

Maine  
Cell  
Phone

2017



English Full  
Questionnaire  
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## Intro

<b>CPINTROQ</b>	Select
Ask If	
HELLO, I'm calling for the <b>Maine Center for Disease Control and Prevention</b> . My name is _____. We are gathering information about the health of <b>Maine</b> residents. This project is conducted by the Maine Center for Disease Control and Prevention (Maine CDC) with assistance from the National Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.	
Is this a safe time to talk with you?	
NOTE: IF A PERSON REPORTS THEY DO NOT LIVE IN THE STATE MENTIONED, TELL THEM THAT THEY MAY STILL BE TO PARTICIPATE.	
Interviewer: Press '1' to continue	
1 YES	CPCONTEL
2 NO	

<b>CPNOTSAF</b>	KEY
Ask If	CPINTROQ = 2
Thank you very much. We will call you back at a more convenient time.	
Interviewer: Press '1' to set callback	
1	DISPOS 5560

<b>CPConTel</b>	Select
Ask If	
Is this XXX-XXX-XXXX?	
INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.	
1 YES	CPIsCell
2 NO	

<b>CPWRONGN</b>	Key
Ask If	CPCONTEL = 2
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.	
Interviewer: Press '1' to continue	
1	CPINTROQ

<b>CPisCell</b>		Select
Ask If	CPConTel = 1	
Is this a cell(ular) telephone?		
READ ONLY IF NECESSARY:		
"By cell(ular) telephone we mean a telephone that is mobile and usable outside of your neighborhood".		
INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.		
1	YES	CPADULT
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>CPCELLNO</b>		Key
Ask If	CPisCell > 1	
{IF CPisCell = 2, Thank you very much, but we are only interviewing cell telephones at this time.}		
{IF CPisCell > 2, Thank you for your time.}		

<b>CPADULT</b>		Select
Ask If	CPisCell = 1	
Are you 18 years of age or older?		
NOTE: VERIFY GENDER OF RESPONDENT.		
INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY. ASK GENDER IF NECESSARY.		
1	Yes and the respondent is male	CPPVTRES
2	Yes and the respondent is female	CPPVTRES
3	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>CPNOADLT</b>		Key
Ask If	CPADLT > 2	
{IF CPADULT = 3, Thank you very much, but we are only interviewing persons aged 18 or older at this time.}		
{IF CPADULT > 3, Thank you for your time.}		

<b>CPPVTRES</b>		Select
Ask If	CPADULT = 1 OR CPADULT = 2	
Do you live in a private residence?		
READ ONLY IF NECESSARY:		
"By private residence, we mean someplace like a house or apartment."		
NOTE: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.		
THE PERSON DOES NOT NEED TO BE PHYSICALLY LOCATED IN THEIR PRIVATE RESIDENCE.		
INTERVIEWER NOTE: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 DAYS INCLUDING VACATION HOMES, RVS OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.		
1	YES	CPSTATE
2	NO	

<b>CPCOLLEG</b>		Select
Ask If	CPPVTRES = 2	
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 arrangement provided by a college or university."		
1	YES	CPSTATE
2	NO	

<b>CPNONRES</b>		Key
Ask If	CPCOLLEG > 1	
Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.		



<b>CPSTATE</b>	Select
Ask If	CPPVTRES = 1 OR CPCOLLEG = 1
Do you currently live in <b>Maine</b> ?	
NOTE: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.	
1	YES <span style="float: right;">CPLANDLI</span>
2	NO <span style="float: right;">CPSTATER</span>
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>CPSTATEU</b>	Key
Ask If	CPSTATE = 7 OR CPSTATE = 9
Thank you for your time.	

<b>CPSTATER</b>	Select
Ask If	CPSTATE = 2
In what state do you live?	
	Enter State <span style="float: right;">CPLANDLI</span>
99	OTHER/REFUSED

<b>CPSTATEN</b>	Key
Ask If	CPSTATER = 99
Thank you very much, but we are not interviewing in your state at this time.	

<b>CPLANDLI</b>	Select
Ask If	
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 used for making or receiving calls. Please include landline phones used for both business and personal use."	
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
2	NO

<b>CPNMADLT</b>	Numeric
Ask If	CPPVTRES = 1
How many members of your household, including yourself, are 18 years of age or older?	
ENTER NUMBER OF ADULTS	CPINTROS

## Core Sections

<b>CPINTROS</b>	Select
Ask If	
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 <b>(207) 287-1420</b> .	
1	Person interested, continue

## Section 01: Health Status

<b>C01INTRO</b>	Pause
Ask If	

<b>C01Q01</b>	Select	90
Ask If		
Would you say that in general your health is-		
PLEASE READ		
1	Excellent	
2	Very good	
3	Good	
4	Fair, or	
5	Poor	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C01END</b>	Pause
Ask If	

## Section 02: Healthy Days - Health Related Quality of Life

<b>C02INTRO</b>	Pause
Ask If	

<b>C02Q01</b>	Numeric	91-92
Ask If		
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		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
30	MAX	CONTROL

<b>C02Q02</b>	Numeric	93-94
Ask If		
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		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
30	MAX	CONTROL

*Cati note: If C02Q01 and C02Q02 = 88 (none), go to next section.*

<b>C02Q03</b>	Numeric	95-96
Ask If	NOT(C02Q01 = 88 AND C02Q02 = 88)	
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		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
30	MAX	CONTROL

<b>C02END</b>	Pause
Ask If	

### Section 03: Health Care Access

<b>C03INTRO</b>	Pause
Ask If	

<b>C03Q01</b>	Select	97
Ask If		
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	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

## State Added Section 13: Health Care Access (Path B)

*Cati Note: Insert after C03Q01*

<b>ME13INTRO</b>	Pause
Ask If	

<b>ME13Q01</b>	Select	952-953
Ask If	C03Q01 = 1 AND CPState = 1	
What is the primary source of your health care coverage? Is it...		
INTERVIEWER NOTE: IF THE RESPONDENT INDICATES THAT THEY PURCHASED HEALTH INSURANCE THROUGH THE HEALTH INSURANCE MARKETPLACE (NAME OF STATE MARKETPLACE), ASK:		
"Was it a private health insurance plan purchased on your own or by a family member (private) or did you receive Medicaid (state plan)?"		
IF PURCHASED ON THEIR OWN (OR BY A FAMILY MEMBER), SELECT 02, IF MEDICAID SELECT 04.		
PLEASE READ:		
01	A plan purchased through an employer or union (includes plans purchased through another person's employer)	
02	A plan that you or another family member buys on your own	
03	Medicare	
04	Medicaid or other state program	
05	TRICARE (formerly CHAMPUS), VA, or Military	
06	Alaska Native, Indian Health Service, Tribal Health Services Or	
07	Some other source	
08	None (no coverage)	
77	DON'T KNOW/NOT SURE	
99	REFUSED	

<b>ME13END</b>	Pause
Ask If	

*CATI NOTE: IF 1, "YES", to C03Q01 AND USING HEALTH CARE ACCESS MODULE GO TO MODULE 4, QUESTION 1, ELSE CONTINUE TO C03Q02*



## Module 10: Health Care Access (Path A)

<b>M10INTRO</b>	Pause
Ask If	USEM10 = TRUE AND CPState = 1

<b>M10Q01</b>	Select	367
Ask If	USEM10 = TRUE AND C03Q01 = 1 AND CPState = 1	
Do you have Medicare?		
INTERVIEWER NOTE: IF NEEDED SAY:		
"Medicare is a coverage plan for people age 65 or over and for certain disabled people."		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M10Q02</b>	Select	368-369
Ask If	USEM10 = TRUE AND C03Q01 = 1 AND CPState = 1	
What is the primary source of your health care coverage? Is it...		
INTERVIEWER NOTE: IF THE RESPONDENT INDICATES THAT THEY PURCHASED HEALTH INSURANCE THROUGH THE HEALTH INSURANCE MARKETPLACE (NAME OF STATE MARKETPLACE), ASK:		
"Was it a private health insurance plan purchased on your own or by a family member (private) or did you receive Medicaid (state plan)?"		
IF PURCHASED ON THEIR OWN (OR BY A FAMILY MEMBER), SELECT 02, IF MEDICAID SELECT 04.		
PLEASE READ:		
01	A plan purchased through an employer or union (includes plans purchased through another person's employer)	
02	A plan that you or another family member buys on your own	
03	Medicare	
04	Medicaid or other state program	
05	TRICARE (formerly CHAMPUS), VA, or Military	
06	Alaska Native, Indian Health Service, Tribal Health Services Or	
07	Some other source	
08	None (no coverage)	
77	DON'T KNOW/NOT SURE	
99	REFUSED	

CATI Note: Go to core 3.2

<b>C03Q02</b>	Select	98
Ask If	Do you have one person you think of as your personal doctor or health care provider?	
INTERVIEWER NOTE: 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	

<b>C03Q03</b>	Select	99
Ask If		
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	

*CATI NOTE: IF USING HEALTH CARE ACCESS MODULE GO TO MODULE 10 QUESTION 3, ELSE CONTINUE to C03Q04*

<b>M10Q03</b>	Select	370-395
Ask If	USEM10 = TRUE AND CPState = 1	
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.		
<b>PLEASE READ:</b>		
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	
6	OTHER [SPECIFY]	OTHER
8	NO, I DID NOT DELAY GETTING MEDICAL CARE/DID NOT NEED MEDICAL CARE	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

*CATI Note: Go to core 3.4*

<b>C03Q04</b>	Select	100
Ask If		
A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. About how long has it been since you last visited a doctor for a routine checkup?		
<b>READ ONLY IF NECESSARY</b>		
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 INSTRUCTION: IF USING HEALTH CARE ACCESS MODULE AND C03Q01 = 1 GO TO MODULE 10, QUESTION 4A OR IF USING HEALTH CARE ACCESS MODULE AND C03Q01 = 2, 7, OR 9 GO TO MODULE, QUESTION 4B, OR IF NOT USING HEALTH CARE ACCESS MODULE GO TO NEXT SECTION.*

*CATI Note: If Q3.1 = 1 (Yes) continue, else go to Q4b*

<b>M10Q04A</b>	Select	396
Ask If		
C03Q01 = 1 AND USEM10 = TRUE AND CPState = 1		
In the <b>PAST 12 MONTHS</b> was there any time when you did <b>NOT</b> have <b>ANY</b> health insurance or coverage?		
1	YES	M10Q05
2	NO	M10Q05
7	DON'T KNOW/NOT SURE	M10Q05
9	REFUSED	M10Q05

*CATI Note: If Q3.1 = 2, 7, or 9 continue, else go to next question (Q5)*

<b>M10Q04B</b>	Select	397
Ask If	C03Q01 > 1 AND USEM10 = TRUE AND CPState = 1	
About how long has it been since you last had health care coverage?		
LEAD ONLY IF NECESSARY		
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	

<b>M10Q05</b>	Numeric	398-399
Ask If	USEM10 = TRUE AND CPState = 1	
How many times have you been to a doctor, nurse, or other health professional in the past 12 months?		
NUMBER OF TIMES		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

<b>M10Q06</b>	Select	400
Ask If	USEM10 = TRUE AND CPState = 1	
Not including over the counter (OTC) medications, was there a time in the past 12 months when you did not take your medication as prescribed because of cost?		
1	YES	
2	NO	
3	NO MEDICATION WAS PRESCRIBED	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M10Q07</b>	Select	401
Ask If	USEM10 = TRUE AND CPState = 1	
In general, how satisfied are you with the health care you received? Would you say...		
PLEASE READ		
1	Very satisfied	
2	Somewhat satisfied	
3	Not at all satisfied	
8	NOT APPLICABLE	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M10Q08</b>	Select	402
Ask If	USEM10 = TRUE AND CPState = 1	
Do you currently have any health care bills that are being paid off over time?		
INTERVIEWER NOTE: IF NEEDED SAY:		
"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."		
INTERVIEWER NOTE: IF NEEDED SAY:		
"Health care bills can include medical, dental, physical therapy and/or chiropractic cost."		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

*CATI Note: Go to core section 4.*

<b>M10END</b>	Pause
Ask If	

<b>C03END</b>	Pause
Ask If	

## Section 04: Hypertension Awareness

<b>C04INTRO</b>	Pause
Ask If	

<b>C04Q01</b>	Select	101
Ask If		
Have you <b>EVER</b> 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	
3	NO	C04END
4	TOLD BORDERLINE HIGH OR PRE-HYPERTENSIVE	C04END
7	DON'T KNOW/NOT SURE	C04END
9	REFUSED	C04END

<b>C04Q01V</b>	Select
Ask If	RESPGEND = 1 AND C04Q01 = 2
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS TOLD BY A DOCTOR DURING PREGNANCY THAT SHE HAD HIGH BLOOD PRESSURE. ARE YOU SURE?	
THE RESPONDENT SELECTED WAS THE	
{SRESP}	
IS THE PREVIOUS ANSWER CORRECT?	
1	YES
2	NO
	C04Q01

<b>C04Q02</b>	Select	102
Ask If	C04Q01 = 1	
Are you currently taking medicine for your high blood pressure?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C04END</b>	Pause
Ask If	



## Section 05: Cholesterol Awareness

<b>C05INTRO</b>	Pause
Ask If	

<b>C05Q01</b>	Select	103
Ask If		
Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your blood cholesterol checked?		
READ ONLY IF NECESSARY:		
1	Never	C05END
2	Within the past year (anytime less than 12 months ago)	
3	Within the past 2 years (1 year but less than 2 years ago)	
4	Within the past 5 years (2 years but less than 5 years ago)	
5	5 or more years ago	
7	DON'T KNOW/NOT SURE	
9	REFUSED	C05END

<b>C05Q02</b>	Select	104
Ask If	C05Q01 > 1 AND C05Q01 < 9	
Have you <b>EVER</b> been told by a doctor, nurse or other health professional that your blood cholesterol is high?		
1	YES	
2	NO	C05END
7	DON'T KNOW/NOT SURE	C05END
9	REFUSED	C05END

<b>C05Q03</b>	Select	105
Ask If	C05Q02 = 1	
Are you currently taking medicine prescribed by a doctor or other health professional for your blood cholesterol?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C05END</b>	Pause
Ask If	

## Section 06: Chronic Health Conditions

<b>C06INTRO</b>	Pause
Ask If	

<b>C06Q01</b>	Select	106
Ask If		
Has a doctor, nurse, or other health professional <b>EVER</b> told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure."		
(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	

<b>C06Q02</b>	Select	107
Ask If		
(Ever told) you had angina or coronary heart disease?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C06Q03</b>	Select	108
Ask If		
(Ever told) you had a stroke?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C06Q04</b>		Select	109
Ask If			
(Ever told) you had asthma?			
1	YES		
2	NO		C06Q06
7	DON'T KNOW/NOT SURE		C06Q06
9	REFUSED		C06Q06

<b>C06Q05</b>		Select	110
Ask If C06Q04 = 1			
Do you still have asthma?			
1	YES		
2	NO		
7	DON'T KNOW/NOT SURE		
9	REFUSED		

<b>C06Q06</b>		Select	111
Ask If			
(Ever told) you had skin cancer?			
1	YES		
2	NO		
7	DON'T KNOW/NOT SURE		
9	REFUSED		

<b>C06Q07</b>		Select	112
Ask If			
(Ever told) you had any other types of cancer?			
1	YES		
2	NO		
7	DON'T KNOW/NOT SURE		
9	REFUSED		

<b>C06Q08</b>	Select	113
Ask If		
(Ever told) you have Chronic Obstructive Pulmonary Disease <b>or</b> <b>COPD</b> , emphysema or chronic bronchitis?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C06Q09</b>	Select	114
Ask If		
(Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?		
<b>INTERVIEWER NOTE:</b>		
<b>Arthritis diagnoses include:</b>		
<ul style="list-style-type: none"> <li>- rheumatism, polymyalgia rheumatica</li> <li>- osteoarthritis (not osteoporosis)</li> <li>- tendonitis, bursitis, bunion, tennis elbow</li> <li>- carpal tunnel syndrome, tarsal tunnel syndrome</li> <li>- joint infection, Reiter's syndrome</li> <li>- ankylosing spondylitis; spondylosis</li> <li>- rotator cuff syndrome</li> <li>- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome</li> <li>- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)</li> </ul>		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C06Q10</b>	Select	115
Ask If		
(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	

<b>C06Q11</b>	Select	116
Ask If		
(Ever told) you have kidney disease? Do <b>NOT</b> include kidney stones, bladder infection or incontinence?		
INTERVIEWER NOTE, IF NEEDED SAY:		
"Incontinence is not being able to control urine flow."		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C06Q12</b>	Select	117
Ask If		
(Ever told) you have diabetes?		
INTERVIEWER NOTE: IF "YES" AND RESPONDENT IS FEMALE, ASK:		
"Was this only when you were pregnant?"		
INTERVIEWER NOTE: IF RESPONDENT SAYS PRE-DIABETES OR BORDERLINE DIABETES, USE RESPONSE CODE 4.		
1	YES	
2	YES, BUT FEMALE TOLD ONLY DURING PREGNANCY	
3	NO	
4	NO, PRE-DIABETES OR BORDERLINE DIABETES	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

*Cati Note: if Q6.12 = 1 (Yes), Go to next question. If any other response to Q6.12, go to pre-diabetes optional module (if used), otherwise, to next section.*

<b>C06Q12V</b>	Select	
Ask If                   RESPGEN = 1 AND C06Q12 = 2		
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS TOLD BY A DOCTOR DURING PREGNANCY THAT SHE HAD DIABETES. ARE YOU SURE?		
THE RESPONDENT SELECTED WAS THE		
{SRESP}		
IS THE PREVIOUS ANSWER CORRECT?		
1	YES	
2	NO	C06Q12

<b>C06Q13</b>	Numeric	118-119
Ask If	C06Q12 = 1	
How old were you when you were told you have diabetes?		
CODE AGE IN YEARS [97 = 97 AND OLDER]		
98	DON'T KNOW/NOT SURE	
99	REFUSED	
1	MIN	CONTROL
97	MAX	CONTROL

*Cati Note: Go to Diabetes Optional Module (if used), otherwise, go to next section.*

<b>C06END</b>	Pause
Ask If	

## Module 01: Pre-Diabetes (Paths A and B)

*Cati note: only asked of those not responding "yes" (code = 1) to core Q6.12 (diabetes awareness question).*

<b>M01INTRO</b>	Pause
Ask If	C06Q12 > 1 AND CPState = 1

<b>M01Q01</b>	Select	290
Ask If	C06Q12 > 1 AND CPState = 1	
Have you had a test for high blood sugar or diabetes within the past three years?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

*Cati note: If core Q6.12 = 4 (no, pre-diabetes or borderline diabetes); answer Q2 "yes" (code = 1).*

<b>M01Q02</b>	Select	291
Ask If	((C06Q12 > 1 AND C06Q12 < 4) OR C06Q12 > 4) AND CPState = 1	
Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?		
INTERVIEWER INSTRUCTIONS: IF "YES" AND RESPONDENT IS FEMALE, ASK:		
"Was this only when you were pregnant?"		
1	YES	
2	YES, DURING PREGNANCY	
3	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M01Q02V</b>		Select	
Ask If	RESPGEND = 1 AND M01Q02 = 2		
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS TOLD BY A DOCTOR DURING PREGNANCY THAT SHE HAD PRE-DIABETES OR BORDERLINE DIABETES. ARE YOU SURE?			
THE RESPONDENT SELECTED WAS THE			
{SRESP}			
IS THE PREVIOUS ANSWER CORRECT?			
1	YES		
2	NO		
			M01Q02



<b>M01END</b>	Pause
Ask If	

### State Added Section 03: Diabetes (Paths A and B)

*Cati Note: Insert after C06Q13*

<b>ME03INTRO</b>	Pause
Ask If	

<b>ME03Q01</b>	Numeric	904-906
Ask If	C06Q12 = 1 AND CPState = 1	
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 <b>NOT</b> include times when checked by a health professional.		
101-199 = PER DAY                      301-399 = PER MONTH		
201-299 = PER WEEK                    401-499 = PER YEAR		
TIMES		
555 NO FEET		
888 NEVER		
777 DON'T KNOW/NOT SURE		
999 REFUSED		
101	MIN	CONTROL
499	MAX	CONTROL

<b>ME03Q01V</b>	Select
Ask If	(ME03Q01 > 105 AND ME03Q01 < 200) OR (ME03Q01 > 235 AND ME03Q01 < 300)
INTERVIEWER YOU RECORDED THE RESPONDENT CHECKS THEIR FEET {SHOWTIME ME03Q01}.	
IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION <span style="float: right;">ME03Q01</span>

<b>ME03Q02</b>	Numeric	907-908
Ask If	C06Q12 = 1 AND CPState = 1	
About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?		
NUMBER OF TIMES [76 = 76 OR MORE]		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

<b>ME03Q02V</b>	Select	
Ask If	ME03Q02 > 52 AND ME03Q02 < 77	
INTERVIEWER YOU RECORDED THE RESPONDENT HAS SEEN A HEALTH PROFESSIONAL {ME03Q02} TIMES IN THE PAST 12 MONTHS.		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	ME03Q02

<b>ME03Q03</b>	Numeric	909-910
Ask If	C06Q12 = 1 AND CPState = 1	
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"?		
NUMBER OF TIMES [76 = 76 OR MORE]		
88	NONE	
98	NEVER HEARD OF "A ONE C" TEST	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

<b>ME03Q03V</b>	Select
Ask If	ME03Q03 > 52 AND ME03Q03 < 77
INTERVIEWER YOU RECORDED THE RESPONDENT HAS BEEN CHECKED FOR "A ONE C" BY A HEALTH PROFESSIONAL {ME03Q03} TIMES IN THE PAST 12 MONTHS.	
IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION <span style="float: right;">ME03Q03</span>

*CATI NOTE: If ME03Q01 = 555 (No feet), go to ME03Q05.*

<b>ME03Q04</b>	Numeric	911-912
Ask If	C06Q12 = 1 AND ME03Q01 <> 555 AND CPState = 1	
About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?		
NUMBER OF TIMES [76 = 76 OR MORE]		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

<b>ME03Q04V</b>	Select
Ask If	ME03Q04 > 52 AND ME03Q04 < 77
INTERVIEWER YOU RECORDED THE RESPONDENT HAS HAD THEIR FEET CHECKED BY A HEALTH PROFESSIONAL {ME03Q04} TIMES IN THE PAST 12 MONTHS.	
IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION <span style="float: right;">ME03Q04</span>

<b>ME03Q05</b>	Select	913
Ask If	C06Q12 = 1 AND CPState = 1	
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.		
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	
7	DON'T KNOW/NOT SURE	
8	NEVER	
9	REFUSED	

<b>ME03Q06</b>	Select	914
Ask If	C06Q12 = 1 AND CPState = 1	
Have you ever taken a course or class in how to manage your diabetes yourself?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME03END</b>	Pause
Ask If	

## Section 07: Arthritis Burden

<b>C07INTRO</b>	Pause
Ask If	C06Q09 = 1

*Cati Note: If C06Q09 = 1 (Yes) then continue, else to next section.*

<b>C07Q01</b>	Select	120
Ask If	C06Q09 = 1	
<p>Next, I will ask you about your arthritis. Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint. Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?</p> <p>INTERVIEWER INSTRUCTION: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN THE INTERVIEWER SHOULD SAY:</p> <p>"Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."</p>		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

*C07Q02 should be asked of all respondents regardless of employment status.*

<b>C07Q02</b>	Select	121
Ask If	C06Q09 = 1	
<p>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?</p> <p>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."</p> <p>IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN THE INTERVIEWER SHOULD SAY:</p> <p>"Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."</p>		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C07Q03</b>	Select	122
Ask If	C06Q09 = 1	
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?		
INTERVIEWER INSTRUCTION: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN THE INTERVIEWER SHOULD SAY:		
"Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."		
PLEASE READ [1-3]:		
1	A lot	
2	A little	
3	Not at all	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

*CATI NOTE: C07Q04 should export to variable C07Q04XX where if C07Q04 = 88, variable C07Q04XX = 00.*

<b>C07Q04</b>	Numeric	123-124
Ask If	C06Q09 = 1	
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. 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, DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE?		
ENTER NUMBER [01-10]		
88	ZERO	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
10	MAX	CONTROL

<b>C07END</b>	Pause
Ask If	

## Section 08: Demographics

<b>C08INTRO</b>	Pause
Ask If	

<b>C08Q01</b>	Select	125
Ask If		
Are you ...		
INTERVIEWER NOTE: THIS QUESTION MUST BE ASKED EVEN IF INTERVIEWER HAD PREVIOUSLY ENTERED SEX IN THE SCREENING QUESTIONS.		
1	Male	
2	Female	
9	REFUSED	

*Cati Note: This question may be populated by landline household enumeration. It may not be populated by interviewer assignment of sex during the screening for cell phone persons living in college housing.*

<b>C08Q02</b>	Numeric	126-127
Ask If		
What is your age?		
—	CODE AGE IN YEARS [99 = 99 YEARS OR OLDER]	
07	DON'T KNOW/NOT SURE	
09	REFUSED	
18	MIN	CONTROL
99	MAX	CONTROL

<b>C08Q02V</b>	Select	
Ask If	C06Q13 > C08Q02 AND C06Q13 < 98 AND C08Q02 > 17	
INTERVIEWER: THE RESPONDENT INDICATED THEIR AGE TO BE {C08Q02} YEARS OLD! YOU INDICATED EARLIER THEY WERE TOLD THEY HAD DIABETES AT AGE {C06Q13}! PLEASE VERIFY THAT THIS IS THE CORRECT ANSWER AND CHANGE THE AGE OF THE RESPONDENT OR MAKE A NOTE TO CORRECT THE AGE THE RESPONDENT WAS DIAGNOSED AS A DIABETIC.		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C08Q02



<b>C08Q03A</b>	Select	128-131
Ask If		
Are you Hispanic, Latino/a, or Spanish origin?		
1	YES	
2	NO	C08Q04
7	DON'T KNOW/NOT SURE	C08Q04
9	REFUSED	C08Q04

CATI Note: IF C08Q03A = 2, code C08Q03B = 5

<b>C08Q03B</b>	Multiple Select	128-131
Ask If	C08Q03A = 1	
(Are you Hispanic, Latino/a, or Spanish origin?)		
Are you...		
Mexican, Mexican American, Chicano/a		
Puerto Rican		
Cuban or		
Another Hispanic, Latino/a, or Spanish Origin		
INTERVIEWER NOTE: ONE OR MORE CATEGORIES MAY BE SELECTED.		
1	Mexican, Mexican American, Chicano/a	
2	Puerto Rican	
3	Cuban	
4	Another Hispanic, Latino/a, or Spanish origin	
5	NO	EXCLUSIVE
7	DON'T KNOW/NOT SURE	EXCLUSIVE
9	REFUSED	EXCLUSIVE

<b>C08Q04</b>	Multiple Select	132-159
Ask If		
Which one or more of the following would you say is your race?		
INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING.		
INTERVIEWER NOTE: SELECT ALL THAT APPLY		
PLEASE READ:		
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 [SPECIFY]	OTHER
77	DON'T KNOW/NOT SURE	EXCLUSIVE
99	REFUSED	EXCLUSIVE
88	NO ADDITIONAL CHOICES	

*CATI Note: If more than one response to C08Q04; continue. Otherwise, go to C08Q06.*

<b>C08Q05</b>	Select	160-161
Ask If	C08Q04 < 77 AND C08Q04.2 > 0 AND C08Q04.2 <> 88	
Which one of these groups would you say best represents your race?		
INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING. IF RESPONDENT HAS SELECTED MULTIPLE RACES IN PREVIOUS AND REFUSES TO SELECT A SINGLE RACE, CODE "REFUSED."		
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 [SPECIFY]	OTHER
77	DON'T KNOW/NOT SURE	
99	REFUSED	

<b>C08Q06</b>	Select	162
Ask If		
Are you...?		
PLEASE READ:		
1	Married	
2	Divorced	
3	Widowed	
4	Separated	
5	Never married, or	
6	A member of an unmarried couple	
9	REFUSED	

<b>C08Q07</b>		Select	163
Ask If			
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)		
9	REFUSED		

<b>C08Q08</b>		Select	164
Ask If			
Do you own or rent your home?			
INTERVIEWER NOTE, IF NEEDED SAY:			
"Other arrangement' may include group home, staying with friends or family without paying rent."			
INTERVIEWER NOTE, IF NEEDED SAY:			
"Home is defined as the place where you live most of the time/the majority of the year."			
INTERVIEWER NOTE, IF RESPONDENT ASKS ABOUT WHY WE ARE ASKING THIS QUESTION, SAY:			
"We ask this question in order to compare health indicators among people with different housing situations."			
READ ONLY IF NECESSARY:			
1	Own		
2	Rent		
3	Other arrangement		
7	DON'T KNOW/NOT SURE		
9	REFUSED		

<b>ASKCNTY</b>	Numeric	165-167
Ask If	(QSTPATH < 20 AND STATEFIPS <> 02) OR NOT(STATEFIPS = 02 AND CPState = 1) OR NOT(STATEFIPS <> 02 AND CPState > 1 AND CPStateR = 02)	
In what county do you currently live?		
{IF STATEFIPS = 48, INTERVIEWER NOTE: PLEASE REPEAT AND VERIFY SPELLING OF COUNTY BEFORE CONTINUING.}		
ENTER FIRST LETTER OF COUNTY NAME		
_____	ANSI COUNTY CODE (FORMERLY FIPS COUNTY CODE)	
888	OTHER	OTHER
777	DON'T KNOW/NOT SURE	
999	REFUSED	
001	MIN	CONTROL
775	MAX	CONTROL

Cati Note: set min and max based on state zip range.

<b>C08Q10</b>	Numeric	168-172
Ask If	What is the ZIP Code where you currently live?	
INTERVIEWER NOTE: PLEASE READ ZIP CODE BACK TO VERIFY ACCURACY.		
_____	ZIP CODE	
77777	DON'T KNOW/NOT SURE	
99999	REFUSED	
ZIPMIN		MIN
ZIPMAX		MAX

<b>C08Q14</b>	Select	176
Ask If	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?	
INTERVIEWER NOTE, IF NEEDED SAY:		
"Active duty does not include training for the Reserves or National Guard, but <b>DOES</b> include activation, for example, for the Persian Gulf War."		

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

<b>C08Q15</b>	Select	177		
Ask If				
Are you currently...?				
INTERVIEWER NOTE: IF MORE THAN ONE SELECTED SAY:				
"Select the category which best describes you."				
INTERVIEWER NOTE: DO NOT CODE 7 FOR "DON'T KNOW" ON THIS QUESTION 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			
9	REFUSED			

<b>C08Q16</b>	Numeric	178-179
Ask If		
How many children less than 18 years of age live in your household?		
NUMBER OF CHILDREN		
88	NONE	
99	REFUSED	
01	MIN	CONTROL
87	MAX	CONTROL

*Cati Note: if C08Q16 is answered, this will be considered a partial complete.*

<b>C08Q16v</b>	Select	
Ask If	C08Q16 > 9 AND C08Q16 < 88	
INTERVIEWER YOU RECORDED {C08Q16} CHILDREN LIVE IN THE HOUSEHOLD. IS THIS CORRECT?		
1	YES, CONTINUE	
2	NO, CORRECT C08Q16	C08Q16

*Cati Note: If respondent refused at ANY income level code income variable to 99 (refused).*

<b>C08Q17d</b>		Select		
Ask If				
Is your annual household income from all sources— Less than \$25,000?				
1	YES			
2	NO			C08Q17e
7	DON'T KNOW/NOT SURE			C08Q17i
9	REFUSED			C08Q17i

<b>C08Q17c</b>		Select		
Ask If C08Q17d = 1				
(Is your annual household income from all sources— Less than \$20,000?)				
1	YES			
2	NO			C08Q17i
7	DON'T KNOW/NOT SURE			C08Q17i
9	REFUSED			C08Q17i

<b>C08Q17b</b>		Select		
Ask If C08Q17c = 1				
(Is your annual household income from all sources— Less than \$15,000?)				
1	YES			
2	NO			C08Q17i
7	DON'T KNOW/NOT SURE			C08Q17i
9	REFUSED			C08Q17i

<b>C08Q17a</b>		Select		
Ask If C08Q17b = 1				
(Is your annual household income from all sources— Less than \$10,000?)				
1	YES			C08Q17i
2	NO			C08Q17i
7	DON'T KNOW/NOT SURE			C08Q17i
9	REFUSED			C08Q17i

<b>C08Q17e</b>		Select		
Ask If C08Q17d = 2				
(Is your annual household income from all sources-)				
Less than \$35,000?				
1	YES			C08Q17i
2	NO			
7	DON'T KNOW/NOT SURE			C08Q17i
9	REFUSED			C08Q17i

<b>C08Q17f</b>		Select		
Ask If C08Q17e = 2				
(Is your annual household income from all sources-)				
Less than \$50,000?				
1	YES			C08Q17i
2	NO			
7	DON'T KNOW/NOT SURE			C08Q17i
9	REFUSED			C08Q17i

<b>C08Q17g</b>		Select		
Ask If C08Q17f = 2				
(Is your annual household income from all sources-)				
Less than \$75,000?				
1	YES			C08Q17i
2	NO			C08Q17i
7	DON'T KNOW/NOT SURE			C08Q17i
9	REFUSED			C08Q17i



<b>C08Q17i</b>	Select	180-181
Ask If		
(Annual Household income from all sources is:)		
{If C08Q17g = 2, More than \$75,000?}		
{If C08Q17g = 1, \$50,000 to less than \$75,000}		
{If C08Q17f = 1, \$35,000 to less than \$50,000}		
{If C08Q17e = 1, \$25,000 to less than \$35,000}		
{If C08Q17c = 2, \$20,000 to less than \$25,000}		
{If C08Q17b = 2, \$15,000 to less than \$20,000}		
{If C08Q17a = 2, \$10,000 to less than \$15,000}		
{If C08Q17a = 1, Less than \$10,000}		
{Default, REFUSED/DON'T KNOW/NOT SURE}		
(Is this correct?)		
1	YES	
2	NO	C08Q17d
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C08Q18</b>	Select	182
Ask If		
Have you used the internet in the past 30 days?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C08Q19</b>	Numeric	183-186
Ask If		
About how much do you weigh without shoes?		
NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FRONT (EX. 65 KILOGRAMS IS "9065" OR 105 KILOGRAMS IS "9105").		
ROUND FRACTIONS UP		
WEIGHT (POUNDS/KILOGRAMS)		
7777	DON'T KNOW/NOT SURE	
9999	REFUSED	

<b>C08Q19V</b>	Select
Ask If	C08Q19 <> 7777 AND C08Q19 <> 9999 AND ((C08Q19 < 9000 AND (C08Q19 < 80 OR C08Q19 > 350)) OR (C08Q19 > 9000 AND (C08Q19 < 9035 OR C08Q19 > 9159)))
INTERVIEWER YOU INDICATED THE RESPONDENT WEIGHS {C08Q19} IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION <span style="float: right;">C08Q19</span>

<b>C08Q20</b>	Numeric	187-190
Ask If	About how tall are you without shoes?	
NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FRONT (EX. 165 CENTIMETERS IS "9165").		
NOTE: ENTER HEIGHT IN FEET AND INCHES (EX. 5 FEET 9 INCHES = 509) OR METERS AND CENTIMETERS (EX. 1 METER 75 CENTIMETERS = 9175)		
ROUND FRACTIONS DOWN		
HEIGHT (FT/INCHES/METERS/CENTIMETERS)		
7777	DON'T KNOW/NOT SURE	
9999	REFUSED	

<b>C08Q20V</b>	Select
Ask If	(C08Q20 < 9000 AND (C08Q20 > 608 OR C08Q20 < 407)) OR (C08Q20 > 9000 AND (C08Q20 > 9206 OR C08Q20 < 9139)) AND C08Q20 <> 7777 AND C08Q20 <> 9999
INTERVIEWER YOU INDICATED THE RESPONDENT IS {SHOWFTIN C08Q20} IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION <span style="float: right;">C08Q20</span>

*Cati Note: If male, go to Q8.22, if female respondent is 50 years old or older, go to Q8.22.*

<b>C08Q21</b>	Select	191
Ask If	C08Q01 = 2 AND C08Q02 < 50	
To your knowledge, are you now pregnant?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C08Q22</b>		Select	192
Ask If			
The following questions are about health problems or impairments you may have.			
Some people who are deaf or have serious difficulty hearing may or may not use equipment to communicate by phone.			
Are you deaf or do you have serious difficulty hearing?			
1 YES			
2 NO			
7	DON'T KNOW/NOT SURE		
9	REFUSED		

<b>C08Q23</b>		Select	193
Ask If			
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		

<b>C08Q24</b>		Select	194
Ask If			
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		

<b>C08Q25</b>		Select	195
Ask If			
Do you have serious difficulty walking or climbing stairs?			
1 YES			
2 NO			
7	DON'T KNOW/NOT SURE		
9	REFUSED		

<b>C08Q26</b>		Select	196
Ask If			
Do you have difficulty dressing or bathing?			
1	YES		
2	NO		
7	DON'T KNOW/NOT SURE		
9	REFUSED		

<b>C08Q27</b>		Select	197
Ask If			
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		

<b>C08END</b>		Pause
Ask If		

## State Added Section 01: Gender Identity (Paths A and B)

*Cati Note: Inserted into after section 08.*

<b>ME01INTRO</b>	Pause
Ask If	

<b>ME01Q01</b>	Select	901
Ask If	CPState = 1	
<p>The next questions are about gender identity and sexual orientation.</p> <p>What sex were you assigned at birth, on your original birth certificate?</p> <p><b>INTERVIEWER NOTE, IF NEEDED SAY:</b></p> <p>"We ask these questions in order to better understand the health and health care needs of people with different sexual orientations and gender identities."</p>		
1	MALE	
2	FEMALE	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME01Q02</b>		Select	902
Ask If		CPState = 1	
I'll read a list of terms people sometimes use to describe their gender identity. Please tell me which number best describes how you think of yourself.			
INTERVIEWER NOTE: PLEASE SAY THE NUMBER BEFORE THE TEXT RESPONSE. RESPONDENTS CAN ANSWER WITH EITHER THE NUMBER OF TEXT WORD.			
INTERVIEWER NOTE: IF ASKED ABOUT DEFINITION OF TRANSGENDER, SAY:			
"Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation - straight, gay, lesbian, or bisexual."			
PLEASE READ			
1	1 - Male		
2	2 - Female		
3	3 - Transgender		
4	4 - Do not identify as female, male, or transgender		
7	DON'T KNOW/NOT SURE		
9	REFUSED		

<b>ME01END</b>		Pause
Ask If		

## State Added Section 02: Sexual Orientation (Paths A and B)

*Cati Note: Insert into core after SAQ 01, before section 09.*

<b>ME02INTRO</b>	Pause
Ask If	

<b>ME02Q01</b>	Select
Ask If	CPState = 1
<p>Now I'll read a list of terms people sometimes used to describe themselves - heterosexual or straight; homosexual (gay or lesbian) and bisexual. As I read the list again, please stop me when I get to the term that best describes how you think of yourself.</p> <p>INTERVIEWER NOTE: PLEASE SAY THE NUMBER BEFORE THE TEXT RESPONSE. RESPONDENTS CAN ANSWER WITH EITHER THE NUMBER OF THE TEXT/WORD.</p> <p>PLEASE READ</p>	
1	1 - Heterosexual or straight
2	2 - Homosexual (gay or lesbian)
3	3 - Bisexual
4	4 - Other
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>ME02END</b>	Pause
Ask If	

## Section 09: Tobacco Use

<b>C09INTRO</b>	Pause
Ask If	

<b>C09Q01</b>	Select	198
Ask If		
Have you smoked at least 100 cigarettes in your entire life?		
INTERVIEWER NOTE: IF NECESSARY, SAY:		
"For cigarettes, do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana."		
INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES		
1	YES	
2	NO	C09Q05
7	DON'T KNOW/NOT SURE	C09Q05
9	REFUSED	C09Q05

<b>C09Q02</b>	Select	199
Ask If	C09Q01 = 1	
Do you now smoke cigarettes every day, some days, or not at all?		
[REDACTED]		
1	EVERY DAY	
2	SOME DAYS	
3	NOT AT ALL	C09Q04
7	DON'T KNOW/NOT SURE	C09Q05
9	REFUSED	C09Q05

<b>C09Q03</b>	Select	200
Ask If	C09Q01 = 1 AND (C09Q02 = 1 OR C09Q02 = 2)	
During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?		
1	YES	C09Q05
2	NO	C09Q05
7	DON'T KNOW/NOT SURE	C09Q05
9	REFUSED	C09Q05



<b>C09Q04</b>	Select	201-202
Ask If	C09Q02 = 3	
How long has it been since you last smoked a cigarette, even one or two puffs?		
LEAD ONLY IF NECESSARY		
01	Within the past month (less than 1 month ago)	
02	Within the past 3 months (1 month but less than 3 months ago)	
03	Within the past 6 months (3 months but less than 6 months ago)	
04	Within the past year (6 months but less than 1 year ago)	
05	Within the past 5 years (1 year but less than 5 years ago)	
06	Within the past 10 years (5 years but less than 10 years ago)	
07	10 years or more	
08	Never smoked regularly	
77	DON'T KNOW/NOT SURE	
99	REFUSED	

<b>C09Q05</b>	Select	203
Ask If		
Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?		
INTERVIEWER NOTE: SNUS (RHYMES WITH 'GOOSE')		
INTERVIEWER NOTE: IF NEEDED SAY:		
"Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum."		
LEAD ONLY IF NECESSARY		
1	EVERY DAY	
2	SOME DAYS	
3	NOT AT ALL	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C09END</b>	Pause
Ask If	

## Section 10: E-Cigarettes

<b>C10INTRO</b>	Pause
Ask If	

<b>C10Q01</b>	Select	204
Ask If		
<p>The next questions are about electronic cigarettes and other electronic "vaping" products. These products typically contain nicotine, flavors, and other ingredients. Do not include products used only for marijuana.</p> <p>Have you ever used an e-cigarette or other electronic "vaping" product, even just one time, in your entire life?</p> <p><b>INTERVIEWER NOTE: THESE QUESTIONS CONCERN ELECTRONIC VAPING PRODUCTS FOR NICOTINE USE. THE USE OF ELECTRONIC VAPING PRODUCTS FOR MARIJUANA USE IS NOT INCLUDED IN THESE QUESTIONS.</b></p> <p>INTERVIEWER NOTE: READ IF NECESSARY:</p> <p>"Electronic cigarettes (e-cigarettes) and other electronic 'vaping' products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy."</p>		
1	YES	
2	NO	C10END
7	DON'T KNOW/NOT SURE	C10END
9	REFUSED	C10END

<b>C10Q02</b>	Select	205
Ask If	C10Q01 = 1	
<p>Do you now use e-cigarettes or other electronic "vaping" products every day, some days, or not at all?</p>		
1	EVERY DAY	
2	SOME DAYS	
3	NOT AT ALL	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C10END</b>	Pause
Ask If	

## Section 11: Alcohol Consumption

<b>C11INTRO</b>	Pause
Ask If	

<b>C11Q01</b>	Numeric	206-208
Ask If		
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?		
101-107 = DAYS PER WEEK                      201-230 = DAYS IN PAST 30 DAYS		
_____ DAYS		
888	NO DRINKS IN PAST 30	C11END
777	DON'T KNOW/NOT SURE	C11END
999	REFUSED	C11END
101	MIN	CONTROL
230	MAX	CONTROL

<b>C11Q02</b>	Numeric	209-210
Ask If	C11Q01 < 777	
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?		
INTERVIEWER NOTE, IF NEEDED SAY:		
"A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks."		
_____ NUMBER OF DRINKS		
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

<b>C11Q02V</b>	Select	
Ask If	C11Q02 > 15 AND C11Q02 < 77	
INTERVIEWER YOU INDICATED {C11Q02} DRINKS PER DAY		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C11Q02

<b>C11Q03</b>	Numeric	211-212
Ask If	C11Q01 < 777	
Considering all types of alcoholic beverages, how many times during the past 30 days did you have <b>{IF C08Q01 = 1, 5, 4}</b> or more drinks on an occasion?		
NUMBER OF TIMES		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
76	MAX	CONTROL

<b>C11Q03V</b>	Select	
Ask If	C11Q03 > 15 AND C11Q03 < 77	
INTERVIEWER YOU INDICATED {C11Q03} OCCASIONS WHEN THE RESPONDENT HAD 4/5 OR MORE DRINKS.		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C11Q03

<b>C11Q04</b>	Numeric	213-214
Ask If	C11Q01 < 777	
During the past 30 days, what is the largest number of drinks you had on any occasion?		
NUMBER OF DRINKS		
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

<b>C11Q04V</b>	Select
Ask If	(C11Q04 <> 99 AND C11Q04 <> 77) AND C11Q04 < 77 AND ((C08Q01 = 1 AND (C11Q04 < 5 AND (C11Q03 < 88 AND C11Q03 <>77)) OR (C11Q03 = 88 AND (C11Q04 > 4 AND C11Q04 < 77))) OR (C08Q01 = 2 AND (C11Q04 < 4 AND (C11Q03 < 88 AND C11Q03 <>77)) OR (C11Q03 = 88 AND (C11Q04 > 3 AND C11Q04 < 77)))
	INTERVIEWER YOU INDICATED {C11Q04} DRINKS IS THE LARGEST NUMBER OF DRINKS THE RESPONDENT HAD ON ANY OCCASION BUT THE NUMBER OF TIMES THE RESPONDENT HAD {IF C08Q01 = 1, 5, 4} IS {C11Q03}.  IS THIS CORRECT?
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION <span style="float: right;">C11Q04</span>

<b>C11END</b>	Pause
Ask If	

## Section 12: Fruits and Vegetables

<b>C12INTRO</b>	Pause
Ask If	

<b>C12Q01</b>	Numeric	215-217
Ask If		
<p>Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks. Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month.</p> <p>READ IF RESPONDENT ASKS WHAT TO INCLUDE OR SAYS 'I DON'T KNOW':</p> <p>"Include fresh, frozen or canned fruit. Do not include dried fruits."</p> <p>INTERVIEWER INSTRUCTIONS: IF A RESPONDENT INDICATES THAT THEY CONSUME A FOOD ITEM EVERY DAY THEN ENTER THE NUMBER OF TIMES PER DAY. IF THE RESPONDENT INDICATES THAT THEY EAT A FOOD LESS THAN DAILY, THEN ENTER TIMES PER WEEK OR TIMES PER MONTH. DO NOT ENTER TIMES PER DAY UNLESS THE RESPONDENT REPORTS THAT HE/SHE CONSUMED THAT FOOD ITEM EACH DAY DURING THE PAST MONTH.</p> <p>INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK:</p> <p>"Was that per day, week, or month?"</p> <p>INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH</p> <p>101-199 = PER DAY      201-299 = PER WEEK      300-399 = PER MONTH</p>		
TIMES		
300 LESS THAN ONCE A MONTH		
555 NEVER		
777 DON'T KNOW		
999 REFUSED		
101	MIN	CONTROL
399	MAX	CONTROL

<b>C12Q01V</b>	Select	
Ask If	(C12Q01 > 105 AND C12Q01 < 201) OR (C12Q01 > 235 AND C12Q01 < 300)	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS FRUIT {C12Q01 SHOWTIME}		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C12Q01

<b>C12Q02</b>	Numeric	218-220
Ask If		
Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?		
READ IF RESPONDENT ASKS ABOUT EXAMPLES OF FRUIT-FLAVORED DRINKS:		
"Do not include fruit-flavored drinks with added sugar like cranberry cocktail, HI-C, lemonade, Kool-aid, Gatorade, Tampico, and Sunny delight. Include only 100% pure juices or 100% juice blends."		
INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK:		
"Was that per day, week, or month?"		
INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH 101-199 = PER DAY      201-299 = PER WEEK      300-399 = PER MONTH		
TIMES		
300	LESS THAN ONCE A MONTH	
555	NEVER	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
101	MIN	CONTROL
399	MAX	CONTROL

<b>C12Q02V</b>	Select	
Ask If	(C12Q02 > 105 AND C12Q02 < 201) OR (C12Q02 > 235 AND C12Q02 < 300)	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT DRINKS 100% PURE FRUIT JUICES {C12Q02 SHOWTIME}		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C12Q02

<b>C12Q03</b>	Numeric	221-223
Ask If		
How often did you eat a green leafy or lettuce salad, with or without other vegetables?		
READ IF RESPONDENT ASKS ABOUT SPINACH:		
"Include spinach salads"		
INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK:		
"Was that per day, week, or month?"		
INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH		
101-199 = PER DAY      201-299 = PER WEEK      300-399 = PER MONTH		
TIMES		
300 LESS THAN ONCE A MONTH		
555 NEVER		
777 DON'T KNOW/NOT SURE		
999 REFUSED		
101	MIN	CONTROL
399	MAX	CONTROL

<b>C12Q03V</b>	Select
Ask If	(C12Q03 > 105 AND C12Q03 < 201) OR (C12Q03 > 235 AND C12Q03 < 300)
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS GREEN LEAFY OR LETTUCE SALAD {C12Q03 SHOWTIME}	
IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION
	C12Q03









**Section 13: Exercise (Physical Activity)**

<b>C13INTRO</b>	Pause
Ask If	

<b>C13Q01</b>	Select	233
Ask If		
<p>The next few questions are about exercise, recreation, or physical activities other than your regular job duties.</p> <p><b>INTERVIEWER INSTRUCTION: IF RESPONDENT DOES NOT HAVE A "REGULAR JOB DUTY" OR IS RETIRED, SAY:</b></p> <p><b>"You may count the physical activity or exercise you spend the most time doing in a regular month."</b></p> <p>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?</p>		
1	YES	
2	NO	C13Q08
7	DON'T KNOW/NOT SURE	C13Q08
9	REFUSED	C13Q08

<b>C13Q02</b>	Numeric	234-235
Ask If	C13Q01 = 1	
<p>What type of physical activity or exercise did you spend the most time doing during the past month?</p> <p><b>INTERVIEWER INSTRUCTION: IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED IN THE PHYSICAL ACTIVITY CODING LIST, CHOOSE THE OPTION LISTED AS "OTHER".</b></p> <p>(SPECIFY) [SEE CODING LIST A]</p>		
77	DON'T KNOW/NOT SURE	C13Q08
99	REFUSED	C13Q08

<b>Activity List</b>	Numeric
Ask If	

01	Active Gaming Devices (Wii Fit, Dance Dance Revolution)	
02	Aerobics video or class	
03	Backpacking	
04	Badminton	
05	Basketball	
06	Bicycling machine exercise	
07	Bicycling	
08	Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)	
09	Bowling	
10	Boxing	
11	Calisthenics	
12	Canoeing/rowing in competition	
13	Carpentry	
14	Dancing-ballet, ballroom, Latin, hip hop, zumba, etc	
15	Elliptical/EFX machine exercise	
16	Fishing from river bank or boat	
17	Frisbee	
18	Gardening (spading, weeding, digging, filling)	
19	Golf (with motorized cart)	
20	Golf (without motorized cart)	
21	Handball	
22	Hiking - cross-country	
23	Hockey	
24	Horseback riding	
25	Hunting large game - deer, elk	
26	Hunting small game - quail	
27	Inline Skating	
28	Jogging	
29	Lacrosse	
30	Mountain climbing	
31	Mowing lawn	
32	Paddleball	
33	Painting/papering house	
34	Pilates	
35	Racquetball	
36	Raking lawn	
37	Running	
38	Rock climbing	
39	Rope skipping	
40	Rowing machine exercise	
41	Rugby	
42	Scuba diving	
43	Skateboarding	
44	Skating - ice or roller	
45	Sledding, tobogganing	
46	Snorkeling	

47	Snow blowing	
48	Snow shoveling by hand	
49	Snow skiing	
50	Snowshoeing	
51	Soccer	
52	Softball/Baseball	
53	Squash	
54	Stair climbing/stair master	
55	Stream fishing in waders	
56	Surfing	
57	Swimming	
58	Swimming in laps	
59	Table tennis	
60	Tai Chi	
61	Tennis	
62	Touch football	
63	Volleyball	
64	Walking	
66	Waterskiing	
67	Weight lifting	
68	Wrestling	
69	Yoga	
71	Childcare	
72	Farm/Ranch Work (caring for livestock, stacking hay, etc.)	
73	Household Activities (vacuuming, dusting, home repair, etc.)	
74	Karate/Martial Arts	
75	Upper Body Cycle (Wheelchair sports, ergometer, etc.)	
76	Yard Work (cutting/gathering wood, trimming hedges, etc.)	
98	Other [Specify]	OTHER
77	DON'T KNOW	
99	REFUSED	

<b>C13Q03</b>	Numeric	236-238
Ask If	C13Q02 > 0 AND C13Q02 <> 77 AND C13Q02 <> 99	
How many times per week or per month did you take part in this activity during the past month?		
101-199 = PER WEEK                      201-299 = PER MONTH		
TIMES		
777 DON'T KNOW/NOT SURE		
999 REFUSED		
101	MIN	CONTROL
299	MAX	CONTROL

<b>C13Q03v</b>	Select
Ask If	(C13Q03 > 107 AND C13Q03 < 201) OR (C13Q03 > 231 AND C13Q03 < 300)
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE ACTIVITY RECORDED IN C13Q02 {C13Q03 SHOWTIME}	
IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION
	C13Q03

<b>C13Q04</b>	Numeric	239-241
Ask If	C13Q02 > 0 AND C13Q02 <> 77 AND C13Q02 <> 99	
And when you took part in this activity, for how many minutes or hours did you usually keep at it?		
EXAMPLE 1 HOUR 30 MINUTES ENTER AS "130"		
HOURS AND MINUTES		
777 DON'T KNOW/NOT SURE		
999 REFUSED		
001	MIN	CONTROL
659	MAX	CONTROL

<b>C13Q04v</b>	Select
Ask If	C13Q04 > 430 AND C13Q04 < 777
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT KEEPS AT THIS ACTIVITY FOR {C13Q04 HOURMIN}	
IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION
	C13Q04

<b>C13Q05</b>	Numeric	242-243
Ask If	C13Q02 > 0 AND C13Q02 <> 77 AND C13Q02 <> 99	
What other type of physical activity gave you the next most exercise during the past month?		
INTERVIEWER INSTRUCTION: IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED IN THE CODING PHYSICAL ACTIVITY LIST, CHOOSE THE OPTION LISTED AS "OTHER".		
(SPECIFY) [SEE CODING LIST A]		
88	NO OTHER ACTIVITY	C13Q08
77	DON'T KNOW/NOT SURE	C13Q08
99	REFUSED	C13Q08

<b>Activity List</b>	Numeric	234-235
Ask If		



01	Active Gaming Devices (Wii Fit, Dance Dance Revolution)	
02	Aerobics video or class	
03	Backpacking	
04	Badminton	
05	Basketball	
06	Bicycling machine exercise	
07	Bicycling	
08	Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)	
09	Bowling	
10	Boxing	
11	Calisthenics	
12	Canoeing/rowing in competition	
13	Carpentry	
14	Dancing-ballet, ballroom, Latin, hip hop, zumba, etc	
15	Elliptical/EFX machine exercise	
16	Fishing from river bank or boat	
17	Frisbee	
18	Gardening (spading, weeding, digging, filling)	
19	Golf (with motorized cart)	
20	Golf (without motorized cart)	
21	Handball	
22	Hiking - cross-country	
23	Hockey	
24	Horseback riding	
25	Hunting large game - deer, elk	
26	Hunting small game - quail	
27	Inline Skating	
28	Jogging	
29	Lacrosse	
30	Mountain climbing	
31	Mowing lawn	
32	Paddleball	
33	Painting/papering house	
34	Pilates	
35	Racquetball	
36	Raking lawn	
37	Running	
38	Rock climbing	
39	Rope skipping	
40	Rowing machine exercise	
41	Rugby	
42	Scuba diving	
43	Skateboarding	
44	Skating - ice or roller	
45	Sledding, tobogganing	
46	Snorkeling	

47	Snow blowing	
48	Snow shoveling by hand	
49	Snow skiing	
50	Snowshoeing	
51	Soccer	
52	Softball/Baseball	
53	Squash	
54	Stair climbing/stair master	
55	Stream fishing in waders	
56	Surfing	
57	Swimming	
58	Swimming in laps	
59	Table tennis	
60	Tai Chi	
61	Tennis	
62	Touch football	
63	Volleyball	
64	Walking	
66	Waterskiing	
67	Weight lifting	
68	Wrestling	
69	Yoga	
71	Childcare	
72	Farm/Ranch Work (caring for livestock, stacking hay, etc.)	
73	Household Activities (vacuuming, dusting, home repair, etc.)	
74	Karate/Martial Arts	
75	Upper Body Cycle (Wheelchair sports, ergometer, etc.)	
76	Yard Work (cutting/gathering wood, trimming hedges, etc.)	
98	Other [Specify]	OTHER
77	DON'T KNOW	
99	REFUSED	

<b>C13Q05V</b>	Select
Ask If	C13Q02 = C13Q05
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE SAME ACTIVITY RECORDED IN C13Q02.	
FIRST ACTIVITY (C13Q02)= {C13Q02}	
SECOND ACTIVITY (C13Q05)= {C13Q05}	
IS THIS CORRECT?	
1	NO, CHANGE ACTIVITY IN QUESTION C13Q05 C13Q05
2	NO, CHANGE ACTIVITY IN QUESTION C13Q02 C13Q02
3	YES, CORRECT AS IS, CONTINUE

<b>C13Q06</b>	Numeric	244-246
Ask If	C13Q05 > 0 AND C13Q05 <> 77 AND C13Q05 <> 99 AND C13Q05 <> 88	
How many times per week or per month did you take part in this activity during the past month?		
101-199 = PER WEEK                      201-299 = PER MONTH		
TIMES		
777 DON'T KNOW/NOT SURE		
999 REFUSED		
101	MIN	CONTROL
299	MAX	CONTROL

<b>C13Q06V</b>	Select
Ask If	(C13Q06 > 107 AND C13Q06 < 201) OR (C13Q06 > 231 AND C13Q06 < 300)
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE ACTIVITY RECORDED IN C13Q05 {C13Q06 SHOWTIME}	
IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION C13Q06

<b>C13Q07</b>	Numeric	247-249
Ask If	C13Q05 > 0 AND C13Q05 <> 77 AND C13Q05 <> 99 AND C13Q05 <> 88	
And when you took part in this activity, for how many minutes or hours did you usually keep at it?		
EXAMPLE 1 HOUR 30 MINUTES ENTER AS "130"		
HOURS AND MINUTES		
777 DON'T KNOW/NOT SURE		
999 REFUSED		
001	MIN	CONTROL
659	MAX	CONTROL

<b>C13Q07V</b>	Select	
Ask If	C13Q07 > 430 AND C13Q07 < 777	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT KEEPS AT THIS ACTIVITY FOR {C13Q07 HOURMIN}		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C13Q07

<b>C13Q08</b>	Numeric	250-252
Ask If		
During the past month, how many times per week or per month did you do physical activities or exercises to <b>STRENGTHEN</b> your muscles? Do <b>NOT</b> 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.		
101-199 = PER WEEK                      201-299 = PER MONTH		
TIMES		
888 NEVER		
777 DON'T KNOW/NOT SURE		
999 REFUSED		
101	MIN	CONTROL
299	MAX	CONTROL

<b>C13Q08V</b>	Select
Ask If	(C13Q08 > 107 AND C13Q08 < 201) OR (C13Q08 > 231 AND C13Q08 < 300)
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE ACTIVITY RECORDED IN C13Q05 {C13Q06 SHOWTIME}	
IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION
	C13Q08

<b>C13END</b>	Pause
Ask If	

## Section 14: Seatbelt Use

<b>C14INTRO</b>	Pause
Ask If	

<b>C14Q01</b>	Select	253
Ask If		
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	
7	DON'T KNOW/NOT SURE	
8	NEVER DRIVE OR RIDE IN A CAR	
9	REFUSED	

<b>C14END</b>	Pause
Ask If	

## Section 15: Immunization

<b>C15INTRO</b>	Pause
Ask If	

<b>C15Q01</b>	Select	254
Ask If		
<p>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™.</p> <p>During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?</p> <p><b>READ ONLY IF NECESSARY:</b></p> <p>"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."</p>		
1	YES	
2	NO	C15Q03
7	DON'T KNOW/NOT SURE	C15Q03
9	REFUSED	C15Q03

<b>C15Q02</b>	Numeric	255-260
Ask If	C15Q01 = 1	
<p>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?</p> <p>MONTH / YEAR</p>		
777777	DON'T KNOW/NOT SURE	
999999	REFUSED	
012016	MIN	CONTROL
122017	MAX	CONTROL

*CATI NOTE: Do not allow 77 for first two month digits. Please set MIN to no more than 12 months from the current month. Ex: Call made in 06/2017, response can be no older than 06/2016*

<b>C15Q03</b>		Select	261
Ask If			
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		

*CATI NOTE: IF RESPONDENT IS <= 49 YEARS OF AGE, GO TO NEXT SECTION*

<b>C15Q04</b>		Select	262
Ask If C08Q02 = 7 OR C08Q02 = 9 OR C08Q02 > 49			
Have you ever had the shingles or zoster vaccine?			
INTERVIEWER NOTE (READ IF NECESSARY):			
"Shingles is caused by the chicken pox virus. It is an outbreak of rash or blisters on the skin that may be associated with severe pain. A vaccine for shingles has been available since May 2006; it is called zostavax®, the zoster vaccine, or the shingles vaccine."			
1 YES			
2 NO			
7	DON'T KNOW/NOT SURE		
9	REFUSED		

<b>C15END</b>		Pause
Ask If		



## Section 16: HIV/AIDS

<b>C16INTRO</b>	Pause
Ask If	

<b>C16Q01</b>	Select	263
Ask If		
<p>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.</p> <p>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.</p>		
1	YES	
2	NO	C16Q03
7	DON'T KNOW/NOT SURE	C16Q03
9	REFUSED	C16Q03

<b>C16Q02</b>	Numeric	264-269
Ask If	C16Q01 = 1	
<p>Not including blood donations, in what month and year was your last HIV test?</p> <p>INTERVIEWER INSTRUCTIONS: IF RESPONSE IS BEFORE JANUARY 1985, CODE "DON'T KNOW." 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.</p>		
CODE MONTH AND YEAR		
777777	DON'T KNOW/NOT SURE	
999999	REFUSED	
011985	MIN	CONTROL
772017	MAX	CONTROL

<b>C16Q03</b>	Select	270
Ask If		
I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.		
<ul style="list-style-type: none"> <li>- You have injected any drug other than those prescribed for you in the past year.</li> <li>- You have been treated for a sexually transmitted disease or STD in the past year.</li> <li>- You have given or received money or drugs in exchange for sex in the past year.</li> <li>- You had anal sex without a condom in the past year.</li> <li>- You had four or more sex partners in the past year.</li> </ul>		
Do any of these situations apply to you?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C16END</b>	Pause
Ask If	

## Module 15: Sodium or Salt-related Behavior (Path A)

<b>M15INTRO</b>	Pause
Ask If	

<b>M15Q01</b>	M15.1	M14.1	Select	430
Ask If	CPState = 1			
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.				
Are you currently watching or reducing your sodium or salt intake?				
1	YES			
2	NO			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

<b>M15Q02</b>	M15.2	M14.2	Select	431
Ask If	CPState = 1			
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			

<b>M15END</b>	Pause
Ask If	

## Module 17: Preconception Health/Family Planning (Path A)

<b>M17INTRO</b>	Pause
Ask If	
<p>CATI NOTE: IF RESPONDENT IS FEMALE AND GREATER THAN 49 YEARS OF AGE, HAS HAD A HYSTERECTOMY, IS PREGNANT, OR IF RESPONDENT IS MALE GO TO THE NEXT MODULE.</p>	
<b>M17Q01</b>	M17.1 M16.1 Select 436
Ask If	RespGend = 2 AND C08Q02 < 50 AND C08Q21 <> 1 AND CPState = 1
<p>The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.</p> <p>Did you or your partner do anything the last time you had sex to keep you from getting pregnant?</p>	
1	Yes
2	No M17Q03
3	No partner/not sexually active M17END
4	Same sex partner M17END
5	Has had a Hysterectomy M17END
7	DON'T KNOW/NOT SURE M17Q03
9	REFUSED M17Q03

<b>M17Q02</b>	M17.2	M16.2	Select	437-438
Ask If	M17Q01 = 1			
What did you or your partner do the last time you had sex to keep you from getting pregnant?				
INTERVIEWER NOTE: IF RESPONDENT REPORTS USING MORE THAN ONE METHOD, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST.				
INTERVIEWER NOTE: IF RESPONDENT REPORTS USING "CONDOMS," PROBE TO DETERMINE IF "FEMALE CONDOMS OR MALE CONDOMS."				
INTERVIEWER NOTE: IF RESPONDENT REPORTS USING AN "IUD" PROBE TO DETERMINE IF "LEVONORGESTREL IUD" OR "COPPER-BEARING IUD."				
INTERVIEWER NOTE: IF RESPONDENT REPORTS "OTHER METHOD," ASK RESPONDENT TO "PLEASE SPECIFIC" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.				
READ ONLY IF NECESSARY:				
01	Female sterilization (ex. Tubal ligation, Essure, Adiana)			M17END
02	Male sterilization (vasectomy)			M17END
03	Contraceptive implant (ex. Implanon)			M17END
04	Levonorgestrel (LEE-voe-nor-JES-trel) (LNG) or hormonal IUD (ex. Mirena)			M17END
05	Copper-bearing IUD (ex. ParaGard)			M17END
06	IUD, type unknown			M17END
07	Shots (ex. Depo-Provera)			M17END
08	Birth control pills, any kind			M17END
09	Contraceptive patch (ex. Ortho Evra)			M17END
10	Contraceptive ring (ex. NuvaRing)			M17END
11	Male condoms			M17END
12	Diaphragm, cervical cap, sponge			M17END
13	Female condoms			M17END
14	Not having sex at certain times (rhythm or natural family planning)			M17END
15	Withdrawal (or pulling out)			M17END
16	Foam, jelly, film, or cream			M17END
17	Emergency contraception (morning after pill)			M17END
18	Other method			M17END
77	DON'T KNOW/NOT SURE			M17END
99	REFUSED			M17END

<b>M17Q03</b>	M17.3	M16.3	Select	439-440
Ask If	M17Q01 = 2 OR M17Q01 > 5			
<p>Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.</p> <p>What was your main reason for not doing anything the last time you had sex to keep you from getting pregnant?</p> <p>INTERVIEWER NOTE: IF RESPONDENT REPORTS "OTHER REASON," ASK RESPONDENT TO "PLEASE SPECIFY" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.</p> <p>READ ONLY IF NECESSARY:</p>				
01	You didn't think you were going to have sex/no regular partner			
02	You just didn't think about it			
03	Don't care if you get pregnant			
04	You want a pregnancy			
05	You or your partner don't want to use birth control			
06	You or your partner don't like birth control/side effects			
07	You couldn't pay for birth control			
08	You had a problem getting birth control when you needed it			
09	Religious reasons			
10	Lapse in use of a method			
11	Don't think you or your partner can get pregnant (infertile or too old)			
12	You had tubes tied (sterilization)			
13	You had a hysterectomy			
14	Your partner had a vasectomy (sterilization)			
15	You are currently breast-feeding			
16	You just had a baby/postpartum			
17	You are pregnant now			
18	Same sex partner			
19	Other reasons			
77	DON'T KNOW/NOT SURE			
99	REFUSED			

<b>M17END</b>	Pause
Ask If	

## Module 21: Lung Cancer Screening (Path B)

<b>M21INTRO</b>	Pause		
Ask If			
<p><b>CATI NOTE: IF CORE Q9.1=1 (YES) AND Q9.2 = 1, 2, OR 3 (EVERY DAY, SOME DAYS, OR NOT AT ALL) CONTINUE, ELSE GO TO QUESTION 4.</b></p>			
<b>M21Q01</b>	M21.1	M20.1	Numeric 447-449
Ask If	<p>C09Q01 = 1 AND (C09Q02 = 1 or C09Q02 = 2 or C09Q02 = 3) AND CPState = 1</p>		
<p>You've told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer.</p> <p>How old were you when you first started to smoke cigarettes regularly?</p> <p>INTERVIEWER NOTE, IF NEEDED SAY:</p> <p>"Regularly is at least one cigarette or more on days that you smoke (either every day or some days) or smoked (not at all) ."</p>			
	AGE IN YEARS (001 - 100)		
777	DON'T KNOW/NOT SURE		
888	NEVER SMOKED CIGARETTES REGULARLY		M21Q04
999	REFUSED		
001	MIN	CONTROL	
100	MAX	CONTROL	

<b>M21Q01V</b>	Select		
Ask If	<p>M21Q01 &gt; C08Q02 AND NOT(C08Q02 = 7 OR C08Q02 = 9 OR M21Q01 = 777 OR M21Q01 = 999)</p>		
<p>THE RESPONDENT INDICATED THEIR AGE TO BE {C08Q02} YEARS OLD. YOU INDICATED THEY STARTED SMOKING REGULARLY AT THE AGE OF {M21Q01} YEARS.</p> <p>IS THIS CORRECT?</p>			
1	YES, CONTINUE		
2	NO, CORRECT M21Q01	M21Q01	
3	NO, MAKE NOTE TO CORRECT C08Q02		

<b>M21Q02</b>	M21.2	M20.2	Numeric	450-452
Ask If	M21Q01 > 0 AND M21Q01 <> 888			
<b>How old were you when you last smoked cigarettes regularly?</b>				
INTERVIEWER NOTE, IF NEEDED SAY:				
"Regularly is at least one cigarette or more on days that you smoke (either every day or some days) or smoked (not at all) ."				
AGE IN YEARS				
777 DON'T KNOW/NOT SURE				
999 REFUSED				
001	MIN			CONTROL
100	MAX			CONTROL

<b>M21Q02V</b>	Select			
Ask If	M21Q02 > C08Q02 AND NOT(C08Q02 = 7 OR C08Q02 = 9 OR M21Q02 = 777 OR M21Q02 = 999)			
THE RESPONDENT INDICATED THEIR AGE TO BE {C08Q02} YEARS OLD. YOU INDICATED THEY STARTED SMOKING REGULARLY AT THE AGE OF {M21Q02} YEARS.				
IS THIS CORRECT?				
1	YES, CONTINUE			
2	NO, CORRECT M21Q02			M21Q02
3	NO, MAKE NOTE TO CORRECT C08Q02			



<b>M21Q03</b>	M21.3	M20.3	Numeric	453-455
Ask If	M21Q01 > 0 AND M21Q01 <> 888			
On average, when you {IF C09Q02 = 1 OR C09Q02 = 2, smoke, smoked} regularly, about how many cigarettes {IF C09Q02 = 1 OR C09Q02 = 2, do, did} you usually smoke each day?				
INTERVIEWER NOTE 1, IF NEEDED SAY:				
"Regularly is at least one cigarette or more on days that you smoke (either every day or some days) or smoked (not at all)."				
INTERVIEWER NOTE 2: RESPONDENTS MAY ANSWER IN PACKS INSTEAD OF NUMBER OF CIGARETTES. BELOW IS A CONVERSION TABLE:				
0.5 PACK = 10 CIGARETTES      1.75 PACK = 35 CIGARETTES				
0.75 PACK = 15 CIGARETTES      2 PACKS = 40 CIGARETTES				
1 PACK = 20 CIGARETTES      2.5 PACKS= 50 CIGARETTES				
1.25 PACK = 25 CIGARETTES      3 PACKS= 60 CIGARETTES				
1.5 PACK = 30 CIGARETTES				
NUMBER OF CIGARETTES				
777    DON'T KNOW/NOT SURE				
999    REFUSED				
001    MIN			CONTROL	
100    MAX			CONTROL	

<b>M21Q04</b>	M21.4	M20.4	Select	456
Ask If	CPState = 1			
The next question is about CT or CAT scans. During this test, you lie flat on your back on a table. While you hold your breath, the table moves through a donut shaped x-ray machine while the scan is done. In the last 12 months, did you have a CT or CAT scan?				
READ ONLY IF NECESSARY:				
1    Yes, to check for lung cancer				
2    No (did not have a CT scan)				
3    Had a CT scan, but for some other reason				
7    DON'T KNOW/NOT SURE				
9    REFUSED				

<b>M21END</b>	Pause			
Ask If				

## Module 29: Random Child Selection (Paths A and B)

*CATI NOTE: IF CORE Q8.16 = 88, OR 99 (NO CHILDREN UNDER AGE 18 IN THE HOUSEHOLD, OR REFUSED), GO TO NEXT MODULE.*

<b>M29INTRO</b>	Pause
Ask If	C08Q16 < 88 AND CPState = 1
<p>{If C08Q16 = 1, 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.}</p> <p>{If C08Q16 &gt; 1 AND C08Q16 &lt; 88, Previously, you indicated there were {C08Q16} children age 17 or younger in your household. Think about those {C08Q16} 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.</p> <p>I have some additional questions about one specific child. The child I will be referring to is {SHOWKID} in your household. All following questions about children will be about {SHOWKID}</p>	

<b>M29Q01</b>	M29.1	M28.1	Numeric	689-694
Ask If	C08Q16 < 88 AND CPState = 1			
What is the birth month and year of the {SHOWKID}?				
Code Month and year				
777777	DON'T KNOW/NOT SURE			
999999	REFUSED			
XX1999	MIN			
XX2017	MAX			

*CATI NOTE: 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).*

<b>M29Q02</b>	M29.2	M28.2	Select	695
Ask If	C08Q16 < 88 AND CPState = 1			
Is the child a boy or a girl?				
1	Boy			
2	Girl			
9	REFUSED			

<b>M29Q03A</b>	M29.3	M28.3	Select	696-699
Ask If	C08Q16 < 88 AND CPState = 1			
Is the child Hispanic, Latino/a, or Spanish origin?				
1	YES			
2	NO			
				M29Q04
7	DON'T KNOW/NOT SURE			
				M29Q04
9	REFUSED			
				M29Q04

<b>M29Q03B</b>	M29.3B	M28.3B	Multiple Select	696-699
Ask If	M29Q03A = 1			
(Is the child Hispanic, Latino/a, or Spanish origin?)				
Are they...				
Mexican, Mexican American, Chicano/a				
Puerto Rican				
Cuban or				
Another Hispanic, Latino/a, or Spanish Origin				
CHECK ALL THAT APPLY				
1	Mexican, Mexican American, Chicano/a			
2	Puerto Rican			
3	Cuban			
4	Another Hispanic, Latino/a, or Spanish origin			
5	NO			
				EXCLUSIVE
7	DON'T KNOW/NOT SURE			
				EXCLUSIVE
9	REFUSED			
				EXCLUSIVE

<b>M29Q04</b>	M29.4	M28.4	Multiple Select	700-727
Ask If	C08Q16 < 88 AND CPState = 1			
Which one or more of the following would you say is the race of the child?				
INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING.				
INTERVIEWER NOTE: SELECT ALL THAT APPLY				
PLEASE READ:				
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 [SPECIFY]			OTHER
77	DON'T KNOW/NOT SURE			EXCLUSIVE
99	REFUSED			EXCLUSIVE
88	NO ADDITIONAL CHOICES			

<b>M29Q05</b>	M29.5	M28.5	Select	727-728
Ask If	M29Q04 < 77 AND M29Q04.2 > 0 AND M29Q04.2 <> 88			
Which one of these groups would you say best represents the child's race?				
INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING.				
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 [SPECIFY]			OTHER
77	DON'T KNOW/NOT SURE			
99	REFUSED			

<b>M29Q06</b>	M29.6	M28.6	Select	729
Ask If	C08Q16 < 88 AND CPState = 1			
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			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

<b>M29END</b>	Pause
Ask If	

## Module 30: Childhood Asthma Prevalence (Paths A and B)

<b>M30INTRO</b>	Pause
Ask If	C08Q16 < 88 AND CPState = 1

*CATI NOTE: If response to Core C08Q16 = 88 (None) or 99 (Refused), go to next module.*

<b>M30Q01</b>	M30.1	M29.1	Select	730	
Ask If	C08Q16 < 88 AND CPState = 1				
{IF C08Q16 > 1, The next two questions are about the {SHOWKID}.}					
Has a doctor, nurse or other health professional <b>EVER</b> said that the child has asthma?					
1	YES				
2	NO				M30END
7	DON'T KNOW				M30END
9	REFUSED				M30END

<b>M30Q02</b>	M30.2	M29.2	Select	731
Ask If	M30Q01 = 1			
Does the child still have asthma?				
1	YES			
2	NO			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

<b>M30END</b>	Pause
Ask If	

## State Added Section 04: Cardiovascular Health (Paths A and B)

<b>ME04INTRO</b>	Pause
Ask If	

<b>ME04Q01</b>	Select	915
Ask If	C06Q01 = 1 AND CPState = 1	
I would like to ask you a few more questions about your cardiovascular or heart health.		
Following your heart attack, did you go to any kind of outpatient rehabilitation? (This is sometimes called "rehab.")		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME04Q02</b>	Select	916
Ask If	C06Q03 = 1 AND CPState = 1	
Following your stroke, did you go to any kind of outpatient rehabilitation? (This is sometimes called "rehab.")		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME04END</b>	Pause
Ask If	



## State Added Section 05: Mental Health (Paths A and B)

<b>ME05INTRO</b>	Pause
Ask If	

<b>ME05Q01</b>	Numeric	917-918
Ask If	CPState = 1	
Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?		
01-14 DAYS		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
14	MAX	Control

<b>ME05Q02</b>	Numeric	919-920
Ask If	CPState = 1	
Over the last 2 weeks, how many days have you felt down, depressed or hopeless?		
01-14 DAYS		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
14	MAX	Control

<b>ME05Q03</b>	Select	921
Ask If	CPState = 1	
Has a doctor or other healthcare provider <b>EVER</b> 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)?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME05Q04</b>	Select	922
Ask If	CPState = 1	
Are you now taking medicine or receiving treatment from a doctor or other healthcare provider for any type of mental health condition or emotional problem?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME05END</b>	Pause
Ask If	

**State Added Section 06: Substance Abuse Part 1 (Paths A and B)**

<b>ME06INTRO</b>	Pause
Ask If	

<b>ME06Q01</b>	Numeric	923-924
Ask If	CPState = 1	
During the past 30 days, on how many days did you use marijuana or hashish?		
(01-30) NUMBER OF DAYS		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
31	MAX	Control

<b>ME06Q02</b>	Select	925
Ask If	CPState = 1	
Within the past 30 days on how many days did you use prescription drugs that were either not prescribed to you and/or not used as prescribed in order to get high?		
PLEASE READ		
1	Never Used	
2	Have used but not in the last 30 days	
3	1-2 days	
4	3-5 days	
5	6 or more days	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME06END</b>	Pause
Ask If	

## State Added Section 07: Sugar Sweetened Beverages (Path A)

<b>ME07INTRO</b>	Pause
Ask If	

<b>ME07Q01</b>	Numeric	926-928
Ask If	CPState = 1	
<p>During the past month, how many times per day, week or month did you drink a can, bottle or glass of soda, sports drink, energy drink, or other sugar-sweetened beverage such as Gatorade, Red Bull, lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny Delight? (Do not count diet soda, other diet drinks, or 100% fruit juice).</p>		
<p>101 - 199 PER DAY                      201 - 299 PER WEEK</p> <p>301 - 399 PER MONTH</p>		
TIMES		
555	NEVER	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
101	MIN	Control
399	MAX	Control

<b>ME07END</b>	Pause
Ask If	

## State Added Section 08: Environmental Health (Path A)

<b>ME08INTRO</b>	Pause	
Ask If		

<b>ME08Q01</b>	Select	929
Ask If	CPState = 1	
Now I would like to ask some questions about well water. When I ask about using well water, I am asking about the water you currently use for drinking, cooking or bathing.		
Do you get any of your water from a well?		
1	YES	
2	NO	ME08Q05
7	DON'T KNOW/NOT SURE	ME08Q05
9	REFUSED	ME08Q05

<b>ME08Q02</b>	Select	930
Ask If	ME08Q01 = 1	
Have you ever had your current well water tested?		
1	YES	
2	NO	ME08Q05
7	DON'T KNOW/NOT SURE	ME08Q05
9	REFUSED	ME08Q05

<b>ME08Q03</b>	Select	931
Ask If	ME08Q02 = 1	
Arsenic is not included in all water tests. Have you tested your well water for arsenic?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME08Q04</b>	Select	932
Ask If	ME08Q02 = 1	
Radon is not included in all water tests. Testing water for radon is not the same as testing your household air for radon. Have you tested your well water for radon?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME08Q05</b>	Select	933
Ask If	CPState = 1	
Testing household air for radon is not the same as testing your water for radon. Has your household air been tested for the presence of radon gas?		
1	YES	
2	NO	ME08END
7	DON'T KNOW/NOT SURE	ME08END
9	REFUSED	ME08END

<b>ME08Q06</b>	Select	934
Ask If	ME08Q05 = 1	
Were the radon levels in your household above normal?		
1	YES	
2	NO	ME08END
7	DON'T KNOW/NOT SURE	ME08END
9	REFUSED	ME08END

<b>ME08Q07</b>	Select	935
Ask If	ME08Q06 = 1	
Have the radon levels been reduced or fixed?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME08END</b>	Pause	
Ask If		

### State Added Section 09: Health Care Opinions (Path A)

<b>ME09INTRO</b>	Pause
Ask If	

<b>ME09Q01</b>	Select	936-937
Ask If	CPState = 1	
When you are sick or need advice about your health, to which one of the following places do you usually go? Would you say:		
PLEASE READ		
01	A doctors office	
02	A public health clinic or community health center	
03	A hospital outpatient department	
04	A hospital emergency room	
05	Urgent care center	
06	Some other kind of place	
77	DON'T KNOW/NOT SURE	
88	NO USUAL PLACE	
99	REFUSED	

<b>ME09END</b>	Pause
Ask If	

## State Added Section 10: Sexual Violence (Path A)

<b>ME10INTRO</b>	Pause
Ask If	

<b>ME10Q01</b>	Select	938
Ask If	CPState = 1	
<p>Now I'd like to ask you some questions about different types of physical and/or sexual violence or other unwanted sexual experiences. This information will allow us to better understand the problem of violence and unwanted sexual contact and may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. At the end of this section, I will give you phone numbers for organizations that can provide information and referral for these issues.</p> <p>Are you in a safe place to answer these questions?</p>		
1	YES	
2	NO	ME10END

<b>ME10Q02</b>	Select	939
Ask If	ME10Q01 = 1	
<p>Now, I am going to ask you questions about unwanted sex. Unwanted sex includes things like putting anything into your <b>{IF C08Q01 = 2, vagina}</b>, anus, or mouth or making you do these things to them after you said or showed that you didn't want to. It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused.</p> <p>Has anyone <b>EVER</b> had sex with you or attempted to have sex with you after you said or showed that you didn't want them to or without your consent?</p>		
1	YES	
2	NO	ME10Q04
7	DON'T KNOW/NOT SURE	ME10Q04
9	REFUSED	ME10Q04



<b>ME10Q03</b>	Select	940
Ask If	ME10Q02 = 1	
Has this happened in the past 12 months?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME10Q04</b>	Select	941
Ask If	ME10Q01 = 1	
In the past 12 months, has anyone touched sexual parts of your body after you said or showed that you didn't want them to, or without your consent?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME10Q05</b>	Select	942
Ask If	ME10Q01 = 1	
The next questions are about conflicts in relationships with an intimate partner. By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you dated would also be considered an intimate partner.		
Have you <b>EVER</b> been frightened for your safety or the safety of your family or friends because of anger or threats by a current or former intimate partner?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME10Q06</b>	Select	
Ask If	ME10Q01 = 1	
We realize that these questions may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained advocate or would like more information about sexual violence, please call 1-800-871-7741. For domestic violence, please call 1-866-834-HELP (4357). Would you like me to repeat these numbers?		
1	Continue	

<b>ME10END</b>	Pause
Ask If	

## State Added Section 11: Substance Abuse Part 2 (Path B)

<b>ME11INTRO</b>	Pause
Ask If	

<b>ME11Q01</b>	Select	943
Ask If	CPState = 1	
In your lifetime how many times have you gambled (bet) with money or possessions (i.e. casino, race track or online, lottery tickets or sporting events)?		
1	0 times	ME11END
2	1-2 times	
3	3-9 times	
4	10-19 times	
5	20-39 times	
6	40 or more times	
7	DON'T KNOW/NOT SURE	ME11END
9	REFUSED	ME11END

<b>ME11Q02</b>	Select	944
Ask If	ME11Q01 > 1 AND ME11Q01 < 7	
Has the money or time that you spent on gambling led to financial problems or problems in your family, work, school or personal life?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME11END</b>	Pause
Ask If	

## State Added Section 12: Caregiver (Path B)

<b>ME12INTRO</b>	Pause
Ask If	

<b>ME12Q01</b>	Select	945
Ask If	CPState = 1	
<p>People may provide regular care or assistance to a friend or family member who has a health problem or disability.</p> <p>During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?</p> <p>INTERVIEWER INSTRUCTIONS: IF CAREGIVING RECIPIENT HAS DIED IN THE PAST 30 DAYS, CODE 8 AND SAY:</p> <p>"I'm so sorry to hear of your loss."</p>		
1	YES	
2	NO	ME12Q06
7	DON'T KNOW/NOT SURE	ME12Q06
8	CAREGIVING RECIPIENT DIED IN PAST 30 DAYS	ME12END
9	REFUSED	ME12Q06

<b>ME12Q02</b>	Select	946
Ask If	ME12Q01 = 1	
<p>For how long have you provided care for that person? Would you say...</p> <p>PLEASE READ</p>		
1	Less than 30 days	
2	1 month to less than 6 months	
3	6 months to less than 2 years	
4	2 years to less than 5 years	
5	More than 5 years	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME12Q03</b>	Select	947
Ask If	ME12Q01 = 1	
In an average week, how many hours do you provide care or assistance? Would you say...		
PLEASE READ		
1	Up to 8 hours per week	
2	9 to 19 hours per week	
3	20 to 39 hours per week	
4	40 hours or more	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME12Q04</b>	Select	948-949
Ask If	ME12Q01 = 1	
What is the main health problem, long-term illness, or disability that the person you care for has?		
READ IF NECESSARY:		
"Please tell me which one of these conditions would you say is the MAJOR problem?"		
DO NOT READ: RECORD ONE RESPONSE		
01	ARTHRITIS/RHEUMATISM	
02	ASTHMA	
03	CANCER	
04	CHRONIC RESPIRATORY CONDITIONS SUCH AS EMPHYSEMA OR COPD	
05	DEMENTIA AND OTHER COGNITIVE IMPAIRMENT DISORDERS SUCH AS ALZHEIMER'S DISEASE	
06	DEVELOPMENTAL DISABILITIES SUCH AS AUTISM, DOWN'S SYNDROME, AND SPINA BIFIDA	
07	DIABETES	
08	HEART DISEASE, HYPERTENSION	
09	HUMAN IMMUNODEFICIENCY VIRUS INFECTION (HIV)	
10	MENTAL ILLNESSES, SUCH AS ANXIETY, DEPRESSION, OR SCHIZOPHRENIA	
11	OTHER ORGAN FAILURE OR DISEASES SUCH AS KIDNEY OR LIVER PROBLEMS	
12	SUBSTANCE ABUSE OR ADDICTION DISORDERS	
13	OTHER	
77	DON'T KNOW/NOT SURE	
99	REFUSED	

<b>ME12Q05</b>	Select	950
Ask If	ME12Q01 = 1	
Of the following support services, which one do you most need, that you are not currently getting?		
INTERVIEWER NOTE: IF RESPONDENT ASKS WHAT RESPITE CARE IS, SAY:		
"Respite care means short-term breaks for people who provide care."		
PLEASE READ OPTIONS 1 - 6		
1	Classes about giving care, such as giving medications	
2	Help in getting access to services	
3	Support groups	
4	Individual counseling to help cope with giving care	
5	Respite care	
6	You don't need any of these support services	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME12Q06</b>	Select	951
Ask If	ME12Q01 > 1 AND ME12Q01 <> 8	
In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME12END</b>	Pause
Ask If	

## State Added Section 14: Cigarette Use (Path B)

<b>ME14INTRO</b>	Pause
Ask If	

<b>ME14Q01</b>	Numeric	954-956
Ask If	C09Q01 = 1 AND C09Q02 < 3 AND CPState = 1	
We have some additional questions on specific health issues we would like to ask you about.		
On the average, about how many cigarettes a day do you now smoke?		
INTERVIEWER NOTE: 1 PACK = 20 CIGARETTES		
ENTER NUMBER OF CIGARETTES		
777	DON'T KNOW/NOT SURE	
999	REFUSED	

<b>ME14Q02</b>	Numeric	957-959
Ask If	C09Q01 = 1 AND C09Q02 < 3 AND CPState = 1	
On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke in a day?		
INTERVIEWER NOTE: 1 PACK = 20 CIGARETTES		
ENTER NUMBER OF CIGARETTES		
777	DON'T KNOW/NOT SURE	
999	REFUSED	

<b>ME14Q03</b>	Numeric	960-962
Ask If	C09Q01 = 1 AND CPState = 1	
How old were you when you smoked your first cigarette?		
AGE IN YEARS		
777	DON'T KNOW/NOT SURE	
999	REFUSED	



<b>ME14Q03V</b>	Select
Ask If	ME14Q03 > C08Q02 AND (C08Q02 > 17 AND ME14Q03 > 0 AND ME14Q03 < 777)
INTERVIEWER: THE RESPONDENT INDICATED THEY SMOKED THEIR FIRST CIGARETTE AT AGE {ME14Q03}. YOU INDICATED EARLIER THEY SAID THEIR AGE IS {C08Q02}! PLEASE VERIFY THAT THIS IS THE CORRECT ANSWER AND CHANGE THE AGE AT WHICH THE RESPONDENT SMOKED THEIR FIRST CIGARETTE OR MAKE A NOTE TO CORRECT THEIR AGE	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION <span style="float: right;">ME14Q03</span>

<b>ME14END</b>	Pause
Ask If	

**State Added Section 15: Other Tobacco Products (Path B)**

<b>ME15INTRO</b>	Pause
Ask If	

<b>ME15Q01</b>	Select	963
Ask If	CPState = 1	
<p>Now I would like to ask you some questions about using other kinds of tobacco.</p> <p>Do you now smoke <b>REGULAR CIGARS OR CIGARILLOS</b> 'every day,' 'some days,' or 'not at all'?</p> <p>INTERVIEWER NOTE: REGULAR MEANS NOT FLAVORED OR NOT CIGARETTE SIZED.</p> <p>READ IF NECESSARY</p>		
1	Every day	
2	Some days	
3	Not at all	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME15Q02</b>	Select	964
Ask If	CPState = 1	
<p>Do you smoke little cigars that look like cigarettes every day, some days or not at all?</p> <p>READ IF NECESSARY</p>		
1	Every day	
2	Some days	
3	Not at all	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME15END</b>	Pause
Ask If	

**State Added Section 16: E-Cigarettes (Path B)**

<b>ME16INTRO</b>	Pause
Ask If	

<b>ME16Q01</b>	Select	965
Ask If	C10Q01 = 1 AND CPState = 1	
Why did you start to use e-cigs?		
* (RESTAURANTS, BARS, OR OTHER PUBLIC PLACES)		
1	Try something new	
2	To quit smoking	
3	Friends (introduced, pressured, recommended)	
4	Health (improve, less harmful)	
5	To be able to smoke in places where cigarette smoking is not allowed*	
8	OTHER	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME16Q02</b>	Select	966
Ask If	((C09Q02 > 0 AND C09Q02 < 3) OR ME15Q01 < 3 OR ME15Q02 < 3 OR C09Q05 < 3) AND C10Q01 = 1 AND CPState = 1	
Do you or did you use e-cigs the same, more or less frequently than other tobacco products?		
INTERVIEWER NOTE: USE IS 10 MINUTES OR 10-20 PUFFS AT A TIME.		
READ IF NECESSARY		
1	Same	
2	More	
3	Less	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME16Q03</b>	Select	967
Ask If	C10Q02 > 0 AND C10Q02 < 3 AND CPState = 1	
Have you stopped using other tobacco products completely?		
1	YES	
2	NO	
3	NEVER USED OTHER TOBACCO PRODUCTS	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME16Q04</b>	Select	968
Ask If	C10Q01 = 1 AND CPState = 1	
Do you believe e-cigs have the same, more or less nicotine than regular cigarettes?		
1	Same	
2	More	
3	Less	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME16Q05</b>	Select	969
Ask If	C10Q01 = 1 AND CPState = 1	
Will you continue to use e-cigs or plan to use e-cigs in the future?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME16END</b>	Pause	
Ask If		

## State Added Section 17: Cessation (Path B)

<b>ME17INTRO</b>	Pause
Ask If	

<b>ME17Q01</b>	Select	970
Ask If	((C09Q02 > 0 AND C09Q02 < 3) OR ME15Q01 < 3 OR ME15Q02 < 3 OR C10Q02 = 1 OR C10Q02 = 2 OR C09Q05 < 3) AND CPState = 1	
The next questions are about quitting tobacco use. Would you like to quit smoking or using other tobacco products?		
1	YES	
2	NO	ME17Q04
7	DON'T KNOW/NOT SURE	ME17Q04
9	REFUSED	ME17Q04

<b>ME17Q02</b>	Select	971
Ask If	ME17Q01 = 1	
Are you seriously considering quitting <b>WITHIN THE NEXT 6 MONTHS?</b>		
1	YES	
2	NO	ME17Q04
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME17Q03</b>	Select	972
Ask If	ME17Q01 = 1 AND (ME17Q02 > 0 AND ME17Q02 <> 2)	
Are you planning to stop <b>WITHIN THE NEXT 30 DAYS?</b>		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME17Q04</b>	Select	973
Ask If	((C09Q02 > 0 AND C09Q02 < 3) OR ME15Q01 < 3 OR ME15Q02 < 3 OR C10Q02 = 1 OR C10Q02 = 2 OR C09Q05 < 3) AND CPState = 1	
Now I'm going to read you a list of products and services that you might have used to help you quit smoking or using other tobacco products. In the last 12 months, have you used... Self-help materials such as booklets, tapes, or videos?		
1	YES	
2	NO	
3	I DID NOT TRY TO QUIT SMOKING OR USING TOBACCO PRODUCTS	ME17Q10
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME17Q05</b>	Select	974
Ask If	ME17Q04 > 0 AND ME17Q04 <> 3	
In the last 12 months, have you used... Nicotine replacement medications such as nicotine patches, gum, inhaler or nasal spray?		
1	YES	
2	NO	ME17Q07
3	I DID NOT TRY TO QUIT SMOKING OR USING TOBACCO PRODUCTS	ME17Q10
7	DON'T KNOW/NOT SURE	ME17Q07
9	REFUSED	ME17Q07

<b>ME17Q06</b>	Select	975
Ask If	ME17Q05 = 1	
How did you pay for it (nicotine replacement systems)? Would you say... <b>PLEASE READ</b>		
1	You paid for it on your own	
2	Insurance paid for some of it	
3	Insurance paid for all of it	
4	You were given the medication free of charge	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME17Q07</b>	Select	976
Ask If	(ME17Q04 > 0 AND ME17Q04 <> 3) OR (ME17Q05 > 0 AND ME17Q05 <> 3)	
In the last 12 months, have you used... Non-nicotine medication such as Zyban, Wellbutrin, Chantix, Varenicline or other medication?  INTERVIEWER NOTE: CHANTIX PRONOUNCED "SHAN TIX" VARENICLINE PRONOUNCED "VER EN E KLEEN"		
1	YES	
2	NO	ME17Q09
3	I DID NOT TRY TO QUIT SMOKING OR USING TOBACCO PRODUCTS	ME17Q10
7	DON'T KNOW/NOT SURE	ME17Q09
9	REFUSED	ME17Q09

<b>ME17Q08</b>	Select	977
Ask If	ME17Q07 = 1	
How did you pay for it (non-nicotine medication)? Would you say... INTERVIEWER NOTE: ANY CASH PAYMENT IS CODED AS RESPONSE 1. PLEASE READ		
1	You paid for it on your own	
2	Insurance paid for some of it	
3	Insurance paid for all of it	
4	You were given the medication free of charge	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME17Q09</b>	Select	978
Ask If	(ME17Q04 > 0 AND ME17Q04 <> 3) OR (ME17Q05 > 0 AND ME17Q05 <> 3) OR (ME17Q07 > 0 AND ME17Q07 <> 3)	
In the last month have you called the Maine Tobacco HelpLine?		
1	YES	
2	NO	
3	I DID NOT TRY TO QUIT SMOKING OR USING TOBACCO PRODUCTS	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME17Q10</b>	Select	979
Ask If	((C09Q02 > 0 AND C09Q02 < 3) OR ME15Q01 < 3 OR ME15Q02 < 3 OR C10Q02 = 1 OR C10Q02 = 2 OR C09Q05 < 3) AND CPState = 1	
In the past 12 months, has a dentist or dental hygienist advised you to stop smoking or using other tobacco products?		
1	YES	
2	NO	
3	I HAVE NOT SEEN A DENTIST IN THE LAST 12 MONTHS	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME17Q11</b>	Select	980
Ask If	((C09Q02 > 0 AND C09Q02 < 3) OR ME15Q01 < 3 OR ME15Q02 < 3 OR C10Q02 = 1 OR C10Q02 = 2 OR C09Q05 < 3) AND CPState = 1	
The next set of questions is about experiences you may have had during a visit to a doctor's office in the last 12 months. During any such visit, did any health professional... Advise you to stop smoking or using other tobacco products?		
1	YES	
2	NO	
3	I HAVE NOT VISITED A DOCTOR'S OFFICE IN THE LAST 12 MONTHS	ME17Q15
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME17Q12</b>	Select	981
Ask If	ME17Q11 > 0 AND ME17Q11 <> 3	
During any such visit, did any health professional... Spend time talking with you about your use of tobacco products, cigarette smoking, or helping you to prepare for quitting?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	



<b>ME17Q13</b>	Select	982
Ask If	ME17Q11 > 0 AND ME17Q11 <> 3	
During any such visit, did any health professional... Give you information about counseling classes or programs, such as the Maine Tobacco HelpLine to help you quit smoking or using other tobacco products?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME17Q14</b>	Select	983
Ask If	ME17Q11 > 0 AND ME17Q11 <> 3	
During any such visit, did any health professional... Talk with you about medications to help you stop smoking or using other tobacco products?  INTERVEIWER NOTE: IF CLARIFICATION NEEDED ON "MEDICATIONS", STATE: "Such as nicotine patch or gum, nicotine inhaler or nasal spray, or medication (Zyban, Wellbutrin, Chantix, or Varenicline)"  INTERVIEWER NOTE: CHANTIX PRONOUNCED "SHAN TIX" VARENICLINE PRONOUNCED "VER EN E KLEEN"		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME17Q15</b>	Select	984
Ask If	CPState = 1	
During the past 30 days, have you seen any advertisements on television about help to quit smoking?		
1	YES	
2	NO	ME17END
7	DON'T KNOW/NOT SURE	ME17END
9	REFUSED	ME17END

<b>ME17Q16</b>		Multiple Select 985-989		
Ask If		ME17Q15 = 1		
Which ones do you remember?				
DO NOT READ				
CHECK ALL THAT APPLY				
1	HELPLINE (MAINE'S QUITLINE MAY ALSO BE CALLED THE PARTNERSHIP FOR A TOBACCO-FREE MAINE (PTM) HELPLINE OR THE CENTER FOR TOBACCO INDEPENDENCE HELPLINE)			
2	QUITNOW (TIPS FROM FORMER SMOKERS - HAS GRAPHIC ADS WITH HEART SURGERY OR THROAT SURGERY)			
3	QUITLINK (THE MAINE COMMUNITY OF ONLINE SUPPORT TO QUIT SMOKING, MAY ALSO BE CALLED THE MAINE QUIT SMOKING WEBSITE.)			
4	OTHER CESSATION (WHICH COULD INCLUDE NRT ADS, HOSPITAL CESSATION PROGRAMS, ETC.)			
5	TOBACCO INDUSTRY AD (WHICH COULD INCLUDE E-CIGARETTES)			
7	DON'T KNOW/NOT SURE		EXCLUSIVE	
9	REFUSED		EXCLUSIVE	

<b>ME17END</b>		Pause		
Ask If				

**State Added Section 18: Environmental Tobacco (Path B)**

<b>ME18INTRO</b>	Pause
Ask If	

<b>ME18Q01</b>	Select	990
Ask If	CPState = 1	
<p>These next questions ask about the type of building you live in and how long you have lived there.</p> <p>In what type of living space do you currently reside?</p> <p>PLEASE READ</p>		
1	Single Family Home	
2	Duplex	
3	Double or Multi-Family Home	
4	Condominium	
5	Townhouse	
6	Apartment Building	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME18Q02</b>	Numeric	991-993
Ask If	CPState = 1	
<p>How long have you lived in your current residence?</p> <p>101 - 199 NUMBER OF DAYS      201 - 299 NUMBER OF WEEKS</p> <p>301 - 399 NUMBER OF MONTHS      401 - 499 NUMBER OF YEARS</p> <p>ENTER AMOUNT OF TIME</p>		
777	DON'T KNOW/NOT SURE	
999	REFUSED	
101	MIN	Control
499	MAX	Control

<b>ME18Q03</b>	Select	994
Ask If	CPState = 1	
<p>Do you currently live in public/affordable/subsidized housing or participate in a voucher/low-income housing program (Such as Section 8)?</p>		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME18Q04</b>		Select	995	
Ask If		CPState = 1		
Now I am going to ask you some questions about second hand cigarette smoke.				
Do you agree or disagree with the following statement "People should be protected from secondhand smoke"? Would you say...				
PLEASE READ				
1	Strongly agree			
2	Somewhat agree			
3	Neither agree nor disagree			
4	Somewhat disagree			
5	Strongly disagree			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

<b>ME18Q05</b>		Numeric	996-997	
Ask If		CPState = 1		
Other than yourself, how many people living in your household smoke cigarettes, cigars, or pipes?				
PEOPLE				
88	NONE			
77	DON'T KNOW/NOT SURE			
99	REFUSED			
76	MAX		Control	

<b>ME18Q06</b>		Numeric	998-999	
Ask If		CPState = 1		
On how many of the past 30 days has someone, including yourself, smoked cigarettes, cigars, or pipes anywhere <b>INSIDE</b> your home?				
DAYS				
88	NONE			
77	DON'T KNOW/NOT SURE			
99	REFUSED			
30	MAX		Control	

<b>ME18Q07</b>		Select	1000
Ask If		CPState = 1	
Which of the following statements best describes the rules about smoking inside your home?			
PLEASE READ			
1	No one is allowed to smoke anywhere inside your home.		
2	Smoking is not allowed if children are in the home.		
3	Smoking is allowed in some places or at some times.		
4	Smoking is permitted anywhere inside your home.		
7	DON'T KNOW/NOT SURE		
9	REFUSED		

<b>ME18Q08</b>		Select	1001
Ask If		ME18Q01 > 1 AND ME18Q01 < 7	
Which of the following statements best describes the official smoking policy in your building?			
PLEASE READ			
1	Smoking is NOT allowed in any areas of the building including living units		
2	Smoking is not allowed in shared areas, but is allowed inside living units		
3	Smoking is allowed anywhere		
7	DON'T KNOW/NOT SURE		
9	REFUSED		

<b>ME18Q09</b>	Select	1002
Ask If	CPState = 1	
Which of the following statements best describes the rules about smoking inside your car?		
PLEASE READ		
1	No one is allowed to smoke inside your car	
2	Smoking is not allowed if children are in your car	
3	Smoking is permitted anytime inside your car	
4	DON'T OWN A CAR	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME18Q10</b>	Select	1003
Ask If	CPState = 1	
In the past 12 months have you asked someone to not smoke near you or around you?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME18Q11</b>	Numeric	1004-1005
Ask If	CPState = 1	
During the past 7 days, that is, since last <b>{today's day of the week}</b> , on how many days did you ride in a vehicle where someone other than you was smoking tobacco?		
NUMBER OF DAYS (01-07)		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
07	MAX	Control

<b>ME18Q12</b>	Select	1006
Ask If	(C08Q15 = 1 OR C08Q15 = 2) AND CPState = 1	
Which of these best describes your place of work's smoking policy for indoor public common areas, such as lobbies, rest rooms and lunchrooms? Would you say smoking is...		
PLEASE READ		
1	Not allowed in any public areas	
2	Allowed in some public areas	
3	Allowed in all public areas	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME18Q13</b>	Select	1007
Ask If	(C08Q15 = 1 OR C08Q15 = 2) AND CPState = 1	
Which of these statements best describes your place of work's smoking policy for work areas? Would you say smoking is...		
PLEASE READ		
1	Not allowed in any work area	
2	Allowed in some work areas	
3	Allowed in all work areas	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME18Q14</b>	Select	1008
Ask If	(C08Q15 = 1 OR C08Q15 = 2) AND CPState = 1	
Which of these statements best describes your place of work's smoking policy for vehicles? Would you say smoking is...		
PLEASE READ		
1	Not allowed in any vehicle	
2	Allowed in some vehicles	
3	Allowed in all vehicles	
4	My work does not involve the use of any vehicles at any time	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME18Q15</b>	Numeric	1009-1010
Ask If	(C08Q15 = 1 OR C08Q15 = 2) AND CPState = 1	
<p>The next question is about exposure to secondhand smoke.</p> <p>Now I'm going to ask you about smoke you might have breathed at work because someone else was smoking <b>INDOORS</b>. During the past 7 days, that is, since last <b>{Today's day of the week}</b>, on how many days did you breath the smoke at your workplace from <b>SOMEONE OTHER THAN</b> you who was smoking tobacco?</p>		
NUMBER OF DAYS (01-07)		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
07	MAX	Control

<b>ME18END</b>	Pause
Ask If	



## State Added Section 19: Smoking Beliefs

<b>ME19INTRO</b>	Pause
Ask If	

<b>ME19Q01</b>	Select	998
Ask If	CPState = 1	
When you go to convenience stores or gas stations in your community, how often do you see advertisements for cigarettes, chewing tobacco, or other tobacco products? Would you say...		
PLEASE READ		
1	Frequently	
2	Sometimes	
3	Almost never	
4	I DON'T GO TO CONVENIENCE STORES OR GAS STATIONS	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME19Q02</b>	Select	1005
Ask If	C08Q16 < 88 AND CPState = 1	
Do you try to prevent the children in your household from using cigarettes or other tobacco products?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME19END</b>	Pause
Ask If	

## Asthma Call-Back Permission Script (Paths A and B)

<b>AFUINTRO</b>	Pause
Ask If	

<b>ADLTPERM</b>	Select	732
Ask If	((C06Q04 = 1) OR (M30Q01 = 1 AND (M29Q06 = 1 OR M29Q06 = 3))) AND CPState = 1	
We would like to call you again within the next 2 weeks to talk in more detail about <b>{ADLTCHLD = 1, your, your child's}</b> experiences with asthma. The information will be used to help develop and improve the asthma programs in <b>{STATE}</b> . 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?		
1	YES	
2	NO	AFUEND

<b>FNAME</b>	Select
Ask If	ADLTPERM = 1
Can I please have either your first name or initials, so we will know who to ask for when we call back?	
1	ENTER FIRST NAME OR INITIALS OTHER
9	REFUSED

<b>CNAME</b>	Select
Ask If	ADLTCHILD = 2 AND ADLTPERM = 1
Can I please have your child's first name or initials, so we can ask about that child's asthma history?	
1	ENTER FIRST NAME OR INITIALS OTHER
9	REFUSED

<b>MOSTKNOW</b>	Select
Ask If	ADLTCCHILD = 2 AND ADLTPERM = 1
Are you the parent or guardian in the household who knows the most about {CNAME}'s asthma?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

<b>OTHNAME</b>	Select
Ask If	MOSTKNOW = 2
You said someone else was more knowledgeable about the child's asthma. Can I please have this adult's first name, initials or nickname so we will know who to ask for when we call back regarding your child.	
1	ENTER FIRST NAME, INITIALS, OR NICKNAME OTHER
9	REFUSED

<b>CBTIME</b>	Select
Ask If	ADLTPERM = 1
{If MOSTKNOW = 2, What is a good time to call back and speak with {OTHNAME}, What is a good time to call you back?}	
For example, evenings, days or weekends?	
1	ENTER CALLBACK TIME OTHER
9	REFUSED

## Closing Statement

<b>CLOSING</b>	Key
Ask If	
That was my last question. Everyone's answers will be combined to help us provide information about the health practices of people in this state. Thank you very much for your time and cooperation.	