2018

Rhode Island Behavioral Risk Factor Surveillance System
Questionnaire

Skip Patterns/CATI Instructions = Red text
Spanish translations = Blue text
Question Variables = Bold with colon
Interviewer Notes = The words “INTERVIEWER NOTE” to always be in bold text on the screen.

Samptype = 1 = land
Samptype = 2 = cell

Variables to Insert:

<table>
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<th>STATE</th>
<th>HEALTHDEPT</th>
<th>DEPTPHONE</th>
<th>LENGTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rhode Island</td>
<td>Rhode Island Department of Health</td>
<td>1-877-364-0821</td>
<td>24</td>
</tr>
</tbody>
</table>

Asgnty –from sample by state

CDC NOTE: Items in parentheses at any place in the questions or response DO NOT need to be read.

Core draft as of: MAY 2018
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**Behavioral Risk Factor Surveillance System**

2018 Questionnaire

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Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).

NOTE: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at ivk7@cdc.gov.

//answering machine message to be left on the 1st, 4th, and 9th attempts that result in an answering machine disposition//

Answering Machine message text:
Hello, my name is _______. I am calling on behalf of the Rhode Island Department of Health to conduct an important study on the health of Rhode Island residents. We will call again in the next few days to conduct the interview. If you have any questions, please call us toll free at 1-877-364-0821 at your convenience. Thanks.

Hola, mi nombre es _______. Llamo en representación del Departamento de Servicios de Salud de Rhode Island para realizar un importante estudio sobre la salud de los residentes de Rhode Island. Vamos a llamar otra vez en los próximos días para realizar la entrevista. Si usted tiene alguna pregunta, por favor llámenos al 1-877-364-0821 cuando le sea conveniente. Gracias.

//prompt on the 1st, 4th, and 9th attempt that results in a privacy manager//

Privacy Manager (NAME) calling on behalf of the Rhode Island Department of Health.

(NAME) llamo de parte del Departamento de Servicios de Salud de Rhode Island.

//ask if samptype=1//
Intro1: Hello, I am calling for the Rhode Island Department of Health. My name is _______. 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 number has been chosen randomly, and I would like to ask some questions about health and health practices. This call may be monitored or recorded for quality control. Your continued participation in this telephone survey serves as express consent to be monitored or recorded.

Is this [INSERT $N]? 

INTERVIEWER NOTE: IF NO: Thank you very much, but I seem to have dialed the wrong number. It’s possible that your number may be called at a later time.

01 Yes- Continue
10 Callback
20 Refusal
D3 Answering Machine
B2 Busy
DA Dead Air
HU Hang Up
NA No Answer
NW Non-Working Number

For Resumed Interviews and samptype =1:

//if samptype =1//

INTROa1: Hello, I'm _____calling from ICF for the Rhode Island State Department of Health and the Centers for Disease Control and Prevention. We are gathering information about the health of Rhode Island residents. This call may be monitored or recorded for quality control. When we called previously the computer randomly selected the <male/female> 18 years of age or older in the household with the next birthday to be interviewed.

May I please speak to him/her?

01 Selected on the line [go to resume location]

//ask if intro1=1 and samptype = 1//

HS1: Is this a private residence?

READ ONLY IF NECESSARY: By private residence, we mean someplace like a house or apartment.
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 [GO TO STRES]
2. No [GO TO COLLEGE]
3. No, Business phone only

//if HS1=3/
BUS: Thank you very much but we are only interviewing persons on residential phones lines at this time.

1. Continue [Assign dispo M8]

//if HS1=2/

COLLEGE: 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.

INTERVIEWER NOTE: If no, probe to find out if business or group home.

1  Yes  [Go to STRES]
2  No - Business
3  No - Group home
7  Don’t know / Not sure
9  Refused

//if college = 2, 3, 7,9//

X2: Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.

1. Continue [If college = 2,3,7,9 assign dispo M8 Not a Private Residence]

//ask if samptype = 1//
STRES: Do you currently live in Rhode Island?

1  Yes [Go to HS2]
2  No
7  Don’t know / Not sure
9  Refused

//if stres = 2, 7, 9//
X3: Thank you very much, but we are only interviewing persons who live in Rhode Island at this time.

1 Continue [ASSIGN DISPO M7]

//ask if HS1=1 or college = 1//

HS2: Is this a cell phone?

INTERVIEWER NOTE: Telephone service over the internet counts as landline service (includes vonage, magic jack and other home-based phone services).

READ ONLY IF NECESSARY: By cell phone we mean a telephone that is mobile and usable outside your neighborhood.

1   Yes, it is a cell phone
2   No, not a cell phone

//if HS2=1//
HS2X: Thank you very much, but we are only interviewing by land line telephones in private residences or college housing at this time.

1 Continue [Assign dispo M3]

//ask if college=1 and hs2=2//
ADULT: Are you 18 years of age or older?

DO NOT READ: Sex will be asked again in demographics section.

1   Yes, respondent is male
2   Yes, respondent is female
3   No

//IF ADULT = 1, SET HGENDER = 1 MALE //
//if ADULT = 2, SET HGENDER = 2 FEMALE//

//if ADULT = 1 or 2 go to YOURTHE1]

//ask if HS1=1 and hs2=2//
**ADULTS:** I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older?

__ Number of adults [RANGE 0-18]

//ask if ADULTS = 0 or ADULT = 3 //

XX3: Thank you very much, but we are only interviewing persons aged 18 or older at this time.

1 Continue [Assign dispo M6]

//ask if ADULTS = 1//

**ONEADULT:** Are you the adult?

**INTERVIEWER NOTE:** Gender will be asked again in demographics section.

21 Yes and the respondent is Male
22 Yes and the respondent is Female
03 No

//IF ONEADULT = 21, SET HGENDER = 1 MALE //
//if ONEADULT = 22, SET HGENDER = 2 FEMALE//

//ASK IF ONEADULT=21 OR 22//

YOU: Then you are the person I need to speak with.

01 Continue [go to YOURTHE1]

//ask if ONEADULT=03//

**ASKGENDR:** Is the adult a man or a woman?

21 Male
22 Female

//IF ASKGENDR = 21, SET HGENDER = 1 MALE //
//if ASKGENDR = 22, SET HGENDER = 2 FEMALE//

//ask if ONEADULT=03//

**GETADULT:** May I speak with [if askgendr = 21, insert him; if askgendr = 22, insert her]?

1 Yes, Adult coming to the phone. [GO TO NEWADULT]
No, not here [GO TO TERMINATION SCREEN]

//ASK IF ADULTS>1//

MEN: How many of these adults are men?

__ Number of men [RANGE 0-ADULTS]

CATI NOTE: CATI program to subtract number of men from number of adults provided

//ask if ADULTS >1 and MEN ne ADULTS//

WOMEN: So the number of women in the household is ___.

__ Number of women [RANGE 0-ADULTS-MEN]

Is that correct?

1 Yes
2 No [go back to ADULTS]

//if Adults >1 and samptype= 1//

NBIRTH Among the adults in your household, may I please speak with the adult with the next birthday?

1 Yes, On the line [go to GENDER ]
2 Yes, Adult coming to the phone [go to GENDER]
3 No, adult not available at this time [go to GENDER]

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

GENDER:

READ ONLY IF NECESSARY:

Is the adult a man or a woman?

21 Male
22 Female

//IF GENDER = 21, SET HGENDER = 1 MALE //
//if GENDER = 22, SET HGENDER = 2 FEMALE//
//if nbirth=3 and gender = 21 or 22 //: Suspend and schedule a call back.

//if getadult = 1 or nbirth = 2//

NEWADULT: Hello, I am calling for the Rhode Island Department of Health. My name is ___________. 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 number has been chosen randomly, and I would like to ask some questions about health and health practices. This call may be monitored or recorded for quality control.

01 Continue

//ask if samptype=1//

YOURTHE1: 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 401-222-1247 or toll free 1-877-364-0821.

INTERVIEWER NOTE: The interview takes on average 24 minutes depending on your answers.

001 Person Interested, continue.
002 Go back to Adults question. WARNING: A NEW RESPONDENT WILL BE SELECTED AND YOU NEED A SUPERVISOR’S PASSWORD TO CONTINUE [Go to ADULTS]
Interviewer's Script Cell Phone

Form Approved
OMB No. 0920-1061
Exp. Date 3/31/2018

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Answering Machine message text [TO BE LEFT ON 1ST, 4TH, AND 9TH ATTEMPT RESULTING IN AN ANSWERING MACHINE]:

Hello, the Rhode Island Department of Health and the Centers for Disease Control and Prevention are conducting a study on the health of Rhode Island residents. We will call again in the next few days to conduct the interview. If you have any questions, please call us toll free at 1-877-364-0821.
For most people, the study will be very brief and we would be glad to answer any questions you have. The toll free number again is 1-877-364-0821. Thank you.

//ask if samptype=2//
Intro1: Hello, I am calling for the Rhode Island Department of Health. My name is ________. 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 number has been chosen randomly, and I would like to ask some questions about health and health practices. This call may be monitored or recorded for quality control.

Is this a safe time to talk with you?

INTERVIEWER NOTE: If no, say: “Thank you very much. We will call you back at a more convenient time. [go to call back screen]
01 Yes – Continue
02 No – Not a safe time

10 Callback
20 Refusal
D3 Answering Machine
B2 Busy
DA Dead Air
HU Hand up
NA No Answer
NW Non-Working Number

//if intro1=1//

PHONE: Is this [INSERT $N]?

INTERVIEWER NOTE: Please confirm negative responses to ensure that respondent has heard and understood correctly.

1   Yes  [Go to CELLFON2]
2   No   [dispo U1]
3   Not a safe time/driving [go to call back screen]
7   Don't know / Not sure [Go to CELLFON2]
9   Refused [Go to CELLFON2]

If "no," //if PHONE=2//
XPHONE: 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.

01 Continue [go to termination screen]

//If PHONE=1, 7, 9 ask CELLFON2//

CELLFON2: Is this a cell telephone?

READ ONLY IF NECESSARY: By cell telephone, we mean a telephone that is mobile and usable outside of your neighborhood.

INTERVIEWER NOTE: Please confirm negative responses to ensure that respondent has heard and understood correctly.
1   Yes    [Go to CADULT]
2   No
3   Not a safe time/driving [go to call back screen]
7   Don’t know / Not sure
9   Refused

//ASK IF CELLFON2=2//

NOTCELL1: Thank you very much, but we are only interviewing cell telephones at this time.
1 Continue [Assign dispo M2]

//ASK IF CELLFON2=7,9//

NOTCELL2: Thank you for your time.  [assign dispo M2]

//If CELLFON2=1 ask CADULT//

CADULT: Are you 18 years of age or older?
DO NOT READ:  Sex will be asked again in demographics section.

1. Yes, respondent is male
2. Yes, respondent is female
3   No [GO TO CADULT2]
4   Not a safe time/driving [go to call back screen]
7   Don’t know / Not sure
9   Refused

//IF CADULT = 1, SET HGENDER = 1 MALE //
//if CADULT = 2, SET HGENDER = 2 FEMALE//

//if CADULT = 1 or 2, go to PVTRESD2//
//ASK If CADULT=7, 9//
AGEREF: Thank you very much for your time.
1 Continue [Assign dispo M3]
//If CADULT=3//

CADULT2: Is there an adult that also uses this cell phone?

1 Yes [GO TO CADULT3]
2 No

//ASK if CADULT2=2//

NOTOLD: Thank you very much, but we are only interviewing persons aged 18 or older at this time.

1 Continue [assign dispo M6]

//ASK if CADULT2=1//

CADULT3: May I speak with him or her?

1 SWITCHING TO RESPONDENT [Go to INTRO1]
2 RESPONDENT NOT AVAILABLE/CALLBACK [Assign dispo C4]

// ASK IF CADULT=1, 2 //

PVTRES2: Do you live in a private residence?

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

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 [Go to CSTATE]
2 No [Go to COLLEGE]
3 Not a safe time / driving [go to call back screen]
7 Don’t know / Not sure
9 Refused

//if pvtresd2=2//

COLLEGE: 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.

INTERVIEWER NOTE: If no, probe to find out if business or group home
1 Yes [Go to CSTATE]
2 No – business
3 No – group home
4 Not a safe time/driving [go to call back screen]
7 Don’t know / Not sure
9 Refused

//if college = 2,3 //

NOTARES: Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.

1 Continue [assign dispo M8]

//If PVTRESD2=7,9 or college = 7,9//
X4: Thank you very much for your time.

1 Continue [ASSIGN DISPO M8]

//If PVTRESD2=1 or college = 1 ask CSTATE//

CSTATE: Do you currently live in _______ Rhode Island _______?
1 Yes [Go to LANDLINE]
2 No [Go to RSPSTATE]
3 Not a safe time / driving [go to call back screen]
7 Don’t know / Not sure
9 Refused

//If CSTATE=7,9//
X5: Thank you very much for your time.

1 Continue [ASSIGN DISPO M7]

//If CSTATE=2 ask RSPSTATE//

RSPSTATE: In what state do you currently live?

_______ ENTER FIPS STATE

AL Alabama
AK Alaska
AZ Arizona
AR Arkansas
CA California
CO Colorado
DE Delaware
DC District of Columbia
//ask if RSPSTATE = 99//

REFSTATE: I'm sorry, but our data is compiled by state. In order to qualify for the interview we need to know which state you live in. Thank you for your time.
1 Continue [ASSIGN DISPO M7]

//ask if samptype=2//
LANDLINE: Do you also have a landline telephone in your home that is used to make and receive calls?

READ ONLY IF NECESSARY: By landline telephone, we mean a regular telephone in your home that is used for making or receiving calls. Please include landline phones used for both business and personal use.

INTERVIEWER NOTE: Telephone service over the internet counts as landline service (includes vonage, magic jack and other home-based phone services.).

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

CATI NOTE: IF COLLEGE = 1 (YES), DO NOT ASK NUMADULT, GO TO svintro2.

//ask if pvtresd2 = 1//

NUMADULT: How many members of your household, including yourself, are 18 years of age or older?

___ Number of adults [Range = 1-18]
99. Refused

CATI NOTE: IF COLLEGE = 1 (YES) THEN NUMADULT IS AUTOMATICALLY SET TO 1.

//ask if samptype=2//

svintro2: 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 not be connected to any personal information. If you have any questions about the survey, please call 401-222-1247 or toll free 1-877-364-0821.

INTERVIEWER NOTE: The interview takes on average 24 minutes depending on your answers.

1. Continue
2. Driving / Not a Safe Time [go to call back screen]
3. Refused [go to termination screen]
## Core Sections

### Section 1: Health Status

**s1q1:** Would you say that in general your health is—

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Excellent</td>
</tr>
<tr>
<td>2</td>
<td>Very good</td>
</tr>
<tr>
<td>3</td>
<td>Good</td>
</tr>
<tr>
<td>4</td>
<td>Fair, or</td>
</tr>
<tr>
<td>5</td>
<td>Poor</td>
</tr>
</tbody>
</table>

**PLEASE READ:**

**DO NOT READ:**

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</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 2: Healthy Days — Health-Related Quality of Life

**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?

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>88</td>
<td>None</td>
</tr>
<tr>
<td>77</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>99</td>
<td>Refused</td>
</tr>
</tbody>
</table>

**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?

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>88</td>
<td>None</td>
</tr>
<tr>
<td>77</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>99</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?  

<table>
<thead>
<tr>
<th>Number of days</th>
<th>Range: 1-30</th>
</tr>
</thead>
<tbody>
<tr>
<td>88</td>
<td>None</td>
</tr>
<tr>
<td>77</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>99</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, government plans such as Medicare, or Indian Health Service?  

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

[If using Health Care Access (HCA) Module go to Mod3_1, else continue TO S3Q2]

//ask of all//
s3q2: Do you have one person you think of as your personal doctor or health care provider?

If No, ask: “Is there more than one, or is there no person who you think of as your personal doctor or health care provider?”  

<table>
<thead>
<tr>
<th>Yes, only one</th>
<th>More than one</th>
<th>No</th>
<th>Don’t know / Not sure</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>9</td>
</tr>
</tbody>
</table>

//ask of all//
s3q3: Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

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

CATI NOTE: If using HCA Module, go to Mod3_3, else continue S3Q4.

//ask of all//
s3q4: About how long has it been since you last visited a doctor for a routine checkup?

INTERVIEWER NOTE: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

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

CATI NOTE: If using HCA Module and S3Q1 = 1 go to Module 3_4 or if using HCA Module and S3Q1 = 2, 7, or 9 go to Module 3_4a, or if not using HCA Module go to S4Q1.

State Added Section 1: Health Insurance and Access Cont’d

//start timer ett1//

//ask if s3q1=1 and cstate ne 2//

RI1_1: Earlier you said you have health care coverage. 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 (HEALTHSource RI), ask if it was a private health insurance plan purchased on their own or by a family member (private) or if they received Medicaid (state plan)? If purchased on their own (or by a family member), select 02, if Medicaid select 04.

PLEASE READ:
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>A plan purchased through an employer or union (includes plans purchased through another person’s employer)</td>
</tr>
<tr>
<td>02</td>
<td>A plan that you or another family member buys on your own</td>
</tr>
<tr>
<td>03</td>
<td>Medicare</td>
</tr>
<tr>
<td>04</td>
<td>Medicaid, RiteCare or Rhody Partners</td>
</tr>
<tr>
<td>05</td>
<td>TRICARE (formerly CHAMPUS), VA, or Military</td>
</tr>
<tr>
<td>06</td>
<td>Alaska Native, Indian Health Service, Tribal Health Services Or</td>
</tr>
<tr>
<td>07</td>
<td>Some other source</td>
</tr>
<tr>
<td>08</td>
<td>None (no coverage)</td>
</tr>
</tbody>
</table>

**DO NOT READ:**
77 Don’t know/Not sure
99 Refused

**RI1_1:** Antes dijo que tenía cobertura médica. ¿Cuál es su principal seguro de cobertura médica? Es...

**NOTA PARA EL ENCUESTADOR:** Si la persona encuestada dice que adquirió un seguro de salud a través del Mercado de Seguros Médicos (nombre del mercado estatal), pregunte si se trata de un plan de seguro de salud privado adquirido por su cuenta o por un miembro de su familia (privado), o si recibió Medicaid (plan estatal). Si la persona encuestada lo adquirió por su cuenta (o a través de un miembro de la familia), seleccione 02; si es Medicaid, seleccione 04.

**Por favor léale:**
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Un plan adquirido a través de un empleador o sindicato (incluidos los planes adquiridos a través del empleador de otra persona)</td>
</tr>
<tr>
<td>02</td>
<td>Un plan que usted u otro miembro de su familia paga por su cuenta</td>
</tr>
<tr>
<td>03</td>
<td>Medicare</td>
</tr>
<tr>
<td>04</td>
<td>Medicaid, RiteCare or Rhody Partners</td>
</tr>
<tr>
<td>05</td>
<td>TRICARE (antiguamente llamado CHAMPUS), VA, o el plan de las Fuerzas Armadas</td>
</tr>
<tr>
<td>06</td>
<td>Servicios para los nativos de Alaska, Servicio de Salud de Poblaciones Indígenas (Indian Health Service), servicios de salud tribales</td>
</tr>
<tr>
<td>07</td>
<td>Otro seguro</td>
</tr>
<tr>
<td>08</td>
<td>Ninguno (no tiene seguro de salud)</td>
</tr>
</tbody>
</table>

**No le lea:**
77 No sabe/No está seguro
99 Se niega a contestar

//ask if ri1_1=08 and s3q1 = 1//
RI1_1a: I want to make sure I have this right. Earlier you indicated you do have some kind of health care coverage; however now I have just recorded you have no primary source of health care coverage. Is this correct?

1   Yes, correct as is
2   No [Go back to ri1_1]

RI1_1a: Quiero asegurarme que entiendo. Previamente usted indicó que sí tiene algún tipo de cobertura de seguro médico, pero acabo de notar que no tiene fuente de cobertura primaria. ¿Es cierto?

//ask if cstate ne 2//

RI1_2: 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? MEDSCOST

1   Yes
2   No

DO NOT READ:
3   No medication was prescribed
7   Don’t know/Not sure
9   Refused

RI1_2: Sin incluir los medicamentos de venta sin receta, ¿en los últimos 12 meses en algún momento usted no tomó sus medicamentos según lo recetado debido al costo?

1   Sí
2   No

DO NOT READ:
3   No se le recetó ningún medicamento
7   No sabe/No está seguro
9   Se niega a contestar

//ask if cstate ne 2//

RI1_3: Do you currently have any health care bills that are being paid off over time? MEDBILL1

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

INTERVIEWER NOTE: Health care bills can include medical, dental, physical therapy and/or chiropractic cost.
RI1_3: En la actualidad, ¿tiene alguna cuenta médica que esté pagando de a poco?

NOTA PARA EL ENCUESTADOR: Esto puede incluir cuentas médicas que esté pagando con una tarjeta de crédito, mediante préstamos personales o en cuotas de pago acordadas con el hospital u otros proveedores. Las cuentas pueden ser tanto de este año como de años anteriores.

NOTA PARA EL ENCUESTADOR: Las cuentas de atención médica pueden incluir costos médicos, dentales, de terapia física o de quiropráctica.

1  Sí
2  No
7  No sabe/No está seguro
9  Se niega a contestar

//end timer ett1//

Section 4: Exercise

//ask of all//

s4q1: 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?

INTERVIEWER NOTE: If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do.

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

Section 5: Inadequate Sleep

//ask of all//

s5q1: On average, how many hours of sleep do you get in a 24-hour period?
INTERVIEWER NOTE: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.

<table>
<thead>
<tr>
<th>Number of hours</th>
<th>Range: 01-24</th>
</tr>
</thead>
<tbody>
<tr>
<td>77</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>99</td>
<td>Refused</td>
</tr>
</tbody>
</table>

Section 6: Chronic Health Conditions

//ask of all//

s6q1: 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.

(Ever told) you that you had a heart attack also called a myocardial infarction? CVDINF4

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

//ask of all//

s6q2: (Ever told) you had angina or coronary heart disease? CVDCRH4

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

//ask of all//

s6q3: (Ever told) you had a stroke? CVDSTRK3

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

//ask of all//

s6q4: (Ever told) you had asthma? ASTHMA3

1  Yes
2  No  [Go to S6Q6]
7  Don’t know / Not sure  [Go to S6Q6]
s6q5: Do you still have asthma?  

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

s6q6: (Ever told) you had skin cancer?  

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

s6q7: (Ever told) you had any other types of cancer?  

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

s6q8: (Ever told) you have chronic obstructive pulmonary disease, C.O.P.D., emphysema or chronic bronchitis?  

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

s6q9: (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?  

INTERVIEWER NOTE: Arthritis diagnoses include:

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

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

//ask of all//

s6q10: (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

//ask of all//

s6q11: Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease?  

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

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

//ask of all//

s6q12: (Ever told) you have diabetes?  

INTERVIEWER NOTE: 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 – No, pre-diabetes or borderline diabetes.
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 s6q12 = 1 (Yes), go to next question. If any other response to s6q12, go to Pre-Diabetes Optional Module (if used). Otherwise, go to s7q1.

//if selected = male and s6q12 = 2//

S6q12a: INTERVIEWER: You recorded that the respondent was told by a doctor during pregnancy that she had diabetes. Are you sure?
The respondent selected was male.

You have to go back and correct this INCONSISTENCY ERROR

1. Go back [go back to s6q12]

//ask if s6q12=1//

s6q13: 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

**CATI NOTE:** Go to Diabetes Optional Module 2 (if used). Otherwise, go to s7q1.

Section 7: Oral Health

//ask of all//

s7q1: Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?  

**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
s7q2: Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?  

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

READ ONLY IF NECESSARY:
1 1 to 5
2 6 or more but not all
3 All
8 None

DO NOT READ:
7 Don’t know / Not sure
9 Refused

State-Added Section 2: Adult Oral Health

//start timer ett2//

//ask if cstate ne 2//

RI2_1: During the past 12 months, was there any time when you needed dental care (including check-ups), but didn't get it because you couldn't afford it?

RI2_1: Durante los últimos 12 meses, ¿hubo alguna vez cuando necesitó atención dental (incluyendo reconocimientos) pero no la recibió porque no podía pagarla?

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

//ask if cstate ne 2//
**RI2_2**: 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? 

**RI2_2**: ¿Tiene algún tipo de seguro que pague el costo de la atención dental de rutina, ya sea total o parcialmente? Por ejemplo, seguro dental, planes prepagados como los HMO (organizaciones de mantenimiento de la salud) o planes del gobierno como Medicaid?

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

//ask if RI2_2=1//

**RI2_3**: Which plan provides this dental coverage? 

**INTERVIEWER NOTE**: We are looking for who provides the insurance coverage.

**PLEASE READ:**
01. Delta Dental
02. Blue Cross Dental
03. Other private plan  *(Specify:_________________)*
04. Medicaid or Medical Assistance Dental (White Anchor Card)
05. Medicare (supplement or managed care plan)
06. Military, veterans, or TriCare Family Dental Plan
07. Other  *(Specify:_________________)*

**DO NOT READ:**
88. No dental coverage
77. Don’t know / not sure
99. Refused

**RI2_3** Que plan le brinda esta cobertura dental?

**INTERVIEWER NOTE**: We are looking for who provides the insurance coverage.

**PLEASE READ:**
01. Delta Dental
02. Blue Cross Dental
03. Other private plan  *(Specify:_________________)*
04 Medicaid or Medical Assistance Dental (White Anchor Card)
05 Medicare (supplement or managed care plan)
06 Military, veterans, or TriCare Family Dental Plan
07 Other (Specify:_________________) 

DO NOT READ:

88 No dental coverage
77 Don’t know / not sure
99 Refused

//if RI2_3=03//
    RI2_3o1: specify private plan:_____________

//if RI2_3=08//
    RI2_3o2: specify other:_________________

//ask if ri2_3=88 and RI2_2 = 1//

RI2_3a: I want to make sure I have this right. Earlier you indicated you do have some kind of dental care coverage; however now I have just recorded you have no dental coverage. Is this correct?

1 Yes, correct as is
2 No [Go back to ri2_3]

RI2_3a: Quiero asegurarme de que tengo este derecho. Anteriormente, indicó que tiene algún tipo de cobertura de atención dental; sin embargo, ahora que acabo de registrar, no tiene cobertura dental. ¿Es esto correcto?

//end timer ett2//

Section 8: Demographics

//ask of all//

S8q1: What is your sex? 

1 Male
2 Female

DO NOT READ:
7 Don’t know / Not sure
9 Refused

//ask if HGENDER ne s8q1//

S8q1A: Are you sure the respondent is FEMALE/MALE? The respondent selected was the [insert GENDER].
You need to go back and correct the mistake.
1. Go back [go to s8q1]

Language Indicator   (land and cell)
//ask of all/
Lang1: INTERVIEWER: DO NOT ASK QUESTION:

IN WHAT LANGUAGE WAS THIS INTERVIEW COMPLETED?

01   ENGLISH
02   SPANISH

Module 21: Sexual Orientation and Gender Identity

//ASK IF HGENDER = 1 AND CSTATE NE 2//

MOD21_1a: The next two questions are about sexual orientation and gender identity. Which of the following best represents how you think of yourself?

INTERVIEWER NOTE: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.

INTERVIEWER NOTE: Please say the number before the text response. Respondent can answer with either the number or the text/word.

PLEASE READ:   SOMALE

1   Gay
2   Straight, that is, not gay
3   Bisexual
4   Something else
7   I don’t know the answer
9   Refused

//ASK IF HGENDER = 2 AND CSTATE NE 2//
MOD21_1b: The next two questions are about sexual orientation and gender identity. Which of the following best represents how you think of yourself? SOFEMALE

INTERVIEWER NOTE: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.

INTERVIEWER NOTE: Please say the number before the text response. Respondent can answer with either the number or the text/word.

PLEASE READ:
1 Lesbian or Gay
2 Straight, that is, not gay
3 Bisexual
4 Something else
7 I don't know the answer
9 Refused

//ASK IF CSTATE NE 2//

MOD21_2: Do you consider yourself to be transgender? TRNSGNDR

If yes, ask: “Do you consider yourself to be 1. male-to-female, 2. female-to-male, or 3. gender non-conforming?”

INTERVIEWER NOTE: Please say the number before the text response. Respondent can answer with either the number or the text/word.

INTERVIEWER NOTE: If asked about definition of transgender: 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.

INTERVIEWER NOTE: If asked about definition of gender non-conforming: Some people think of themselves as gender non-conforming when they do not identify only as a man or only as a woman.

1 Yes, Transgender, male-to-female
2 Yes, Transgender, female to male
3 Yes, Transgender, gender nonconforming
4 No
7 Don’t know/not sure
9 Refused
//ask of all/

**S8q2:** What is your age?  

___  Code age in years **[Range: 18-99]**
07  Don’t know / Not sure
09  Refused

//ask if s6q13 > s8q2 and s8q2 <> 07, 09 and s6q13 ne 98 or 99//

**S8q2chk:** You said you were [insert s8q2] years of age and told you have diabetes at age [insert s6q13]. I must correct this inconsistency.

Usted dijo que tenía [insert s8q2] años de edad y que le dijeron que tenía diabetes a la edad de [insert s6q13]. Debo corregir este error.

1. Go back [go to s8q2]

//ask of all/

**S8q3:** Are you Hispanic, Latino/a, or Spanish origin?  

1  No, not of Hispanic, Latino/a, or Spanish origin
2  Yes
7  Don’t Know
9  Refused

//if s8q3=2//

**S8q3b:** Are you…

**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

**DO NOT READ:**

5  No
7  Don’t know / Not sure
9  Refused

**[DATA PROCESSING NOTE: CDC lists this as one question, s8q3 response 5= not Hispanic, 1-4 hispanic options. Deliver based on CDC layout]**
S8q4: Which one or more of the following would you say is your race?

INTERVIEWER NOTE: Select all that apply.

[MUL = 6]

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

DO NOT READ:
60 Other
88 No additional choices
77 Don’t know / Not sure
99 Refused

//ask if s8q4=40//

S8q4a: Is that …

INTERVIEWER NOTE: Select all that apply.

[mul=7]

PLEASE READ:
41 Asian Indian
42 Chinese
43 Filipino
44 Japanese
45 Korean
46 Vietnamese
47 Other Asian

DO NOT READ:
77 Don’t know / Not sure
99 Refused

//if s8q4 = 50//

S8q4pi: Is that…

INTERVIEWER NOTE: Select all that apply.

[mul=4]

PLEASE READ:
51 Native Hawaiian
52  Guamanian or Chamorro
53  Samoan
54  Other Pacific Islander

**DO NOT READ:**
77  Don’t know / Not sure
99  Refused

**CATI NOTE:** If S8Q4 = MUL; continue. Otherwise, go to S8Q6.

Ask if s8q4=mul. Only show responses from s8q4, plus responses 77 & 99

**S8q5:** Which one of these groups would you say best represents your race?  

**INTERVIEWER NOTE:** 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
50  Pacific Islander

**DO NOT READ:**
60  Other
77  Don’t know / Not sure
99  Refused

Ask if s8q4a=mul and s8q5=40. If there is only one response to s8q4a and s8q5=40, s8q5a should be auto-punched with s8q4a response Only show responses from s8q4a, plus responses 77 & 99

**S8q5a:** Is that...

**PLEASE READ:**
41  Asian Indian
42  Chinese
43  Filipino
44  Japanese
45  Korean
46  Vietnamese
47  Other Asian

**DO NOT READ:**
77  Don’t know / Not sure
99  Refused
Ask if s8q4pi=mul and s8q5=50. If there is only one response to s8q5pi and s8q5=50, s8q5pi should be auto-punched with s8q4pi response. Only show responses from s8q5pi, plus responses 77 & 99

S8q5pi: Is that…

PLEASE READ:
51 Native Hawaiian
52 Guamanian or Chamorro
53 Samoan
54 Other Pacific Islander

DO NOT READ:
77 Don’t know / Not sure
99 Refused

//ask of all//

S8q6: Are you…?  MARITAL

PLEASE READ:
1 Married
2 Divorced
3 Widowed
4 Separated
5 Never married

Or

6 A member of an unmarried couple

DO NOT READ:
9 Refused

//ask of all//

S8q7: What is the highest grade or year of school you completed?  EDUCA

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:
//ask of all//
S8q8: Do you own or rent your home?

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

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

INTERVIEWER NOTE: We ask this question in order to compare health indicators among people with different housing situations.

INTERVIEWER NOTE: Code a response of “rent to own” as - other arrangement

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

//ask if cstate =2//

State-Added Section 3: City/Town

//Start timer ett3//

//ask if cstate ne 2//

RI3_1: What city or town do you live in?

RI3_1: En que ciudad o pueblo vive usted?

008A7 Abbott Run 01A1 Annawomacutt 007A7 Arlington 036A9 Avondale
018A5 Adamsville 006A3 Anthony 008B7 Arnold Mills 008D7 Ballou District
017A7 Albion 035A3 Apponang 035B3 Arnold Neck 023C9 Barber Heights
023A9 Allenton 019A5 Aquidneck 014A9 Ashaway 014B9 Barberville
029A9 Alton 011A9 Arcadia 008C7 Ashton 001B1 Barrington
020A9 Anawan Cliffs 038A3 Arctic 007B7 Auburn 001C1 Bay Spring
023B9 Annaquatucket 006B3 Arkwright 011B9 Austin 002A1 Beach Terrace
<table>
<thead>
<tr>
<th>Town</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warwick Downs</td>
<td>036M9 Weekapaug</td>
</tr>
<tr>
<td>Warwick Neck</td>
<td>038J3 Wescott</td>
</tr>
<tr>
<td>006Q3 Washington</td>
<td>020N9 Wesquage</td>
</tr>
<tr>
<td>007Z7 Washington</td>
<td>007I7 West Arlington</td>
</tr>
<tr>
<td>Park (Cranston)</td>
<td>013J7 West Glocester</td>
</tr>
<tr>
<td>028Q7 Washington</td>
<td>031J7 West Greenville</td>
</tr>
<tr>
<td>Park (Providence)</td>
<td>037H3 West</td>
</tr>
<tr>
<td>036L9 Watch Hill</td>
<td>011M9 West Kingston</td>
</tr>
<tr>
<td>010N7 Watchomoket</td>
<td>038K3 West Warwick</td>
</tr>
<tr>
<td>025I7 Waterford</td>
<td>036N9 Westerly</td>
</tr>
</tbody>
</table>

--- Enter Town code

//ask if ri3_1 ne 77777,99999//

RI3_1b: I just want to confirm, you said you live in the town of [INSERT ri3_1]. Is that correct?

1  Yes, correct town
2  No, incorrect town [GO BACK TO RI3_1]

RI3_1b: Solo quiero asegurarme que le escuche correctamente.

Me dijo que vive en el pueblo de [INSERT ri3_1].
Es eso correcto?

//ask of all//

S8q10: What is the ZIP Code where you currently live?  

____ ZIP Code [RANGE for LL: 02801-02940, for cell 00000-99999]  
77777 Don’t know / Not sure  
99999 Refused

//ask if s8q10 ne 77777, 99999//

S8q10c: I just want to confirm, you said your zip code is [INSERT S8Q10]. Is that correct?

Solo para verificar, usted dijo que su codigo postal es [INSERT S8Q10].
Es esto correcto?

1  Yes, correct zip code
2  No, incorrect zip code [GO TO S8Q10]
CATI NOTE: If cellular telephone interview skip to S8Q14

//ask if samptype=1//
S8q11: Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household?  

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</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>

[Go to S8Q13]

//ask if s8q11=1//
S8q12: How many of these telephone numbers are residential numbers?  

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
|   | Residential telephone numbers 
| 6 | 6 or more |
| 7 | Don’t know / Not sure |
| 9 | Refused |

IF [s8q12] > 3 and [s8q12 < 7) OR ([s8q12] > [ADULTS])

S8q12A: I am sorry, just to double check, you indicated you have [INSERT S8Q12] residential phones in your household. IS THIS CORRECT?

Perdoneme pero usted indico que tiene [INSERT S8Q12] telefonos residenciales en su hogar. Es esto correcto?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes, correct as is</td>
</tr>
<tr>
<td>2</td>
<td>No, re-ask question</td>
</tr>
</tbody>
</table>

[GO TO S8Q12]

//ask if samptype=1//
S8q13: How many cell phones do you have for personal use?  

INTERVIEWER NOTE: Include cell phones used for both business and personal use.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td></td>
<td>Enter number [Range: 1-5]</td>
</tr>
<tr>
<td>6</td>
<td>Six or more</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>8</td>
<td>None</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

//ask of all//
S8q14: 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: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

1 Yes
2 No

DO NOT READ:
7 Don’t know / Not sure
9 Refused

/ask of all/

S8q15: Are you currently…?

INTERVIEWER NOTE: If more than one, say “Select the category which best describes you”.

PLEASE READ:
1 Employed for wages
2 Self-employed
3 Out of work for 1 year or more
4 Out of work for less than 1 year
5 A Homemaker
6 A Student
7 Retired

Or
8 Unable to work

DO NOT READ:
9 Refused

Module 20: Industry and Occupation  (Note: categorization of I/O variables will be available from NIOSH in fall 2019. Current variables are in raw text form)
Mod20_1: Now I am going to ask you about your work. What kind of work do [if s8q15=4 replace “do” with “did”] you do? For example, registered nurse, janitor, cashier, auto mechanic.

INTERVIEWER NOTE: If respondent is unclear, ask: What is your job title?

INTERVIEWER NOTE: If respondent has more than one job ask: What is your main job?

77 Don’t Know
99 Refused

//if mod20_1 = 01/
Mod20_1o: Enter Response: ____________________________

Mod20_2: What kind of business or industry do [if s8q15=4 replace “do” with “did”] you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.

INTERVIEWER NOTE: IF RESPONSE IS "health care", ASK: "What sector of health care is that? For example a hospital, health clinic, or nursing home?"

INTERVIEWER NOTE: IF RESPONSE IS "manufacturing", ASK "What does the business manufacture?"

77 Don’t Know
99 Refused

//if mod20_2 = 01/
Mod20_2o: Enter Response: ____________________________

//ask of all//
S8q16: How many children less than 18 years of age live in your household? CHILDREN

___ Number of children [Range = 1-15]
88 None
99 Refused

//ASK IF S8q16 = 1-15//
S8Q16CHK: Just to be sure - you have [INSERT S8Q16] under 18 living in your household. Is that correct?

Solo para verificar, usted tiene [INSERT S8Q16] menores de 18 años viviendo en su hogar.

1  Yes
2  No [go back to s8q16]
9  Refused

//ask of all//

S8q17A: Is your annual household income from all sources — INCOME2

INTERVIEWER NOTE: If respondent refuses at any income level, code ‘99’ (refused)

Less than $25,000 ($20,000 to less than $25,000)?

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

//ask if s8q17A = 1//

S8q17B: Less than $20,000 ($15,000 to less than $20,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources —

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

//ask if s8q17B = 1//

S8q17C: Less than $15,000 ($10,000 to less than $15,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources —

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

//ask if s8q17C=1//

S8q17D: Less than $10,000?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

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

//ask if s8q17A = 2//

S8q17E: Less than $35,000 ($25,000 to less than $35,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

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

//ask if s8q17E = 2//

S8q17F: Less than $50,000 ($35,000 to less than $50,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

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

//ask if s8q17F = 2//

S8q17G: Less than $75,000 ($50,000 to less than $75,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—
1  Yes
2  No
7  Don’t know / Not sure
9  Refused

//IF S8Q17B = 2, SET S8Q17 = 04//
//IFS8Q17C = 2, SET S8Q17 = 03//
//IF S8Q17D = 2, SET S8Q17 = 02//
//IF S8Q17D = 1, SET S8Q17 = 01//
//IF S8Q17E = 1, SET S8Q17 = 05//
//IF S8Q17F = 1, SET S8Q17 = 06//
//IF S8Q17G = 1, SET S8Q17 = 07//
//IF S8Q17G = 2, SET S8Q17 = 08//

S8Q17

04  Less than $25,000 ($20,000 to less than $25,000)?
03  Less than $20,000 ($15,000 to less than $20,000)?
02  Less than $15,000 ($10,000 to less than $15,000)?
01  Less than $10,000?
05  Less than $35,000 ($25,000 to less than $35,000)?
06  Less than $50,000 ($35,000 to less than $50,000)?
07  Less than $75,000 ($50,000 to less than $75,000)
08  $75,000 or more

//ask if s8q17A-s8q17G ne 7,9//

S8q17AA: Your Annual Household Income is [INSERT s8q17]. Is This Correct?
  1 Yes, correct as is. [CONTINUE]
  2 No, re-ask question [GO TO S8Q17A]

//ask of all//

Ps8q18: About how much do you weigh without shoes?  WEIGHT2

ENTER “P” FOR WEIGHT GIVEN IN POUNDS
ENTER “K” FOR WEIGHT GIVEN IN KILOGRAMS

P  Pounds
K  Kilograms
7  Don’t know / Not sure
9  Refused
S8q18: About how much do you weigh without shoes?

DATA PROCESSING NOTE: If respondent answers in metrics, put “9” in column XXX.

Round fractions up

Weight (pounds) [Range 50-776]

//ask if s8q18 = 50-79 OR 351-776//

S8q18_A: Just to double-check, you indicated [INSERT S8Q18] pounds as your weight. IS THIS CORRECT?

1. Yes
2. No [go back to s8q18]

//ask if s8q18 = "k"//
S8q18M: About how much do you weigh without shoes?

DATA PROCESSING NOTE: If respondent answers in metrics, put “9” in column XXX.

Round fractions up

Weight(kilograms) [Range 23-352]

//ask if s8q18m = 23-352 and ps8q18 = "k"//

S8q18am: Just to double-check, you indicated [INSERT s8q18m] kilograms as your weight. IS THIS CORRECT?

1. Yes
2. No [go back to s8q18m]

//ask of all//

Ps8q19: About how tall are you without shoes?

ENTER “F” FOR HEIGHT GIVEN IN FEET
ENTER “M” FOR HEIGHT GIVEN IN CENTIMETERS

F    feet
M  centimeters  
7  Don't know / Not sure  
9  Refused

//ask if ps8q19=f//

S8q19: About how tall are you without shoes?

DATA PROCESSING NOTE: If respondent answers in metrics, put “9” in column XXX.

Round fractions down  
Enter height in Feet and Inches  
Ex: 5 feet 9 inches would be entered as 509

___ / ___ Height
(ft / inches) [Range 300-311, 400-411, 500-511, 600-611, 700-711]

//ask if s8q19= 300-407, 609-711]  
S8q19a: Just to double check, you indicated you are [INSERT s8q19] FEET [INSERT S8Q19] INCHES TALL. IS THIS CORRECT?

1. Yes  
2. No [go back to s8q19]

//ask if ps8q19 = M//

S8q19M: About how tall are you without shoes?

DATA PROCESSING NOTE: If respondent answers in metrics, put “9” in column XXX.

Round fractions down  
Enter height in centimeters  
Ex: 2 meters 5 centimeters would be entered as 205

--- Height [Range 90-254]

//ask if s8q19m = 90-254 and ps8q19=M//

S8q19am: Just to double check, you indicated you are [INSERT s8q19m] centimeters tall. IS THIS CORRECT?

1. Yes  
2. No [go back to s8q19m]
//Ask if HGENDER=2 and s8q2=18-49//

S8q20: To your knowledge, are you now pregnant?  

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

//ask of all//  
S8q21: Some people who are deaf or have serious difficulty hearing use assistive devices 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  

//ask of all//  
S8q22: 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  

//ask of all//  
S8q23: 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  

//ask of all//  
S8q24: Do you have serious difficulty walking or climbing stairs?  

1 Yes  
2 No  
7 Don’t know / Not sure  
9 Refused
//ask of all//

S8q25: Do you have difficulty dressing or bathing?  
   1   Yes
   2   No
   7   Don’t know / Not sure
   9   Refused

//ask of all//

S8q26: Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping?
   1   Yes
   2   No
   7   Don’t know / Not sure
   9   Refused

Section 9: Tobacco Use

//ask of all//

S9q1: Have you smoked at least 100 cigarettes in your entire life?  
   1   Yes
   2   No
   7   Don’t know / Not sure
   9   Refused

INTERVIEWER NOTE: 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  [Go to S9Q5]
   7   Don’t know / Not sure  [Go to S9Q5]
   9   Refused  [Go to S9Q5]

//ask if s9q1=1//

S9q2: Do you now smoke cigarettes every day, some days, or not at all?  
   1   Yes
   2   No
   7   Don’t know / Not sure
   9   Refused

INTERVIEWER NOTE: 5 packs = 100 cigarettes

   1   Yes  [Go to S9Q5]
   2   No  [Go to S9Q5]
   7   Don’t know / Not sure  [Go to S9Q5]
   9   Refused  [Go to S9Q5]
DO NOT READ:
1   Every day
2   Some days
3   Not at all
7   Don’t know / Not sure
9   Refused

//ask if s9q2=1 OR 2//

S9q3: During the past 12 months, have you stopped smoking for one day or longer
because you were trying to quit smoking? STOPSMK2

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

//ask if s9q2=3//

S9q4: How long has it been since you last smoked a cigarette, even one or two puffs?
LASTSMK2

READ 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

//ask of all//

S9q5: Do you currently use chewing tobacco, snuff, or snus every day, some days, or
not at all? USENOW3

INTERVIEWER NOTE: Snus rhymes with ‘goose’

INTERVIEWER NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually
sold in small pouches that are placed under the lip against the gum.
Module 6: E-Cigarettes

//ask if cstate ne 2//

**Mod6_1**: Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life? [ECIGARET]

**READ ONLY IF NECESSARY**: 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.

**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.

1. Yes
2. No [GO TO s10q1]
7. Don’t know/Not sure [GO TO s10q1]
9. Refused [GO TO s10q1]

//ask if Mod6_1=1//

**Mod6_2**: Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all? [ECIGNOW]

**DO NOT READ:**
1. Every day
2. Some days
3. Not at all
7. Don’t know/Not sure
9. Refused

Section 10: Alcohol Consumption
//ask of all//
S10q1: During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?  
1 ___ Days per week
2 ___ Days in past 30 days
888 No drinks in past 30 days
777 Don't know / Not sure
999 Refused

//ask if s10q1 ne 888,777,999//

S10q2: 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: 01-76]
77 Don't know / Not sure
99 Refused

//ASK IF S10Q2 = 12-76//

S10Q2A: I am sorry, you just said that you consume [INSERT S10Q2] drinks per day. Is that correct?

Perdoneme pero usted dijo que consume [INSERT S10Q2] tragos por dia. Es esto correcto?

1 Correct as is
2 No, Re-ask question [GO TO S10Q2]

//ask if s10q1 ne 888,777,999//

S10q3: Considering all types of alcoholic beverages, how many times during the past 30 days did you have [IF HGENDER =1, INSERT “5”, IF HGENDER = 2, INSERT “4”] or more drinks on an occasion?  

___ Number of times [Range: 01-76]
88 None
77 Don’t know / Not sure
99 Refused
//ASK IF S10Q3 = 16-76//

S10Q3A: I am sorry, you said that in the past month there were

[INSERT S10Q3] occasions when you had [IF HGENDER =1, INSERT “5”, IF HGENDER = 2, INSERT “4”] or more drinks. Is this correct?

Perdoneme pero usted dijo que en el pasado mes hubo [INSERT S10Q3] ocasiones en las que usted bebio [IF HGENDER =1, INSERT “5”, IF HGENDER = 2, INSERT “4”] o mas tragos. Es esto correcto?

   1   Correct as is
   2   No, Re-ask question [GO TO S10Q3]

//ask if s10q1 ne 888,777,999//

S10q4: During the past 30 days, what is the largest number of drinks you had on any occasion?

<table>
<thead>
<tr>
<th>Number of drinks [Range: 01-76]</th>
<th>MAXDRNKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>77</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>99</td>
<td>Refused</td>
</tr>
</tbody>
</table>

//ASK IF S10Q4 = 16-76//

S10Q4A: I am sorry, you said that in the past 30 days you had [INSERT S10Q4] drinks on one occasion. Is this correct?

Perdoneme pero usted dijo que en los pasados 30 dias bebio [INSERT S10Q4] tragos en una misma ocasion. Es esto correcto?

   1   Correct as is
   2   No, Re-ask question [GO TO S10Q4]

//ASK IF [S10Q3 =88 AND HGENDER = 2 AND S10Q4 = 04-76] OR [S10Q3 = 88 AND HGENDER=1 AND S10Q4 = 05-76]//

S10Q4B: I’m sorry, but previously you said that you did not have [IF HGENDER =1, INSERT “5”, IF HGENDER = 2, INSERT “4”] or more drinks on an occasion. Is this correct?

Perdoneme pero usted anteriormente dijo que no bebio [IF HGENDER =1, INSERT “5”, IF HGENDER = 2, INSERT “4”] o mas tragos en una misma ocasion. Es esto correcto?

   1   Correct as is
   2   No, Re-ask question [go back to s10q3]
//ask if [S10Q3 = 01-07 AND HGENDER = 2 AND S10Q4 = 01-03] OR [S10Q3 = 01-76 AND HGENDER = 1 AND S10Q4 = 01-04]

S10Q4C: I'm sorry, but previously you said that you had [IF HGENDER =1, INSERT “5”, IF HGENDER = 2, INSERT “4”] or more drinks on an occasion. And you've said that in the past 30 days you had a maximum of [insert s10q4] drinks on one occasion. Is this correct?

Perdoneme pero usted dijo que bebio [IF HGENDER =1, INSERT “5”, IF HGENDER = 2, INSERT “4”] o mas tragos en una misma ocasion. E indico que en los pasados 30 dias habia bebido una maxima cantidad de tragos de [insert s10q4]

Es esto correcto?

1  Correct as is
2  No, Re-ask question [go back to s10q3]

Section 11: Immunization

//ask of all//

s11q1: During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?

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

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

//ask if s11q1=1//

s11q2m: 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?  FLSHTMY2

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

___ Month [Range: 01-12]  
77 Don’t know / Not sure  
99 Refused

//ask if s11q1=1//  
s11q2y: 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?

___ Year [RANGE 2017-2018]  
7777 Don’t know / Not sure  
9999 Refused

//ask if s11q2y > 1 year ago//  

S11q2chk: I’m sorry, but you said you had a flu vaccination within the past 12 months, but you have just given me a date for your most recent vaccination that is more than 12 months ago. Have you had a flu vaccination within the past 12 months?

Lo siento: dijo que se vacuno contra la gripe en los ultimos 12 meses, pero la fecha que me acaba de dar de su vacuna mas reciente es anterior a 12 meses. Se ha vacunado contra la gripe en los ultimos 12 meses?

1 Yes [go back to s11q2m]  
2 No

//ask if s11q1=1//  

s11q3: At what kind of place did you get your last flu shot or vaccine?
READ ONLY IF NECESSARY:

01 A doctor’s office or health maintenance organization (HMO)
02 A health department
03 Another type of clinic or health center (a community health center)
04 A senior, recreation, or community center
05 A store (supermarket, drug store)
06 A hospital (inpatient)
07 An emergency room
08 Workplace
09 Some other kind of place
11 A school

DO NOT READ:

10 Received vaccination in Canada/Mexico
77 Don’t know / Not sure  Probe: “How would you describe the place where you went to get your most recent flu vaccine?”
99 Refused

//ask of all//

s11q4: Have you ever had a pneumonia shot also known as a pneumococcal vaccine?  

PNEUVC4

INTERVIEWER NOTE: If respondent is confused read: “There are two types of pneumonia shots: polysaccharide, also known as pneumovax, and conjugate, also known as prevnar.”

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

Section 12: Falls

If respondent is 45 years or older continue, otherwise go to s13q1

//ask if s8q2>44, 07, 09//

s12q1: In the past 12 months, how many times have you fallen?  

FALL12MN

INTERVIEWER NOTE: “By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.”

___ Number of times [Range: 01-76] [76 = 76 or more]  
88 None [Go to S13Q1]
//ASK IF S12Q1 = 1//

S12Q2A: Did this fall cause an injury that limited your regular activities for at least a day or caused you to go to see a doctor?

01 Yes
88 No

//ASK IF S12Q1 = 02-76//
S12Q2B: How many of these falls caused an injury that limited your regular activities for at least a day or caused you to go to see a doctor?

INTERVIEWER NOTE: “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.”

---
Number of falls [Range: 01-s12q1]
88 None
77 Don’t know / Not sure
99 Refused

Section 13: Seat Belt Use and Drinking and Driving

//ask of all//

s13q1: How often do you use seat belts when you drive or ride in a car? Would you say——

PLEASE READ:
1 Always
2 Nearly always
3 Sometimes
4 Seldom
5 Never

DO NOT READ:
7 Don’t know / Not sure
8 Never drive or ride in a car
CATI note: If S13Q1 = 8 (Never drive or ride in a car), go to next section (either s14q1 if HGENDER = 2 or s15q1 or s16q1 or s17q1 based on previous responses and conditions at those questions); otherwise continue s13q2.

CATI note: If S10Q1 = 888 (No drinks in the past 30 days); go to next section. (Either s14q1 if HGENDER = 2 or s15q1 or s16q1 or s17q1 based on previous responses and conditions at those questions)

//ASK IF S13Q1 NE 8 AND S10Q1 NE 888//

S13Q2: During the past 30 days, how many times have you driven when you’ve had perhaps too much to drink? DRNKDRI2

Number of times [Range: 01-76]
88 None
77 Don’t know / Not sure
99 Refused

Section 14: Breast and Cervical Cancer Screening

//ASK IF HGENDER=2//

S14Q1: The next questions are about breast and cervical cancer. Have you ever had a mammogram? HADMAM

INTERVIEWER NOTE: A mammogram is an x-ray of each breast to look for breast cancer.

1 Yes
2 No [Go to S14Q3]
7 Don’t know / Not sure [Go to S14Q3]
9 Refused [Go to S14Q3]

//ask if s14q1=1//

s14q2: How long has it been since you had your last mammogram? HOWLONG

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)
s14q3: Have you ever had a Pap test?  

**INTERVIEWER NOTE:** A Pap test is a test for cancer of the cervix.

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<tr>
<td>1</td>
<td>Yes</td>
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<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 HGENDER=2//

s14q4: How long has it been since you had your last Pap test?  

**READ ONLY IF NECESSARY:**

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<tbody>
<tr>
<td>1</td>
<td>Within the past year (anytime less than 12 months ago)</td>
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<tr>
<td>2</td>
<td>Within the past 2 years (1 year but less than 2 years ago)</td>
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<tr>
<td>3</td>
<td>Within the past 3 years (2 years but less than 3 years ago)</td>
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<tr>
<td>4</td>
<td>Within the past 5 years (3 years but less than 5 years ago)</td>
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<tr>
<td>5</td>
<td>5 or more years ago</td>
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<td>7</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
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</tbody>
</table>

//ask if HGENDER=2//

s14q5: An H.P.V. test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an H.P.V. test?  

**INTERVIEWER NOTE:** HUMAN PAPILLOMAVIRUS (PAP-UH-LOH-MUH VIRUS)

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

//ask if s14q5=1//

s14q6: How long has it been since you had your last H.P.V. test?  

**INTERVIEWER NOTE:** HUMAN PAPILLOMAVIRUS (PAP-UH-LOH-MUH VIRUS)
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
6. Don’t know / Not sure
7. Refused

CATI NOTE: If response to S8Q20 = 1 (is pregnant); then go to s16q1 or s17q1 based on conditions at those questions.

//ASK IF HGENDER = 2 AND S8Q20 NE 1//

S14Q7: Have you had a hysterectomy? HADHYST2

INTERVIEWER NOTE: A hysterectomy is an operation to remove the uterus (womb).

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

Section 15: Prostate Cancer Screening

CATI note: If respondent is ≤39 years of age, or is female, go to s16q1 or s17q1 depending on conditions at those questions.

//ask if (s8q2>39 or s8q2 = 07, 09) and HGENDER = 1//

S15Q1: Has a doctor, nurse, or other health professional ever talked with you about the advantages of the Prostate-Specific Antigen or P.S.A. test? PCPSAAD3

INTERVIEWER NOTE: A prostate-specific antigen test, also called a P.S.A. test, is a blood test used to check men for prostate cancer.

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

//ask if (s8q2>39 or s8q2 = 07, 09) and HGENDER = 1//
S15Q2: Has a doctor, nurse, or other health professional ever talked with you about the disadvantages of the P.S.A. test?

1 Yes
2 No
7 Don’t Know / Not sure
9 Refused

//ask if (s8q2>39 or s8q2 = 07, 09) and HGENDER = 1//

S15Q3: Has a doctor, nurse, or other health professional ever recommended that you have a P.S.A. test?

1 Yes
2 No
7 Don’t Know / Not sure
9 Refused

//ask if (s8q2>39 or s8q2 = 07, 09) and HGENDER = 1//

S15Q4: Have you ever had a P.S.A. test?

1 Yes
2 No
7 Don’t Know / Not sure
9 Refused

//ask if s15q4=1//

S15Q5: How long has it been since you had your last P.S.A. test?

READ ONLY IF NECESSARY:
1 Within the past year (anytime less than 12 months ago)
2 Within the past 2 years (1 year but less than 2 years)
3 Within the past 3 years (2 years but less than 3 years)
4 Within the past 5 years (3 years but less than 5 years)
5 5 or more years ago

DO NOT READ:
7 Don’t know / Not sure
9 Refused

//ask if s15q4=1//

S15Q6: What was the main reason you had this P.S.A. test – was it …?
PLEASE READ:
1 Part of a routine exam
2 Because of a prostate problem
3 Because of a family history of prostate cancer
4 Because you were told you had prostate cancer
5 Some other reason

DO NOT READ:
7 Don't know / Not sure
9 Refused

Section 16: Colorectal Cancer Screening

CATI note: If respondent is ≤ 49 years of age, go to s17q1.

//ask if s8q2 > 49 or s8q2 = 07, 09//

S16q1: 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?  

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<tr>
<td>1</td>
<td>Yes</td>
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<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 s16q1=1//

S16q2: How long has it been since you had your last blood stool test using a home kit?  

READ ONLY IF NECESSARY:  

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<tbody>
<tr>
<td>1</td>
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<td>3</td>
<td>Within the past 3 years (2 years but less than 3 years ago)</td>
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<tr>
<td>4</td>
<td>Within the past 5 years (3 years but less than 5 years ago)</td>
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<td>5</td>
<td>5 or more years ago</td>
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</table>

DO NOT READ:  

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<tbody>
<tr>
<td>7</td>
<td>Don't know / Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

//ask if s8q2 > 49 or s8q2 = 07, 09//
S16q3: 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

//ask if s16q3=1//

S16q4: 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

//ask if s16q3=1//

S16q5: 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 17: HIV/AIDS

//ASK OF ALL//

S17Q1: 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
Not counting tests you may have had as part of blood donation, have you ever been tested for HIV? **HIVTST6**

1  Yes  
2  No  [Go to S17Q3]  
7  Don’t know / Not sure  [Go to S17Q3]  
9  Refused  [Go to S17Q3]

//ask if s17q1=1//

**s17q2m:** Not including blood donations, in what month and year was your last HIV test? **HIVTSTD3**  

**INTERVIEWER NOTE:** If response is before January 1985, code “Don’t know.”

**INTERVIEWER NOTE:** 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.

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

---

Code MONTH [Range: 01-12]  
77  Don’t know / Not sure  
99  Refused

//ask if s17q1=1//

**s17q2y:** Not including blood donations, in what month and year was your last HIV test?  

---

Code YEAR [RANGE 1985-2018]
//ASK OF ALL//

S17Q3: 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. HIVRISK5

You have injected any drug other than those prescribed for you in the past year.
You have been treated for a sexually transmitted disease or STD 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.
You had four or more sex partners in the past year.

Do any of these situations apply to you?

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

//ask if cstate ne 2//

MODT: Now I am going to ask you some questions about factors that may affect your health.

1 Continue

Module 10: Respiratory Health

//ask if cstate ne 2//
Mod10_1: During the past 3 months, did you have a cough on most days? COPDCOGH

DO NOT READ:

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

//ask if mod10_1=1//=

Mod10_2: During the past 3 months, did you cough up phlegm [FLEM] or mucus on most days? COPDFLEM
DO NOT READ:
1 Yes
2 No
7 Don’t know / Not sure
9 Refused

//ask if cstate ne 2//

Mod10_3: Do you have shortness of breath either when hurrying on level ground or when walking up a slight hill or stairs? COPDBRTH

DO NOT READ:
1 Yes
2 No
7 Don’t know / Not sure
9 Refused

//ask if cstate ne 2//

Mod10_4: Have you ever been given a breathing test to diagnose breathing problems? COPDBTST

DO NOT READ:
1 Yes
2 No
7 Don’t know / Not sure
9 Refused

//ask if cstate ne 2//

Mod10_5: Over your lifetime, how many years have you smoked tobacco products? COPDSMOK

DO NOT READ:
__ Number of years [RANGE: 01-76]
88 Never smoked or smoked less than one year
77 Don’t know/Not sure
99 Refused

State Added Section 4: Lung Cancer Screening

//Start timer ett4//

//ask if s9q1 = 1 and s9q2 = 1 or 2 and mod10_5 = 01-76 and cstate ne 2//

RI4_1: How many cigarettes do you smoke in a day? LCSNUMCG
¿Cuántos cigarrillos fuma por día?

__ Enter number of cigarettes [RANGE: 01-76]

77    Don't know / Not sure
99    Refused

//ask if s9q1 =1 and s9q2 = 3 and s9q4 = 01, 02, 03, 04, 05, 06 and mod10_5 = 01-76 and cstate ne 2//

RI4_2: Before you quit smoking, how many cigarettes did you smoke in a day?

Antes de dejar de fumar, ¿cuántos cigarrillos fumaba por día?

__ Enter number of cigarettes [RANGE: 01-76]

77    Don't know / Not sure
99    Refused

//ask if s9q1 =1 and cstate ne 2//

RI4_3: During the past 3 years, has a doctor recommended any of the following tests to examine your lungs for current or past smoking related problems?

PLEASE READ:
1. A Chest X-ray
2. A CT or CAT Scan OR
3. No test was recommended.

DO NOT READ:
4. Both tests were recommended.
7. Don't know / Not sure
9. Refused

En los últimos 3 años, ¿alguna vez un médico le recomendó que se realizara alguno de los siguientes exámenes para analizar sus pulmones en busca de problemas relacionados con este hábito?

PLEASE READ:
1. Una radiografía de tórax.
2. Una TAC o una Tomografía Axial Computarizada.
3. No le recomendaron realizar ningún examen.

DO NOT READ:
4. Both tests were recommended.
State Added Section 5: Smoking Cessation

//Start timer ett5//

//ask if (s9q1 = 1 and s9q2 = 1 or 2) or (s9q4 = 01, 02, 03, or 04)\

**RI5_1:** Previously you said you smoked cigarettes or quit in the past year, the next questions ask about interactions you might have had with a doctor or other health provider.

During past 12 months, how many times have you seen a doctor or other health provider to get any kind of care for yourself?

Anteriormente, dijo que había fumado cigarrillos o que había dejado de fumar el año pasado; las siguientes preguntas se centrarán en las interacciones que posiblemente tuvo con un médico u otro proveedor de atención médica.

En los últimos 12 meses, ¿cuántas veces visitó un médico u otro proveedor de atención médica para obtener algún tipo de atención?

___ Number of times [Range 01-76] [76=76 or more]
88 None [Go to next section]
77 Don't know / Not sure [Go to next section]
99 Refused [Go to next section]

//ask if RI5_1=01-76//

**RI5_2:** During the past 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider?

En los últimos 12 meses, ¿cuántas veces un médico u otro proveedor de atención médica le recomendaron que dejara de fumar?

___ Number of visits [Range 01-RI5_1]
88 None
77 Don't know / Not sure
99 Refused
RI5_3: On how many visits did your doctor, nurse, or other health provider professional recommend or discuss medication to assist you with quitting smoking, such as nicotine patch, nicotine gum, nicotine lozenges, nicotine nasal spray, a nicotine inhaler, or pills such as Wellbutrin, Zyban, Bupropion, Chantix, or varenicline?  

¿Durante cuántas visitas el médico, la enfermera u otro profesional de la salud le recomendaron o informaron sobre medicamentos para ayudarlo a dejar de fumar, tales como parches, chicles, pastillas, aerosoles nasales o inhaladores de nicotina o pastillas como Wellbutrin, Zyban, Bupropion, Chantix o Vareniclina?

Number of visits [Range 01-RI5_1]

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>88</td>
<td>None</td>
</tr>
<tr>
<td>77</td>
<td>Don't know / Not sure</td>
</tr>
<tr>
<td>99</td>
<td>Refused</td>
</tr>
</tbody>
</table>

RI5_4: On how many of those [insert RI5_1] visits did your doctor or other health provider recommend or discuss methods and strategies other than medication to assist you with quitting smoking?

¿En cuántas de esas [inserte RI5_1] visitas el médico u otro proveedor de atención médica le recomendaron o informaron sobre métodos y estrategias que no sean medicamentos para ayudarlo a dejar de fumar?

Number of visits [Range 01-RI5_1]

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>88</td>
<td>None</td>
</tr>
<tr>
<td>77</td>
<td>Don't know / Not sure</td>
</tr>
<tr>
<td>99</td>
<td>Refused</td>
</tr>
</tbody>
</table>

State-Added Section 6: Marijuana Use

//start timer ett6//

//ask if cstate ne 2//

RI6_1: During the past 30 days, on how many days did you use marijuana, also called hashish or cannabis?

RI6_1: Durante los últimos 30 días, ¿cuántos días usó marihuana, también se llama hachís o cannabis?
Number of Days [RANGE: 01-30]

88 None (0 days) [GO TO NEXT MODULE]
77 Don’t know/not sure [GO TO NEXT MODULE]
99 Refused [GO TO NEXT MODULE]

//ask if RI6_1= 01-30 and cstate ne 2//

RI6_2: When you used marijuana during the past 30 days, was it for medical reasons to treat or decrease symptoms of a health condition, or was it for non-medical reasons to get pleasure or satisfaction (such as: excitement, to “fit in” with a group, increased awareness, to forget worries, for fun at a social gathering).

READ ONLY IF NECESSARY:
1 Only for medical reasons to treat or decrease symptoms of a health condition
2 Only for non-medical purposes to get pleasure or satisfaction
3 Both medical and non-medical reasons

DO NOT READ:
7 Don’t know/Not sure
9 Refused

RI6_2: Cuando usó marihuana o hachís durante los últimos 30 días, ¿fue por motivos médicos para tratar o reducir los síntomas de una condición de salud o fue por motivos no médicos para experimentar placer o satisfacción (tal como: excitación, para “ser aceptado” por un grupo, mejorar su conocimiento, olvidar preocupaciones, divertirse en una reunión social)?

READ ONLY IF NECESSARY:
1 Solamente por razones médicas para tratar o reducir los síntomas de una condición de salud
2 Solamente con propósitos no médicos para experimentar placer o satisfacción
3 Ambos motivos médicos y no medicos

DO NOT READ:
7 Don’t know/Not sure
9 Refused

Module 22: Random Child Selection

CATI NOTE: If Core S8Q16 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.
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 Mod22_1M] 

CATI NOTE: RANDOMLY SELECT ONE OF THE CHILDREN. This is the Xth child. Please substitute Xth child's number in all questions below.

Previously, you indicated there were [INSERT S8Q16] children age 17 or younger in your household. Think about those [INSERT S8Q16] 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.

I have some additional questions about one specific child. The child I will be referring to is the Xth [CATI: please fill in correct number] child in your household. All following questions about children will be about the Xth [CATI: please fill in] child.

What is the birth month and year of the Xth child? 

Code 2-Digit Month [Range 01-12]

77 Don't know / Not sure

99 Refused

What is the birth month and year of the "Xth" child?

Code 4-Digit year [Range 2000-2018]

7777 Don't know / Not sure

9999 Refused

CATI INSTRUCTION: Calculate the child’s age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is ≥ 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

Is the child a boy or a girl?

RCSGENDR
1  Boy
2  Girl
9  Refused

//ask if 0 <= chldage2 < 18 or mod22_1y in (7777,9999)

Mod22_3: Is the child Hispanic, Latino/a, or Spanish origin?  

5  No, not of Hispanic, Latino/a, or Spanish origin
1  Yes
7  Don’t Know
9  Refused

//if mod22_3 = 1//

Mod22_3b: Are they…

INTERVIEWER NOTE: One or more categories may be selected

[MUL=4]

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

DO NOT READ:
5  No
7  Don’t know / Not sure
9  Refused

//ask if 0 <= chldage2 < 18 or mod22_1y in (7777,9999)

Mod22_4: Which one or more of the following would you say is the race of the child?  

INTERVIEWER NOTE: SELECT ALL THAT APPLY

[MUL = 5]

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

**DO NOT READ:**
60  Other
77  Don’t know / Not sure
99  Refused

//ask if Mod22_4=40//
Mod22_4a: Is that…

**INTERVIEWER NOTE:** Select all that apply.

[**mul=7**]

**PLEASE READ:**
41  Asian Indian
42  Chinese
43  Filipino
44  Japanese
45  Korean
46  Vietnamese
47  Other Asian

**DO NOT READ:**
60  Other
77  Don’t know / Not sure
99  Refused

//if Mod22_4 = 50
Mod22_4p: Is that…

**INTERVIEWER NOTE:** Select all that apply.

[**mul=4**]

**PLEASE READ:**
51  Native Hawaiian
52  Guamanian or Chamorro
53  Samoan
54  Other Pacific Islander

**DO NOT READ:**
60  Other
77  Don’t know / Not sure
99  Refused
CATI NOTE: IF MORE THAN ONE RESPONSE TO MOD22_4; CONTINUE. OTHERWISE, GO TO MOD22_6.

Ask if Mod22_4=mul. Only show responses from Mod22_4, plus responses 77 & 99

**Mod22_5:** Which one of these groups would you say best represents the child’s race?  

<table>
<thead>
<tr>
<th>RCSBRAC2</th>
</tr>
</thead>
</table>
| 10       | White  
| 20       | Black or African American  
| 30       | American Indian or Alaska Native  
| 40       | Asian  
| 50       | Pacific Islander  

**DO NOT READ:**  
| 60 | Other  
| 77 | Don’t know / Not sure  
| 99 | Refused  

//Ask if Mod22_4=mul and Mod22_5=40. If there is only one response to mod22_4a and mod22_5=40, mod22_5a should be auto-punched with mod22_4a response. Only show responses from mod22_4a, plus responses 77 & 99.//

**Mod22_5a:** Is that…  

| 41 | Asian Indian  
| 42 | Chinese  
| 43 | Filipino  
| 44 | Japanese  
| 45 | Korean  
| 46 | Vietnamese  
| 47 | Other Asian  

**DO NOT READ:**  
| 60 | Other  
| 77 | Don’t know / Not sure  
| 99 | Refused  

//Ask if mod22_4pi=mul and mod22_5=50. If there is only one response to mod22_5pi and mod22_5=50, mod22_5pi should be auto-punched with mod22_4pi response. Only show responses from mod22_5pi, plus responses 77 & 99.//

**Mod22_5p:** Is that…  

| 51 | Native Hawaiian  

52 Guamanian or Chamorro
53 Samoan
54 Other Pacific Islander

**DO NOT READ:**

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

DATA PROCESSING NOTE: mod22_5 is presented as one question, combine Mod22_5a and Mod22_5pi into Mod22_5 for delivery]

//ask if 0 <= chldage2 < 18 or mod22_1y in (7777,9999) //

**Mod22_6:** How are you related to the child?  

**PLEASE READ:**

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

**DO NOT READ:**

7 Don't know / Not sure
9 Refused

---

**Module 23: Childhood Asthma Prevalence**

CATI NOTE: If response to S8Q16 = 88 (None) or 99 (Refused), go to next module.

//ask if (0 <= chldage2 < 18 or mod22_1y in (7777, 9999)) //

**Mod23_1:** The next two questions are about the Xth [CATI: please fill in correct number] child. Has a doctor, nurse or other health professional EVER said that the child has asthma?  

1 Yes  
2 No [Go to next module]
7 Don’t know / Not sure [Go to next module]  
9 Refused [Go to next module]
//ask if mod23_1=1//

**Mod23_2**: Does the child still have asthma?  
1 Yes  
2 No  
7 Don’t know / Not sure  
9 Refused

---

**State-Added Section 7: Child Oral Health**

//start timer ett7//

//ask if (1 <= chldage2 < 18 OR (mod22_1y=7777 or mod 22_1y = 9999)) and cstate ne 2//

**RI7_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 [go to RI7_3]  
7 Don’t know / Not sure [go to RI7_3]  
9 Refused [go to RI7_3]

//ask if RI7_1=1//

**RI7_2**: Which plan provides this dental coverage?

**INTERVIEWER NOTE**: We are looking for who provides the insurance coverage.

**PLEASE READ:**

01 Delta Dental  
02 Blue Cross Dental  
03 Other private plan  
   (Specify:_________________)  
04 Rite Smiles  
05 Medicaid or Medical Assistance Dental (White Anchor Card)  
06 Military, veterans, or TriCare Family Dental Plan
DO NOT READ:
88  No dental coverage  
77  Don’t know / not sure  
99  Refused

RI7_2 Que plan le brinda esta cobertura dental?

INTERVIEWER NOTE: We are looking for who provides the insurance coverage.

Please Read:
01  Delta Dental  
02  Blue Cross Dental  
03  Other private plan  (Specify:_______________)  
04  RIte Smiles  
05  Medicaid or Medical Assistance Dental (White Anchor Card)  
06  Military, veterans, or TriCare Family Dental Plan  
07  Other  (Specify:_______________)

DO NOT READ:
88  No dental coverage  
77  Don’t know / not sure  
99  Refused

//if ri7_2=03//
   RI7_2o1: specify private plan:______________

//if ri7_2=08//
   RI7_2o2: specify other:______________

//ask if RI7_2=88 and RI7_1=1//

RI7_2a: I want to make sure I have this right. Earlier you indicated you do have some kind of dental care coverage for your child, however now I have just recorded you have no dental coverage. Is this correct?

1  Yes, correct as is
2  No  [Go back to ri7_2]
RI7_2a: Quiero asegurarme de que tengo este derecho. Anteriormente, indicó que tiene algún tipo de cobertura de cuidado dental para su hijo, sin embargo, ahora que acabo de registrarlo, no tiene cobertura dental. ¿Es esto correcto?

1  Yes, correct as is
2  No  [Go back to ri7_2]

//ask if (1 <= chldage2 < 18 OR (mod22_1y=7777 or mod 22_1y = 9999)) and cstate ne 2//

RI7_3: About how long has it been since this child last went to a dentist or dental hygienist?

READ ONLY IF NECESSARY:
1  During the past 12 months
2  One to Two years ago (13 - 24 MONTHS)
3  Three to five years ago
4  More than five years ago
5  NEVER

DO NOT READ:
7  DON'T KNOW/NOT SURE
9  REFUSED

RI7_3: Hace cuanto tiempo que este nino fue por ultima vez al odontologo o higienista dental?

READ ONLY IF NECESSARY:
1  12 meses
2  De uno a dos anos (entre 13 y 24 MESES)
3  Hace tres a cinco anos
4  Hace mas de cinco anos
5  NUNCA

DO NOT READ:
7  DON'T KNOW/NOT SURE
9  REFUSED

//end timer ett7//

State-Added Section 8: Emotional Support

//start timer ett8//

//ask if cstate ne 2//
RI8_1: Now, I will ask you a few questions on different health topics. How often do you get the social and emotional support you need?

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

PLEASE READ:
1 Always
2 Usually
3 Sometimes
4 Rarely
5 Never

DO NOT READ:
7 Don't know / Not sure
9 Refused

RI8_1: ¿Con qué frecuencia obtiene el apoyo social y emocional que necesita?

NOTA PARA EL ENCUESTADOR: Si se lo preguntan, diga: "Por favor incluya el apoyo que recibe de cualquier fuente".

PLEASE READ:
1 Siempre
2 Usualmente
3 Algunas veces
4 Casi nunca
5 Nunca

DO NOT READ:
7 No sabe/No está seguro
9 Se niega a contestar

State-Added Section 9: Sexual Activity / Condom Use

RI9_1: I am going to ask you about your sexual behavior. Your response will be kept confidential and you have the right to refuse at any time.
How many sexual partners have you had in the past 12 months?

**RI9_1.** Le voy a preguntar sobre su conducta sexual. Su respuesta será mantenida con confidencialidad y tiene el derecho a rehusar responder en cualquier momento.

¿Cuántos compañeros sexuales ha tenido en los últimos 12 meses

___ Enter Number [RANGE: 01-76] (76=76 or more)
88 None [Go to RI9_3]
77 Don’t know/Not sure [Go to RI9_3]
99 Refused [go to ast1 or CLOSE]

//ask if ri9_1=01-76 and cstate ne 2//

**RI9_2:** Was a condom used the last time you had sexual intercourse?

1 Yes
2 No
5 Does not apply
7 Don’t know/Not sure
9 Refused

**RI9_2.** ¿Usó un condón la última vez que tuvo relaciones sexuales?

1-Sí
2-No
5-No se aplica
7-No sabe / No está seguro
9-Rehusó

//ask if s8q2 <65 and RI9_1 ne 99 and cstate ne 2//

**RI9_3:** Have you been tested for a Sexually Transmitted Disease or venereal disease in the past 12 months?

**RI9_3:** ¿Se ha hecho un análisis sobre enfermedades transmitidas sexualmente o enfermedades venéreas en los últimos 12 meses?

1 Yes
2 No
7 Don’t know / Not sure
9 Refused
State-Added Section 10: Suicide Ideation

During the past 12 months, did you ever seriously consider attempting suicide? 

A veces las personas se sienten tan deprimidas e impotentes con respecto al futuro que pueden considerar el suicidio, es decir, tomar alguna medida para terminar con su propia vida. La siguiente pregunta es acerca del intento de suicidio. En los últimos 12 meses,

¿alguna vez pensó seriamente en intentar suicidarse?

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

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.

Si usted o alguien que conoce se siente deprimido o está considerando la posibilidad de suicidarse, pueden obtener ayuda telefónica llamando a la línea nacional para casos de crisis al 1-800-273-TALK (1-800-273-8255). También puede hablar directamente con su médico o proveedor de atención médica.
State-Added Section 11: Health Literacy and Patient Engagement (Pilot May and June)

//start timer ett11//

//ask if cstate ne 2//

RI11_1: The next set of questions ask about how you understand medical information and manage your health. Healthcare providers often give patients information about their health and medical needs. How often do you fully understand the health and medical information given to you? Would you say:  

PLEASE READ:  
1 Always  
2 Sometimes or  
3 Never  

DO NOT READ:  
4 Don’t have a health provider  
5 Don’t get information from a health provider  
6 Don’t know/Not sure  
9 Refused  

//ask if cstate ne 2//

RI11_2: Healthcare providers often need their patients to complete health forms. Health forms include surveys, medical history, insurance forms, and consent forms. How often do you have trouble understanding something on these health forms? Would you say:  

PLEASE READ:  
1 Always  
2 Sometimes or  
3 Never  

DO NOT READ:  
4 Depends on the form/  
5 Don’t fill out health forms  
6 Don’t have a health provider  
7 Don’t know/Not sure  
9 Refused  

//ask if cstate ne 2//

RI11_3: How confident are you that you can manage most of your health problems? Would you say:  

PLEASE READ:  
1 Always  
2 Sometimes or  
3 Never  

DO NOT READ:  
9 Refused
RI11_4: Medical treatment decisions are choices that are made to make you healthier. Examples of medical treatment decisions would be deciding which medication you are willing to take or whether or not you will have surgery. How involved are you in choosing medical treatments with your healthcare providers? **HLITDEC**

PLEASE READ:
1 Very involved in choosing treatment
2 Sometimes involved in choosing treatment
3 Not very involved in choosing treatment.

DO NOT READ:
6 Don’t see a health provider/
7 Don’t know/Not sure
9 Refused

RI11_5: When you are speaking with healthcare providers, how comfortable do you feel asking questions? **HLITQUES**

PLEASE READ:
1 Very comfortable
2 Somewhat comfortable
3 Not comfortable at all

DO NOT READ:
4 I don’t have questions for health providers
7 Don’t know/Not sure
9 Refused
Asthma Module: Call Back Permission Script

If ADULT only (S6Q4=1), proceed with ADULT; If CHILD only (MOD24_1=1), proceed with CHILD; If ADULT AND CHILD, proceed to Asthma Selection

ASTHMA CALLBACK SELECTION: CHOOSE ADULT OR CHILD. (50% ADULT / 50% CHILD)

//Ask if s6q4=1 or Mod24_1=1 and cstate ne 2//

AST1: We would like to call you again within the next 2 weeks to talk in more detail about [INSERT “your” OR “your child’s”] experiences with asthma. The information will be used to help develop and improve the asthma programs in [insert STATE]. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you or others may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time? CALLBACK2

Ast1. Quisiéramos llamarle de nuevo dentro de 2 semanas para hablar más en detalle de las experiencias [if respondent’s asthma suyas con el asma,] [if child’s asthma que tiene su niño con el asma.] La información se utilizará para ayudar a crear y mejorar programas contra el asma en Arizona. La información que nos dio el día de hoy y la que nos dará en el futuro se mantendrá confidencial. Si usted está de acuerdo con esto, mantendremos su nombre o sus iniciales y número de teléfono en un expediente separado de las respuestas que obtuvimos hoy. Aun cuando acepte hoy, usted puede decidir no participar en el futuro. ¿Le parece bien que le llamemos de nuevo en una fecha posterior para hacerle preguntas adicionales sobre el asma?

1 Yes
2 No

//ask if ast1=1//

AST2a: Can I please have either your first name or initials, so we will know who to ask for when we call back?

¿Me puede proporcionar su nombre o iniciales de usted, para que sepamos por quién preguntar cuando volvamos a llamar?

01 Gave Response
77 Don’t Know
99 Refused

//ask if ast2a=1//

____________________ Enter first name or initials.
Asthma Call-Back Selection

CATI/DP NOTE

//ask if ast1=1//

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

1 adult with asthma
2 adult had asthma
3 child with asthma
4 child had asthma

//ask if ast2a=1 and acflag=3, 4//

AST2b: Can I please have either your child's first name or initials, so we will know who to ask about when we call back?

¿Me puede proporcionar su nombre o iniciales (de usted/de su niño), para que sepamos por quién preguntar cuando volvamos a llamar?

01  Gave Response
77  Don't Know
99  Refused

//ask if ast2b=1//

AST2c: __________________________ Enter first name or initials

Closing statement

INTERVIEWER NOTE: IF THERE ARE NO MODULES/STATE ADDED QUESTIONS OR THIS IS AN OUT-OF-STATE CELL PHONE INTERVIEW

CLOSE: That was my last question. Everyone’s answers will be combined to help us provide information about the health practices of people in [IF CSTATE NE 2 INSERT [state] // IF CSTATE = 2 INSERT “your state”. Thank you very much for your time and cooperation.

Or
Continue to module(s) and/or state-added questions