARYLAND RESIDENT) CONTINUE, ELSE SKIP TO CHCCOPD.

State-Added 7 Cancer Survivors [Split 2]

If split = 2 continue, else go to next section

CATI: If Core CHCSNCR =1 or CHCOCNCR =1, then ask CNCRDIFF. Else, GO TO NEXT SECTION.

Now I am going to ask you about cancer.

CNCRDIFF How many different types of cancer have you had?

(826)

- | | | | |
|-------|---|-----------------------|-----------------------------|
| MD7_2 | 1 | Only one | |
| | 2 | Two | |
| | 3 | Three or more | |
| | 7 | Don't know / Not sure | [Go to next section] |
| | 9 | Refused | [Go to next section] |

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

(827-828)

- | | | |
|-------|-----|-----------------------|
| MD7_3 | -- | Age in years of shots |
| | 9 8 | Don't know / Not sure |
| | 9 9 | Refused |

CATI note: If CNCRDIFF = 2 (Two) or 3 (Three or more), ask: "At what age were you first diagnosed with cancer?"

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

CATI note: If Core CHCSCNCR = 1 (Yes) and CNCRDIFF = 1 (Only one): ask “Was it “Melanoma” or “other skin cancer?” then code 20 if “Melanoma” or 21 if “other skin cancer”

CNCRTYPE What type of cancer was it?

CATI NOTE: If CNCRDIFF = 2 or 3, ask: “With your most recent diagnoses of cancer, what type of cancer was it?”

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

(829-830)

MD7_4

Breast

0 1 Breast cancer

Female reproductive (Gynecologi)

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

State-Added 8: Cancer Survivorship [Split 2]

If split 2 continue, else go to next section

CATI NOTE: If Core CHCSNCR=1 (Yes) or CHCOCNCR=1 (Yes), then continue, else go to next module.

I will now ask you about your experiences with cancer.

CSRVRT Are you currently receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills. (831)

MD8_1	1	Yes	[Go to next section]
	2	No	
	7	Don't know / Not sure	[Go to next section]
	9	Refused	[Go to next section]

CSRVDOC What type of doctor provides the majority of your health care?

MD8_2

(INTERVIEWER NOTE: IF THE RESPONDENT REQUESTS CLARIFICATION OF THIS QUESTION, SAY: "We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.)."

(832-833)

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

CSRVSUM Did any doctor, nurse, or other health professional EVER give you a written summary of all cancer treatments that you received?

MD8_3

(Read only if necessary: "By "other healthcare professional" we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional.") (834)

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

CSRVRTRN 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? (835)

MD8_4

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

CSRVINST Were these instructions written down or printed on paper for you? (836)

MD8_5

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

CSRVINSR With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? (837)

MD8_6

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

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

CSRVDEIN Were you EVER denied health insurance or life insurance coverage because of your cancer? (838)

MD8_7

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

CSRVCLIN Did you participate in a clinical trial as part of your cancer treatment? (839)

MD8_8

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

CSRVPAIN Do you currently have physical pain caused by your cancer treatment? (840)

MD8_9

- 1 Yes
- 2 No [Go to next section]

- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

CSRCTRL Is your pain currently under control?

(841)

- | | | |
|--------|---|-----------------------|
| MD8_10 | 1 | Yes |
| | 2 | No |
| | 7 | Don't know / Not sure |
| | 9 | Refused |

Section 7: Chronic Health Conditions, Continued

CHCCOPD (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis?

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

HAVARTH2 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

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

INTERVIEWER NOTE: Arthritis diagnoses include:

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

ADDEPEV2 (Ever told) 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

IF STATERES=1 (MARYLAND RESIDENT) CONTINUE, ELSE SKIP TO CHCKIDNY.

State-Added 6: Anxiety Disorder [Split 1, 2]

ASK ALL SKIPS

Now, I am going to ask you a question about your mood.

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

(824)

MD6_1

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

Section 7: Chronic Health Conditions, Continued

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

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

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

DIABETE2 (Ever told) 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.

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes
- 7 Don't know / Not sure
- 9 Refused

Section 8: Demographics

AGE What is your age?

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

CATI: if (CNCRAGE=01-97 and AGE=18-99) AND (CNCRAGE>AGE), ask UPDTAGCA; else go to HISPANC3.

UPDTAGCA I'm sorry, you indicated you were {CATI: fill-in response from AGE} years old, and were first diagnosed with cancer at age {CATI: fill-in response from CNCRAGE }. What was your age when you were FIRST diagnosed with cancer?

Update age **GO TO AGE**
 Update cancer age **GO TO CNCRAGE**

HISPANC3 Are you Hispanic, Latino/a, or Spanish origin?

If yes, ask: Are you...

Interviewer Note: One or more categories may be selected.

- 1 Yes, Mexican, Mexican American, Chicano/a
- 2 Yes, Puerto Rican
- 3 Yes, Cuban
- 4 Yes, Another Hispanic, Latino/a, or Spanish origin (Specify _____)

Do not read:

- 5 No
- 8 No additional choices (DP code only)
- 7 Don't know / Not sure
- 9 Refused

MRACEA Which one or more of the following would you say is your race?

Interviewer Note: Select all that apply.

Please read:

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
- 50 Pacific Islander

Do not read:

- 60 Other
- 88 No additional choices (DP code only)
- 77 Don't know / Not sure
- 99 Refused

IF MRACEA=40 OR 50, ASK MRACEB. ELSE SKIP TO MRACE2

CATI: IF MRACEA=40, SHOW CODES 41-47, 99. IF MRACEA=50, SHOW CODES 51-54, 99.

MRACEB Would you say you are . . . [READ LIST, MULTIPLE RECORD]?

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian
- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

- 99 (VOL) Refused

MRACE2: CATI dummy variable to hold the respondent race.

CATI CODE RESPONSES FROM MRACEA AND MRACEB. IF MRACEA=40 AND MRACEB=99, CODE MRACE2=40. IF MRACEA=0 AND MRACEB=90, CODE MRACE2=50.

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
- 50 Pacific Islander
- 60 Other
- 77 (VOL) Don't know/Not sure
- 88 No additional choices (DP code only)
- 99 (VOL) Refused
- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian
- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

CATI note: If more than one response to MRACE2; continue. Otherwise, go to VETERAN3.

SHOW RESPONSES IN MRACE2

ORACE3 Which one of these groups would you say best represents your race?

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese

- 47 Other Asian
- 50 Pacific Islander
- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander
- 60 Other
- 77 (VOL) Don't know/Not sure
- 88 No additional choices (DP code only)
- 99 (VOL) Refused

VETERAN3 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.

- 1 Yes
- 2 No

Do not read:

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

MARITAL Are you...?

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?

- — Number of children
- 8 8 None
- 9 9 Refused

EDUCA What is the highest grade or year of school you completed?

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

EMPLOY2 Are you currently...?

Please read:

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for 1 year or more
- 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—

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?

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

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?

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

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?

__ __ - ANSI County Code (formerly FIPS county code)
 777 Don't know / Not sure
 888 Other (specify)
 999 Refused

ZIPCODE What is the ZIP Code where you live?

__ __ __ __ - ZIP Code
 77777 Don't know / Not sure
 88888 Other State Zip Code (specify)
 99999 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.

1 Yes
 2 No **[Go to CPDEMO1]**
 7 Don't know / Not sure **[Go to CPDEMO1]**
 9 Refused **[Go to CPDEMO1]**

Qualified Level 6

NUMPHON2 How many of these telephone numbers are residential numbers?

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

IF CELLPH=2 (not a cell phone), ASK CPDEMO1. IF CELLPH=1 (is a cell phone), SKIP TO S8.19.

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

- 1 Yes
- 2 No [Go to S8.19]
- 7 Don't know / Not sure [Go to S8.19]
- 9 Refused [Go to S8.19]

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?

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

S8.19 Have you used the internet in the past 30 days?

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

RENTHOM1 Do you own or rent your home?

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

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

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

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

- 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?

- 1 Yes

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

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?

- 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?

NOTE: Include occasional use or use in certain circumstances.

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

S8.24 Are you blind or do you have serious difficulty seeing, even when wearing glasses?

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

S8.25 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

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

S8.26 Do you have serious difficulty walking or climbing stairs?

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

S8.27 Do you have difficulty dressing or bathing?

- 1 Yes
- 2 No

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

S8.28 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

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

Section 9: Tobacco Use

SMOKE100 Have you smoked at least 100 cigarettes in your entire life?

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?

- 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?

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

LASTSMK1 How long has it been since you last smoked a cigarette, even one or two puffs?

- 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?

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 10: Alcohol Consumption

ALCDAY5 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

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

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?

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?

- _ _ 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?

- __ __ 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.

Section 11: Fruits and Vegetables

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

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

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

FRUITJU2 During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice.

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

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

Do not include fruit juice drinks that provide 100% daily vitamin C but include added sugar.

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

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

FRUIT2 During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit

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

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

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

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

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

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

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

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

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

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

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

Include bean burgers including garden burgers and veggie burgers.

Include falafel and tempeh.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 5 5 5 Never

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

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

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

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

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

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

Do not include rice or other grains.

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

Section 12: Exercise (Physical Activity)

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

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

EXERANY3 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?

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

EXERACT3 What type of physical activity or exercise did you spend the most time doing during the past month?

- | | | |
|-----|-----------------------|-------------------------------------|
| -- | (Specify) | [See Physical Activity Coding List] |
| 77 | Don't know / Not Sure | [Go to EXOFTSTR] |
| 9 9 | Refused | [Go to EXOFTSTR] |

INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Physical Activity Coding List, choose the option listed as “Other”.

EXEROFT1 How many times per week or per month did you take part in this activity during the past month?

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

EXERHMM1 And when you took part in this activity, for how many minutes or hours did you usually keep at it?

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

EXERACT4 What other type of physical activity gave you the next most exercise during the past month?

- | | | |
|----|-----------------------|--|
| __ | (Specify) | [See Physical Activity Coding List] |
| 88 | No other activity | [Go to EXOFTSTR] |
| 77 | Don't know / Not sure | [Go to EXOFTSTR] |
| 99 | Refused | [Go to EXOFTSTR] |

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

EXEROFT2 How many times per week or per month did you take part in this activity during the past month?

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

EXERHMM2 And when you took part in this activity, for how many minutes or hours did you usually keep at it?

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

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

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

Section 13: Arthritis Burden

If HAVARTH2 = 1 (yes) then continue, else go to next section.

Next, I will ask you about your arthritis.

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

LMTJOIN2 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

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

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

INTERVIEWER NOTE: ARTHDIS2 should be asked of all respondents regardless of employment status.

ARTHDIS2 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?

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

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

ARTHSOCL` 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?

Please read [1-3]:

- 1 A lot
- 2 A little
- 3 Not at all

Do not read:

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

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

JOINPAIN 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.*

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

Section 14: Seatbelt Use

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

Please read:

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

Do not read:

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

Section 15: Immunization

Now I will ask you questions about the flu vaccine. There are two ways to get the flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™.

FLUSHOT6 During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?

READ IF NECESSARY:

A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

- 1 Yes
- 2 No **[Go to S15.3]**
- 7 Don't know / Not sure **[Go to S15.3]**
- 9 Refused **[Go to S15.3]**

FLSHTMY2 During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?

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

S15.3 Since 2005, have you had a tetanus shot?

(If yes, ask: "Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?")

- 1 Yes, received Tdap
- 2 Yes, received tetanus shot, but not Tdap
- 3 Yes, received tetanus shot but not sure what type
- 4 No, did not receive any tetanus since 2005
- 7 Don't know/Not sure
- 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?

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

Section 16: HIV/AIDS

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

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.

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

HIVTSTD2 Not including blood donations, in what month and year was your last HIV test?

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 / 77 77	Don't know / Not sure
99 / 99 99	Refused / Not sure

WHRTST9 Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, emergency room, as an inpatient at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?

0 1	Private doctor or HMO office
0 2	Counseling and testing site
0 9	Emergency room
0 3	Hospital inpatient
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

IF STATERES=1 (MARYLAND RESIDENT) CONTINUE, ELSE SKIP TO CLOSING STATEMENT.

Transition to Modules and State-Added Questions

Now I have some questions about other health topics.

Optional Modules

Module 5: Sugar Drinks (Split 1, 2)

Now I would like to ask you some questions about sugary beverages.

SUGRSODA During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.

Please read: You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.

1 __	Times per day
2 __	Times per week
3 __	Times per month

Do not read:

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

SGRDRNK2 During the past 30 days, how often did you drink sugar-sweetened fruit drinks, such as Kool-aid and lemonade, sweet tea, and sports or energy drinks (such as Gatorade and Red Bull)? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks.

Please read: You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.

- 1 __ Times per day
- 2 __ Times per week
- 3 __ Times per month

Do not read:

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

Module 6: Sodium or Salt-Related Behavior (Split 1, 2)

Now I would like to ask you some questions about sodium or salt intake.

Most of the sodium or salt we eat comes from processed foods and foods prepared in restaurants. Salt also can be added in cooking or at the table.

M6.1. Are you currently watching or reducing your sodium or salt intake?

- 1 Yes
- 2 No **Go to M6.3**
- 7 Don't know/not sure **Go to M6.3**
- 9 Refused **Go to M6.3**

M6.2. How many days, weeks, months, or years have you been watching or reducing your sodium or salt intake?"

- 1__ Day(s)
- 2__ Week(s)
- 3__ Month(s)
- 4__ Year(s)
- 5 5 5 All my life
- 7 7 7 Don't know/not sure
- 9 9 9 Refused

{CATI: if (M6.2 = 401-497 and AGE = 18-99) AND (M6.2 > AGE), continue; else go to M6.3}

UPDTAGM6 I'm sorry, you indicated you were **{CATI: fill-in response from AGE}** years old, and you have been watching or reducing your sodium or salt intake for **{CATI: fill-in response from CANAGE}** years. How many years have you been watching or reducing your sodium or salt intake?

Update age **GO TO AGE**

M6.3. Has a doctor or other health professional ever advised you to reduce sodium or salt intake?

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

Module 18: Industry and Occupation (Split 1, 2)

If Core EMPLOY2 = 1 or 4 (Employed for wages or employed for less than 1 year) or 2 (Self-employed), continue else go to next module.

Now I am going to ask you about your work.

M18.1. What kind of work [**IF EMPLOY=1 or 2, READ "do" / IF EMPLOY=4, READ "did"**] you do? (for example, registered nurse, janitor, cashier, auto mechanic)

INTERVIEWER NOTE: If respondent is unclear, ask "What [is/was] your job title?"

INTERVIEWER NOTE: If respondent has more than one job then ask, "What [is/was] your main job?"

[Record answer] _____
99 Refused

M18.2. What kind of business or industry [**IF EMPLOY=1 or 2, READ "do" / IF EMPLOY=4, READ "did"**] you work in? (for example, hospital, elementary school, clothing manufacturing, restaurant)

[Record answer] _____
7 Don't know/not sure
9 Refused

Module 20: Random Child Selection (Split 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 Core 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. 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?

__/__/____	Code month and year
77/7777	Don't know / Not sure
99/9999	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?

1	Boy
2	Girl
9	Refused

RCHISLAT2 Is the child Hispanic or Latino/a, or Spanish origin?

If yes, ask: Are they...

Interviewer Note: *One or more categories may be selected*

1	Yes, Mexican, Mexican American, Chicano/a
2	Yes, Puerto Rican
3	Yes, Cuban
4	Yes, Another Hispanic, Latino/a, or Spanish origin

Do not read:

5	No
8	No additional choices (DP code only)
7	Don't know / Not sure
9	Refused

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

(Select all that apply)

Please read:

10	White
20	Black or African American
30	American Indian or Alaska Native
40	Asian
50	Pacific Islander

Do not read:

- 60 Other
- 88 No additional choices (DP code only)
- 77 Don't know / Not sure
- 99 Refused

IF RCSRACEA=40 OR 50, ASK RCSRACEB. ELSE SKIP TO RCSRACE2

CATI: IF RCSRACEA=40, SHOW CODES 41-47, 99. IF RCSRACEA=50, SHOW CODES 51-54, 99.

RCSRACEB Would you say the child is . . . [READ LIST, MULTIPLE RECORD]?

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian
- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

- 99 (VOL) Refused

RCSRACE2: CATI dummy variable to hold the selected child's race.

CATI CODE RESPONSES FROM RCSRACEA AND RCSRACEB. IF RCSRACEA=40 AND RCSRACEB=99, CODE RCSRACE2=40. IF RCSRACEA=50 AND RCSRACEB=99, CODE RCSRACE2=50.

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
- 50 Pacific Islander
- 60 Other
- 70 (VOL) Don't know/Not sure
- 88 No additional choices (DP code only)
- 99 (VOL) Refused
- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian
- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

CATI note: If more than one response to RCSRACE2; continue. Otherwise, go to RCSRLTN2.

SHOW RESPONSES IN RCSRACE2

RCSBRACE2 Which one of these groups would you say best represents the child's race?

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian

- 50 Pacific Islander
- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

- 60 Other
- 77 (VOL) Don't know/Not sure
- 88 No additional choices (DP code only)
- 99 (VOL) Refused

RCSRLTN2 How are you related to the child?

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 21: Childhood Asthma Prevalence (Split 1, 2)

CATI note: If response to Core 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?

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

State-added 1: Childhood Immunization [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?

(801)

MD1_1	1	Yes	
	2	No	[Go to next module]
	7	Don't know / Not sure	[Go to next module]
	9	Refused	[Go to next module]

RCVFCVCH4 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?

(802-807)

MD1_2	<u> </u> / <u> </u> <u> </u> <u> </u> <u> </u>	Month / Year
	7 7 / 7 7 7 7	Don't know / Not sure
	9 9 / 9 9 9 9	Refused

State-added 2: Oral Health [Split 1]

If split = 1 continue, else skip to next section

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.

(808)

Read only if necessary:

MD2_1	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.

(809)

MD2_2

- 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?

(810)

Read only if necessary:

MD2_3

- 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

State-added 3: Oral Health Cost [Split 1]

If split = 1 continue, else skip to next section

ORALCOS1 During the last 12 months, have you had a dental problem which you would have liked to see a dentist about but you didn't see the dentist?

(811)

MD3_1

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

ORALCOS2 Why didn't you see the dentist? [SINGLE RESPONSE]

(812)

MD3_2

- 1 Didn't have time
- 2 It would cost too much

- 3 Couldn't get an appointment
- 4 Would have to travel too far
- 5 Didn't have a way to get there
- 6 Didn't have anyone to care for my children
- 7 Don't know / Not sure
- 8 Other
- 9 Refused **[Go to next section]**

ORALCOS3 How would you describe the condition of your mouth and teeth? Would you say:

(813)

- | | | |
|-------|---|-----------------------|
| MD3_3 | 1 | Very good |
| | 2 | Good |
| | 3 | Fair |
| | 4 | Poor |
| | 7 | Don't know / Not sure |
| | 9 | Refused |

State-Added 4: Tobacco Related Questions [Splits 1 & 2]

ALL RESPONDENTS

CIGARS Cigar products come in a wide variety of sizes, ranging from large traditional cigars, to blunts, to cigarillos, and even smaller cigars that are about the same size and shape as cigarettes. Some common brand names include Black and Mild's, Phillies, Swisher Sweets, and Winchester. **In the past 30 days, did you smoke any cigars?**

(814)

- | | | |
|-------|---|-----------------------|
| MD4_1 | 1 | Yes |
| | 2 | No |
| | 7 | Don't know / Not sure |
| | 9 | Refused |

OTHERPRD Do you currently use any tobacco products other than cigarettes, cigars, or chewing tobacco, such as pipes, hookah, bidis, kreteks, or dissolvable tobacco products?

NOTE: Bidis are small, brown, hand-rolled cigarettes from India and other southeast Asian countries. Kreteks are clove cigarettes made in Indonesia that contain clove extract and tobacco.

(815)

- | | | |
|-------|---|-----------------------|
| MD4_2 | 1 | Yes |
| | 2 | No |
| | 7 | Don't know / Not sure |
| | 9 | Refused |

IF SMOKDAY2=1 OR 2 (Current smoker) ASK PLANSTOP, ELSE SKIP TO AGEFIRST.

PLANSTOP Are you seriously planning to quit smoking cigarettes . . . [READ LIST]

(816)

- | | | |
|-------|---|---------------------------|
| MD4_3 | 1 | Within the next 30 days, |
| | 2 | Within the next 3 months, |
| | 3 | Within the next 6 months, |
| | 4 | Within the next year, |
| | 5 | Within the next 5 years, |

- 6 Sometime after 5 years, OR
- 8 You are not planning on quitting
- 7 Don't Know / Not Sure
- 9 Refused

IF AGE =< 30, ASK AGEFIRST, ELSE SKIP TO OTHRSMKR.

AGEFIRST How old were you the first time you smoked a cigarette, even one or two puffs?

(817-818)

--- Age [RANGE 1, 2, 10-77, 99]

MD4_4

- 01 I never smoked a cigarette, not even one or two puffs **GO TO OTHRSMKR**
- 77 Don't know / Not sure
- 99 Refused

CATI: if (AGEFIRST=10-76 and AGE=18-99) AND (AGEFIRST>AGE), continue; else go to AGEREGLR

UPDTAGF I'm sorry, you indicated you were {CATI: fill-in response from AGE} years old, and you stated you first smoked a cigarette at age {CATI: fill-in response from AGEFIRST}. Can you help me resolve this difference?

Update age **GO TO AGE**
 Update smoking age **GO TO AGEFIRST**

AGEREGLR About how old were you when you first started smoking cigarettes regularly?

(819-820)

--- Age [RANGE 1, 2, 10-77, 99] –

CATI: IF AGEREGLR=10-76 AND AGEFIRST=10-76, THEN AGEREGLR MUST BE >= AGEFIRST.

MD4_5

- 01 I never smoked a cigarette, not even one or two puffs
- 02 Have never smoked cigarettes regularly
- 77 Don't know / Not sure
- 99 Refused

CATI: if (AGEREGLR=03-76 and AGE=18-99) AND (AGEREGLR>AGE), continue; else go to OTHRSMKR

UPDTAGRG I'm sorry, you indicated you were {CATI: fill-in response from AGE} years old, and you stated you first started smoking regularly at age {CATI: fill-in response from AGEREGLR}. Can you help me resolve this difference?

Update age **GO TO AGE**
 Update smoking age **GO TO AGEREGLR**

OTHRSMKR Does any other adult age 18 or older living in the household smoke cigarettes now?

(821)

MD4_6

- 1 Yes

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

State-Added 5: Chronic Obstructive Pulmonary Disease (COPD)

[Split 1, 2]

ASK ALL SKIPS

CATI NOTE: If core CHCCOPD = 1 (Yes) then continue, else go to next module.

Earlier you said that you had been diagnosed with Chronic Obstructive Pulmonary Disease or COPD.

COPDQOL Would you say that shortness of breath affects the quality of your life?

(822)

- | | | |
|-------|---|-----------------------|
| MD5_1 | 1 | Yes |
| | 2 | No |
| | 7 | Don't know / Not sure |
| | 9 | Refused |

COPDDOC Other than a routine visit, have you had to see a doctor in the past 12 months for symptoms related to shortness of breath, bronchitis, or other COPD, or emphysema flare?

(823)

- | | | |
|-------|---|-----------------------|
| MD5_2 | 1 | Yes |
| | 2 | No |
| | 7 | Don't know / Not sure |
| | 9 | Refused |

Asthma Call-Back Permission Script

CATI: IF ASTHMA2 = 1 or CASTHDX2 = 1, continue; Else go to REPRODUCTIVE HEALTH SCRIPT/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 or others 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 No

DUMMY VARIABLE: Asthma Call-Back Selection
IF ASTHMA1=1 AND CASTHDX2 NE 1, SELECT ADULT.
IF ASTHMA1 NE 1 AND CASTHDX2= 1, SELECT CHILD.
IF ASTHMA2 = 1 AND CASTHDX2 = 1, CONTINUE;.
CATI IF SEQNO IS AN EVEN NUMBER, SELECT CHILD
CATI IF SEQNO IS AN ODD NUMBER, SELECT ADULT

ADLTCHLD Which person in the household was selected as the focus of the asthma call-back?

- 1 Adult
- 2 Child

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: _____

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 **[IF STATERES=1, DISPLAY "Maryland" ELSE DISPLAY "this state"]**. Thank you very much for your time and cooperation.

Language Indicator

[INTERVIEWER: DO NOT READ THIS TO RESPONDENT]

Lang1. In what language was this interview completed?

- 1 English
- 2 Spanish

Activity List for Common Leisure Activities (To be used for Section 13: Physical Activity)

Code Description (Physical Activity, Questions EXERACT3 and EXERACT4 above)

0 1 Active Gaming Devices (Wii Fit, Dance Dance revolution)	4 1 Rugby
0 2 Aerobics video or class	4 2 Scuba diving
0 3 Backpacking	4 3 Skateboarding
0 4 Badminton	4 4 Skating – ice or roller
0 5 Basketball	4 5 Sledding, tobogganing
0 6 Bicycling machine exercise	4 6 Snorkeling
0 7 Bicycling	4 7 Snow blowing
0 8 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)	4 8 Snow shoveling by hand
0 9 Bowling	4 9 Snow skiing
1 0 Boxing	5 0 Snowshoeing
1 1 Calisthenics	5 1 Soccer
1 2 Canoeing/rowing in competition	5 2 Softball/Baseball
1 3 Carpentry	5 3 Squash
1 4 Dancing-ballet, ballroom, Latin, hip hop, zumba, etc	5 4 Stair climbing/Stair master
1 5 Elliptical/EFX machine exercise	5 5 Stream fishing in waders
1 6 Fishing from river bank or boat	5 6 Surfing
1 7 Frisbee	5 7 Swimming
1 8 Gardening (spading, weeding, digging, filling)	5 8 Swimming in laps
1 9 Golf (with motorized cart)	5 9 Table tennis
2 0 Golf (without motorized cart)	6 0 Tai Chi
2 1 Handball	6 1 Tennis
2 2 Hiking – cross-country	6 2 Touch football
2 3 Hockey	6 3 Volleyball
2 4 Horseback riding	6 4 Walking
2 5 Hunting large game – deer, elk	6 6 Waterskiing
2 6 Hunting small game – quail	6 7 Weight lifting
2 7 Inline Skating	6 8 Wrestling
2 8 Jogging	6 9 Yoga
2 9 Lacrosse	7 1 Childcare
3 0 Mountain climbing	7 2 Farm/Ranch Work (caring for livestock, stacking hay, etc.)
3 1 Mowing lawn	7 3 Household Activities (vacuuming, dusting, home repair, etc.)
3 2 Paddleball	7 4 Karate/Martial Arts
3 3 Painting/papering house	7 5 Upper Body Cycle (wheelchair sports, ergometer, etc.)
3 4 Pilates	7 6 Yard work (cutting/gathering wood, trimming hedges etc.)
3 5 Racquetball	7 7 Don't know
3 6 Raking lawn	9 8 Other_____
3 7 Running	9 9 Refused
3 8 Rock Climbing	
3 9 Rope skipping	
4 0 Rowing machine exercise	