2016
Maryland Behavioral Risk Factor Surveillance System Questionnaire

Samptype = 1 = land
Samptype = 2 = cell

Core Draft as of: October 14, 2015
Table of Contents

Table of Contents........................................................................................................................................... 2
Interviewer's Script........................................................................................................................................... 3
   Cell Phone ................................................................................................................................................. 9
Core Sections ................................................................................................................................................... 15
   Section 1: Health Status ............................................................................................................................ 15
   Section 2: Healthy Days — Health-Related Quality of Life ................................................................. 15
   Section 3: Health Care Access ................................................................................................................ 16
   Section 4: Exercise .................................................................................................................................. 17
   Section 5: Inadequate Sleep ..................................................................................................................... 18
   Section 6: Chronic Health Conditions ................................................................................................... 18
   Section 7: Oral Health ............................................................................................................................... 21
   Section 8: Demographics .......................................................................................................................... 22
   Language Indicator (land and cell) ......................................................................................................... 22
   Module 25: Disability (Split 1, 2 and 3) ................................................................................................... 34
   Section 9: Tobacco Use ............................................................................................................................ 36
   State-Added 8: Additional Cigarette Questions (Split 1, 2 and 3) (land and cell) ......................... 37
   State-Added 9: Tobacco Products (Split 1, 2 and 3) (land and cell) .................................................. 38
   Section 10: E-Cigarettes ........................................................................................................................... 39
   State-Added 10: Additional E-Cigarette Questions (Split 1, 2 and 3) (land and cell) ................... 40
   Section 11: Alcohol Consumption .......................................................................................................... 40
   Section 12: Immunization ......................................................................................................................... 43
   Section 13: Falls ....................................................................................................................................... 44
   Section 14: Seatbelt Use ........................................................................................................................... 45
   Section 15: Drinking and Driving .......................................................................................................... 46
   Section 16: Breast and Cervical Cancer Screening ............................................................................. 46
   Section 17: Prostate Cancer Screening ................................................................................................ 48
   Section 18: Colorectal Cancer Screening ............................................................................................. 49
   State-Added 1: Colorectal Cancer Screening (Splits 3) (land and cell) .............................................. 51
   Section 19: HIV/AIDS ............................................................................................................................... 52
   Optional Modules ....................................................................................................................................... 54
   Module 5: Health Literacy (Split 2) ......................................................................................................... 54
   Module 11 Sleep Disorder (split 1 and 2) (land and cell) ...................................................................... 55
   Module 16: Excess Sun Exposure (Split 1) ............................................................................................. 56
   Module 22: Random Child Selection (Split 1) ......................................................................................... 56
   State-Added 2: Childhood Human HPV (Split 1) (land and cell) ....................................................... 60
   State-Added 3: Multiple Sclerosis Prevalence (Split 1, 2 and 3) (land and cell) .................................. 61
   State-Added 4: Actions to Control High Blood Pressure (Splits 1, 2 and 3) (land and cell) ............. 63
   State-Added 5: Skin Cancer (Split 1) (land and cell) ............................................................................. 67
   State-Added 6: Oral Cancer (Split 3) (land and cell) ............................................................................. 70
   State Added Section 7: Medical Tourism (split 1) (land and cell) .................................................... 71
   State-Added 11: Smoking Cessation (Split 2 and 3) (land and cell) ............................................... 74
   State-Added 12: Secondhand Smoke (Split 2 and 3) (land and cell) ................................................. 77
   State-Added 13: Smoking Frequency (Split 2 and 3) (land and cell) ................................................. 78
   State-Added 14: Use of Menthol Cigarettes(Split 2 and 3) (land and cell) ........................................ 80
   State-Added 15: Cigarette Pricing (Split 2 and 3) (land and cell) ..................................................... 81
   State-Added 16: Exposure to Messages about Quitting Smoking (Split 2 and 3) (land and cell) ...... 81
   State-Added 17: Preconception Health/Family Planning (Split 1, 2 and 3) (land and cell) .......... 82
Interviewer's Script

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

Hello, the Maryland Department of Health and Mental Hygiene is conducting a study about the health of Maryland 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 1-844-403-3933. 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 1-844-403-3933. Thank you.

Privacy Manager: [PROMPT AT 1ST, 4TH, AND 9TH ATTEMPT RESULTING IN PRIVACY MANAGER] “(NAME) Calling on behalf of the Maryland Department of Health and Mental Hygiene.”

IF MESSAGE ASKS TO ENTER A PHONE NUMBER:

1-844-403-3933

//ask of all samptype=1//

Intro1. HELLO, I am calling for the Maryland Department of Health and Mental Hygiene. My name is (name). We are gathering information about the health of Maryland residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices. This call may be monitored and recorded for quality control.

Is this (phone number)?

01 Continue
02 Terminate
05 Selected on the line
14 Continue in Spanish

For Resumed Interviews and samptype =1:
//if SEL NE 20 and samptype =1//

INTRO1
Hello, I’m calling from ICF for the Maryland Department of Health and Mental Hygiene State Department of Health and the Centers for Disease Control and Prevention. We’re gathering information on the health and safety of Maryland residents. This call is being monitored and recorded for quality control. When we called previously the computer randomly selected the <SEL1> 18 years of age or older in the household with the next birthday to be interviewed. May I please speak to him/her?

01. Transfer to respondent [go to newadult]
05. Selected on the line
//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.”

1  Yes  [Go to state of residence]
2  No  [Go to college housing]
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. (DISPO 26)

1. continue

//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.”

[INTERVEIWER: IF NO, PROBE TO FIND OUT IF BUSINESS OR GROUP HOME]

1  YES  [Go to HS2]
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. STOP /[if college = 2,3,7,9 assign dispo 26 Not a Private Residence/]

//ask of all if samptype = 1//

STRES   Do you currently live in ___Maryland____?

1  Yes [Go to Cellular Phone]
2  No
7  Don’t Know
//if stres = 2,7,9//

X3. Thank you very much, but we are only interviewing persons who live in the state of Maryland at this time. STOP //dispo 40//

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

HS2. Is this a cellular telephone?

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

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

1. No - Not a Cellular Telephone
2. Yes

//if HS2=2//

HS2X. Thank you very much, but we are only interviewing by land line telephones and for private residences or college housing. STOP //assign dispo 28 cell phone//

1. Continue

CATI NOTE: IF (COLLEGE= 1) continue; otherwise go to Adult Random Selection

//ask of college=1 and hs2=1//

ADULT Are you 18 years of age or older?

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

//if adult=3//

XX3 Thank you very much, but we are only interviewing persons aged 18 or older at this time. STOP //if adult=3 assign dispo 27//

1. Continue

//ask if HS1=1 and hs2=1//

ADULTS
I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

__ Number of adults [RANGE 0-18]

//if ADULTS = 0 //
XX3 I'm sorry we are only interviewing adult residents who are 18 years of age or older. Thank you.” // if adults=0 assign dispo 27//
1. continue

//ask if ADULTS = 1//

ONEADULT Are you the adult?

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

If ONEADULT=21 OR 22 “yes,”
Then you are the person I need to speak with. (Ask gender if necessary).

//if ONEADULT=03//

ASKGENDR Is the adult a man or a woman?

21  Male
22  Female

//if ONEADULT=03//

GETADULT May I speak with [fill in (him/her) from previous question]?

1 Yes, Adult coming to the phone.[GO TO NEWADULT]
2 No, not here (interview will terminate) [INTERVIEWER SET APPOINTMENT FOR BEST TIME TO REACH ADULT]

//ASK IF ADULTS>1//

MEN How many of these adults are men?

__ Number of men [RANGE 0-18]

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

WOMEN So the number of adult women in the household is

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

is that correct?
1 YES
2 NO (go back to ADULTS question)

//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 yourthe1]
2 Yes, Adult coming to the phone [ go to NEWADULT]

//ask if nbirth = 1,2//

GENDER

[READ IF NECESSARY]

Is the adult a man or a woman?
21 Male
22 Female

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

To the correct respondent:

NEWADULT

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

1. 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 us, toll free, at 1-844-403-3933. If you have any questions regarding your rights as a participant, please call Ms. Gay Hutchen, IRB Administrator, at 410-767-8448. [INTERVIEWER: IF NEEDED: The interview takes on average 24 minutes depending on your answers.]

Si tiene preguntas sobre sus derechos como participante, por favor contacte Señora Gay Hutchen, Administradora del IRB, al 410-767-8448.
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
Cell Phone

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

Hello, the Maryland Department of Health and Mental Hygiene is conducting a study about the health of Maryland 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 1-844-403-3933. 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 1-844-403-3933. Thank you.

//ask if samptype=2//

**INTRO1.** HELLO, I am calling for the [Maryland Department of Health and Mental Hygiene]. My name is [name]. We are gathering information about the health of [Maryland] residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices. The interview may be monitored and recorded for quality control purposes.

Is this a safe time to talk with you?

[INTERVIEWER NOTE: If respondent reports that they do not live in the state mentioned, tell them that they may still be eligible to participate.]

01 Yes - Continue
02 No - Not a safe time
03 Respondent Says – They Do Not Live in this State
04 Termination Screen
14 CONTINUE IN SPANISH

If "No" intro1=2,

Thank you very much. We will call you back at a more convenient time. ([Set appointment if possible]) STOP [go to termination screen]

//ASK IF INTRO1=1//

**PHONE** Is this [phone number]?

1 [Go to CELLFON2] YES
2 NO
4 [GO TO CB] NOT A SAFE TIME/DRIVING
7 [Go to CELLFON2] DON'T KNOW / NOT SURE
9 [Go to CELLFON2] REFUSED

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. STOP TERM DISP = 23
//If PHONE=1,7,9 ask CELLFON2//

CELLFON2

Is this a cellular telephone?

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

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

1   YES    [Go to CADULT]
2   NO
3   NOT A SAFE TIME/DRIVING
7   DON'T KNOW / NOT SURE
9   REFUSED

If "No", IF "No", //If CELLFON2=2//

Thank you very much, but we are only interviewing cell telephones at this time. STOP //ASSIGN DISPO 25//

If “Don’t Know”, “Refused”, //If CELLFON2=7,9//

Thank you for your time. STOP //assign dispo 26//

//If CELLFON2=1 ask CADULT//

CADULT

Are you 18 years of age or older?

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

1   YES, Male Respondent   [Go to PVTRESD2]
2   YES, Female Respondent [Go to PVTRESD2]
3   NO
4   NOT A SAFE TIME/DRIVING [GO TO CADULT2]
7   DON'T KNOW / NOT SURE
9   REFUSED

IF “Don’t Know”, “Refused”, //IF CADULT=7,9//

Thank you very much for your time. STOP TERM DISP = 28

IF "No", //If CADULT=3//

CADULT2

Is there an adult that also uses this cell phone?

1   YES [GO TO CADULT3]
2   NO

//If CADULT2=2// (no adult uses cell phone)
Thank you very much, but we are only interviewing persons aged 18 or older at this time. STOP //assign term disp = 27 //

//if CADULT2=1 //

CADULT3
May I speak with him or her?
1 SWITCHING TO RESPONDENT
2 RESPONDENT NOT AVAILABLE/CALLBACK

//if CADULT3=1 go to INTRO1 //
//if CADULT3=2 autocode 105, callback //

//IF CADULT=1,2 ask PVTRESD2 //

PVTRESD2
Do you live in a private residence?

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

INTERVIEWER NOTE: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY. THE PERSON DOES NOT NEED TO BE PHYSICALLY LOCATED IN THEIR PRIVATE RESIDENCE.

1 YES [Go to CSTATE]
2 NO
3 NOT A SAFE TIME/DRIVING
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.”

1 YES [Go to CSTATE]
2 NO – business
3 no – group home
4 NOT A SAFE TIME/DRIVING
7 DON’T KNOW / NOT SURE
9 REFUSED

//if college = 2,3 //

Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time. STOP – TERMDISP=35
IF “Don't Know”, “Refused”, //If PVTRESD2=7,9 or college = 7, 9//
Thank you very much for your time. STOP TERM DISP = 29

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

CSTATE
Do you currently live in Maryland?

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

1  YES  [Go to LANDLINE]
2  NO   [Go to STATE]
3  NOT A SAFE TIME/DRIVING
7  DON'T KNOW / NOT SURE
9  REFUSED

IF “Don't Know”, “Refused”, //If CSTATE=7,9//
Thank you very much for your time. STOP TERM DISP = 30

//If CSTATE=2 ask RSPSTATE//

RSPSTATE
In what state do you currently live?

ENTER STATE

AL Alabama
AK Alaska
AZ Arizona
AR Arkansas
CA California
CO Colorado
DE Delaware
DC District of Columbia
FL Florida
GA Georgia
HI Hawaii
ID Idaho
IL Illinois
IN Indiana
IO Iowa
KS Kansas
KY Kentucky
LA Louisiana
ME Maine
MD Maryland
MA Massachusetts
MI Michigan
MN Minnesota
MS Mississippi
MO Missouri
MT Montana
If Refused:
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. STOP TERM DISP = 42

//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.).

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

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

If College = 1, do not ask Number of adults Questions, SET NUMADULT = 1 and go to Core.
//ask if pvtresd2 = 1//
NUMADULT

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

  __ Number of adults

(Note: If college housing = “yes” then number of adults is set to 1.)

//ask if samptype=2//
svintro
Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices. 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, I will provide a telephone number for you to call to get more information.

Is this a safe time to talk with you now or are you driving?

INTERVIEWER NOTE: If respondent indicates it is not safe to talk now, ask “When is a better time to try to call back?” and schedule an appointment.

  1 SAFE TIME/NOT DRIVING
  2 DRIVING/NOT A SAFE TIME
  9 REFUSED
//if svintro = 9// Assign refusal disposition based on refusal count.
//if svintro=1 read: //
svintro2
I will not ask for your last name, address, or other personal information that can identify you. The call may be monitored or recorded for quality assurance purposes. If you have any questions about the survey, please call us, toll free, at 1-844-403-3933. If you have any questions regarding your rights as a participant, please call Ms. Gay Hutchen, IRB Administrator, at 410-767-8448.

Si tiene preguntas sobre sus derechos como participante, por favor contacte Señora Gay Hutchen, Administradora del IRB, al 410-767-8448.

[INTERVIEWER: IF NEEDED: The interview takes on average 24 minutes depending on your answers.]

1. Continue
Core Sections

Section 1: Health Status

//ask of all//

S1q1 Would you say that in general your health is—

Please read:

1 Excellent
2 Very good
3 Good
4 Fair

Or

5 Poor

Do not read:

7 Don’t know / Not sure
9 Refused

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

//ask of all//

S2q1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

Number of days

None
Don’t know / Not sure
Refused
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?

(93–94)

Number of days
8 8 None  [If s2q1 and s2q2 = 88 (None), go to next section]
7 7 Don’t know / Not sure
9 9 Refused

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?

(95-96)

Number of days
8 8 None
7 7 Don’t know / Not sure
9 9 Refused

Section 3: Health Care Access

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?

(97)

1 Yes  [If using Health Care Access (HCA) Module go to Module 4, Q1, else continue]
2 No
7 Don’t know / Not sure
9 Refused

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?”

(98)

1 Yes, only one
2 More than one
3 No
7 Don’t know / Not sure
9 Refused
//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?  

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

CATI NOTE: If using HCA Module, go to Module 4, Q3, else continue.

//ask of all//

s3q4  About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Within the past year (anytime less than 12 months ago)</td>
</tr>
<tr>
<td>2</td>
<td>Within the past 2 years (1 year but less than 2 years ago)</td>
</tr>
<tr>
<td>3</td>
<td>Within the past 5 years (2 years but less than 5 years ago)</td>
</tr>
<tr>
<td>4</td>
<td>5 or more years ago</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>8</td>
<td>Never</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

CATI NOTE: If using HCA Module and Q3.1 = 1 go to Module 4, Question 4a or if using HCA Module and Q3.1 = 2, 7, or 9 go to Module 4, Question 4b, or if not using HCA Module go to next section.

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?

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

(102-103)

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

Section 6: Chronic Health Conditions

//ask of all//

S6q1t Now I would like to ask you some questions about general health conditions.

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

1. Continue

//ask of all//

s6q1 (Ever told) you that you had a heart attack also called a myocardial infarction?

(104)

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?

(105)

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

//ask of all//

s6q3 (Ever told) you had a stroke?
1  Yes
2  No
7  Don’t know / Not sure
9  Refused

//ask of all//
s6q4  (Ever told) you had asthma?

1  Yes
2  No  [Go to Q6.6]
7  Don’t know / Not sure [Go to Q6.6]
9  Refused [Go to Q6.6]

//ask if s6q4=1//
s6q5  Do you still have asthma?

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

//ask of all//
s6q6  (Ever told) you had skin cancer?

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

//ask of all//
s6q7  (Ever told) you had any other types of cancer?

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

//ask of all//
s6q8  (Ever told) you have chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis?
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-Schönlein purpura, Wegener’s granulomatosis, polyarteritis nodosa)

//ask of all//

s6q10 (Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

//ask of all//

s6q11 (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence.

INTERVIEWER NOTE: Incontinence is not being able to control urine flow.
//ask of all//

s6q12  (Ever told) you have diabetes?  (115)

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

If respondent says pre-diabetes or borderline diabetes, use response code 4.

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

//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.

CATI NOTE: If Q6.12 = 1 (Yes), go to next question. If any other response to Q6.12, go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.  (116-117)

//ask if s6q12=1//

s6q13  How old were you when you were told you have diabetes?

   Code age in years [97 = 97 and older]
9 8  Don’t know / Not sure
9 9  Refused

CATI NOTE: Go to Diabetes Optional Module (if used). Otherwise, go to next section.

Section 7: Oral Health

//ask of all//

s7q1  How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.

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

**Do not read:**

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

---

//ask of all//

**s7q2** How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

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

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

---

**Section 8: Demographics**

---

//ask of all//

**S8q1** Indicate sex of respondent. **Ask only if necessary.** Are you ...

1. Male
2. Female

//if selected gender ne s8q1//

S8q1A-D

**INTERVIEWER:** Are you sure the respondent is FEMALE/MALE?
The respondent selected was the list:

You need to go back and correct the mistake.
[PRESS ENTER TO CONTINUE ... ]

---

**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

//ask of all//

**S8q2** What is your age?

(121-122)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 7</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>0 9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

//ask if s6q13 > s7q2//

**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 tenia \:s8q2: anos de edad y que le dijeron que tenia diabetes a la edad de \:s6q13:. Debo corregir este error.

1. Continue

//ask of all//

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

(123-126)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No, not of Hispanic, Latino/a, or Spanish origin</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
</tr>
<tr>
<td>7</td>
<td>Don’t Know</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

//if s8q3=2//

**S8q3b** Are you…

INTERVIEWER NOTE: One or more categories may be selected.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mexican, Mexican American, Chicano/a</td>
</tr>
<tr>
<td>2</td>
<td>Puerto Rican</td>
</tr>
<tr>
<td>3</td>
<td>Cuban</td>
</tr>
<tr>
<td>4</td>
<td>Another Hispanic, Latino/a, or Spanish origin</td>
</tr>
</tbody>
</table>

Do not read:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</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>

[DP note: CDC lists this as one question, s7q3 response 5= not Hispanic, 1-4 hispanic options. Deliver based on cdc layout]
Which one or more of the following would you say is your race?

INTERVIEWER NOTE: Select all that apply.

[INTERVIEWER NOTE: Enter Caucasian response as 10-White. Enter Native American Response as 30 – American Indian or Alaska Native.]

Please read: [MUL = 5]

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 s8q4=40//
S8q4a Is that…

Interviewer Note: Select all that apply. [mul=7]

41 Asian Indian
42 Chinese
43 Filipino
44 Japanese
45 Korean
46 Vietnamese
47 Other Asian
77 Don’t Know
99 Refused

//if s8q4 = 50
S8q4pi Is that…

Interviewer Note: Select all that apply. [mul=4]

51 Native Hawaiian
52 Guamanian or Chamorro
53 Samoan
54 Other Pacific Islander
77 Don’t Know
99 Refused

Do not read:

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

CATI NOTE: If more than one response to s8q4; continue. Otherwise, go to s8q6.

[DP note: s8q4 is presented as one question, combine s8q4a and s8q4pi into s8q4 for delivery]

//ask if s8q4 = mul/

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

INTERVIEWER NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategory underneath major heading.

[INTERVIEWER NOTE: Enter Caucasian response as 10-White. Enter Native American Response as 30 – American Indian or Alaska Native.] (155-156)

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) OR (s8q4=mul and s8q5=40)//

S8q5a Is that…

41 Asian Indian
42 Chinese
43 Filipino
44 Japanese
45 Korean
46 Vietnamese
47 Other Asian
77 Don’t Know
99 Refused
//ask if s8q4pi = mul) OR (s8q4=mul and s8q5=50) //
S8q5pi Is that...
  51 Native Hawaiian
  52 Guamanian or Chamorro
  53 Samoan
  54 Other Pacific Islander
  77 Don’t Know
  99 Refused

//ask of all//
S8q6 Are you…?

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

Or
6 A member of an unmarried couple

Do not read:
9 Refused

//ask of all//
S8q7 What is the highest grade or year of school you completed?

Read only if necessary:
1 Never attended school or only attended kindergarten
2 Grades 1 through 8 (Elementary)
3 Grades 9 through 11 (Some high school)
4 Grade 12 or GED (High school graduate)
5 College 1 year to 3 years (Some college or technical school)
6 College 4 years or more (College graduate)

Do not read:
9 Refused

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

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

NOTE: Home is defined as the place where you live most of the time/the majority of the year.
INTERVIEWER NOTE: We ask this question in order to compare health indicators among people with different housing situations.

INTERVIEWER: CODE A RESPONSE OF “RENT TO OWN” AS 3 – OTHER ARRANGEMENT

(159)

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

//ask of all//
S8q9 In what county do you currently live? (160-162)

ANSI County Code (formerly FIPS county code)
7 7 7 Don’t know / Not sure
9 9 9 Refused

//ask of all//
S8q10 What is the ZIP Code where you currently live? (163-167)

ZIP Code
7 7 7 7 Don’t know / Not sure
9 9 9 9 Refused

//ask if s8q10 ne 77777, 99999//
S8q10c I just want to confirm, you said your zip code is \:s8q10:. Is that correct?

\ISP
Solo para verificar, usted dijo que su codigo postal es \:s8q10:. Es esto correcto?

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

CATI NOTE: If cellular telephone interview skip to 8.14 (QSTVER GE 20)

//ask if samptype=1//
S8q11  Do you have more than one telephone number in your household?  Do not include cell phones or numbers that are only used by a computer or fax machine.  

1  Yes  
2  No  [Go to Q.8.13]  
7  Don’t know / Not sure  [Go to Q.8.13]  
9  Refused  [Go to Q.8.13]  

//ask if s8q11=1//

S8q12  How many of these telephone numbers are residential numbers?  

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

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

S8a12A:  
I am sorry, just to double check, you indicated you have \:s8q12: residential phones in your household. Is THIS CORRECT?  

Perdoneme pero usted indico que tiene \:s8q12: telefonos residenciales en su hogar. Es esto correcto?  

1  Yes, correct as is  
2  No, re-ask question  

//ask if samptype=1//

S8q13  Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.  

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

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

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

Number of children

8 None
9 Refused

IF: ***([S8q16#1-15])***

S8Q16CHK Just to be sure - you have \:s8q16\: under 18 living in your
household. Is that correct?

Solo para verificar, usted tiene \( s8q16 \): menores de 18 anos viviendo en su hogar.

1  YES
2  NO
9  REFUSED

//ask of all//

**S8q17**

Is your annual household income from all sources—

(175-176)

If respondent refuses at ANY income level, code ‘99’ (Refused)

Read only if necessary:

*S8q17A [04]*  Less than $25,000 ($20,000 to less than $25,000)

1  Yes
2  No
7  Don’t Know
9  Refused

[If “no,” ask 05; if “yes,” ask 03]

//ask if s8q17A = 1//

*S8q17B [03]*  Less than $20,000 ($15,000 to less than $20,000)

1  Yes
2  No
7  Don’t Know
9  Refused

[If “no,” code 04; if “yes,” ask 02]

//ask if s8q17B = 1//

*S8q17C [02]*  Less than $15,000 ($10,000 to less than $15,000)

1  Yes
2  No
7  Don’t Know
9  Refused

[If “no,” code 03; if “yes,” ask 01]

//ask if s8q17C=1//

*S8q17D [01]*  Less than $10,000

1  Yes
2  No
7  Don’t Know
9  Refused

[If “no,” code 02]

//ask if s8q17A = 2//
S8q17E [05] Less than $35,000 ($25,000 to less than $35,000)
1 Yes
2 No
7 Don’t Know
9 Refused
[If “no,” ask 06]

//ask if s8q17E = 2//

S8q17F [06] Less than $50,000 ($35,000 to less than $50,000)
1 Yes
2 No
7 Don’t Know
9 Refused
[If “no,” ask 07]

//ask if s8q17F = 2//
S8q17G [07] Less than $75,000 ($50,000 to less than $75,000)
1 Yes
2 No
7 Don’t know
9 Refused
[If “no,” code 08]

[08] $75,000 or more

//ask if s8q17A-s8q17G ne 7,9//
S8q17AA Your Annual Household Income is [enter range from code in s8q17A-G]

Is This Correct?
1 No, re-ask question [GO TO S8Q17A]
2 Yes, correct as is. [CONTINUE]

//ask of all//

S8q18 Have you used the internet in the past 30 days? (177)

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

//ask of all//
Ps8q19  About how much do you weigh without shoes?
ENTER “P” FOR WEIGHT GIVEN IN POUNDS
ENTER “K” FOR WEIGHT GIVEN IN KILOGRAMS

P   pounds
K   kilograms
7   Don’t Know
9   Refused

//ask if ps8q19 = P//

S8q19  About how much do you weigh without shoes?

DP NOTE: If respondent answers in metrics, put “9” in column 161.

Round fractions up

<<pounds/kilograms>>[Range 50-776]
7 7 7 7 Don’t know / Not sure
9 9 9 9 Refused

//ask if s8q19 = 50-79 OR 351-776//

S8q19_A: Just to double-check, you indicated :s8q19: pounds as your weight.

IS THIS CORRECT?
1. Yes
2. No [go back to s8q19]

//ask if ps8q19 = K//

S8q19M About how much do you weigh without shoes?

NOTE: If respondent answers in metrics, put “9” in column 174.

Round fractions up

<<kilograms>>[Range 23-352]

//ask if s8q19m = 23-352 and ps8q19 = “k”

S8q19am: Just to double-check, you indicated :s8q19m: kilograms as your weight.

IS THIS CORRECT?
1. Yes
2. No, [go back to s8q19m]

//ask of all//
Ps8q20: 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
9  Refused

//ask if ps8q20=f/
S8q20: About how tall are you without shoes?

NOTE: If respondent answers in metrics, put “9” in column 165.

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]
7 7  Don’t know / Not sure
9 9  Refused

//ask if s8q20= 300-407, 609-711]
S8q20a: Just to double check, you indicated you are //enter feet from s8q20// FEET //enter inches from s8q20// INCHES TALL.

IS THIS CORRECT?
1. Yes
2. No, go back to s8q20

//ask if ps8q20 = M//
S8q20M: About how tall are you without shoes?

NOTE: If respondent answers in metrics, put “9” in column 158.

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

---  Height[Range 90-254]
//ask if s8q20m = 90-254 and ps8q20=M//
S8q20am: Just to double check, you indicated you are //s8q20m// centimeters tall.

IS THIS CORRECT?
1. Yes
2 No [go back to s8q20m]

If male, go to S8Q22, if female respondent is 45 years old or older, go to S8Q22

//ask if s8q1=2 AND s8q2<45//
S8q21 To your knowledge, are you now pregnant?

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

//ask of all//

Module 25: Disability (Split 1, 2 and 3)

//ask of all//
Mod25_1

Are you limited in any way in any activities because of physical, mental, or emotional problems?

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

//ask of all//
Mod25_2

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

NOTE: Include occasional use or use in certain circumstances.

1  Yes
2  No
7  Don’t know / Not Sure
9  Refused
S8q22

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

Some people who are deaf or have serious difficulty hearing may or may not use equipment to communicate by phone.

Are you deaf or do you have serious difficulty hearing?

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

//ask of all//

S8q23  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//

S8q24  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//

S8q25  Do you have serious difficulty walking or climbing stairs?

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

//ask of all//

S8q26  Do you have difficulty dressing or bathing?

1  Yes
//ask of all//

**S8q27**
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?  

**INTERVIEWER NOTE:** “For cigarettes, do not include: electronic cigarettes (e-cigarettes, NJOY, Blutip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana.”

**NOTE:** 5 packs = 100 cigarettes

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

//ask if s9q1=1//

**S9q2**
Do you now smoke cigarettes every day, some days, or not at all?

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

//ask if s9q2=1,2//

**S9q3**
During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?
//ask if s9q2=3//

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

0 1 Within the past month (less than 1 month ago)
0 2 Within the past 3 months (1 month but less than 3 months ago)
0 3 Within the past 6 months (3 months but less than 6 months ago)
0 4 Within the past year (6 months but less than 1 year ago)
0 5 Within the past 5 years (1 year but less than 5 years ago)
0 6 Within the past 10 years (5 years but less than 10 years ago)
0 7 10 years or more
0 8 Never smoked regularly
7 7 Don’t know / Not sure
9 9 Refused

State-Added 8: Additional Cigarette Questions (Split 1, 2 and 3) (land and cell)

//start timer ett8//

//ask if s8q2 < 30 and cstate ne 2//

MD8_1. How old were you the first time you smoked a cigarette, even one or two puffs?

__ Age [RANGE 01-76 76=76 or older]
01 I never smoked a cigarette, not even one or two puffs
77 Don’t know / Not sure
99 Refused

MD8_1. ¿Qué edad tenía cuando fumó un cigarrillo por primera vez, incluso una o dos pitadas?

//ask if MD8_1 ne 01//

MD8_2 About how old were you when you first started smoking cigarettes regularly?

__ Age [RANGE 02-76 76=76 or more]
02 Have never smoked regularly
77 Don’t know / Not sure
99 Refused

MD8_2. ¿Cuántos años tenía cuando comenzó a fumar cigarrillos frecuentemente?

__ Edad en años
98. No sabe / No está seguro
99. Se rehúsa a contestar
//ask if cstate ne 2//

**MD8_3** Does any other adult age 18 or older living in the household smoke cigarettes now?

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

**MD8_3** ¿Fuma cigarrillos ahora cualquier otro adulto de 18 años o más que vive en la casa?

//end timer ett8//

//ask of all//

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

**Snus (rhymes with ‘goose’)**

NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum. (198)

1 Every day  
2 Some days  
3 Not at all

Do not read:

7 Don’t know / Not sure  
9 Refused

State-Added 9: Tobacco Products (Split 1, 2 and 3) (land and cell)

//start timer ett9//

//ask if cstate ne 2//

**MD9_1.** Cigar products come in a wide variety of sizes, ranging from large traditional cigars, to blunts, to cigarillos, and even smaller cigars that are about the same size and shape as cigarettes. Some common brand names include Black and Mild’s, Phillies, Swisher Sweets, and Winchester.

In the past 30 days, did you smoke any cigars?

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

**MD9_1.** Los cigarros vienen en una amplia variedad de tamaños, que van desde cigarros tradicionales grandes a cigarros de marihuana, a cigarritos e incluso cigarros más pequeños que tienen el mismo...
tamaño y forma que los cigarrillos. Algunas marcas comunes incluyen Black and Mild, Phillies, Swisher Sweets y Winchester.

En los últimos 30 días, ¿fumó algún cigarro?

//ask if cstate ne 2//

**MD9_2.** Do you currently use any tobacco products other than cigarettes, cigars, or chewing tobacco, such as pipes, hookah, bidis, kretks, or dissolvable tobacco products?

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

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

**MD9_2.** ¿Usa actualmente productos con tabaco que no sean cigarrillos, cigarros o tabaco para masticar, como pipas, narguiles, “bidis”, “kretks” o productos de tabaco que se disuelven?

//end timer ett9//

---

**Section 10: E-Cigarettes**

//ask of all//

**S10q1** Have you ever used an e-cigarette or other electronic “vaping” product, even just one time, in your entire life?

**Read 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.

(199)

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

//ask if s10q1=1//

**S10q2** Do you now use e-cigarettes or other electronic “vaping” products every day, some days, or not at all?

**Read 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.
1 Every day
2 Some days
3 Not at all
7 Don’t know / Not
9 Refused

State-Added 10: Additional E-Cigarette Questions (Split 1, 2 and 3) (land
and cell)

//start timer ett10//

//ask if s10q2=1, 2 and cstate ne 2//

MD10_1 What is the main reason you use electronic vapor products?

(DO NOT READ)
1 I am trying to quit smoking
2 I use when not allowed to smoke
3 They are safer than using tobacco
4 The novelty of using them
5 Other (please specify)
7 Don’t Know / Not Sure
9 Refused

MD10_1 ¿Cuál es la razón principal por la que usa productos electrónicos de vapor?

1 Estoy tratando de dejar de fumar
2 Uso cuando no está permitido fumar
3 Son más seguros que usar tabaco
4 La novedad de usarlos
5 Otro (por favor, especificar)
7 No sabe / No está seguro
9 Rehusó

//ask if MD10_1=5//
MD10_1o SPECIFY: _______________

//end timer ett10//

Section 11: Alcohol Consumption

//ask of all//
S11q1 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 [range 101-107]
2 _ _ Days in past 30 days [range 201-230]
8 8 8 No drinks in past 30 days [Go to next section]
7 7 7 Don’t know / Not sure [Go to next section]
9 9 9 Refused [Go to next section]

//ask if s11q1 ne 888,777,999//

S11q2 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?

(204-205)

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]
7 7 Don’t know / Not sure
9 9 Refused

IF: ***(S9Q2#12-76)***

S11Q2A I am sorry, you just said that you consume \:s11q2: drinks per day. Is that correct?

Perdoneme pero usted dijo que consume \:s11q2: tragos por dia. Es esto correcto?

1 Correct as is
2 No, Re-ask question

//ask if s11q1 ne 888,777,999//

S11q3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have $X$ [CATI $X = 5$ for men, $X = 4$ for women] or more drinks on an occasion?

(206-207)

_ _ Number of times [range 01-76]
8 8 None
7 7 Don’t know / Not sure
9 9 Refused

IF: ***(S11Q3#16-76)***

S11Q3A I am sorry, you said that in the past month there were \:s11q3: occasions when you had \:s11q3: or more drinks. Is this correct?
Perdoneme pero usted dijo que en el pasado mes hubo \:s11q3: ocasiones en las que usted bebió \:s11q3: o más tragos.  

Es esto correcto?
1  Correct as is
2  No, Re-ask question

//ask if s11q1 ne 888,777,999//

S11q4  During the past 30 days, what is the largest number of drinks you had on any occasion?  (208-209)

   Number of drinks  [range 01-76]
   7 7  Don't know / Not sure
   9 9  Refused

IF: ***(S11Q4#16-76)***

S11Q4A  I am sorry, you said that in the past 30 days you had \:s11q4: number of drinks on one occasion. Is this correct?

Perdoneme pero usted dijo que en los pasados 30 dias bebio \:s11q4: tragos en una misma ocasion. Es esto correcto?

1  Correct as is
2  No, Re-ask question

IF: ([S11Q3#88] AND S8Q1 is Female AND [S11Q4#4-76]) OR ([S11Q3#88] AND S8Q1 ***is Male AND [S11Q4#5-76])***

S11Q4B  I'm sorry, but previously you said that you did not have \:s11q3: or more drinks on an occasion. Is this correct?

Perdoneme pero usted anteriormente dijo que no bebio \:s11q3: o mas tragos en una misma ocasión. Es esto correcto?

1  Correct as is
2  No, Re-ask question

IF: ([S11Q3#1-76] AND S8q2 is Female AND [S11Q4#1-3]) OR ([S11Q3#1-76] AND ***S8Q2 is Male AND [S11Q4#1-4])***

S11Q4C  I'm sorry, but previously you said that you had \:s11q3: or more drinks on an occasion. And you've said that in the past 30 days you had a maximum of \:s11q4: number of drinks on one occasion.

Is this correct?
Perdóname pero usted dijo que bebió \$s11q3: o más tragos en una misma ocasión. E indico que en los pasados 30 días había bebido una máxima cantidad de tragos de \$s11q4:.

Es esto correcto?

1 Correct as is
2 No, Re-ask question

Section 12: Immunization

//ask of all//
S12q1t
Now I will ask you questions about the flu vaccine. There are two ways to get the flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™.

1. Continue

//ask of all//

s12q1 During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?

(210)

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

1 Yes
2 No [Go to s12q3]
7 Don’t know / Not sure [Go to s12q3]
1 9 Refused [Go to s12q3]

//ask if s12q1=1//
s12q2m 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?

INTERVIEWER: ENTER MONTH

= Month [RANGE 01-12]
7 7 Don't know / Not sure
9 9 Refused

//ask if s12q1=1//
s12q2y 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?

INTERVIEWER: ENTER YEAR

= Year [RANGE 2015-2016]
7 7 7 7 Don’t know / Not sure
9 9 9 9 Refused
IF: ***([TSTPYR] < [PASTYR])***

**S12q2chk**

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 vacunó contra la gripe en los últimos 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 últimos 12 meses?

1  Yes  
2  No  

//ask of all//

**S12q3**

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

(217)

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

//ask of all//

**s12q4.**

Since 2005, have you had a tetanus shot?  
(218)

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

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

Section 13: Falls

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

//ask if s8q1>44, 7,9//
S13q1t  The next questions ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

1. Continue

//ask if s8q1>44,7,9//

s13q1  In the past 12 months, how many times have you fallen? (219–220)

<table>
<thead>
<tr>
<th>Number of times</th>
<th>[76 = 76 or more]</th>
<th>[RANGE 01—76]</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>[Go to next section]</td>
<td></td>
</tr>
<tr>
<td>Don’t know / Not sure</td>
<td>[Go to next section]</td>
<td></td>
</tr>
<tr>
<td>Refused</td>
<td>[Go to next section]</td>
<td></td>
</tr>
</tbody>
</table>

13.2 [Fill in “Did this fall (from Q13.1) cause an injury?”]. If only one fall from Q13.1 and response is “Yes” (caused an injury); code 01. If response is “No,” code 88.

How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor. (221–222)

<table>
<thead>
<tr>
<th>Number of falls</th>
<th>[76 = 76 or more]</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Don’t know / Not sure</td>
<td></td>
</tr>
<tr>
<td>Refused</td>
<td></td>
</tr>
</tbody>
</table>

Section 14: Seatbelt Use

//ask of all/

s14q1  How often do you use seat belts when you drive or ride in a car? Would you say— (223)

Please read:

1  Always
2  Nearly always
3  Sometimes
4  Seldom
5  Never

Do not read:

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

CATI note: If Q14.1 = 8 (Never drive or ride in a car), go to Section 16; otherwise continue.
Section 15: Drinking and Driving

CATI note: If s11q1 = 888 (No drinks in the past 30 days); go to next section.

//ask if s14q1 ne 8 and s11q1 ne 888//

s15q1 During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

(224-225)

_ _ Number of times [RANGE 01-76]
8 8 None
7 7 Don't know / Not sure
9 9 Refused

Section 16: Breast and Cervical Cancer Screening

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

The next questions are about breast and cervical cancer.

//ask if s8q1=2//

s16q1 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

(226)

1 Yes [Go to s16q3]
2 No [Go to s16q3]
7 Don't know / Not sure [Go to s16q3]
9 Refused [Go to s16q3]

//ask if s16q1=1//

s16q2 How long has it been since you had your last mammogram?

(227)

1 Within the past year (anytime less than 12 months ago)
2 Within the past 2 years (1 year but less than 2 years ago)
3 Within the past 3 years (2 years but less than 3 years ago)
4 Within the past 5 years (3 years but less than 5 years ago)
5 5 or more years ago
7 Don't know / Not sure
9 Refused
A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?

1 Yes  [Go to s16q5]
2 No  [Go to s16q5]
7 Don’t know / Not sure  [Go to s16q5]
9 Refused  [Go to s16q5]

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

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

Now, I would like to ask you about the Human Papillomavirus (Pap·uh·loh·muh virus) or HPV test.

An HPV test is sometimes given with the Pap test for cervical cancer screening.

Have you ever had an HPV test?

1 Yes  [Go to s16q7]
2 No  [Go to s16q7]
7 Don’t know/Not sure  [Go to s16q7]
9 Refused  [Go to s16q7]

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

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

CATI NOTE: If response to Core s8q21 = 1 (is pregnant); then go to next section.
s16q7  Have you had a hysterectomy?

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

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

Section 17: Prostate Cancer Screening

CATI note: If respondent is <39 years of age, or is female, go to next section.

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

//ask if (s8q2>39 or s8q2 = 7,9) and s8q1 = 1//

s17q1  A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the PSA test?

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

//ask if (s8q2>39 or s8q2 = 7,9) and s8q1 = 1//

s17q2  Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test?

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

//ask if (s8q2>39 or s8q2 = 7,9) and s8q1 = 1//

s17q3  Has a doctor, nurse, or other health professional EVER recommended that you have a PSA test?

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

//ask if (s8q2>39 or s8q2 = 7,9) and s8q1 = 1//

s17q4.  Have you EVER HAD a PSA test?

1  Yes
2  No
7  Don’t Know / Not sure
//ask if s17q4=1//
s17q5. How long has it been since you had your last PSA test? (237)

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 s17q4=1//
s17q6. What was the MAIN reason you had this PSA test – was it …? (238)

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 18: Colorectal Cancer Screening

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

//ask if s8q2>49, 7, 9//
s18q1

The next questions are about colorectal cancer screening.

A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (239)

1 Yes
2016 BRFSS Questionnaire/Draft

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

//ask if s18q1=1//

s18q2 How long has it been since you had your last blood stool test using a home kit?

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

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

//ask if s18q3=1//

s18q3 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 s18q3=1//

s18q4 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 s18q3=1//

s18q5 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

State-Added 1: Colorectal Cancer Screening (Splits 3) (land and cell)

//start timer ett1//

//ask if s8q2= >49 and s18q2 ne 1 and s18q5 = 6/

MD1_1 What is the most important reason why you are not current with any kind of test to look for problems in your colon or rectum?

[READ LIST]
01 No reason/never thought about it
02 Didn't need it/didn't know I needed this type of test
03 Doctor didn't order it/didn't say I needed it
04 Haven't had any problems
05 Put it off/Didn't get around to it
06 Too expensive/no insurance/cost
08 Too painful, unpleasant, or embarrassing
10 Had another type of colorectal exam
11 Don't have doctor
12 Other (SPECIFY ___________________)
77 Don't know
99 Refused

MD1_1 ¿Cuál es la razón más importante por la que no está al día con las pruebas para detectar problemas en su colon o recto?

[READ LIST]
01 No hay razón/nunca lo pensó
02 No lo necesitaba/no sabía que necesitaba este tipo de prueba
03 El médico no la pidió/no dijo que la necesitaba
04 No había tenido ningún problema
05 Lo ignoró/No lo hizo
06 Demasiado caro/sin seguro/costo
08 Demasiado doloroso, molesto o vergonzoso
10 Se hizo otro tipo de examen colorrectal
11 No tiene médico
12 Otro (ESPECIFICAR ___________________)
77 No sabe
99 Rehusó

//end timer ett1//
Section 19: HIV/AIDS

//ask of all//

S19q1t
The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don’t have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

1. Continue

//ask of all//

s19q1 Not counting tests you may have had as part of a blood donation, have you ever been tested for HIV? Include testing fluid from your mouth.

1 Yes
2 No [Go to s19q3]
7 Don’t know / Not sure [Go to s19q3]
9 Refused [Go to s19q3]

//ask if s19q1=1//

s19q2m Not including blood donations, in what month and year was your last HIV test?

NOTE: If response is before January 1985, code “Don’t know.”
CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

INTERVIEWER: ENTER MONTH

Code month [RANGE 01-12]
7 7 Don’t know / Not sure
9 9 Refused / Not sure

//ask if s19q1=1//

s19q2y Not including blood donations, in what month and year was your last HIV test?

NOTE: If response is before January 1985, code “Don’t know.”
CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

INTERVIEWER: ENTER YEAR

Code month [RANGE 1985-2015]
777 7 Don’t know / Not sure
999 9 Refused / Not sure

//ask of all//
s19q3 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.

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

Closing Statement or Transition to Modules and/or State-Added Questions

Transition to modules and/or state-added questions

//ask of all//
Please read:

ModT. Finally, I have just a few questions left about some other health topics.

1. Continue
Optional Modules

Module 5: Health Literacy (Split 2)

//ask of all//

Mod5_1.
How difficult is it for you to get advice or information about health or medical topics if you need it? Would you say it is …

INTERVIEWER NOTE: Respondent can answer based on any source of health or medical advice or information. If the respondent asks what is meant by advice or information, interviewer re-reads the question to the respondent. If the respondent still doesn’t understand, interviewer can say, “You can think about any source of health or medical advice or information.”

Please read:

1. Very easy
2. Somewhat easy
3. Somewhat difficult
4. Very difficult
5. I don’t look for health information

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

//ask of all//

Mod5_2.
How difficult is it for you to understand information that doctors, nurses and other health professionals tell you? Would you say it is …

Please read:

1. Very easy
2. Somewhat easy
3. Somewhat difficult
4. Very difficult

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

//ask of all//

Mod5_3.
You can find written information about health on the Internet, in newspapers and magazines, and in brochures in the doctor’s office and clinic. In general, how difficult is it for you to understand written health information? Would you say it is …

(364)
Please read

1 Very easy
2 Somewhat easy
3 Somewhat difficult
4 Very difficult
5 I don’t pay attention to written health information

Do not read

7 Don’t know/not sure
9 Refused

Module 11 Sleep Disorder (split 1 and 2) (land and cell)

//ask if cstate ne 2//

Mod 11_1. I would like to ask you a few questions about your sleep patterns.

Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much? (398-399)

__ __ 01-14 days [RANGE: 01-14]

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

//ask if cstate ne 2//

Mod 11_2. Over the last 2 weeks, how many days did you unintentionally fall asleep during the day? (400-401)

__ __ 01-14 days [RANGE: 01-14]

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

//ask if cstate ne 2//

Mod 11_3. Have you ever been told that you snore loudly? (402)

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

//ask if cstate ne 2//

Mod 11_4. Has anyone ever observed that you stop breathing during your sleep? (403)
INTERVIEWER NOTE: Also enter “yes” if respondent mentions having a machine or CPAP that records that breathing sometimes stops during the night.

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

Module 16: Excess Sun Exposure (Split 1)

//ask of all//

**Mod16_1.** In the past 12 months, how many times did you have a red OR painful sunburn that lasted a day or more?  

8  Zero
1  One
2  Two
3  Three
4  Four
5  Five or more
7  Don’t know / Not sure
9  Refused

Module 22: Random Child Selection (Split 1)

CATI NOTE: If Core Q8.16 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

If Core s8q16 = 1, Interviewer please read:

//ask if s8q16=1//

**Mod22t1**  “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_1]

1.  Continue

If Core Q8.16 is >1 and Core Q8.16 does not equal 88 or 99, Interviewer please read:

//ask if s8q16= 2-15//

**Mod22t2**  “Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.”

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

INTERVIEWER PLEASE READ:

I have some additional questions about one specific child. The child I will be referring to is the “Xth” child in your household. All following questions about children will be about the “Xth” child.

//ask if s8q16 ne 88, 99//
Mod22_1m. What is the birth month and year of the “Xth” child? (652-657)

_ _ / _ _ _ _   Code 2-Digit Month [Range 01-12]
7 7   Don’t know / Not sure
9 9   Refused

//ask if s8q16 ne 88, 99//
Mod22_1y. What is the birth month and year of the “Xth” child?

_ _ _ _ _ _   Code 4-Digit year [Range 1997-2015]
7 7 7 7   Don’t know / Not sure
9 9 9 9   Refused

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

//ask if 0 <= chldage2 < 18 or mod22_1y in (7777,9999)
Mod22_2. Is the child a boy or a girl? (658)

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? (659-662)

//if mod22_3 = 1//
Mod22_3b Are they…

INTERVIEWER NOTE: One or more categories may be selected

READ LIST [MUL=4]

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)

INTERVIEWER NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

Please read: [MUL = 5]

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]

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]

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

[DP note: mod22_4 is presented as one question, combine Mod22_4a and Mod22_4p into Mod22_4 for delivery]

//ask if mod22_4 = mul //

Mod22_5. Which one of these groups would you say best represents the child’s race? (693-694)

INTERVIEWER NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

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

Do not read:
60 Other
77 Don't know / Not sure
99 Refused
// (ask if mod22_4a = mul) OR (mod22_4 = mul and mod22_5 = 40)//

**Mod22_5a**  
Is that…  
41 Asian Indian  
42 Chinese  
43 Filipino  
44 Japanese  
45 Korean  
46 Vietnamese  
47 Other Asian  

*Do not read:*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>60</td>
<td>Other</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 mod22_4p = mul) OR (mod22_4 = mul and mod22_5 = 50)//

**Mod22_5p**  
Is that…  
51 Native Hawaiian  
52 Guamanian or Chamorro  
53 Samoan  
54 Other Pacific Islander  

*Do not read:*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>60</td>
<td>Other</td>
</tr>
<tr>
<td>77</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>99</td>
<td>Refused</td>
</tr>
</tbody>
</table>

[DP 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?  

*(695)*

*Please read:*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Parent (include biologic, step, or adoptive parent)</td>
</tr>
<tr>
<td>2</td>
<td>Grandparent</td>
</tr>
<tr>
<td>3</td>
<td>Foster parent or guardian</td>
</tr>
<tr>
<td>4</td>
<td>Sibling (include biologic, step, and adoptive sibling)</td>
</tr>
<tr>
<td>5</td>
<td>Other relative</td>
</tr>
<tr>
<td>6</td>
<td>Not related in any way</td>
</tr>
</tbody>
</table>

*Do not read:*

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

State-Added 2: Childhood Human HPV (Split 1) (land and cell)
MD2_1 I have two additional questions about a vaccination the [Insert Xth child] child may have had.

A vaccine to prevent the human papilloma virus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, [Fill: if female “GARDASIL or CERVARIX”; if male “or GARDASIL”].

Has this child EVER had an HPV vaccination?

NOTE: Human Papillomavirus (Human Pap·uh·loh·muh-virus); Gardasil (Gar·duh· seel); Cervarix (Sir·var· icks)

1=Yes
2=No [Go to next module]
3=Doctor refused when asked [Go to next module]
7=DK/NS [Go to next module]
9=Refused [Go to next module]

MD2_2. ¿Cuántas inyecciones contra el HPV recibió?

Number of shots [RANGE01-03]

0 3 All shots
7 7 DK/NS
9 9 Refused

State-Added 3: Multiple Sclerosis Prevalence (Split 1, 2 and 3) (land and cell)
MD3_1. Has a doctor ever told you that you have multiple sclerosis?

1 Yes
2 No [Go to next module]
7 Don’t Know/Not Sure [Go to next module]
9 Refused [Go to next module]

MD3_1. ¿Le ha dicho alguna vez un médico que usted sufre de esclerosis múltiple?

//ask if MD3 _1=1//

MD3_2. How old were you when you were first told you have multiple sclerosis?

Code age in years

77 Don’t know / Not sure
99 Refused

MD3_2. ¿Qué edad tenía cuando le dijeron por primera vez que tenia esclerosis múltiple?

//ask if MD3 _1=1//

MD3_3. How long before your diagnosis of multiple sclerosis did your symptoms first appear?

Please read:

1 One year before diagnosis (any time less than 12 months)
2 2 years before diagnosis (1 year but less than 2 years)
3 4 years before diagnosis (2 years but less than 4 years)
4 4 or more years before diagnosis
7 Don’t know / Not sure
9 Refused

MD3_3. ¿Cuánto tiempo antes de su diagnóstico de esclerosis múltiple aparecieron sus síntomas por primera vez?

Por favor lea:
1 Durante el último año (cualquier momento menos de 12 meses atrás)
2 En los últimos dos años (1 año pero menos de 2 años atrás)
3 En los últimos 4 años (2 años pero menos de 4 años atrás)
4 Cuatro o más años atrás
7 No sabe / No está seguro
9 Rehusó

//end timer ett3//
State-Added 4: Actions to Control High Blood Pressure (Splits 1, 2 and 3) (land and cell)

//start timer ett4//
//ask if cstate ne 2//

MD4_1 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?

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

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

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

MD4_1 ¿Le ha dicho ALGUNA VEZ un médico, enfermera u otro profesional médico que tenía hipertensión arterial?

Leer solamente si es necesario: Por “otro profesional médico” queremos decir una enfermera practicante, un asistente de médico u otro profesional médico con licencia.

Si la respuesta es “sí” y la entrevistada es una mujer, preguntar: “¿Fue esto solamente cuando estaba embarazada?”

1 Sí
2 Sí, pero le dijeron a la mujer solamente durante el embarazo [Pasar al módulo siguiente]
3 No [Pasar al módulo siguiente]
4 Le dijeron que era pre hipertenso o casi alta [Pasar al módulo siguiente]
7 No sabe/No está seguro [Pasar al módulo siguiente]
9 Rehusó [Pasar al módulo siguiente]

//ask if MD4_1 = 1//

MD4_2 Are you currently taking medicine for your high blood pressure?

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

MD4_2 ¿Toma actualmente un medicamento para su hipertensión sanguínea?

//ask if MD4_1=1//

MD4_3t. Are you now doing any of the following to help lower or control your high blood pressure?
1. Continue

**MD4_3** ¿Está haciendo alguna de las siguientes cosas para ayudar a reducir o controlar su hipertensión sanguínea?

1. Continue

//ask if MD4_1=1//

**MD4_3** (Are you) changing your eating habits (to help lower or control your high blood pressure)?

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

**MD4_4** ¿(Está usted) reduciendo su consumo de sal (para ayudar a reducir o controlar su hipertensión sanguínea)?

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

//ask if MD4_1=1//

**MD4_4** (Are you) cutting down on salt (to help lower or control your high blood pressure)?

1. Yes
2. No
3. Do not use salt
7. Don’t know / Not sure
9. Refused

**MD4_5** ¿(Está usted) cambiando sus hábitos alimenticios (para ayudar a reducir o controlar su hipertensión sanguínea)?

1. Yes
2. No
3. Do not use salt
7. Don’t know / Not sure
9. Refused

//ask if MD4_1=1//

**MD4_5** (Are you) reducing alcohol use (to help lower or control your high blood pressure)?

1. Yes
2. No
3. Do not drink
7. Don’t know / Not sure
9. Refused

**MD4_5** ¿(Está usted) reduciendo el uso del alcohol (para ayudar a reducir o controlar su hipertensión sanguínea)?

1. Yes
2 No
3 Do not drink
7 Don’t know / Not sure
9 Refused

//ask if MD4_1=1//

MD4_6.  (Are you) exercising (to help lower or control your high blood pressure)?

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

MD4_6 ¿(Está usted) haciendo ejercicios (para ayudar a reducir o controlar su hipertensión sanguínea)?

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

//ask if MD4_1=1//

MD4_7t Has a doctor or other health professional ever advised you to do any of the following to help lower or control your high blood pressure?  
1. Continue

MD4_7t ¿(Le sugirió que) cambie sus hábitos alimenticios (para ayudar a reducir o controlar su hipertensión sanguínea)?

1. Continue

//ask if MD4_1=1//

MD4_7.  (Ever advised you to) change your eating habits (to help lower or control your high blood pressure)?

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

MD4_7 ¿(Le sugirió que) cambie sus hábitos alimenticios (para ayudar a reducir o controlar su hipertensión sanguínea)?

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

//ask if MD4_1=1//

MD4_8 (Ever advised you to) cut down on salt (to help lower or control your high blood pressure)?
1  Yes
2  No
3  Do not use salt
7  Don’t know / Not sure
9  Refused

MD4_8 ¿(Le sugirió que) reduzca el consumo de sal (para ayudar a reducir o controlar su hipertensión sanguínea)?

1  Yes
2  No
3  Do not use salt
7  Don’t know / Not sure
9  Refused

//ask if MD4_1=1//

MD4_9 (Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)?

1  Yes
2  No
3  Do not drink
7  Don’t know / Not sure
9  Refused

MD4_9 ¿(Le sugirió que) reduzca el uso del alcohol (para ayudar a reducir o controlar su hipertensión sanguínea)?

1  Yes
2  No
3  Do not drink
7  Don’t know / Not sure
9  Refused

//ask if MD4_1=1//

MD4_10 (Ever advised you to) exercise (to help lower or control your high blood pressure)?

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

MD4_10 ¿(Le sugirió que) haga ejercicios (para ayudar a reducir o controlar su hipertensión sanguínea)?

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

//ask if MD4_1=1//

MD4_11 (Ever advised you to) take medication (to help lower or control your high blood pressure)?
1 Yes
2 No
7 Don’t know / Not sure
9 Refused

MD4_11 ¿(Le sugirió que) tome medicamentos (para ayudar a reducir o controlar su hipertensión sanguínea)?

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

//ask if MD4_1=1//

MD4_12 Were you told on two or more different visits to a doctor or other health professional that you had high blood pressure?

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

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

//end timer ett4//

State-Added 5: Skin Cancer (Split 1) (land and cell)

//start timer ett5//
//ask if cstate ne 2//

MD5_1 DURING THE PAST 12 MONTHS, how many times have you used any of the following indoor tanning devices—a sunlamp, sunbed or tanning booth EVEN ONE TIME? Do NOT include times you have gotten a spray-on tan.

<table>
<thead>
<tr>
<th>Number of times</th>
<th>[RANGE 01—365]</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 88</td>
<td>None</td>
</tr>
<tr>
<td>7 77</td>
<td>Don’t know / Not sure</td>
</tr>
</tbody>
</table>
MD5_1  DURANTE LOS ÚLTIMOS 12 MESES, ¿cuántas veces usó alguno de los siguientes dispositivos para broncear la piel adentro—una lámpara de sol, cama de sol o casilla para broncearse INCLUSO UNA VEZ? NO incluya las veces en que usó un bronceador en aerosol.

//ask if cstate ne 2//

MD5_2  How often do you limit your exposure to the sun between the hours of 10:00am and 4:00pm?

[Please Read]

1 Always
2 Nearly always
3 Sometime
4 Seldom
5 Never
6 Don’t go out in the sun (Go to question MD5_6)
7 Don’t know/Not sure
9 Refused

MD5_2  ¿Cada cuánto limita su exposición al sol entre las 10:00 a.m. y las 4:00 p.m.?

1 Siempre
2 Casi siempre
3 Algunas veces
4 Casi nunca
5 Nunca
6 No salgo al sol
7 No sabe / No está seguro
9 Rehusó
//ask if MD5_2 ne 6//

MD5_3  When outdoors for an hour or more on a sunny day, how often do you use a sunscreen lotion with a rating of 15 or higher?

[Please Read]

1 Always
2 Nearly always
3 Sometime
4 Seldom
6 Don’t go out in the sun (Go to question MD5_6)
7 Don’t know/Not sure
9 Refused

MD5_3  Cuando está afuera durante una hora o más en un día de sol, ¿cada cuánto usa una loción protectora con una calificación de 15 o superior?

//ask if MD5_2 ne 6//
MD5_4. When outdoors for an hour or more on a sunny day, how often do you wear a hat with a broad brim?

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

6. Don’t go out in the sun (Go to question MD5_6)

7. Don’t know/Not sure
9. Refused

MD5_5. When outdoors for an hour or more on a sunny day, how often do you wear protective clothing like a long sleeve shirt and long pants?

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

6. Don’t go out in the sun (Go to question MD5_6)

7. Don’t know/Not sure
9. Refused

MD5_6. When the youngest child under the age of 13 in your household is outdoors on a sunny day for an hour or more, how often is his or her skin protected from the sun, such as using sunscreens or sunblock or wearing hats or protective clothing?

1. Always
2. Nearly always
3. Sometimes
4. Seldom
5. Never
6. Don’t go out in the sun
7. Don’t know/Not sure
9. Refused

MD5_6. Cuando el niño más pequeño menor de 13 años de su familia está afuera en un día de sol durante una hora o más, ¿cada cuánto protege su piel contra el sol, tal como usar cremas protectoras o que bloquean el sol o usar sombreros o ropa protectora?

//end timer ett5//
State-Added 6: Oral Cancer (Split 3) (land and cell)

//start timer ett6//

//ask if split = 3 and cstate ne2//

MD6_1 Have you ever had a test or exam for oral or mouth cancer in which the doctor or dentist pulls on your tongue, sometimes with gauze wrapped around it, and feels under the tongue and inside the cheeks?

1 I think so
2 Yes
3 No
7 Don’t know/Not sure
9 Refused

MD6_1 ¿Ha tenido alguna vez una prueba o examen del cáncer oral o de la boca en el que el médico saca su lengua, algunas veces con gasa a su alrededor y toca abajo de la lengua y el interior de las mejillas?

1 Creo que sí
2 Sí
3 No
7 No sabe/No está seguro
9 Rehusó

//ask if MD6_1=1 or 2 //

MD6_2 When did you have your most recent oral or mouth cancer exam?

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 (2 years but less than 5 years ago)
5 5 or more years ago
6 Never
7 DON’T KNOW/NOT SURE
9 REFUSED

MD6_2 ¿Cuándo fue la última vez que se hizo un examen del cáncer oral o de la boca?

//ask if MD6_1=1//

MD6_3 What type of medical care person examined you when you had your last check-up for oral cancer?

[Please Read]

1 Doctor/physician
2 Nurse/Nurse Practitioner
3 Dentist
4 Dental Hygienist
5 Other, (SPECIFY ___________)
7 DON’T KNOW/NOT SURE
MD6_3  ¿Qué tipo de personal médico lo examinó cuando se hizo el último reconocimiento del cáncer oral?

1  Médico  
2  Enfermera/Enfermera practicante  
3  Dentista  
4  Higienista dental  
5  Otro (ESPECIFICAR ___________________)  
7 NO SABE / NO ESTÁ SEGURO  
9 REHUSÓ

//ask if MD6_3=5//

MD6_3o.  SPECIFY: __________________________

//end timer ett6//

State Added Section 7: Medical Tourism (split 1) (land and cell)

//start timer ett7//

//ask if cstate ne 2//

MD7_1.  During the past 12 months, did you travel outside of the United States to receive pre-planned medical, dental, or surgical procedures or treatments?

INTERVIEWER NOTE: This is referring to pre-planned care and not care that may have occurred during the trip due to an illness or injury.

1  Yes  
2  No  [SKIP TO NEXT SECTION]
7  Don't Know/Not Sure  [SKIP TO NEXT SECTION]
9  Refused  [SKIP TO NEXT SECTION]

MD7_1.  Durante los últimos 12 meses, ¿viajó fuera de los Estados Unidos para recibir tratamientos o procedimientos médicos, dentales o quirúrgicos planeados con anticipación?

//ask if MD7_1=1//

MD7_2.  What specific countries outside of the United States did you travel to during the past 12 months for your pre-planned medical, dental, or surgical procedures or treatments?  Please list up to 3.

INTERVIEWER NOTE: Respondent may list up to 3.

_ _ _  ISO Country Code
7777  Don’t know / Not sure
9999  Refused
MD7_2. ¿A qué países específicos viajó fuera de los Estados Unidos durante los últimos 12 meses para recibir tratamientos o procedimientos médicos, dentales o quirúrgicos planeados con anticipación? Por favor, liste hasta 3.

//ask if MD7_1=1//

MD7_3. What types of procedures or treatments did you receive on your trips outside of the United States for your pre-planned medical, dental or surgical procedures or treatments?

INTERVIEWER NOTE: DO NOT read response options.
INTERVIEWER NOTE: Respondent may choose more than one option.

Organ transplant
11 Kidney
12 Liver
13 Heart
14 Lung
15 Corneal (eye)

Cosmetic surgery
21 Facial
22 Liposuction
23 Breast (implant, lift, or reduction)
24 Abdominoplasty (tummy tuck)
25 Hair transplant

Dental surgery
30 Dental Surgery

Cardiac/Heart Surgery
40 Cardiac/Heart Surgery

Orthopedic surgery
51 Hip replacement
52 Knee replacement
53 Other (specify)

Medical treatment for illness
61 Cancer treatment
62 Drug and alcohol rehabilitation
63 Fertility/infertility
64 Other (specify)

Other Procedures
81 CT and MRI Scans
82 Stem cell transplant
83 Bariatric/Obesity Surgery
84 Other (specify)

777 Don’t Know/Not sure
999 Refused

MD7_3. ¿Qué tipos de procedimientos o tratamientos recibió en sus viajes fuera de los Estados Unidos para sus tratamientos o procedimientos médicos, dentales o quirúrgicos planeados con anticipación?

//ask if MD7_1=1//

MD7_4. Why did you travel outside of the United States for your pre-planned medical, dental, or surgical procedures or treatments? Please select all that apply.

INTERVIEWER NOTE: Read only if necessary
INTERVIEWER NOTE: Respondent may choose more than one answer
1. The treatment or procedure was not available in the United States
2. The treatment or procedure was not covered by your health insurance
3. The treatment or procedure was too expensive in the United States
4. Felt the quality of care or success of procedure or treatment would be better in another country
5. Felt more familiar or comfortable receiving the procedure or treatment in another country/Went back to home country
6. Other (specify)
7. Don’t Know/Not sure
9. Refused

**MD7_4. ¿Por qué viajó fuera de los Estados Unidos para recibir tratamientos o procedimientos médicos, dentales o quirúrgicos planeados con anticipación?**

1. El tratamiento o procedimiento no estaba disponible en los Estados Unidos
2. El tratamiento o procedimiento no estaba cubierto por su seguro médico
3. El tratamiento o procedimiento era demasiado caro en los Estados Unidos
4. Sintió que la calidad de la atención o el éxito del tratamiento o procedimiento sería mejor en otro país
5. Se sintió más cómodo o familiarizado al recibir el procedimiento o tratamiento en otro país/Volvió a su país natal
6. Otro (especificar)

//ask if MD7_4 = 6//

**MD7_4o. SPECIFY: __________________**

//ask if MD7_1=1//

**MD7_5. Did you have any unexpected problems, complications, or undesirable health outcomes as a result of the procedures or treatments you received outside of the United States?**

1. Yes
2. No [SKIP TO NEXT SECTION]
7. Don’t Know/Not sure [SKIP TO NEXT SECTION]
9. Refused [SKIP TO NEXT SECTION]

**MD7_5. ¿Tuvo problemas, complicaciones o resultados médicos negativos inesperados como resultado de los tratamientos o procedimientos que recibió fuera de los Estados Unidos?**

//ask if MD7_5=1//

**MD7_6. Did you see a doctor, nurse or other health care professional for these unexpected problems, complications, or undesirable health outcomes after returning to the United States?**

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

**MD7_6. ¿Visitó a un médico, enfermera u otro profesional médico por estos problemas, complicaciones o resultados médicos negativos inesperados después de volver a los Estados Unidos?**

/end timer ett7//
Now, I would like to ask you some questions about programs available to help people quit smoking.

1. Continue

A telephone quit line is a free telephone-based service that connects people who smoke cigarettes with someone who can help them quit. Are you aware of any telephone quit line services that are available to help [If Core s9q2 = 1 or 2, say “you”, otherwise say “people”] quit smoking?

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

You last smoked (If Core s9q4 = 1; insert —less than) (if core s9q4 = 2, 3, or 4 insert more than) [insert first two words in the parentheses of Core Q9.4 response] ago. Is that because you are trying to quit smoking for good?

1 Yes
2 No [Go to MD11-7]
7 Don’t know / Not sure [Go to MD11-7]
9 Refused [Go to MD11-7]

Previously, you mentioned you (If Core s9q3 = 1); say, —tried to quit smoking in the past year. (If Core s9q4 = 1-4 and MD11-2=1 say, —quit smoking in the past year. The next few questions ask about your most recent attempt to quit smoking.
MD11_3t. Previamente, usted mencionó que usted (si Core s9q3 = 1); diga, —trató de dejar de fumar el último año. (Si Core s9q4 = 1-4 y MD11-2=1 diga, —dejó de fumar el último año. Las siguientes preguntas son sobre su intento más reciente de dejar de fumar.

//ask if s9q3=1, or s9q4=1-4 and MD11_2=1 and cstate ne 2//

MD 11_3 (If Core s9q4= 1-4 and MD11_2=1 When you quit smoking...)

(If Core s9q2= 1 or 2 and s9q3 = 1): The last time you tried to quit smoking...

did you call a telephone quitline to help you quit?

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

MD11_3 (Si Core s9q4= 1-4 y MD11_2=1 Cuando dejó de fumar...)

(Si Core s9q2= 1 o 2 y s9q3 = 1): La última vez que trató de dejar de fumar...

¿llamó a una línea telefónica para ayudarle a dejar?

//ask if s9q3=1, or s9q4=1-4 and MD11_2=1 and cstate ne 2//

MD11_4 (If Core s9q4= 1-4 and MD11_2=1 When you quit smoking...)

(If Core s9q2= 1 or 2 and s9q3 = 1): The last time you tried to quit smoking...

did you use a program to help you quit?

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

MD11_3 (Si Core s9q4= 1-4 y MD11_2=1 Cuando dejó de fumar...)

(Si Core s9q2= 1 o 2 y s9q3 = 1): La última vez que trató de dejar de fumar...

¿usó un programa para ayudarle a dejar?

//ask if s9q3=1, or s9q4=1-4 and MD11_2=1 and cstate ne 2//

MD11_5 (If Core s9q4= 1-4 and MD11_2=1 When you quit smoking...)

(If Core s9q2= 1 or 2 and s9q3 = 1): The last time you tried to quit smoking...

did you receive one-on-one counseling from a health professional to help you quit?

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

MD11_5 (Si Core s9q4= 1-4 y MD11_2=1 Cuando dejó de fumar...)

(Si Core s9q2= 1 o 2 y s9q3 = 1): La última vez que trató de dejar de fumar...
¿recibió apoyo personal de un profesional médico para ayudarle a dejar?  
//ask if s9q3=1, or s9q4=1-4 and MD11_2=1 and cstate ne 2//

MD11_6  (If Core s9q4= 1-4 and MD11_2=1 When you quit smoking...)

(If Core s9q2= 1 or 2 and s9q3 = 1): The last time you tried to quit smoking...

Did you use any of the following medications: a nicotine patch, nicotine gum, nicotine lozenges, nicotine nasal spray, a nicotine inhaler, or pills such as Wellbutrin®, Zyban®, buproprion, Chantix®, or varenicline to help you quit?

NOTE: Pronounce “Wellbutrin” as Well-BYOU-TRIN, “Zyban” as Z-EYE BAN, “buproprion” as BYO PRO PRI ON, “Chantix” as CHAN Tics, and “varenicline” as VAR EN IH CLEAN]. Please read list slowly.

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

MD11_6  (Si Core s9q4= 1-4 y MD11_2=1 Cuando dejó de fumar...)

(Si Core s9q2= 1 o 2 y s9q3 = 1): La última vez que trató de dejar de fumar...

¿Usó alguno de los siguientes medicamentos: Un parche de nicotina, goma de nicotina, pastillas de nicotina, aerosol de nicotina por vía nasal, un inhalador de nicotina o píldoras como Wellbutrin®, Zyban®, buproprion, Chantix®, o varenicline para ayudarle a dejar?

CATI NOTE: If (Core Q9.2 = 1 or 2) or (MD11_2 = 2); continue. Otherwise, go to Next Module.

//ask if s9q2=1 or 2 or MD11_2=2 and cstate ne 2//

MD11_7. The next few questions are about plans to quit smoking in the future.

Do you have a time frame in mind for quitting?

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

MD11_7. Las siguientes preguntas son sobre planes para dejar de fumar en el futuro.

¿Tiene un periodo de tiempo en mente para dejar?

//ask if s9q2=1 or 2 or MD11_2=2 and MD11_7=1 and cstate ne 2//

MD11_8  Do you plan to quit smoking cigarettes for good...

Please read:
1 In the next 7 days
2 In the next 30 days
3 In the next 6 months
4 In the next year
5 More than 1 year from now
Do not read:
7 Don’t know / Not sure
9 Refused

**MD11_8**  Planea dejar de fumar cigarrillos para siempre...

**Please read:**
1 En los próximos 7 días
2 En los próximos 30 días
3 En los próximos 6 meses
4 En el próximo año
5 Más de un 1 año en adelante
**Do not read:**
7 No sabe/No está seguro
9 Rehusó

//end timer ett11//

---

**State-Added 12: Secondhand Smoke (Split 2 and 3) (land and cell)**

//start timer ett12//

//ask if s8q15 = 1 or 2 and cstate ne 2//

**MD12_1**  The next questions are about exposure to secondhand smoke. Now I’m going to ask you about smoke you might have breathed at work because someone else was smoking indoors. During the past 7 days, that is, since last [TODAY’S DAY OF THE WEEK], on how many days did you breathe the smoke at your workplace from someone other than you who was smoking tobacco?

_ _ Number of days [01-07]
8 8 None
7 7 Don’t know / Not sure
9 9 Refused

**MD12_2**  Not counting decks, porches, or garages, inside your home, is smoking...

**Please read:**
1 Always allowed
2 Allowed only at some times or in some places
3 Never allowed
**Do not read:**
6 Family does not have a smoking policy
7 Don’t know / Not sure
9 Refused

**MD12_2**  Sin contar terrazas, galerías o garajes, en el interior de su casa, fumar está...
Please read:
1 Siempre permitido
2 Permitido solamente algunas veces o en algunos lugares
3 Nunca permitido

Do not read:
6 La familia no tiene una política sobre el fumar
7 No sabe/No está seguro
9 Rehusó

//ask if cstate ne 2//

MD12_3  Not counting motorcycles, in the vehicles that you or family members who live with you own or lease, is smoking…

Please read:
1 Always allowed in all vehicles
2 Sometimes allowed in at least one vehicle
3 Never allowed in any vehicle

Do not read:
6 Family does not have a vehicle smoking policy
8 Respondent's family does not own or lease a vehicle
7 Don't know / Not sure
9 Refused

MD12_3  Sin contar las motocicletas, en los vehículos que usted o los miembros de su familia que viven con usted poseen o alquilan, fumar está…

Please read:
1 Siempre permitido en todos los vehículos
2 Algunas veces permitido en por lo menos un vehículo
3 Nunca permitido en ningún vehículo

Do not read:
6 La familia no tiene una política sobre el fumar en los vehículos
8 La familia del entrevistado no posee ni alquila un vehículo
7 No sabe/No está seguro
9 Rehusó

//end timer ett12//

State-Added 13: Smoking Frequency (Split 2 and 3) (land and cell)

//start timer ett13//

//ask if s9q2=1 and cstate ne 2//

MD13_1  On the average, about how many cigarettes a day do you now smoke?

INTERVIEWER NOTE: 1 PACK = 20 CIGARETTES.

DO NOT READ
_ _ _ Number of cigarettes [RANGE 1-180]

666 less than 1 per day
MD13_1
En promedio, ¿Alrededor de cuantos cigarrillos fuma al día actualmente?
NOTA PARA EL ENTREVISTADOR: 1 PAQUETE = 20 CIGARRILLOS

___ Número de cigarrillos (1-180)
666. Menos de un cigarrillo al día
777. No sabe / No está seguro
999. Se rehúsa a contestar

MD13_1a.
Let me check what I have entered. I recorded that you smoke an average of...
IF MD13_1 = 1-3, 41-180 [FILL FROM MD13_1] cigarettes a day.
IF MD13_1 =666 less than one cigarette per day.
IF MD13_1=888 no cigarettes a day.

Did I get that right?
1 Yes IF MD13_1 = 1-3, 41-180 GO TO Next question

IF MD13_1=666 OR 888 GO TO MD13_1b
2 No GO BACK TO MD13_1 AND REPEAT

MD13_1b.
Let me check what I have entered. I recorded that you smoke an average of...
IF MD13_1 = 1-3, 41-180 [FILL FROM MD13_1] cigarettes a day.
IF MD13_1 =666 less than one cigarette per day.
IF MD13_1=888 no cigarettes a day.

¿Lo anoté correctamente?

MD13_1b
I may have made a mistake. Earlier I recorded that you now smoke every day. Did I get that right?
1 Yes GO TO NEXT
2 No, Respondent smokes somedays
3 No, Respondent smokes not at all

MD13_1b.
Podría haber cometido un error. Antes anoté que usted ahora fuma todos los días. ¿Lo anoté correctamente?

//ask if s9q2=1 or 2 or s9q4=01 and cstaste ne 2//
MD13_2
On the days that you smoke, How soon after you wake up do you usually have your first cigarette…?
1 Within 5 minutes
2 From 6 to 30 minutes
3 From more than 30 minutes to 1 hour
4 After more than 1 hour
7 Don’t Know / Not Sure
MD13_2 En los días que fuma, ¿con qué rapidez luego de despertarse fuma su primer cigarrillo?

1 Dentro de 5 minutos
2 De 6 a 30 minutos
3 De más de 30 minutos a 1 hora
4 Después de más de 1 hora
7 No sabe / No está seguro
9 Rehusó

//ask if s9q2=1 or 2 or s9q4=01 and cstate ne 2//

MD13_3. ¿Cómo de viejo estaba cuando fumó su primer cigarrillo entero?

_ _ Age in years [RANGE 1-130]
888 Never smoked a whole cigarette
777 Don’t Know / Not Sure
999 Refused

MD13_3. ¿Qué edad tenía cuando fumó un cigarrillo entero por primera vez?

VERIFICATION OF RESPONDENT’S ANSWER – UNLIKELY RESPONSE
MD13_3c.

Let me check what I have entered. I recorded that you [if MD13_3=1-130 insert: \(\text{Fill \text{Age in Years}}\) years old when you smoked a whole cigarette for the first time. [if MD13_3=888 insert: have never smoked a whole cigarette.]
Did I get that right?

1 Yes GO TO Next
2 No GO BACK TO MD13_3

MD13_3c. Déjeme verificar lo que he anotado. Anoté que usted [si MD13_3=1-130 insertar tenía \(\text{Llenar La Edad En Años}\) años de edad cuando fumó un cigarrillo entero por primera vez. [si MD13_3=888 insertar: nunca había fumado un cigarrillo entero.]

¿Lo anoté correctamente?

//end timer ett13//

State-Added 14: Use of Menthol Cigarettes(Split 2 and 3) (land and cell)

//start timer ett14//

//ask if s9q2=1, 2 or s9q4=1 and cstate ne 2//

MD14_1. During the past 30 days, that is, since [DATE FILL], were the cigarettes that you USUALLY smoked menthol?
1 Yes
2 No
7 Don’t Know / Not Sure
9 Refused

MD14_1. Durante los últimos 30 días, o sea desde [PONER LA FECHA], ¿fueron los cigarrillos que usted USUALMENTE fumó de mentol?

//end timer ett14//

State-Added 15: Cigarette Pricing (Split 2 and 3) (land and cell)

//start timer ett15//

//ask if s9q2=1, 2 or s9q4=1 and cstate ne 2//

MD15_1. What price did you pay for the last pack of cigarettes you bought?

[INTERVIEWER: IF RESPONDENT ASKS ABOUT DISCOUNTS OR COUPONS, READ: Please report the cost after discounts or coupons.]

Ex: 100 = $1.00
950 = $9.50

_ _ _ _ Amount paid for last pack [RANGE1-2000]

7777 Don’t Know / Not Sure
9999 Refused

MD15_1. ¿Qué precio pagó por el último paquete de cigarrillos que compró?

//end timer ett15//

State-Added 16: Exposure to Messages about Quitting Smoking (Split 2 and 3) (land and cell)

//start timer ett16//

//ask if cstate ne 2//

MD16_1. In the past 30 days, have you seen, read, or heard any ads about quitting cigarettes?

1 Yes
2 No
7 Don’t Know / Not Sure
9 Refused
MD16_1 En los últimos 30 días, ¿ha visto, leído o escuchado avisos sobre dejar de fumar cigarrillos?

//ask if s9q2=1, 2 or s9q4 = 1-4, or s9q5 = 1 or 2, or MD9_1=1 or MD9_2=1 and cstate ne 2//

MD16_2 In the past 12 months, that is, since [DATE FILL], did any doctor, dentist, nurse, or other health professional advise you to quit smoking cigarettes or using any other tobacco products?

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

MD16_2 En los últimos 12 meses, o sea, desde [PONER LA FECHA], ¿le sugirió algún médico, dentista, enfermera u otro profesional médico que deje de fumar cigarrillos o de usar cualquier otro producto con tabaco?

//end timer ett16//

State-Added 17: Preconception Health/Family Planning (Split 1, 2 and 3) (land and cell)

//start timer ett17//

[CATI NOTE: IF RESPONDENT IS FEMALE AND GREATER THAN 49 YEARS OF AGE, HAS HAD A HYSTERECTOMY, IS PREGNANT, OR IF RESPONDENT IS MALE GO TO THE NEXT SECTION.]

//ask if s8q1=2 and s8q2= <50 and s16q7=2 and s8q21=2 and cstate ne 2//

MD17t. The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

//ask if s8q1=2 and s8q2= <50 and s16q7=2 and s8q21=2 and cstate ne 2//

MD17_1 Did you or your partner do anything the last time you had vaginal sex to keep you from getting pregnant?
1 Yes
2 No [GO TO Q3]
3 No partner/not sexually active [GO TO NEXT MODULE]
4 Same sex partner [GO TO NEXT MODULE]
7 Don’t know/Not sure [GO TO Q3]
9 Refused [GO TO Q3].

//ask if MD17_1=1 and cstate ne 2//

MD17_2 What did you or your partner do the last time you had sex to keep you from getting pregnant?
INTERVIEWER NOTE: IF RESPONDENT REPORTS USING MORE THAN ONE METHOD, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST.

INTERVIEWER NOTE: IF RESPONDENT REPORTS USING “CONDOMS,” PROBE TO DETERMINE IF “FEMALE CONDOMS” OR MALE CONDOMS.”

INTERVIEWER NOTE: IF RESPONDENT REPORTS USING AN “IUD” PROBE TO DETERMINE IF “LEVONORGESTREL IUD” OR “COPPER-BEARING IUD.”

INTERVIEWER NOTE: IF RESPONDENT REPORTS “OTHER METHOD,” ASK RESPONDENT TO “PLEASE SPECIFIC” AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.

Read only if necessary: (486-487)

01 Female sterilization (ex. Tubal ligation, Essure, Adiana) [GO TO NEXT MODULE]
02 Male sterilization (vasectomy) [GO TO NEXT MODULE]
03 Contraceptive implant (ex. Implanon) [GO TO NEXT MODULE]
04 Levonorgestrel (LNG) or hormonal IUD (ex. Mirena) [GO TO NEXT MODULE]
05 Copper-bearing IUD (ex. ParaGard) [GO TO NEXT MODULE]
06 IUD, type unknown [GO TO NEXT MODULE]
07 Shots (ex. Depo-Provera) [GO TO NEXT MODULE]
08 Birth control pills, any kind [GO TO NEXT MODULE]
09 Contraceptive patch (ex. Ortho Evra) [GO TO NEXT MODULE]
10 Contraceptive ring (ex. NuvaRing) [GO TO NEXT MODULE]
11 Male condoms [GO TO NEXT MODULE]
12 Diaphragm, cervical cap, sponge [GO TO NEXT MODULE]
13 Female condoms [GO TO NEXT MODULE]
14 Not having sex at certain times (rhythm or natural family planning) [GO TO NEXT MODULE]
15 Withdrawal (or pulling out) [GO TO NEXT MODULE]
16 Foam, jelly, film, or cream [GO TO NEXT MODULE]
17 Emergency contraception (morning after pill) [GO TO NEXT MODULE]
18 Other method [GO TO NEXT MODULE]

Do not read:
77 Don’t know/Not sure
99 Refused

//ask if MD17_1=2,7 or 9 and cstate ne 2//

MD17_3t. Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.
MD17_3. What was your main reason for not doing anything the last time you had sex to keep you from getting pregnant?  

INTERVIEWER NOTE: IF RESPONDENT REPORTS “OTHER REASON,” ASK RESPONDENT TO “PLEASE SPECIFY” AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.

Read only if necessary:

01  You didn’t think you were going to have sex/no regular partner [GO TO NEXT MODULE]
02  You just didn’t think about it [GO TO NEXT MODULE]
03  Don’t care if you get pregnant [GO TO NEXT MODULE]
04  You want a pregnancy [GO TO NEXT MODULE]
05  You or your partner don’t want to use birth control [GO TO NEXT MODULE]
06  You or your partner don’t like birth control/side effects [GO TO NEXT MODULE]
07  You couldn’t pay for birth control [GO TO NEXT MODULE]
08  You had a problem getting birth control when you needed it [GO TO NEXT MODULE]
09  Religious reasons [GO TO NEXT MODULE]
10  Lapse in use of a method [GO TO NEXT MODULE]
11  Don’t think you or your partner can get pregnant (infertile or too old) [GO TO NEXT MODULE]
12  You had tubes tied (sterilization) [GO TO NEXT MODULE]
13  You had a hysterectomy [GO TO NEXT MODULE]
14  Your partner had a vasectomy (sterilization) [GO TO NEXT MODULE]
15  You are currently breast-feeding [GO TO NEXT MODULE]
16  You just had a baby/postpartum [GO TO NEXT MODULE]
17  You are pregnant now [GO TO NEXT MODULE]
18  Same sex partner [GO TO NEXT MODULE]
19  Other reasons [GO TO NEXT MODULE]
77  Don’t know/Not sure
99  Refused

//end timer ett17//

Closing statement

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