Rhode Island

2010

Behavioral Risk Factor Surveillance System
Questionnaire
# Behavioral Risk Factor Surveillance System 2010 Questionnaire

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Interviewer’s Script

//Answering machine message to be left on the 1st, 4th, and 9th attempts that result in an answering machine disposition (intro1=02,03)/
Answering machine message text:
“Hello, my name is (name). I am calling on behalf of the Rhode Island Department of Health to conduct an important study on the health of Rhode Island residents. Please call us at 1-401-222-1247 or toll free at 1-877-364-0821 at your convenience. Thanks.”

intro1
Hello, I am calling for the Rhode Island Department of Health. My name is (name). We are gathering information about the health of Rhode Island residents. This project is conducted by the health department with assistance form the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices. The interview may be monitored and recorded for quality assurance purposes.

Is this (phone number)?
01 Correct number (proceed to next question)
02 Answering machine (residence)
03 Answering machine (unknown)
05 [Selected respondent] on the phone
06 Fax machine
07 Termination screen
08 Hang up – before intro
12 Respondent refused to transfer to selected-1x
13 Respondent refused to transfer to selected-2x
14 Continue in Spanish

//ask if intro1=01/
HS1 Is this a private residence in Rhode Island?
1 Yes
2 No

//if HS1=2, read//
X2 Thank you very much, but we are only interviewing private residences in Rhode Island. STOP

//ask if HS1=1/
HS2 Is this a cellular telephone?
Read if necessary: By cellular (or cell) telephone we mean a telephone that is mobile and usable outside of your neighborhood.
1 No – Not a cellular telephone
2 Yes

//if HS2=2, read//
X4 Thank you very much, but we are only interviewing landline telephones and private residences. STOP

//ask if HS2=1/
ADULTS I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?
_ _ Number of adults [Range 0-18]

//ask if ADULTS=1/
ASKGENDER Is the adult a man or a woman?
21 Male
22 Female

//ask if ADULTS=1/
ONEADULT Are you the adult?
21 Yes and the respondent is male
22 Yes and the respondent is female
03 No

//ask if ONEADULT=03//
GETADULT May I speak with him or her?
1 Yes, adult coming to the phone
2 No, not here (interview will terminate)

//ask if ADULTS>1//
MEN How many of these adults are men?
0 None
1 One
2 Two
3 Three
4 Four
5 Five
6 Six
7 Seven
8 Eight
9 Nine

//ask if ADULTS>1//
WOMEN How many of these adults are women?
0 None
1 One
2 Two
3 Three
4 Four
5 Five
6 Six
7 Seven
8 Eight
9 Nine

RANDOMLY SELECT ADULT; Assign selected value:
01 Oldest female
02 2nd oldest female
03 3rd oldest female
04 4th oldest female
05 5th oldest female
06 6th oldest female
07 7th oldest female
08 8th oldest female
09 9th oldest female
11 Oldest male
12 2nd oldest male
13 3rd oldest male
14 4th oldest male
15 5th oldest male
16 6th oldest male
17 7th oldest male
18 8th oldest male
19 9th oldest male
20 No respondent selected
21 One person HH - male
22 One person HH - female

//ask if ADULTS>1//

ASKFOR The person in your household that I need to speak with is the [INSERT SELECTED]. Are you the person?
1 Yes
2 No

//if ASKFOR=1 or ONEADULT=21,22, read//

YOU'RE THE 1

Then you are the person I need to speak with. I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. The interview takes approximately 25 minutes to complete. If you have any questions about the survey, please call 1-401-222-1247.

001 Person interested, continue
104 Selected requested to set appointment for interview at a later time
173 Selected person unable to complete – language barrier
174 Selected person unable to complete – impairment
175 Selected person refuses – before intro
176 Selected person refuses – after intro
002 Go back to ADULTS question

[WARNING: A NEW RESPONDENT WILL BE SELECTED AND YOU NEED A SUPERVISOR’S PASSWORD TO CONTINUE]

//ask if ASKFOR=02//

GETNEWAD May I speak with him or her?
1 Yes, adult coming to the phone
2 No, not here (interview will terminate)
3 Go back to ADULTS question.

[GO TO NEWADULT]
[INTERVIEWER SET APPOINTMENT FOR BEST TIME TO REACH ADULT]
[WARNING: A NEW RESPONDENT MAY BE SELECTED; YOU NEED SUPERVISOR’S PERMISSION TO USE THIS OPTION]

//ask if ASKFOR=02//

GETADULT May I speak with him or her?
1 Yes, adult coming to the phone
2 No, not here (interview will terminate)

[GO TO NEWADULT]
[INTERVIEWER SET APPOINTMENT FOR BEST TIME TO REACH ADULT]

//if GETADULT=1 or GETNEWAD=1, read//

NEWADULT Hello, I am calling for the Rhode Island Department of Health. My name is (name). We are gathering information about the health of Rhode Island residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone has been chosen randomly, and I would like to ask some questions about health and health practices. This call may be monitored and recorded for quality assurance purposes.

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. The interview takes approximately 25 minutes to complete. If you have any questions about the survey, please call 1-401-222-1247.

001 Person interested, continue
104 Selected requested to set appointment for interview at a later time
173 Selected unable to complete – language barrier
174  Selected unable to complete – impairment
175  Selected person refuses – before intro
176  Selected person refuses – after intro
002  Go back to ADULTS question

[WARNING: A NEW RESPONDENT WILL BE SELECTED AND YOU NEED A SUPERVISOR’S PASSWORD TO CONTINUE]
Core Sections

Section 1: Health Status
//ask of all//
s1q1

Would you say that in general your health is--

Please read:
1 Excellent
2 Very good
3 Good
4 Fair
Or
5 Poor
Do not read:
7 Don’t know / not sure
9 Refused

GENHLTH (73)

Section 2: Healthy Days – Health-Related Quality of Life
//ask of all//
s2q1

Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

PHYSHLTH (74-75)

<table>
<thead>
<tr>
<th></th>
<th>Number of days</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>None</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

//ask of all//
s2q2

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

MENTHLTH (76-77)

<table>
<thead>
<tr>
<th></th>
<th>Number of days</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>None</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

//ask if not (s2q1=88 and s2q2=88)//
s2q3

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

POORHLTH (78-79)

<table>
<thead>
<tr>
<th></th>
<th>Number of days</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>None</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

Section 3: Health Care Access
//ask of all//
s3q1

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

HLTHPLAN (80)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
</tbody>
</table>
Do you have one person you think of as your personal doctor or health care provider?  

**PERSDOC2** (81)

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
4. Don’t know / not sure
5. Refused

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

**MEDCOST** (82)

1. Yes
2. No
3. Don’t know / not sure
4. Refused

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

**CHECKUP1** (83)

Read if necessary:

1. Within past year (anytime less than 12 months ago)
2. Within past 2 years (1 year but less than 2 years ago)
3. Within past 5 years (2 years but less than 5 years ago)
4. 5 or more years ago
5. Don’t know / not sure
6. Never
7. Refused

Section 4: Sleep

The next question is about getting enough rest or sleep.

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

**QLREST2** (84-85)

<table>
<thead>
<tr>
<th>Number of days</th>
<th>[Range 1-30]</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 8</td>
<td>None</td>
</tr>
<tr>
<td>7 7</td>
<td>Don’t know / not sure</td>
</tr>
<tr>
<td>9 9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

Section 5: Exercise

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?

**EXERANY2** (86)

1. Yes
Section 6: Diabetes
//ask of all//
s6q1

Have you ever been told by a doctor that you have diabetes?  \(\text{DIABETE2}\) (87)

If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”
If respondent says pre-diabetes or borderline diabetes, use response code 4
1 Yes
2 Yes, but female told only during pregnancy
3 No
4 No, pre-diabetes or borderline diabetes
7 Don’t know / not sure
9 Refused

State-Added 8: Diabetes [***April 1, 2010 – Dec 31, 2010]
//ask if s6q1=1 and loadmnth=4,5,6,7,8,9,10,11,12//

RI8_1

How old were you when you were told you have diabetes?  \(\text{DIABAGE2}\) (247-248)

_ _ Code age in years
[Range 1-97] [97=97 and older]
9 8 Don’t know / not sure
9 9 Refused

RI8_2

Are you now taking insulin?  \(\text{INSULIN}\) (249)
1 Yes
2 No
9 Refused

RI8_3

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

[Example: Two times per day=102; Five times per year=405]
1 _ _ Times per day  [Range 101-199]
2 _ _ Times per week  [Range 201-299]
3 _ _ Times per month  [Range 301-399]
4 _ _ Times per year  [Range 401-499]
8 8 8 Never
7 7 7 Don’t know / not sure
9 9 9 Refused

RI8_4

About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.  \(\text{FEETCHK2}\) (253-255)

[Example: Two times per day=102; Five times per year=405]
1 _ _ Times per day  [Range 101-199]
About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

\[DOCTDIAB\] (256-257)

Number of times [Range 1-76] [76=76 or more]

8 8 None
7 7 Don’t know / not sure
9 9 Refused

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”?

\[CHKHEMO3\] (258-259)

Number of times [Range 1-76] [76=76 or more]

8 8 None
9 8 Never heard of “A one C” test
7 7 Don’t know / not sure
9 9 Refused

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

\[FEETCHK\] (260-261)

Number of times [Range 1-76] [76=76 or more]

8 8 None
7 7 Don’t know / not sure
9 9 Refused

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.

\[EYEEXAM\] (262)

Read only if necessary:
1 Within the past month (anytime less than 1 month ago)
2 Within the past year (1 month but less than 12 months ago)
3 Within the past 2 years (1 year but less than 2 years ago)
4 2 or more years ago

Do not read:
7 Don’t know / not sure
8 Never
9 Refused

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

Section 7: Oral Health

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

Read only if necessary:  
1  Within the past year (anytime less than 12 months ago)  
2  Within the past 2 years (1 year but less than 2 years ago)  
3  Within the past 5 years (2 years but less than 5 years ago)  
4  5 or more years ago  
Do not read:  
7  Don’t know / not sure  
8  Never  
9  Refused

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

/interviewer note: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth/  
1  1 to 5  
2  6 or more but not all  
3  All  
8  None  
7  Don’t know / not sure  
9  Refused

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

Read only if necessary:  
1  Within the past year (anytime less than 12 months ago)  
2  Within the past 2 years (1 year but less than 2 years ago)  
3  Within the past 5 years (2 years but less than 5 years ago)  
4  5 or more years ago  
Do not read:  
7  Don’t know / not sure  
8  Never
Section 8: Cardiovascular Disease Prevalence
Now I would like to ask you some questions about cardiovascular disease. Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me “Yes,” “No,” or you’re “Not sure”.

//ask of all//
s8q1
(Ever told) you had a heart attack, also called a myocardial infarction? CVDINFR4 (91)
1 Yes
2 No
7 Don’t know / not sure
9 Refused

//ask of all//
s8q2
(Ever told) you had angina or coronary heart disease? CVDCRHD4 (92)
1 Yes
2 No
7 Don’t know / not sure
9 Refused

//ask of all//
s8q3
(Ever told) you had a stroke? CVDSTRK3 (93)
1 Yes
2 No
7 Don’t know / not sure
9 Refused

Section 9: Asthma
//ask of all//
s9q1
Have you ever been told by a doctor, nurse or other health professional that you had asthma? ASTHMA2 (94)
1 Yes
2 No
7 Don’t know / not sure
9 Refused

//ask if s9q1=1//
s9q2
Do you still have asthma? ASTHNOW (95)
1 Yes
2 No
7 Don’t know / not sure
9 Refused

Section 10: Disability
//ask of all//
The following questions are about health problems or impairments you may have.
s10q1
Are you limited in any way in any activities because of physical, mental, or emotional problems?
Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? Include occasional use or use in certain circumstances.

Section 11: Tobacco Use

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

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

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

How long has it been since you last smoked cigarettes regularly?
Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?  
/Interviewer Note: Snus (rhymes with ‘goose’, Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum/  

1 Every day  
2 Some days  
3 Not at all  

Do not read:  
7 Don’t know / not sure  
9 Refused  

Section 12: Demographics  

What is your age?  

Code age in years  
0 7 Don’t know / not sure  
0 9 Refused  

Are you Hispanic or Latino?  

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

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

(Check all that apply) [MUL=6]  

Please read:  
1 White  
2 Black or African American  
3 Asian  
4 Native Hawaiian or other Pacific Islander  
5 American Indian or Alaska Native  
Or  
6 Other (Specify:_________________)  

Do not read:  
7 Don’t know / not sure  
9 Refused  

ENTER OTHER [open end]:_____________________

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

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

[Fill in from s12q3o]

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

If “Yes,” please read:
1. Yes, now on active duty
2. Yes, on active duty during the last 12 months, but not now
3. Yes, on active duty in the past, but not during the last 12 months

If “No,” please read:
4. No, training for Reserves or National Guard only
5. No, never served in the military

Are you…?

Please read:
1. Married
2. Divorced
3. Widowed
4. Separated
5. Never married

Or
6. A member of an unmarried couple

How many children less than 18 years of age live in your household?

__ Number of children [Range 1-15]

8 8 None
9 9 Refused
Just to be sure, you have [enter # of children from s12q7] children under 18 living in your household. Is that correct?
1 Yes
2 No
9 Refused

//ask of all//
s12q8

What is the highest grade or year of school you completed?  
Read only if necessary:  
1 Never attended school or only attended kindergarten  
2 Grades 1 through 8 (elementary)  
3 Grades 9 through 11 (some high school)  
4 Grade 12 or GED (high school graduate)  
5 College 1 year to 3 years (some college or technical school)  
6 College 4 years or more (college graduate)  
Do not read:  
9 Refused

//ask of all//
s12q9

Are you currently…?
Please read:  
1 Employed for wages  
2 Self-employed  
3 Out of work for more than 1 year  
4 Out of work for less than 1 year  
5 A homemaker  
6 A student  
7 Retired  
Or  
8 Unable to work  
Do not read:  
9 Refused

//ask of all//
s12q10

Is your annual household income from all sources—

/Interviewer Note: If respondent refuses at ANY income level, code ‘99’ (Refused)/
s12q10A [04] Less than $25,000  
($20,000 to less than $25,000)  
1 Yes  
2 No  
7 Don’t know  
9 Refused

//ask if s12q10A=1//
s12q10B [03] Less than $20,000  
($15,000 to less than $20,000)  
1 Yes  
2 No  
7 Don’t know  
9 Refused
//ask if s12q10B=1//
s12q10C [02]  Less than $15,000  [if “no,” code 03; if “yes,” ask 01]
($10,000 to less than $15,000)
1  Yes
2  No
7  Don’t know
9  Refused

//ask if s12q10C=1//
s12q10D [01]  Less than $10,000  [if “no,” code 02]
[$10,000 to less than $15,000]
1  Yes
2  No
7  Don’t know
9  Refused

//ask if s12q10A=2//
s12q10E [05]  Less than $35,000  [if “no,” ask 06]
($25,000 to less than $35,000)
1  Yes
2  No
7  Don’t know
9  Refused

//ask if s12q10E=2//
s12q10F [06]  Less than $50,000  [if “no,” ask 07]
($35,000 to less than $50,000)
1  Yes
2  No
7  Don’t know
9  Refused

//ask if s12q10F=2//
s12q10G [07]  Less than $75,000  [if “no,” code 08]
($50,000 to less than $75,000)
1  Yes
2  No
7  Don’t know
9  Refused

08  $75,000 or more

//ask if s12q10A-s12q10G≠7,9//
s12q10AA  Your annual household income is [enter range from code in s12q10A-G]. Is this correct?
1  No, re-ask question  [Go to s12q10A]
2  Yes, correct as is  [Continue]

//ask of all//
ps12q11  About how much do you weigh without shoes?
Enter “P” for weight given in pounds
Enter “K” for weight given in kilograms
P  Pounds
K  Kilograms
7  Don’t know
9  Refused
About how much do you weigh without shoes?

/Interviewer Note: If respondent answers in metrics, put “9” in column 122/ Round fractions up.

- Don’t know / not sure
- Refused

Just to double-check, you indicated pounds as your weight. Is this correct?

1 Yes
2 No

Just to double-check, you indicated kilograms as your weight. Is this correct?

1 Yes
2 No

About how tall are you without shoes?

Enter “F” for height given in feet
Enter “M” for height given in centimeters

Just to double-check, you indicated you are inches tall. Is this correct?

1 Yes
2 No

About how much do you weigh without shoes?
About how tall are you without shoes?

[Interviewer Note: If respondent answers in metrics, put “9” in column 126]

Round fractions down.
Enter height in centimeters [Example: 2 meters 5 centimeters would be entered as 205]

<table>
<thead>
<tr>
<th>Height</th>
<th>Range 90-254</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 7 7</td>
<td>Don’t know / not sure</td>
</tr>
<tr>
<td>9 9 9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

//ask if s12q12M=90-254//
s12q12AM

Just to double-check, you indicated you are //s12q12M// centimeters tall. Is this correct?

1 Yes
2 No [Go back to s12q12M]

State-Added 1: City/Town

//ask of all//

RI1_1

What city or town do you live in?

<table>
<thead>
<tr>
<th>TOWN</th>
</tr>
</thead>
<tbody>
<tr>
<td>008A7 Abbott Run</td>
</tr>
<tr>
<td>018A5 Adamsville</td>
</tr>
<tr>
<td>017A7 Albion</td>
</tr>
<tr>
<td>023A9 Allentown</td>
</tr>
<tr>
<td>029A9 Alton</td>
</tr>
<tr>
<td>020A9 Anawan Cliffs</td>
</tr>
<tr>
<td>023B9 Annaquatucket</td>
</tr>
<tr>
<td>001A1 Annawomacutt</td>
</tr>
<tr>
<td>006A3 Anthony</td>
</tr>
<tr>
<td>035A3 Apponang</td>
</tr>
<tr>
<td>019A5 Aquidneck</td>
</tr>
<tr>
<td>011A9 Arcadia</td>
</tr>
<tr>
<td>038A3 Arctic</td>
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<tr>
<td>006B3 Arkwright</td>
</tr>
<tr>
<td>007A7 Arlington</td>
</tr>
<tr>
<td>008B7 Arnold Mills</td>
</tr>
<tr>
<td>035B3 Arnold Neck</td>
</tr>
<tr>
<td>014A9 Ashaway</td>
</tr>
<tr>
<td>008C7 Ashton</td>
</tr>
<tr>
<td>007B7 Auburn</td>
</tr>
<tr>
<td>011B9 Austin</td>
</tr>
<tr>
<td>036A9 Avondale</td>
</tr>
<tr>
<td>008D7 Ballou District</td>
</tr>
<tr>
<td>023C9 Barber Heights</td>
</tr>
<tr>
<td>014B1 Barberville</td>
</tr>
<tr>
<td>001C1 Bay Spring</td>
</tr>
<tr>
<td>002A1 Beach Terrace</td>
</tr>
<tr>
<td>015A5 Beavertail</td>
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<td>007C7 Bellefonte</td>
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<td>023D9 Belleville</td>
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<td>008E7 Berklcy</td>
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<tr>
<td>014C9 Bethel</td>
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<tr>
<td>026A7 Beverage Hill</td>
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<td>026B7 Birch Hill</td>
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<tr>
<td>011C9 Black Plain</td>
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<tr>
<td>022A9 Block Island</td>
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<tr>
<td>020B9 Bonnet Shores</td>
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<td>013A7 Bowdesh</td>
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<tr>
<td>010A7 Boyden Heights</td>
</tr>
<tr>
<td>005A9 Bradford</td>
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<tr>
<td>025A7 Branch Village</td>
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<tr>
<td>021A5 Brenton Village</td>
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<tr>
<td>033B5 Bridgeport</td>
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<tr>
<td>003A7 Bridgeton</td>
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<tr>
<td>018B5 Briggs Point</td>
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<tr>
<td>014E9 Brightman Hill</td>
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<tr>
<td>002B1 Bristol</td>
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<tr>
<td>027A5 Bristol Ferry</td>
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<tr>
<td>002C1 Bristol Highlands</td>
</tr>
<tr>
<td>002D1 Bristol Narrows</td>
</tr>
<tr>
<td>023E9 Brownings Hill</td>
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<tr>
<td>035C3 Brush Neck Cove,\n&amp; Buttonwoods</td>
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<tr>
<td>010B7 Bullocks Point</td>
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<td>003B7 Burtullivan</td>
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<tr>
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<td>029C9 Chariho</td>
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<td>005C9 Charlestown</td>
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<td>035E3 Chenlwanoxt</td>
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<td>030B7 Clayville (Scituate)</td>
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<td>038C3 Clyde</td>
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<td>021C5 Coasters Harbor</td>
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<td>017B7 Cobble Hill</td>
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<td>023F9 Coquumcussoc</td>
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<td>021D5 Coddington Point</td>
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<td>034B1 Coggeshell</td>
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<td>023G9 Cold Spring</td>
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<tr>
<td>035F3 Coles,\n&amp; Conimicut,\n&amp; Cowesett</td>
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<tr>
<td>027C5 Common Fence Point</td>
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<tr>
<td>007D7 Comstock Gardens</td>
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<td>015C5 Conanicut</td>
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<tr>
<td>027D5 Corey Lane</td>
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<td>006C3 Coventry</td>
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<td>006D3 Coventry Center</td>
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<td>027E5 Despair Island</td>
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<td>036C9 Dunn's Corner</td>
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<td>009A3 East Greenwich</td>
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<td>032A9 East Matunuck</td>
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<td>010D7 East Providence</td>
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<td>011E9 Exeter</td>
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<td>028E7 Federal Hill</td>
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<td>011F9 Fisherville</td>
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<tr>
<td>007J7 Fiskeville (Cranston)</td>
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<td>030C7 Fiskeville (Scituate)</td>
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<td>033D5 Fogland Point</td>
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<td>025C7 Forestdale</td>
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<td>021E5 Fort Adams</td>
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<td>010E7 Fort Hill</td>
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<td>021F5 Forty Steps</td>
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<td>012B7 Foster</td>
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<td>016A7 Fountain Spring</td>
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<td>023I9 Fox Island</td>
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<td>028F7 Fox Point</td>
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<td>015E5 Freebody Hill</td>
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<td>009B3 Frenchtown</td>
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<td>024B7 Fruit Hill</td>
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<td>020C9 Galilee</td>
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</table>
07L7 Garden City
035K3 Gaspee Point
003D7 Gazzaville
024C7 Geneva (North\& Providence)
028G7 Geneva (Providence)
031C7 Georgiaville
003E7 Glendale
030D7 Glenn Rock
039B7 Globe
013E7 Glocester
021G5 Goat Island
035L3 Goddard Park,\n & Governor Francis
032B9 Gould Crossing
015F5 Gould Island
 & Gould Crossing
032B9 Gould Crossing
035L3 Goddard Park,
 & Governor Francis
027G5 Gould Island
 & (East Passage)
027G5 Gould Island\n & (Sakonnet River)
016B7 Graniteville
008I7 Grant Mills
033E5 Grayville
020D9 Great Island
032C9 Green Hill
006H3 Hopkins Hollow
037B3 Hopkins Hill
011G9 Hope Valley
037B3 Hopkins Hill
006H3 Hopkins Hollow
012D7 Hopkins Mills
0149H Hopkinton
007N7 Horn Hill, \n & Howard
035P3 Hoxie
016D7 Hughesdale
027K5 Hummocks
003G7 Huntsville
027L5 Island Park
030F7 Jackson
015G5 Jamestown
038E3 Jericho
020E9 Jerusalem
016F7 Johnston
010F7 Kent Heights
005E9 Kenyon
034D1 Kickamuit
032D9 Kingston
037C3 Kitt's Corner
007P7 Knightsville
023K9 Lafayette
037D3 Lake Mishnook
035Q3 Lakewood
003H7 Laurel Hill
027M5 Lawton Valley
026E7 Lebanon
011H9 Lewis City
0119H Liberty
017D7 Lime Rock
017E7 Lincoln
035R3 Lincoln Park
017F7 Lincoln Woods
038F3 Lippitt
018C5 Little Compton
014K9 Locustville
035S3 Longmeadow
017G7 Lonsdale
017H7 Louisiquisset
(Lincoln)
024E7 Louisiquisset (North \n & Providence)
024F7 Lymansville
028H7 Manton
008J7 Manville
(Cumberland)
01717 Manville (Lincoln)
025D7 Manville (North \n & Smithfield)
039D7 Manville
(Woonsocket)
003I7 Mapleville
024G7 Marieville
032E9 Matunuck
035T3 Meadow View
027N5 Melville
016G7 Merino
007Q7 Meshechicut
007R7 Meshechicut Park
019C5 Middletown
011J9 Millville
037E3 Mishnook
036E9 Misquamicut
003J7 Mohegan
022B9 Mohegan Bluffs
008K7 Monastery Heights
032F9 Mooresfield
012E7 Moosup Valley
016H7 Morgan Mills
014L9 Moscow
01617 Moswansicut Lake
023L9 Mount View
031F7 Mountaingale
02817 Mount Pleasant
033F5 Nannaquaket
036F9 Narragansett
020F9 Narragansett
020G9 Narragansett Pier
010G7 Narragansett Terrace
003K7 Nasonville
035U3 Natic, \n & Naumkeag, \n & New Shoreham
022C9 New Harbor
022D9 New Shoreham
021H5 Newport
037F3 Nooceneck
023M9 North Ferry
012F7 North Foster
023N9 North Kingstown
024H7 North Providence
012G7 North Scituate
025E7 North Smithfield
033G5 North Tiverton
035V3 Norwood
001E1 Nyatt
003L7 Oak Valley
003M7 Oakland
035W3 Oakland Beach, \n & Old Warwick
007S7 Oaklawn
02115 Ochre Point
022E9 Old Harbor
028J7 Olneyville
010H7 Omega
035X3 Palace Garden
003N7 Pascoag
027O5 Patience
026F7 Pawtucket
007T7 Pawtucket
032G9 Peace Dale
032H9 Perryville
007U7 Pettacomsett
006I3 Phenix
01017 Phillipsdale
012H7 Pine Ridge
036G9 Pleasant Hill
036H9 Pleasant View
023O9 Plum Beach
027P5 Pocasset Heights
020H9 Point Judith
01217 Ponagansett
007V7 Pontiac (Cranston)
035Y3 Pontiac
(Warwick), \n & Potowomut
002F1 Popasquash Point
023P9 Poplar Point
027Q5 Portsmouth
014M9 Potter Hill
006I3 Potterville
025F7 Primrose
028K7 Providence
027R5 Prudence Island
027S5 Quaker Hill
023O9 Quilmeset
006K3 Quindick
01717 Quinville
005F9 Quonochontaug
023R9 Quonset Point
006L3 Rice City
029G9 Richmond
03813 River Point
035Z3 River View
010J7 Riverside
037G3 Robin Hollow
030H7 Rockland
014N9 Rockvill
03219 Rocky Brook
035D3 Rocky Point
021J5 Rose Island
003O7 Round Top
010K7 Rumford
001F1 Rumstick Point
019D5 Sachuest
018D5 Sakonnet
003P7 Sand Beach
02019 Sand Hill Cove
022F9 Sandy Point (New\n & Shoreham)
035G3 Sandy Point
(Warwick)
036I9 Sandy Point
(Westerly)
011K9 Saunderstown
03017 Saundersville
003Q7 Saxeville
017K7 Saylesville
020K9 Scarborough
030I7 Scituate
002G1 Seal Island
005G9 Shannock (part)
029H9 Shannock (part)
035H3 Shawomet
036K9 Shelter Harbor
028L7 Silver Lake
010L7 Silver Spring
016K7 Simmonsville
003R7 Slatersville, \n & Burillville
Section 12: Demographics, Continued

What is your zip code where you live?

Zip code

Don’t know / not sure
Refused

//ask if s12q14=02801-02898//
s12q14CK

I just want to confirm, you said your zip code is [fill in s12q14]. Is that correct?

1 Yes, correct zip code
2 No, incorrect zip code

//ask of all//
s12q15

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

Yes
No

Go to Q12.17
//ask if s12q15=1//
s12q16

How many of these telephone numbers are residential numbers?   

   Residential telephone numbers   
   7 Don’t know / not sure   
   9 Refused

//ask if s12q16>1//
s12q16A

I am sorry, just to double-check, you indicated you have [enter # of residential telephone numbers from s12q16] residential phones in your household. Is that correct?  
1 Yes, correct as is  
2 No, re-ask question   

//ask of all//
s12q17

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

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

[CELL PHONE QUESTIONS]
//ask of all//
s12q18A

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

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

//ask if s12q18A=2,7,9//
s12q18B

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

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

//ask if s12q18A=1//
s12q18C

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

   1 Yes  
   2 No  
   7 Don’t know / not sure  
   9 Refused
Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone?

- Enter percent
- [Range 1-100]
- [CPDEMO4 (144-146)]
- 8 8 8 Zero
- 7 7 7 Don’t know / not sure
- 9 9 9 Refused

Indicate sex of respondent. Ask only if necessary.

- 1 Male
- [Go to next section]
- 2 Female
- [If age>44, go to next section]

To your knowledge, are you now pregnant?

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

Section 13: Alcohol Consumption

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

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

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

- [Enter 1+ the number of days per week] [Example: 5 days per week=105]
- [Enter 2+ the number of days in the past 30 days] [Example: 7 days in the past 30 days=207]

- Record number of days
- [Range 101-107,201-230]
- [ALCDAY4 (150-152)]
- 8 8 8 No drinks in the past 30 days
- 7 7 7 Don’t know / not sure
- 9 9 9 Refused

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: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks/]
- Number of drinks
- [Range 1-76]
Considering all types of alcoholic beverages, how many times during the past 30 days did you have \( X \) [CATI Note: \( X=5 \) for men, \( X=4 \) for women] or more drinks on an occasion?  

<table>
<thead>
<tr>
<th></th>
<th>Number of times</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>None</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Number of drinks</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Don’t know / not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

Section 14: Immunization

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
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</tbody>
</table>

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

<p>| | |</p>
<table>
<thead>
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<tbody>
<tr>
<td>1</td>
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<td>2</td>
<td>February</td>
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<td>3</td>
<td>March</td>
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<td>4</td>
<td>April</td>
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<td>May</td>
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<td>June</td>
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<td>7</td>
<td>July</td>
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<td>8</td>
<td>August</td>
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<td>September</td>
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<td>10</td>
<td>October</td>
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<td>11</td>
<td>November</td>
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<tr>
<td>12</td>
<td>December</td>
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</tbody>
</table>

Enter the 4-digit year 

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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
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</tbody>
</table>

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

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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
</tbody>
</table>
2  No
7  Don’t know / not sure
9  Refused

//ask if s14q3=1//
s14q4_M

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

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

Record 2-digit month

7  7  Don’t know / not sure
9  9  Refused

//ask if s14q3=1//
s14q4_Y

Enter 4-digit year

_ _ _ _ (4-digit year)

[Range 2009-2010]

7  7  7  7  Don’t know / not sure
9  9  9  9  Refused

//ask of all//
s14q5

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

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

Section 15: Falls
//ask if s12q1>44,7,9//
s15q1

The next questions ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level. In the past 3 months, how many times have you fallen?

_ _ Number of times

8  8  None
7  7  Don’t know / not sure
9  9  Refused

//ask if s15q1=1//
s15q2A

Did this fall [from Q15.1] cause an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

//Interviewer Note: If a respondent answers “yes,” code 1 (fall). If respondent answers “no,” code 88 (None)/

_ _ Record number of falls

8  8  None
7  7  Don’t know / not sure
9  9  Refused
How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

<table>
<thead>
<tr>
<th>Record number of falls</th>
<th>FALLINJ2 (176-177)</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>[Range 1-76]</td>
</tr>
<tr>
<td>Don’t know / not sure</td>
<td>76=76 or more</td>
</tr>
<tr>
<td>Refused</td>
<td></td>
</tr>
</tbody>
</table>

Section 16: Seatbelt Use

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

<table>
<thead>
<tr>
<th>Please read:</th>
<th>SEATBELT (178)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Always</td>
<td></td>
</tr>
<tr>
<td>2 Nearly always</td>
<td></td>
</tr>
<tr>
<td>3 Sometimes</td>
<td></td>
</tr>
<tr>
<td>4 Seldom</td>
<td></td>
</tr>
<tr>
<td>5 Never</td>
<td></td>
</tr>
<tr>
<td>Do not read:</td>
<td></td>
</tr>
<tr>
<td>7 Don’t know / not sure</td>
<td></td>
</tr>
<tr>
<td>8 Never drive or ride in a car</td>
<td></td>
</tr>
<tr>
<td>9 Refused</td>
<td></td>
</tr>
</tbody>
</table>

Section 17: Drinking and Driving

The next question is about drinking and driving. During the past 30 days, how many times have you driven when you’ve had perhaps too much to drink?

<table>
<thead>
<tr>
<th>Number of times</th>
<th>DRNKDRI2 (179-180)</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>[Range 1-76]</td>
</tr>
<tr>
<td>Don’t know / not sure</td>
<td></td>
</tr>
<tr>
<td>Refused</td>
<td></td>
</tr>
</tbody>
</table>

Section 18: Women’s Health

The next questions are about breast and cervical cancer. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

<table>
<thead>
<tr>
<th>Yes</th>
<th>HADMAM (181)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>[Go to Q18.3]</td>
</tr>
<tr>
<td>Don’t know / not sure</td>
<td>[Go to Q18.3]</td>
</tr>
<tr>
<td>Refused</td>
<td>[Go to Q18.3]</td>
</tr>
</tbody>
</table>

How long has it been since you had your last mammogram?

<table>
<thead>
<tr>
<th>Read only if necessary:</th>
<th>HOWLONG (182)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within the past year (anytime less than 12 months ago)</td>
<td></td>
</tr>
<tr>
<td>Within the past 2 years (1 year but less than 2 years ago)</td>
<td></td>
</tr>
<tr>
<td>Within the past 3 years (2 years but less than 3 years ago)</td>
<td></td>
</tr>
</tbody>
</table>
4 Within the past 5 years (3 years but less than 5 years ago)  
5 5 or more years ago  
**Do not read:**  
7 Don’t know / not sure  
9 Refused  

//ask if s12q19=2//  
\s18q3  

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

**PROFEXAM** (183)  

//ask if s18q3=1//  
\s18q4  

How long has it been since your last breast exam?  

**LENGEXAM** (184)  

---  

Read only if necessary:  
1 Within the past year (anytime less than 12 months ago)  
2 Within the past 2 years (1 year but less than 2 years ago)  
3 Within the past 3 years (2 years but less than 3 years ago)  
4 Within the past 5 years (3 years but less than 5 years ago)  
5 5 or more years ago  
**Do not read:**  
7 Don’t know / not sure  
9 Refused  

//ask if s12q19=2//  
\s18q5  

A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?  

**HADPAP2** (185)  

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

//ask if s18q5=1//  
\s18q6  

How long has it been since you had your last Pap test?  

**LASTPAP2** (186)  

---  

Read only if necessary:  
1 Within the past year (anytime less than 12 months ago)  
2 Within the past 2 years (1 year but less than 2 years ago)  
3 Within the past 3 years (2 years but less than 3 years ago)  
4 Within the past 5 years (3 years but less than 5 years ago)  
5 5 or more years ago  
**Do not read:**  
7 Don’t know / not sure  
9 Refused  

//ask if s12q20=2,7,9,missing and s12q19=2//  
\s18q7  

Have you had a hysterectomy?  

**HADHYST2** (187)
A hysterectomy is an operation to remove the uterus (womb).

Section 19: Prostate Cancer Screening

Now, I will ask you some questions about prostate cancer screening. A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test?

- Yes (PSATEST (188))
- No
- Don’t know / not sure (Go to Q19.3)
- Refused (Go to Q19.3)

How long has it been since you had your last PSA test?

- Within the past year (anytime less than 12 months ago) (PSATIME (189))
- Within the past 2 years (1 year but less than 2 years ago)
- Within the past 3 years (2 years but less than 3 years ago)
- Within the past 5 years (3 years but less than 5 years ago)
- 5 or more years ago

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

- Yes (DIGRECEX (190))
- No
- Don’t know / not sure (Go to Q19.5)
- Refused (Go to Q19.5)

How long has it been since your last digital rectal exam?

- Within the past year (anytime less than 12 months ago) (DRETIME (191))
- Within the past 2 years (1 year but less than 2 years ago)
- Within the past 3 years (2 years but less than 3 years ago)
- Within the past 5 years (3 years but less than 5 years ago)
- 5 or more years ago

Read only if necessary:
s19q5

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

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

Section 20: Colorectal Cancer Screening

s20q1

The next questions are about colorectal cancer screening. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

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

s20q2

How long has it been since you had your last blood stool test using a home kit?

Read only if necessary:
1 Within the past year (anytime less than 12 months ago)
2 Within the past 2 years (1 year but less than 2 years ago)
3 Within the past 3 years (2 years but less than 3 years ago)
4 Within the past 5 years (3 years but less than 5 years ago)
5 5 or more years ago
7 Don’t know / not sure
9 Refused

s20q3

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

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

s20q4

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

1 Sigmoidoscopy
2 Colonoscopy
7 Don’t know / not sure
9 Refused
How long has it been since you had your last sigmoidoscopy or colonoscopy?  

Read only if necessary:
1 Within the past year (anytime less than 12 months ago)
2 Within the past 2 years (1 year but less than 2 years ago)
3 Within the past 3 years (2 years but less than 3 years ago)
4 Within the past 5 years (3 years but less than 5 years ago)
5 Within the past 10 years (5 years but less than 10 years ago)
6 10 or more years ago
Do not read:
7 Don’t know / not sure
9 Refused

Section 21: HIV/AIDS
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.

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.

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

Where did you have your last HIV test – at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?
04 Clinic
05 Jail or prison (or other correctional facility)
06 Drug treatment facility
07 At home
08 Somewhere else
77 Don’t know / not sure
99 Refused

//ask if 0 ≤ lasttest [current date – test date] ≤ 12 or (s21q2Y=2009,2010 and s21q2M=77,99)//
s21q4

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

_HIVRDTST_ (207)

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

//ask if s12q1<65//
s21q5

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

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

Do any of these situations apply to you?  

_HIVRISK2_ (208)

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

Section 22: Emotional Support and Life Satisfaction

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

//ask of all//
s22q1

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

_EMTSUPRT_ (209)

/Interviewer Note: If asked, say “please include support from any source.”/

Please read:
1 Always
2 Usually
3 Sometimes
4 Rarely
5 Never
7 Don’t know / not sure
9 Refused

//ask of all//
s22q2

In general, how satisfied are you with your life?  

_LSATISFY_ (210)

Please read:
1 Very satisfied
2 Satisfied
Section 26: Influenza-Like Illness (ILI)  
[***October 1, 2010 – April 30, 2011***]  
We would like to ask you some questions about recent respiratory illnesses.

//ask of all//

**s26q1**

Last month (i.e. September [to change to previous month each month of survey]) were you ill with a fever?

1. Yes  
2. No  
7. Don’t know  
9. Refused  

//ask if s26q1=1//

**s26q2**

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

1. Yes  
2. No  
7. Don’t know  
9. Refused  

//ask if s26q2=1//

**s26q3**

Did you visit a doctor, nurse, or other health professional for this illness?

1. Yes  
2. No  
7. Don’t know  
9. Refused  

//ask if s26q3=1//

**s26q4**

When did you visit the doctor, nurse, or other health professional for this illness?

/Interviewer Note: Read off choices; choose the most specific/

1. Within two days of getting ill  
2. Within three to 7 days of getting ill  
3. More than 7 days of getting ill  
7. Don’t know  
9. Refused  

//ask if s26q3=1//

**s26q5**

What did the doctor, nurse, or other health professional tell you? Did they say…

/Interviewer Note: If respondent says they had either H1N1 or seasonal influenza, please code as ‘1=You had influenza or the flu’/

1. You had influenza or the flu  
2. You had some other illness, but not the flu  
7. Don’t know / not sure  
9. Refused
s26q6
Did you have a flu test that was positive for this illness? Usually a swab from your nose or throat is tested. Would you say…

FLSYAQ06 (923)

/Interviewer Note: If respondent says they had either a positive H1N1 or seasonal influenza result, please code as ‘1=Had flu test and it was positive’/
1 Had flu test and it was positive
2 Had flu test and it was negative
3 Did not have flu test
7 Don’t know
9 Refused

s26q7
Did you receive Tamiflu® or oseltamivir [os el TAM i veer] or an inhaled medicine called Relenza® or zanamivir [za NA mi veer] to treat this illness?

FLSYAQ07 (924)

1 Yes
2 No
7 Don’t know
9 Refused

/CATI Note: Apply prior to Q8; For a one adult household with no children, if the respondent has NOT been ill (Q1=2,7,9 or Q2=2,7,9) skip to next section. For a one adult household with no children, if respondent has been ill (Q1=1 and Q2=1) go to Q10/

s26q8
Did any other members of your household have a fever with cough or sore throat last month (i.e. September [to change each month of survey])?

FLSYAQ08 (925)

1 Yes
2 No
7 Don’t know
9 Refused

[if (Q1=1 (Yes) and Q2=1 (Yes)), go to Q10, else, go to next section]

s26q9
How many household members [CATI Note: Fill in “including you,” if Q1=1 (Yes) and Q2=1 (Yes)] were ill last month (i.e. September [to change each month of survey])?

FLSYAQ09 (926-927)

Number of persons
8 8 None
7 7 Don’t know / not sure
9 9 Refused

s26q10
How many people in your household, including you, were hospitalized for flu last month (i.e. September [to change each month of survey])?

FLSYAQ10 (232-233)

Number of persons
8 8 None
7 7 Don’t know / not sure
9 9 Refused
Transition to Modules and/or State-Added Questions
Please Read: Finally, I have just a few questions left about some other health topics.

Optional Modules
Module 16: Reactions to Race
Earlier I asked you to self-identify your race. Now I will ask you how other people identify you and treat you.

How do other people usually classify you in this country? Would you say: White, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or other Pacific Islander, American Indian or Alaska Native, or some other group?

/Interviewer Note: If the respondent requests clarification of this question, say: “We want to know how OTHER people usually classify you in this country, which might be different from how you classify yourself.”/

1 White
2 Black or African American
3 Hispanic or Latino
4 Asian
5 Native Hawaiian or other Pacific Islander
6 American Indian or Alaska Native
8 Some other group (Specify:_________________)
7 Don’t know / not sure
9 Refused

Enter response:_____________________

How often do you think about your race? Would you say never, once a year, once a month, once a week, once a day, once an hour, or constantly?

/Interviewer Note: The responses can be interpreted as meaning “at least” the indicated time frequency. If a respondent cannot decide between two categories, check the response for the lower frequency. For example, if a respondent says that they think about their race between once a week and once a month, check “once a month” as the response/

1 Never
2 Once a year
3 Once a month
4 Once a week
5 Once a day
6 Once an hour
8 Constantly
7 Don’t know / not sure
9 Refused

Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races?

1 Worse than other races
2 The same as other race
Within the past 12 months, when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races?

//Interviewer Note: If the respondent indicates that they do not know about other people’s experiences when seeking health care, say: “This question is asking about your perceptions when seeking health care. It does not require specific knowledge about other people’s experiences.”/

Within the past 30 days, have you experienced any physical symptoms, for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race?

Within the past 30 days, have you felt emotionally upset, for example, angry, sad, or frustrated, as a result of how you were treated based on your race?

State-Added 2: Health Insurance Coverage

//ask if s3q1=1//

Earlier you said you have health care coverage. What type of health care coverage do you use to pay for most of your medical care? Is it coverage through:

Please read:

01 Your employer
02 Someone else’s employer
03 A plan that you or someone else buys on your own
04 Medicare
05 Medicaid or Rhody Health Partners
06 Rite Care
07 The military, CHAMPUS or TriCare, or the VA
08 The Indian Health Service [or the Alaska Native Health Service]

Or
09 Some other source

Do not read:
88 None
77 Don’t know / not sure
99 Refused

//ask if s3q1=2,7//

Earlier you said you do not have health care coverage or weren’t sure you had health care coverage. There are some types of coverage you may not have considered. Please tell me if you have any of the following. Is it coverage through:

//Interviewer Note: If more than one, ask “Which type do you use to pay for most of your medical care?”//

Please Read:
01 Your employer
02 Someone else’s employer
03 A plan that you or someone else buys on your own
04 Medicare
05 Medicaid or Rhody Health Partners
06 Rite Care
07 The military, CHAMPUS or TriCare, or the VA
08 The Indian Health Service [or the Alaska Native Health Service]

Or
09 Some other source

Do not read:
88 None
77 Don’t know / not sure
99 Refused

State-Added 3: Adult Oral Health

//ask of all/

RI3_1

Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid?
1 Yes
2 No
7 Don’t know / not sure
9 Refused

//ask if RI3_1=1//

RI3_2

Which plan provides this dental coverage?

Please read:
01 Delta dental
02 Blue cross dental
03 Other private plan (Specify:_________________)
04 Rite smiles
05 Rite care
06 Medicare (supplement or managed care plan)
07 Military, veterans, or TriCare family dental plan
08 Other (Specify:_________________)

Do not read:
88 No dental coverage
98  Don’t know / not sure
99  Refused

//if RI3_2=03//
RI3_2o1
Specify private plan:_________________

//if RI3_2=08//
RI3_2o2
Specify other:_________________

//ask of all//
RI3_3
When was the last time you had a test for oral cancer in which a dentist, doctor, or dental hygienist pulls
on your tongue, sometimes with gauze wrapped around it, and feels under the tongue and inside the cheeks?

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

Do not read:
5  Never
7  Don’t know / not sure
9  Refused

//ask of all//
RI3_4
Do you have cavities or untreated dental decay?
1  Yes
2  No
7  Don’t know / not sure
9  Refused

State-Added 4: Tobacco Control [***July 1, 2010 – December 31, 2010]

//ask of all if loadmnth=7,8,9,10,11,12//
RI4_1
Do you now smoke cigars, little cigars or cigarillos?

Read responses:
1  Every day
2  Some days
3  Not at all

Do not read:
7  Don’t know / not sure
9  Refused

//ask if s11q1=1 and loadmnth=7,8,9,10,11,12//
/CATI Note: If s11q2=1,2, read: “Previously you said you smoke cigarettes. Do you…”/
/CATI Note: If s11q2=3, read: “Previously you said you used to smoke cigarettes. Did you…”/
RI4_2
…smoke primarily menthol or plain cigarettes?
1  Menthol
2  Plain
7  Don’t know / not sure
9  Refused

//ask if s11q1=1,2 and loadmnth=7,8,9,10,11,12//
RI4_3

On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?  
*Interviewer Note: 1 pack = 20 cigarettes*

<table>
<thead>
<tr>
<th>Number of cigarettes</th>
<th>Range 1-76</th>
<th>76=76 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 8</td>
<td>Don’t know / not sure</td>
<td></td>
</tr>
<tr>
<td>8 8</td>
<td>Didn’t smoke in past 30 days</td>
<td></td>
</tr>
<tr>
<td>9 9</td>
<td>Refused</td>
<td></td>
</tr>
</tbody>
</table>

//ask if s11q2=1,2 and loadmnth=7,8,9,10,11,12//  
**RI4_4**  
In the last 12 months, how many times have you seen a doctor or other health provider to get any kind of care for yourself?  

<table>
<thead>
<tr>
<th>Number of times</th>
<th>Range 1-76</th>
<th>76=76 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 8</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>7 7</td>
<td>Don’t know / not sure</td>
<td></td>
</tr>
<tr>
<td>9 9</td>
<td>Refused</td>
<td></td>
</tr>
</tbody>
</table>

//ask if RI4_4=1-76//  
**RI4_5**  
In the past 12 months, on how many of those visits were you advised to quit smoking by a doctor or other health provider?  

<table>
<thead>
<tr>
<th>Number of times</th>
<th>Range 1-76</th>
<th>76=76 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 8</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>7 7</td>
<td>Don’t know / not sure</td>
<td></td>
</tr>
<tr>
<td>9 9</td>
<td>Refused</td>
<td></td>
</tr>
</tbody>
</table>

//ask of all if loadmnth=7,8,9,10,11,12//  
**RI4_6**  
Thinking about the past 7 days (past week), about how many hours were you exposed to other people’s tobacco smoke inside your house or apartment?  
*Interviewer Note: If respondent was exposed 1 hour or less, but more than none, enter 01*

<table>
<thead>
<tr>
<th>Number of hours</th>
<th>Range 1-95</th>
<th>95=95 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 8</td>
<td>Not exposed at all</td>
<td></td>
</tr>
<tr>
<td>9 7</td>
<td>Don’t know / not sure</td>
<td></td>
</tr>
<tr>
<td>9 9</td>
<td>Refused</td>
<td></td>
</tr>
</tbody>
</table>

//ask of all if loadmnth=7,8,9,10,11,12//  
**RI4_7**  
Thinking about the past 7 days (past week), about how many hours were you exposed to other people’s tobacco smoke when you were at work?  
*Interviewer Note: If respondent was exposed 1 hour or less, but more than none, enter 01*

<table>
<thead>
<tr>
<th>Number of hours</th>
<th>Range 1-95</th>
<th>95=95 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 6</td>
<td>Do not work indoors</td>
<td></td>
</tr>
<tr>
<td>9 8</td>
<td>Not exposed at all</td>
<td></td>
</tr>
<tr>
<td>9 7</td>
<td>Don’t know / not sure</td>
<td></td>
</tr>
<tr>
<td>9 9</td>
<td>Refused</td>
<td></td>
</tr>
</tbody>
</table>

//ask of all if loadmnth=7,8,9,10,11,12//  
**RI4_8**  
Thinking about the past 7 days (past week), about how many hours were you exposed to other people’s tobacco smoke inside places other than home (or work if employed)?  
*Interviewer Note: If respondent was exposed 1 hour or less, but more than none, enter 01*

<table>
<thead>
<tr>
<th>Number of hours</th>
<th>Range 1-95</th>
<th>95=95 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 8</td>
<td>Not exposed at all</td>
<td></td>
</tr>
<tr>
<td>9 7</td>
<td>Don’t know / not sure</td>
<td></td>
</tr>
<tr>
<td>9 9</td>
<td>Refused</td>
<td></td>
</tr>
</tbody>
</table>
RI4_9
In the past 12 months, have you heard, read, or seen anti-smoking information?
1 Yes
2 No
7 Don’t know / not sure
9 Refused

//ask if RI4_9=1//
RI4_10
In the past 12 months, have you seen anti-smoking information on television?
1 Yes
2 No
7 Don’t know / not sure
9 Refused

Module 12: Tetanus Diphtheria (Adults) [***July 1, 2010 – December 31, 2010]
Next, I will ask you about the tetanus diphtheria vaccination.
//ask of all if loadmth=7,8,9,10,11,12//
Mod12_1
Have you received a tetanus shot in the past 10 years?
1 Yes
2 No
7 Don’t know / not sure
9 Refused

//ask if Mod12_1=1//
Mod12_2
Was your most recent tetanus shot given in 2005 or later?
1 Yes
2 No
7 Don’t know / not sure
9 Refused

//ask if Mod12_2=1,7,9//
Mod12_3
There are currently two types of tetanus shots available for adults. One contains the tetanus diphtheria vaccine. The other type contains tetanus diphtheria and pertussis or whooping cough vaccine. Did your doctor say your recent tetanus shot included the pertussis or whooping cough vaccine?
1 Yes (included pertussis)
2 No (did not include pertussis)
7 Don’t know / not sure
9 Refused

Module 13: Adult Human Papilloma Virus (HPV)
/Interviewer Note: Human Papilloma Virus (Human Pap·uh·loh·muh Virus); Gardasil (Gar·duh· seel); Cervarix (Sir·var·icks)/
//ask if s12q1=18-49,7,9//
Mod13_1
A vaccine to prevent the human papilloma virus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot [CATI Note: Fill if female “GARDASIL or CERVARIX”; if male “or GARDASIL”]. Have you EVER had an HPV vaccination?
1 Yes
Mod13_2

How many HPV shots did you receive?

<table>
<thead>
<tr>
<th>Number of shots</th>
<th>[Range 1-3]</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>All shots</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

HPVADSHT (322-323)

State-Added 5: Depression and Help Seeking

Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks.

R15_1

Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?

<table>
<thead>
<tr>
<th>Number of days</th>
<th>[Range 01-14]</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>None</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

ADPLEASR

R15_2

Over the last 2 weeks, how many days have you felt down, depressed or hopeless?

<table>
<thead>
<tr>
<th>Number of days</th>
<th>[Range 01-14]</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>None</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

ADDOWN

Score responses to Qs 1 and 2 as follows:

The number of days for each question is converted to points–

- 88 (none) or 1 day = 0 points
- 02 – 06 days = 1
- 07 – 11 days = 2
- 12 – 14 days = 3

Total the number of points for the two questions. If data for either of the two questions are missing or =77 or 99, a score is not calculated. A score of:

<table>
<thead>
<tr>
<th>Points</th>
<th>Score</th>
<th>category</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2</td>
<td></td>
<td>No depression</td>
<td>Skip to next section</td>
</tr>
<tr>
<td>3-6</td>
<td></td>
<td>Current depression</td>
<td>continue</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If R15_1 =</th>
<th>R15_2 =</th>
<th>Points</th>
<th>Score</th>
<th>category</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>77 or 99</td>
<td>77 or 99</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>88 or 01</td>
<td>88 or 01</td>
<td>0 + 0</td>
<td>0</td>
<td>No depressn</td>
<td>Skip to next section</td>
</tr>
<tr>
<td>02 - 06</td>
<td>88 or 01</td>
<td>1 + 0</td>
<td>1</td>
<td>No depressn</td>
<td>Skip to next section</td>
</tr>
<tr>
<td>88 or 01</td>
<td>02 - 06</td>
<td>0 + 1</td>
<td>1</td>
<td>No depressn</td>
<td>Skip to next section</td>
</tr>
<tr>
<td>02 - 06</td>
<td>02 - 06</td>
<td>1 + 1</td>
<td>2</td>
<td>No depressn</td>
<td>Skip to next section</td>
</tr>
<tr>
<td>07 - 11</td>
<td>88,01</td>
<td>2 + 0</td>
<td>2</td>
<td>No depressn</td>
<td>Skip to next section</td>
</tr>
<tr>
<td>88,01</td>
<td>07 - 11</td>
<td>0 + 2</td>
<td>2</td>
<td>No depressn</td>
<td>Skip to next section</td>
</tr>
<tr>
<td>02 - 06</td>
<td>07 - 11</td>
<td>1 + 2</td>
<td>3</td>
<td>Curr depressn</td>
<td>continue</td>
</tr>
<tr>
<td>07 - 11</td>
<td>02 - 06</td>
<td>2 + 1</td>
<td>3</td>
<td>Curr depressn</td>
<td>continue</td>
</tr>
</tbody>
</table>
Interviewer Note: ask the following questions only of respondents with a score of 3-6 points (have current depression).
All others, go to next section/
//ask of...(see score info for Q1 and Q2)\\

RI5_3

Have you **sought help** for psychological problems or emotional difficulties in the past 12 months?

1  Yes
2  No  [Go to RI5_5]
7  Don’t know / not sure  [Go to RI5_5]
9  Refused  [Go to RI5_5]

//ask if RI5_3=1\\

RI5_4

When you sought help, from whom did you seek the most support or assistance?

**Please read:**
02  A family member or friend
03  A crisis hotline or support group
04  A therapist or counselor
05  A medical provider
06  A member of my religious or spiritual community (member of the clergy)
07  Another professional
08  Other  (Specify:_________________)

**Do not read:**
01  No one / I did not seek help  [Go to Q5]
77  Don’t know / not sure
99  Refused

//ask if RI5_4=08\\

RI5_40

Enter Response: _________________

//ask if RI5_3=2,3 or RI5_4=01\\

RI5_5

What were the main reasons you did not seek help for psychological problems or emotional difficulties in the past 12 months?

[Code up to two] [MUL=2]

**Please read:**
02  Lack of information about available resources
03  Cost / no health insurance
04  Concern about what others would think
05  Lack of time
06  Depression
07  Lack of resources in your area

Or
08  Other  (Specify:_________________)

**Do not read:**
01  Didn’t think I needed help  [Go to Q5]
77  Don’t know / not sure
99  Refused

//ask if RI5_5=08\\

RI5_50

Enter Response: _________________
//Read to all where RI5_3=Not Blank//

RI5close

SUICIDE CLOSING STATEMENT (READ TO RESPONDENT):
If you or anyone you know is feeling depressed or considering suicide, they can get help on the phone by calling the National Crisis line at 1-800-273-TALK (1-800-273-8255). You can also speak directly to your doctor or health provider.

Module 23: Random Child Selection
/if s12q7=1, interviewer please read: “Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.”/  [Go to Mod23_1]

/If s12q7>1 and (s12q7≠88 or s12q7≠99), interviewer please read: “Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last.” Please include children with the same birth date, including twins, in the order of their birth/

/CATI Note: RANDOMLY SELECT ONE OF THE CHILDREN. This is the “Xth” child. Please substitute “Xth” child’s number in all questions below/

Interviewer Read: I have some additional questions about one specific child. The child I will be referring to is the “Xth” [CATI Note: Please fill in correct number] child in your household. All following questions about children will be about the “Xth” [CATI Note: Please fill in correct number] child.”  
//ask if s12q7=1-15//
Mod23_1M  
What is the birth month of the “Xth” child?  

RCSBIRTH (460-465)  

[Range 01-12]  

7 7 7 Don’t know / not sure  
9 9 9 Refused  

//ask if s12q7=1-15//
Mod23_1Y  
What is the birth year of the “Xth” child?  

(460-465)  

[Range 1991-2010]  

7 7 7 7 Don’t know / not sure  
9 9 9 9 Refused  

//ask if s12q7=1-15 and ([0≤mthsold<216] or (Mod23_1Y=7777 or Mod23_1Y=9999))//
Mod23_2  
Is the child a boy or a girl?  

RCSGENDR (466)  

1  Boy  
2  Girl  
9  Refused  

//ask if s12q7=1-15 and ([0≤mthsold<216] or (Mod23_1Y=7777 or Mod23_1Y=9999))//
Mod23_3  
Is the child Hispanic or Latino?  

RCHISLAT (467)  

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

//ask if s12q7=1-15 and ([0≤mthsold<216] or (Mod23_1Y=7777 or Mod23_1Y=9999))//
Mod23_4  
Which one or more of the following would you say is the race of the child?
Please read:
1. White
2. Black or African American
3. Asian
4. Native Hawaiian or other Pacific islander
5. American Indian, Alaska Native
Or
6. Other (Specify: ____________)

Do not read:
7. Don’t know / not sure
9. Refused

Enter response: ________________

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

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or other Pacific islander
5. American Indian, Alaska Native
6. Other
7. Don’t know / not sure
9. Refused

How are you related to the child?

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

Module 34: Child Influenza-Like Illness (ILI) [***October 1, 2010-April 30, 2011]
For states using random child selection / asthma module – AZ, CT, DC, RI, NH does not do child, do not add these. Use selected child from Random Child Selection.

Last month (i.e. September [to change each month of survey]), did the child have a fever with cough and / or sore throat?

1. Yes
2. No
7. Don’t know
//ask if Mod34_1=1//
Mod34_2
Did the child visit a doctor, nurse, or other health professional for this illness?  

1   Yes
2   No
7   Don’t know
9   Refused

State-Added 6: Child Oral Health
/CATI Note: Ask if Module 23 is not blank. Same selected child from Mod23/
//ask if s12q7=1-15//
RI6_1
Does this child have any kind of insurance coverage that pays for some or all of his / her routine dental care,  
including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid?  

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

//ask if RI6_1=1//
RI6_2
Which plan provides this dental coverage?  

Please read:
01   Delta dental
02   Blue cross dental
03   Other private plan   (Specify:_________________)  
04   Rite smiles
05   Rite care, fee for service, medical assistance dental
06   Medicare (supplement or managed care plan)
07   Military, veterans, or TriCare family dental plan
08   Other   (Specify:_________________)  
Do not read:
88   No dental coverage
77   Don’t know / not sure
99   Refused

//ask if RI6_2=03//
RI6_2o1
Specify private plan:_________________

//ask if RI6_2=08//
RI6_2o2
Specify other plan:_________________

//ask if mthsold>11 or (Mod23_1Y=7777 or Mod23_1Y=9999)//
RI6_3
About how long has it been since this child last went to a dentist or dental hygienist?  

Read if necessary:
1   During the past 12 months
2   One or two years ago (13-24 months)
3   Three to five years ago
4   More than five years ago
5   Never
Do not read:
RI6_4

CHDNTCHK

Were any of the visits this child made during the past 12 months primarily for a checkup or cleaning?
1  Yes
2  No
7  Don’t know / not sure
9  Refused

RI6_5

CHDNTFIL

Has this child had one or more fillings?
1  Yes
2  No
3  Baby – no teeth
7  Don’t know / not sure
9  Refused

RI6_6

DENTSEAL

Has this child had sealants painted on his / her teeth?
1  Yes
2  No
7  Don’t know / not sure
9  Refused

RI6_7

CHDNTCAV

Does this child have cavities or untreated dental decay?
1  Yes
2  No
7  Don’t know / not sure
9  Refused

Module 24: Childhood Asthma Prevalence

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

RI6_1

CASTHDX2 (476)

Does a doctor, nurse or other health professional EVER said that the child has asthma?
1  Yes
2  No
7  Don’t know / not sure
9  Refused

RI6_2

CASTHNO2 (477)

Does the child still have asthma?
1  Yes
2  No
7  Don’t know / not sure
9  Refused
Module 25: Childhood Immunization

/CATI Note: If Core Q12.7=88 or 99 (no children under age 18 in the household, or refused), go to next module/
//ask if 6≤mthsold<216 or (Mod23_1Y=7777 or Mod23_1Y=9999)//

Mod25_1

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

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

//ask if Mod25_1=1//

Mod25_2

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

_ / _ _ _ _ Month / year
7 7 / 7 7 7 7 Don’t know / not sure
9 9 / 9 9 9 9 Refused

Asthma Permission to Callback

//ask if Mod24_1=1 or s9q1=1//

ast1

We would like to call you again within the next 2 weeks to talk in more detail about (your / your child’s) experiences with asthma. The information will be used to help develop and improve the asthma programs in Rhode Island. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

1  Yes
2  No

State-Added 7: Language Indicator

/answer for all/
/Interviewer Note: Do not read this to respondent/

lang1

In what language was this interview completed?

1  English
2  Spanish

Closing Statement

Please read: That was my last question. Everyone’s answers will be combined to help us provide information about the health practices of people in Rhode Island. Thank you very much for your time and cooperation.