



2010

Behavioral Risk Factor Surveillance System

MAINE

PATH A

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U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Adult and Community Health

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Interviewer Script

INTROQST		Select
Ask If		
HELLO, I am calling for the Maine Center for Disease Control and Prevention. My name is [Interviewer Name].		
We are gathering information about the health of Maine 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.		
INTERVIEWER NOTE: THE MAINE CENTER FOR DISEASE CONTROL AND PREVENTION (MAINE CDC) IS FORMERLY THE MAINE BUREAU OF HEALTH.		
Is this [XXX-XXX-XXXX]?		
1	Yes, CONTINUE	PRIVRES
2	NUMBER IS NOT THE SAME	WRONGNUM

WRONGNUM		Key
Ask If		
INTROQST = 2		
Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.		

PRIVRES		Select
Ask If		
INTROQST = 1		
Is this a private residence in Maine?		
1	Yes, CONTINUE	ISCELL
2	No, NON-RESIDENTIAL	NONRES

NONRES		Key
Ask If		
PRIVRES = 2		
Thank you very much, but we are only interviewing private residences in Maine .		

ISCELL		Select
Ask If		
PRIVRES = 1		
Is this a cellular telephone?		

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, CONTINUE	ADULTS
2	YES, A CELLULAR TELEPHONE	CELLYES

CELLYES

Key

Ask If ISCELL = 2

Thank you very much, but we are only interviewing land line telephones and private residences.

ADULTS

Numeric

Ask If

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

77 DON'T KNOW/NOT SURE

99 REFUSED

MEN

Numeric

Ask If

How many of these adults are men?

Number of Adults

WOMEN

Numeric

Ask If

How many of these adults are women?

Number of Adults

WRONGTOT

Numeric

Ask If MEN + WOMEN <> ADULTS

I'm sorry, something is not right.

<p>Number of Men - {MEN}</p> <p style="text-align: center;">+</p> <p>Number of Women - {WOMEN}</p> <p style="text-align: center;">-----</p> <p>Number of Adults - {ADULTS}</p>		
1	CORRECT THE NUMBER OF MEN	MEN
2	CORRECT THE NUMBER OF WOMEN	WOMEN
3	CORRECT THE NUMBER OF ADULTS	ADULTS

Select		
SELECTED		
Ask If	ADULT > 1 AND (MEN + WOMEN) = ADULTS	
The person in your household I need to speak with is [RANDOMLY SELECTED ADULT] .		
Are you the [RANDOMLY SELECTED ADULT] ?		
1	YES	YOURTHE1
2	NO	GETNEWAD

Select		
ONEADULT		
Ask If	NUMADLT = 1	
Are you the adult?		
INTERVIEWER NOTE: ASK GENDER IF NECESSARY.		
1	YES AND THE RESPONDENT IS A MALE.	YOURTHE1
2	YES AND THE RESPONDENT IS A FEMALE.	YOURTHE1
3	NO	

Select		
ASKGENDR		
Ask If	ADULT =1 AND ONEADULT = 3	
Is the Adult a man or a woman?		
1	MALE	
2	FEMALE	

GETADULT		Select
Ask If	ONEADULT = 3	
May I speak with...		
[IF ASKGENDR = 1 SHOW] ...him?		
[IF ASKGENDR = 2 SHOW] ...her?		
1	YES, ADULT IS COMING TO THE PHONE	
2	NO, GO TO NEXT SCREEN, PRESS F3 TO SCHEDULE A CALL-BACK	

YOURTHE1		Select
Ask If	SELECTED = 1 OR ONEADULT < 3	
Then you are the person I need to speak with.		
1	PERSON INTERESTED, CONTINUE	INTROSCR
2	GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED	ADULTS

GETNEWAD		Select
Ask If	SELECTED = 2	
May I speak with the [RANDOMLY SELECTED RESPONDENT] ?		
1	YES, SELECTED RESPONDENT COMING TO THE PHONE	NEWADULT
2	NO, GO TO NEXT SCREEN, PRESS F3 TO SCHEDULE A CALL-BACK	NEWADULT
3	GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED	ADULTS

NEWADULT		Select
Ask If	GETNEWAD = 1	
HELLO, I am calling for the [Health Department] . My name is [Interviewer Name] .		
We are gathering information about the health of [State] 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.		

1	PERSON INTERESTED, CONTINUE	PRIVRES
2	GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED	WRONGNUM

Core Sections

		Select
INTROSCR		
Ask If		
I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call give appropriate state telephone number .		
1	PERSON INTERESTED, CONTINUE	C01Q01
2	GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED	ADULTS

Section 01: Health Status

Pause
C01INTRO
Ask If

Select
C01Q01
Ask If
Would you say that in general your health is...
1 Excellent
2 Very good
3 Good
Fair
4 or
5 Poor
Do not read:
7 DON'T KNOW/NOT SURE
9 REFUSED

Pause
C01END
Ask If

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

Pause
C02INTRO
Ask If

Numeric
C02Q01
Ask If
Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

	NUMBER OF DAYS	
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
30	MAX	CONTROL

		Numeric
C02Q02		
Ask If		
Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?		
	NUMBER OF DAYS	
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
30	MAX	CONTROL

CATI NOTE: IF C02Q01 = 88 AND C02Q02 = 88 SKP TO C02END

		Numeric
C02Q03		
Ask If	C02Q01 <> 88 AND C02Q02 <> 88	
During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?		
	NUMBER OF DAYS	
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
30	MAX	CONTROL

C02END	Pause
Ask If	

Section 03: Health Care Access

C03INTRO	Pause
Ask If	

C03Q01	Select
Ask If	
Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?	
1	YES
2	NO
7	DON' T KNOW/NOT SURE
9	REFUSED

State Added Section 03: Health Care Coverage (A/B)

ME03Intro
Ask If

ME03Q01	Select
Ask If	C03Q01 = 1
What type of health care coverage do you use to pay for most of your medical care?	

01	Your Employer
02	Someone else's employer
03	A plan that you or someone else buys on your own
04	Medicare
05	Medicaid or MaineCare
06	The military, CHAMPUS, or the VA
07	The Indian Health Service
08	Some other source
88	NONE
77	DON'T KNOW/NOT SURE
99	REFUSED

ME03End
Ask If

Select
C03Q02
Ask If
Do you have one person you think of as your personal doctor or health care provider?
INTERVIEWER NOTE: IF "NO" ASK:
"Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"
1 YES, ONLY ONE
2 MORE THAN ONE
3 NO
7 DON'T KNOW/NOT SURE
9 REFUSED

Select
C03Q03
Ask If
Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?
1 YES
2 NO
7 DON'T KNOW/NOT SURE
9 REFUSED

Select
C03Q04
Ask If
About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.
1 Within past year (anytime less than 12 months ago)
2 Within past 2 years (1 year but less than 2 years ago)
3 Within past 5 years (2 years but less than 5 years ago)
4 5 or more years ago
7 DON'T KNOW/NOT SURE
8 NEVER
9 REFUSED

Pause
C03END
Ask If

Section 04: Sleep

Pause
C04INTRO
Ask If

Numeric		
C04Q01		
Ask If		
The next question is about getting enough rest or sleep.		
During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?		
NUMBER OF DAYS		
88	NONE	
77	DON' T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
30	MAX	CONTROL

Pause	
C04END	
Ask If	

Section 05: Exercise

Pause	
C05INTRO	
Ask If	

Select	
C05Q01	
Ask If	
During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise.	
1	YES
2	NO
7	DON' T KNOW/NOT SURE
9	REFUSED

Pause
C05END
Ask If

Section 06: Diabetes

Pause
C06INTRO
Ask If

Select
C06Q01
Ask If
Have you ever been told by a doctor that you have diabetes? INTERVIEWER NOTE: IF "YES" AND RESPONDENT IS FEMALE, ASK: "Was this only when you were pregnant?"
INTERVIEWER NOTE: IF RESPONDENT SAYS PRE-DIABETES OR BORDERLINE DIABETES, USE RESPONSE CODE 4.
1 YES
2 YES, BUT FEMALE TOLD ONLY DURING PREGNANCY
3 NO
4 NO, PRE-DIABETES OR BORDERLINE DIABETES
7 DON'T KNOW/NOT SURE
9 REFUSED

Pause
C06END
Ask If

Module 01: Pre-Diabetes

NOTE: Only asked of those not responding "Yes" (code = 1) to Core Q6.1 (Diabetes awareness question).

Pause
M01INTRO
Ask If

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

CATI note: If Core Q6.1 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 "Yes" (code = 1).

Select
M01Q02
Ask If
Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?
"YES" AND RESPONDENT IS FEMALE, ASK:
"Was this only when you were pregnant?"
1 Yes
2 Yes, during pregnancy
3 No
7 DON'T KNOW/NOT SURE
9 REFUSED

Pause
M02END
Ask If

Module 02 : Diabetes

To be asked following Core Q6.1; if response is "Yes" (code = 1)

Pause
M02INTRO
Ask If

Numeric
M02Q01
Ask If
How old were you when you were told you have diabetes?
Code age in years (97 = 97 or older)
98 DON'T KNOW/NOT SURE
99 REFUSED
01 MIN CONTROL
30 MAX CONTROL

Select
M02Q02
Ask If
Are you now taking insulin?
1 YES
2 NO
9 REFUSED

M02Q03		Numeric
Ask If	STATE = 5 AND M02Q01 = 0	
About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.		
NOTE:		
101-199 = TIME PER DAY 301-399 = TIMES PER MONTH		
201-299 = TIMES PER WEEK 401-499 = TIMES PER YEAR		
888	Never	
777	DON'T KNOW/NOT SURE	
999	REFUSED	

M02Q04		Numeric
Ask If	STATE = 5 AND M02Q01 = 0	
About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.		
NOTE:		
101-199 = TIME PER DAY 301-399 = TIMES PER MONTH		
201-299 = TIMES PER WEEK 401-499 = TIMES PER YEAR		
555	NO FEET	
888	NEVER	
777	DON'T KNOW/NOT SURE	
999	REFUSED	

Numeric	
M02Q05	
Ask If	
About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?	
Number of times [76 = 76 or more]	
88	NONE
77	DON'T KNOW/NOT SURE
99	REFUSED

Numeric	
M02Q06	
Ask If	
A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?	
Number of times [76 = 76 or more]	
88	NONE
98	Never heard of "A one C" test
77	DON'T KNOW/NOT SURE
99	REFUSED

CATI note: If Q4 = 555 (No feet), go to Q8.

Numeric	
M02Q07	
Ask If	
About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?	
Number of times [76 = 76 or more]	
88	NONE
77	DON'T KNOW/NOT SURE
99	REFUSED

Select	
M02Q08	
Ask If	
When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.	
READ ONLY IF NECESSARY:	
1	Within the past month (anytime less than 1 month ago)
2	Within the past year (1 month but less than 12 months ago)
3	No Within the past 2 years (1 year but less than 2 years ago)
4	2 or more years ago
Do not read:	
7	DON'T KNOW/NOT SURE
8	Never
9	REFUSED

Select	
M02Q09	
Ask If	
Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
M02Q10	
Ask If	
Have you ever taken a course or class in how to manage your diabetes yourself?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

Pause
M02END
Ask If

Section 07: Oral Health

Pause
C07INTRO
Ask If

Select
C07Q01
Ask If
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
7 DON'T KNOW/NOT SURE
8 NEVER
9 REFUSED

Select
C07Q02
Ask If
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
4	None
7	DON'T KNOW/NOT SURE
9	REFUSED

CATI note: If Q7.1 = 8 (Never) or Q 7.2 = 3 (All), go to next section

Select	
C07Q03	
Ask If	NOT(C07Q01 = 8 AND C07Q03 = 3)
How long has it been since you had your teeth cleaned by a dentist or dental hygienist?	
READ ONLY IF NECESSARY:	
1	Within the past year (anytime less than 12 months ago)
2	Within the past 2 years (1 year but less than 2 years ago)
3	Within the past 5 years (2 years but less than 5 years ago)
4	5 or more years ago
7	DON'T KNOW/NOT SURE
8	NEVER
9	REFUSED

Pause	
C07END	
Ask If	

Section 08: Cardiovascular Disease Prevalence

Pause	
C08INTRO	
Ask If	

Select	
C08Q01	
Ask If	
Now I would like to ask you some questions about cardiovascular disease.	
Has a doctor, nurse, or other health professional ever told you that you had any of the following? For each, tell me "Yes", "No", or you're "Not sure."	
Ever told you had a heart attack, also called a myocardial infarction?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
C08Q02	
Ask If	
Ever told you had angina or coronary heart disease?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
C08Q01	
Ask If	
Ever told you had a stroke?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

Pause	
C08END	
Ask If	

Section 09: Asthma

C09INTRO	Pause
Ask If	

C09Q01	Select
Ask If	
Have you ever been told by a doctor, nurse, or other health professional that you had asthma?	
1 YES	
2 NO	C09END
7 DON'T KNOW/NOT SURE	C09END
9 REFUSED	C09END

C09Q02	Select
Ask If	C09Q01 = 1
Do you still have asthma?	
1 YES	
2 NO	
7 DON'T KNOW/NOT SURE	
9 REFUSED	

C09END	Pause
Ask If	

Section 10: Disability

C10INTRO	Pause
Ask If	

Select	
C10Q01	
Ask If	
The following questions are about health problems or impairments you may have.	
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

Select	
C10Q02	
Ask If	
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

Pause	
C10END	
Ask If	

Section 11: Tobacco Use

Pause	
C11INTRO	
Ask If	

C11Q01		Select
Ask If		
Have you smoked at least 100 cigarettes in your entire life?		
INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES		
1	YES	
2	NO	C11Q05
7	DON'T KNOW/NOT SURE	C11Q05
9	REFUSED	C11Q05

C11Q02		Select
Ask If		C11Q01 = 1
Do you now smoke cigarettes every day, some days, or not at all?		
1	Everyday	
2	Somedays	
3	Not at all	C11Q04
7	DON'T KNOW/NOT SURE	C11Q05
9	REFUSED	C11Q05

C11Q03		Select
Ask If		C11Q02 = 1 OR C11Q02 = 2
During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?		
1	YES	C11Q05
2	NO	C11Q05
7	DON'T KNOW/NOT SURE	C11Q05
9	REFUSED	C11Q05

CATI note: If Q11.2 = 3 (Not at all); continue. Otherwise, go to Q11.5

C11Q04		Select
Ask If		C11Q02 = 3
How long has it been since you last smoked cigarettes regularly?		

01	Within the past month (less than 1 month ago)
02	Within the past 3 months (1 month but less than 3 months ago)
03	Within the past 6 months (3 months but less than 6 months ago)
04	Within the past year (6 months but less than 1 year ago)
05	Within the past 5 years (1 year but less than 5 years ago)
06	Within the past 10 years (5 years but less than 10 years ago)
07	10 years or more
08	Never smoked regularly
77	DON'T KNOW/NOT SURE
99	REFUSED

Select
C11Q05
Ask If
Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?
Snus (rhymes with 'goose')
NOTE: SNUS (SWEDISH FOR SNUFF) IS A MOIST SMOKELESS TOBACCO, USUALLY SOLD IN SMALL POUCHES THAT ARE PLACED UNDER THE LIP AGAINST THE GUM.
1 Everyday
2 Somedays
3 Not at all
7 DON'T KNOW/NOT SURE
9 REFUSED

Pause
C11END
Ask If

Section 12: Demographics

Pause
C12INTRO
Ask If

Numeric	
C12Q01	
Ask If	
What is your age?	
_____ YEARS	
07	DON'T KNOW/NOT SURE
09	REFUSED

Select	
C12Q02	
Ask If	
Are you Hispanic or Latino?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

Multiple Select	
C12Q03	
Ask If	
Which one or more of the following would you say is your race?	
(CHECK ALL THAT APPLY)	
PLEASE READ:	
1	White
2	Black or African American
3	Asian
4	Native Hawaiian or Other Pacific Islander
5	American Indian or Alaska Native
Or	
6	Other [Specify] _____ OTHER
8	NO ADDITIONAL CHOICES
7	DON'T KNOW/NOT SURE
9	REFUSED

CATI note: If more than one response to Q12.3; continue. Otherwise, go to Q12.5

Select	
C12Q04	
Ask If	
Which one of these groups would you say best represents your race?	
PLEASE READ:	
1	White
2	Black or African American
3	Asian
4	Native Hawaiian or Other Pacific Islander
5	American Indian or Alaska Native Or
6	Other [Specify] OTHER
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
C12Q05	
Ask If	
Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, the Persian Gulf War.	
1	Yes, now on active duty
2	Yes, on active duty during the last 12 months, but not now
3	Yes, on active duty in the past, but not during the last 12months
4	No, training for Reserves or National Guard only
5	No, never served in the military
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
C12Q06	
Ask If	
Are you...?	
PLEASE READ:	

1	Married
2	Divorced
3	Widowed
4	Separated
5	Never married Or
6	A member of an unmarried couple
9	REFUSED

State Added Section 02: Demographics Sexual Orientation (A/B)

ME02Intro
Ask If
Insert after C12Q06

Select
ME02Q01
Ask If
Now I'll read a list of terms people sometimes use to describe themselves -- heterosexual or straight; homosexual, gay or lesbian; and bisexual. As I read the list again, please stop me when I get to the term that best describes how you think of yourself:
1 Heterosexual or straight
2 Homosexual (gay or lesbian)
3 Bisexual
4 Other
7 DON'T KNOW/NOT SURE
9 REFUSED

ME02End
Ask If

Numeric	
C12Q07	
Ask If	
How many children less than 18 years of age live in your household?	
NUMBER OF CHILDREN	
88	NONE
99	REFUSED

Select	
C12Q08	
Ask If	
What is the highest grade or year of school you completed?	
READ ONLY IF NECESSARY:	
1	Never attended school or only attended kindergarten
2	Grades 1 through 8 (Elementary)
3	Grades 9 through 11 (Some high school)
4	Grade 12 or GED (High school graduate)
5	College 1 year to 3 years (Some college or technical school)
6	College 4 years or more (College graduate)
9	REFUSED

C12Q09	Select
Ask If	
Are you currently...?	
PLEASE READ:	
01	Employed for wages
02	Self-employed
03	Out of work for more than 1 year
04	Out of work for less than 1 year
05	A Homemaker
06	A Student
07	Retired Or
08	Unable to work
99	REFUSED

C12Q10d	Select	
Ask If		
Is your annual household income from all sources:		
Less than \$25,000?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	C12Q10i
9	REFUSED	C12Q10i

C12Q10c	Select	
Ask If	C12Q10d = 1	
Is your annual household income from all sources:		
Less than \$20,000?		
1	YES	
2	NO	C12Q10i
7	DON'T KNOW/NOT SURE	C12Q10i
9	REFUSED	C12Q10i

C12Q10b		Select
Ask If	C12Q10c = 1	
Is your annual household income from all sources: Less than \$15,000?		
1	YES	
2	NO	C12Q10i
7	DON'T KNOW/NOT SURE	C12Q10i
9	REFUSED	C12Q10i

C12Q10a		Select
Ask If	C12Q10b = 1	
Is your annual household income from all sources: Less than \$10,000?		
1	YES	C12Q10i
2	NO	C12Q10i
7	DON'T KNOW/NOT SURE	C12Q10i
9	REFUSED	C12Q10i

C12Q10e		Select
Ask If	C12Q10d = 2	
Is your annual household income from all sources: Less than \$35,000?		
1	YES	C12Q10i
2	NO	
7	DON'T KNOW/NOT SURE	C12Q10i
9	REFUSED	C12Q10i

C12Q10f		Select
Ask If	C12Q10e = 2	
Is your annual household income from all sources: Less than \$50,000?		
1	YES	C12Q10i
2	NO	
7	DON'T KNOW/NOT SURE	C12Q10i
9	REFUSED	C12Q10i

C12Q10g		Select
Ask If	C12Q10f = 2	
Is your annual household income from all sources: Less than \$75,000?		
1	YES	C12Q10i
2	NO	C12Q10i
7	DON'T KNOW/NOT SURE	C12Q10i
9	REFUSED	C12Q10i

C12Q10i		Select
Ask If		
ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES IS: {If C12Q10g = 2, More than \$75,000?} {If C12Q10g = 1, \$50,000 to less than \$75,000} {If C12Q10f = 1, \$35,000 to less than \$50,000} {If C12Q10e = 1, \$25,000 to less than \$35,000} {If C12Q10c = 2, \$20,000 to less than \$25,000} {If C12Q10b = 2, \$15,000 to less than \$20,000} {If C12Q10a = 2, \$10,000 to less than \$15,000} {If C12Q10a = 1, Less than \$10,000} {Default, REFUSED/DON'T KNOW/NOTSURE}		
IS THIS CORRECT?		
1	YES	
2	NO	C12Q10d
7	DON'T KNOW/NOT SURE	
9	REFUSED	

Numeric	
C12Q11	
Ask If	
About how much do you weigh without shoes?	
NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN COLUMN 122. ROUND FRACTIONS UP	
_____	WEIGHT
7777	DON'T KNOW/NOT SURE
9999	REFUSED

Numeric	
C12Q12	
Ask If	
About how tall are you without shoes?	
NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN COLUMN 126. ROUND FRACTIONS DOWN	
____/____	HEIGHT
77/77	DON'T KNOW/NOT SURE
99/99	REFUSED

Numeric	
C12Q13	
Ask If	
What county do you live in?	
_____	FIPS COUNTY CODE
777	DON'T KNOW/NOT SURE
999	REFUSED

State Added Section 01: Demographics (Town) (A/B)

ME01Intro
Ask If
Insert after C12Q13

ME01Q01	Numeric
Ask If	
What Town do you live in?	
	GEOCODE CODE
777	DON'T KNOW/NOT SURE
999	REFUSED

ME01End
Ask If

C12Q14	Numeric
Ask If	
What is your ZIP Code where you live?	
	ZIP Code
77777	DON'T KNOW/NOT SURE
99999	REFUSED

Select	
C12Q15	
Ask If	
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
	C12Q17
7	DON'T KNOW/NOT SURE
	C12Q17
9	REFUSED
	C12Q17

Numeric	
C12Q16	
Ask If	C12Q15 = 1
How many of these telephone numbers are residential numbers?	
Residential Telephone Numbers [6 = 6 or more]	
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
C12Q17	
Ask If	
During the past 12 months, has your household been without landline telephone service for 1 week or more? Do not include interruptions of landline telephone service because of weather or natural disasters.	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

[CELL PHONE QUESTIONS]

Select	
C12Q18A	
Ask If	
Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.	

1	YES	C12Q18C
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

Select		
C12Q18B		
Ask If	C12Q18A <> 1	
Do you share a cell phone for personal use (at least one-third of the time) with other adults?		
1	YES	C12Q18D
2	NO	C12Q19
7	DON'T KNOW/NOT SURE	C12Q19
9	REFUSED	C12Q19

Select		
C12Q18C		
Ask If	C12Q18A = 1	
Do you usually share this cell phone (at least one-third of the time) with any other adults?		
1	YES	C12Q18D
2	NO	C12Q19
7	DON'T KNOW/NOT SURE	C12Q19
9	REFUSED	C12Q19

Numeric		
C12Q18D		
Ask If	C12Q18A = 1 OR C12Q18B = 1	
Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone?		
Enter Percent (1 to 100)		
888	NONE	
777	DON'T KNOW/NOT SURE	
999	REFUSED	

Select	
C12Q19	
Ask If	
Indicate sex of respondent. Ask only if necessary.	
1	MALE C12END
2	FEMALE

Select	
C12Q20	
Ask If C12Q19 = 2 AND C12Q01 <= 45	
To your knowledge, are you now pregnant?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

Pause	
C12END	
Ask If	

Section 13: Alcohol Consumption

Pause	
C13INTRO	
Ask If	

Select	
C13Q01	
Ask If	
During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?	
1	YES
2	NO C13END
7	DON'T KNOW/NOT SURE C13END
9	REFUSED C13END

C13Q02		Numeric
Ask If	C13Q01 = 1	
During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?		
1	Days per week	
2	Days per month	
888	No drinks in the past 30 days	C13END
777	DON'T KNOW/NOT SURE	
999	REFUSED	

C13Q03		Numeric
Ask If	C13Q01 = 1 AND C13Q02 <> 888	
One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?		
NOTE: A 40 OUNCE BEER WOULD COUNT AS 3 DRINKS, OR A COCKTAIL DRINK WITH 2 SHOTS WOULD COUNT AS 2 DRINKS.		
_____ Number of drinks		
77	DON'T KNOW/NOT SURE	
99	REFUSED	

C13Q04		Numeric
Ask If	C13Q01 = 1 AND C13Q02 <> 888	
Considering all types of alcoholic beverages, how many times during the past 30 days did you have [If C12Q19 = 1, 5, 4] or more drinks on an occasion?		
_____ Number of times		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	

Numeric	
C13Q05	
Ask If	C13Q01 = 1 AND C13Q02 <> 888
During the past 30 days, what is the largest number of drinks you had on any occasion?	
Number of drinks	
77	DON'T KNOW/NOT SURE
99	REFUSED

Pause	
C13END	
Ask If	

Section 14: Immunization

Pause	
C14INTRO	
Ask If	

Select		
C14Q01		
Ask If		
Now I will ask you questions about seasonal flu. A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a seasonal flu shot?		
1	YES	
2	NO	C14Q03
7	DON'T KNOW/NOT SURE	C14Q03
9	REFUSED	C14Q03

Numeric	
C14Q02	
Ask If	
During what month and year did you receive your most recent seasonal flu shot?	

/	Month / Year
77/7777	DON'T KNOW/NOT SURE
99/9999	REFUSED

Select	
C14Q03	
Ask If	
The seasonal flu vaccine sprayed in the nose is also called FluMist™. During the past 12 months, have you had a seasonal flu vaccine that was sprayed in your nose?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED
	C14Q05
	C14Q05
	C14Q05

Numeric	
C14Q04	
Ask If	
During what month and year did you receive your most recent seasonal flu vaccine that was sprayed in your nose?	
/	Month / Year
77/7777	DON'T KNOW/NOT SURE
99/9999	REFUSED

Select	
C14Q05	
Ask If	
A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

C15END	Pause
Ask If	

Section 15: Falls

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

C15INTRO	Pause
Ask If	C12Q01 >= 45

C15Q01	Numeric
Ask If	
<p>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.</p> <p>In the past 3 months, how many times have you fallen?</p>	
	Number of times [76 = 76 or more]
88	NONE C15END
77	DON'T KNOW/NOT SURE C15END
99	REFUSED C15END

Numeric	
C15Q02	
Ask If	C15q01 < 77
[FILL IN "DID THIS FALL (FROM Q15.1) CAUSE AN INJURY?"]. IF ONLY ONE FALL FROM Q15.1 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.	
Number of falls [76 = 76 or more]	
88	NONE
77	DON'T KNOW/NOT SURE
99	REFUSED

Pause	
C15END	
Ask If	

Section 16: Seatbelt Use

Pause	
C16INTRO	
Ask If	

Select	
C16Q01	
Ask If	
How often do you use seat belts when you drive or ride in a car? Would you say—	
PLEASE READ:	
1	Always
2	Nearly always
3	Sometimes
4	Seldom
5	Never
7	DON'T KNOW/NOT SURE
8	NEVER DRIVE OR RIDE IN A CAR
	C16END
9	REFUSED

CATI note: If Q16.1 = 8 (Never drive or ride in a car), go to Section 18; otherwise continue.

C16END	Pause
Ask If	

Section 17: Drinking and Driving

CATI note: If Q13.1 = 2 (No); go to next section

C17INTRO	Pause
Ask If	C16Q01 <> 8 AND C13Q01 <> 2

C17Q01	Numeric
Ask If	
The next question is about drinking and driving.	
During the past 30 days, how many times have you driven when you've had perhaps too much to drink?	
	Number of times [76 = 76 or more]
88	NONE
77	DON'T KNOW/NOT SURE
99	REFUSED

C17END	Pause
Ask If	

Section 18: Women's Health

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

C18INTRO	Pause
Ask If	C12Q19 = 2

Select	
C18Q01	
Ask If	
The next questions are about breast and cervical cancer.	
A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?	
1	YES
2	NO C18Q03
7	DON'T KNOW/NOT SURE C18Q03
9	REFUSED C18Q03

Select	
C18Q02	
Ask If	C18Q01 = 1
How long has it been since you had your last mammogram?	
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 (2 years but less than 5 years ago)
5	5 or more years ago
Do not read:	
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
C18Q03	
Ask If	
A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam?	

1	YES	
2	NO	C18Q05
7	DON'T KNOW/NOT SURE	C18Q05
9	REFUSED	C18Q05

Select	
C18Q04	
Ask If	C18Q03 = 1
How long has it been since your last breast exam?	
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 (2 years but less than 5 years ago)
5	5 or more years ago
Do not read:	
7	DON'T KNOW/NOT SURE
9	REFUSED

Select		
C18Q05		
Ask If		
A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?		
1	YES	
2	NO	C18Q07
7	DON'T KNOW/NOT SURE	C18Q07
9	REFUSED	C18Q07

Select	
C18Q06	
Ask If	C18Q05 = 1
How long has it been since you had your last Pap test?	
READ ONLY IF NECESSARY	

1	Within the past year (anytime less than 12 months ago)
2	Within the past 2 years (1 year but less than 2 years 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
7	DON'T KNOW/NOT SURE
9	REFUSED

CATI note: If response to Core Q12.20 = 1 (is pregnant); then go to next section

Select	
C18Q07	
Ask If	C12Q20 <> 1
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

Pause	
C18END	
Ask If	

Section 19: Prostate Cancer Screening

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

Pause	
C19INTRO	
Ask If	C12Q01 > 39 AND C12Q19 = 1

Select	
C19Q01	
Ask If	
Now, I will ask you some questions about prostate cancer screening.	
A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test?	
1	YES
2	NO C19Q03
7	DON'T KNOW/NOT SURE C19Q03
9	REFUSED C19Q03

Select	
C19Q02	
Ask If	C19Q01 = 1
How long has it been since you had your last PSA test?	
READ ONLY IF NECESSARY	
1	Within the past year (anytime less than 12 months ago)
2	Within the past 2 years (1 year but less than 2 years 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
Do not read:	
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
C19Q03	
Ask If	
A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam?	

1	YES	
2	NO	C19Q05
7	DON'T KNOW/NOT SURE	C19Q05
9	REFUSED	C19Q05

Select	
C19Q04	
Ask If	C19Q03 = 1
How long has it been since your last digital rectal exam?	
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 (2 years but less than 5 years ago)
5	5 or more years ago
Do not read:	
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
C19Q05	
Ask If	
Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

Pause	
C19END	
Ask If	

Section 20: Colorectal Cancer Screening

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

Pause	
C20INTRO	
Ask If	C12Q01 > 49

Select		
C20Q01		
Ask If		
The next questions are about colorectal cancer screening.		
A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?		
1	YES	
2	NO	C20Q03
7	DON'T KNOW/NOT SURE	C20Q03
9	REFUSED	C20Q03

Select	
C20Q02	
Ask If	C20Q01 = 1
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 (2 years but less than 5 years ago)
5	5 or more years ago
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
C20Q03	
Ask If	
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
	C21Q01
7	DON'T KNOW/NOT SURE
	C21Q01
9	REFUSED
	C21Q01

Select	
C20Q04	
Ask If	C20Q03 = 1
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

Select	
C20Q05	
Ask If	
How long has it been since you had your last sigmoidoscopy or colonoscopy?	
READ ONLY IF NECESSARY	
01	Within the past year (anytime less than 12 months ago)
02	Within the past 2 years (1 year but less than 2 years ago)
03	Within the past 3 years (2 years but less than 3 years ago)
04	Within the past 5 years (2 years but less than 5 years ago)
05	5 or more years ago
06	Within the past 10 years (5 years but less than 10 years ago)
07	10 or more years ago
77	DON'T KNOW/NOT SURE
99	REFUSED

Pause	
C20END	
Ask If	

Section 21: HIV/AIDS

CATI note: If respondent is 65 years old or older, go to next section

Pause	
C21INTRO	
Ask If	C12Q20 < 65

Select	
C21Q01	
Ask If	
The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of	

any test you may have had.		
Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.		
1	YES	
2	NO	C21Q05
7	DON'T KNOW/NOT SURE	C21Q05
9	REFUSED	C21Q05

C21Q02		Numeric
Ask If	C21Q01 = 1	
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.		
/	Month / Year	
77/7777	DON'T KNOW/NOT SURE	
99/9999	REFUSED	

C21Q03		Select
Ask If	C21Q01 = 1	
Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?		
READ ONLY IF NECESSARY		

01	Private doctor or HMO office)
02	Counseling and testing site
03	Hospital
04	Clinic
05	Jail or prison (or other correctional facility)
06	Drug treatment facility
07	At home
08	Somewhere else
	Do not read:
77	DON'T KNOW/NOT SURE
99	REFUSED

CATI note: Ask Q21.4; if Q21.2 = within last 12 months. Otherwise, go to Q21.5.

	Select
C21Q04	
Ask If	C21Q01 = 1 AND C21Q02 = WITHIN LAST 12 MONTHS
Was it a rapid test where you could get your results within a couple of hours?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
C21Q05	
Ask If	
I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You do not need to tell me which one.	
<ul style="list-style-type: none"> ▪ You have used intravenous drugs in the past year. ▪ You have been treated for a sexually transmitted or venereal disease in the past year. ▪ You have given or received money or drugs in exchange for sex in the past year. ▪ You had anal sex without a condom in the past year. 	
Do any of these situations apply to you?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

Pause	
C21END	
Ask If	

Section 22: Emotional Support and Life Satisfaction

Pause	
C22INTRO	
Ask If	

Select	
C22Q01	
Ask If	
The next two questions are about emotional support and your satisfaction with life.	
How often do you get the social and emotional support you need?	
INTERVIEWER NOTE: IF ASKED, SAY	
"please include support from <u>any</u> source."	
PLEASE READ:	

1	Always
2	Usually
3	Sometimes
4	Rarely
5	Never
7	DON'T KNOW/NOT SURE
9	REFUSED

Select
C22Q02
Ask If
In general, how satisfied are you with your life?
PLEASE READ:
1 Very satisfied
2 Satisfied
3 Dissatisfied
4 Very dissatisfied
7 DON'T KNOW/NOT SURE
9 REFUSED

Pause
C22END
Ask If

Module 10: High Risk/Health Care Worker

Pause
M10INTRO
Ask If
The next few questions ask about health care work and chronic illness.

Select
M10Q01
Ask If
Do you currently volunteer or work in a hospital, medical clinic, doctor's office, dentist's office, nursing home or some other health-care facility? This includes part-time and unpaid work in a health care facility as well as professional nursing care provided in the home.

INTERVIEWER NOTE: IF NECESSARY SAY:	
"This includes non-health care professionals, such as administrative staff, who work in a health-care facility."	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
M10Q02	
Ask If	
Do you provide direct patient care as part of your routine work? By direct patient care we mean physical or hands-on contact with patients.	
1	YES
2	NO
7	DON'T KNOW/NOT SURE (<i>Probe by repeating question</i>)
9	REFUSED

Select		
M10Q03		
Ask If		
Has a doctor, nurse, or other health professional ever said that you have...		
<u>Read all items listed below before waiting for an answer:</u>		
Lung problems, other than asthma		
Kidney problems		
Anemia, including Sickle Cell		
Or		
A weakened immune system caused by a chronic illness or by medicines taken for a chronic illness?		
[See Attached Health Problems List, if necessary]		
1	YES	
2	NO	M10END
7	DON'T KNOW/NOT SURE (<i>Probe by repeating question</i>)	M10END
9	REFUSED	M10END

Select	
M10Q04	
Ask If	
Do you still have (this/any of these) problem(s)?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

Pause	
M10END	
Ask If	

Module 17: Anxiety and Depression

Pause	
M17INTRO	
Ask If	
Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks.	

Numeric	
M17Q01	
Ask If	
Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?	
01-14 days	
88	None
77	DON'T KNOW/NOT SURE
99	REFUSED

Numeric	
M17Q02	
Ask If	
Over the last 2 weeks, how many days have you felt down, depressed <u>or</u> hopeless?	

	01-14 days
88	None
77	DON'T KNOW/NOT SURE
99	REFUSED

Numeric	
M17Q03	
Ask If	
Over the last 2 weeks, how many days have you had trouble falling asleep <u>or</u> staying asleep <u>or</u> sleeping too much?	
	01-14 days
88	None
77	DON'T KNOW/NOT SURE
99	REFUSED

Numeric	
M17Q04	
Ask If	
Over the last 2 weeks, how many days have you felt tired <u>or</u> had little energy?	
	01-14 days
88	None
77	DON'T KNOW/NOT SURE
99	REFUSED

Numeric	
M17Q05	
Ask If	
Over the last 2 weeks, how many days have you had a poor appetite <u>or</u> eaten too much?	
	01-14 days
88	None
77	DON'T KNOW/NOT SURE
99	REFUSED

Numeric	
M17Q06	
Ask If	
Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down?	
01-14 days	
88	None
77	DON'T KNOW/NOT SURE
99	REFUSED

Numeric	
M17Q07	
Ask If	
Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper <u>or</u> watching the TV?	
01-14 days	
88	None
77	DON'T KNOW/NOT SURE
99	REFUSED

Numeric	
M17Q08	
Ask If	
Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? <u>Or the opposite</u> - being so fidgety or restless that you were moving around a lot more than usual?	
01-14 days	
88	None
77	DON'T KNOW/NOT SURE
99	REFUSED

Select	
M17Q09	
Ask If	
Has a doctor or other healthcare provider EVER told you that you have an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
M17Q10	
Ask If	
Has a doctor or other healthcare provider EVER told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

Pause	
M17END	
Ask If	

State Added Section 05: Mental Health Treatment (A)

ME05Intro
Ask If
Insert after M17Q10

Select	
ME05Q01	
Ask If	
Are you now taking medicine or receiving treatment from a doctor or other healthcare provider for any	

type of mental health condition or emotional problem?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

ME05End
Ask If

Module 23: Random Child Selection

CATI note: If Core Q12.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

Pause
M23INTRO
Ask If
<p>If Core Q12.7 = 1, Interviewer please read: "Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child." [Go to Q1]</p> <p>If Core Q12.7 is >1 and Core Q12.7 does not equal 88 or 99, Interviewer please read: "Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last." Please include children with the same birth date, including twins, in the order of their birth.</p> <p>CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the "Xth" child. Please substitute "Xth" child's number in all questions below.</p> <p>INTERVIEWER PLEASE READ:</p> <p>"I have some additional questions about one specific child. The child I will be referring to is the "Xth" [CATI: please fill in correct number] child in your household. All following questions about children will be about the "Xth" [CATI: please fill in] child."</p>

Numeric	
M23Q01	
Ask If	
What is the birth month and year of the " xth " child?	
/	Code month and year
77/7777	DON'T KNOW/NOT SURE
99/9999	REFUSED

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

Select	
M23Q02	
Ask If	
Is the child a boy or a girl?	
1	Boy
2	Girl
9	REFUSED

Select	
M23Q03	
Ask If	
Is the child Hispanic or Latino?	
1	Yes
2	No
Do not read:	
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
M23Q04	
Ask If	
Which one or more of the following would you say is the race of the child? (CHECK ALL THAT APPLY) PLEASE READ:	
1	White
2	Black or African American
3	Asian
4	Native Hawaiian or Other Pacific Islander
5	American Indian or Alaska Native Or
6	Other [Specify]
Do not read:	
8	No additional choices
7	DON'T KNOW/NOT SURE
9	REFUSED

CATI note: If more than one response to Q4, continue. Otherwise, go to Q6.

Select	
M23Q05	
Ask If	
Which one of these groups would you say best represents the child's race? PLEASE READ:	
1	White
2	Black or African American
3	Asian
4	Native Hawaiian or Other Pacific Islander
5	American Indian or Alaska Native Or
6	Other [Specify]
Do not read:	
8	No additional choices
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
M23Q06	
Ask If	
How are you related to the child? PLEASE READ:	
1	Parent (include biologic, step, or adoptive parent)
2	Grandparent
3	Foster parent or guardian
4	Sibling (include biologic, step, and adoptive sibling)
5	Other relative
6	Not related in any way
Do not read:	
7	DON'T KNOW/NOT SURE
9	REFUSED

Pause	
M23END	
Ask If	

Module 25: Childhood Immunization

CATI note: If Core Q12.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

CATI note: If selected child's age is ≥ 6 months, continue. Otherwise, go to next module.

Pause	
M25INTRO	
Ask If	

Select	
M25Q01	
Ask If	
Now I will ask you questions about seasonal flu. There are two types of seasonal flu vaccinations. One is a shot and the other is a spray in the nose. During the past 12 months, has [Fill: he/she] had a seasonal flu vaccination?	
1	Yes
2	No
	M25END
7	DON'T KNOW/NOT SURE
	M25END
9	REFUSED
	M25END

Numeric	
M25Q02	
Ask If	
The flu vaccination may have been either the flu shot or the flu spray. The flu spray is the flu vaccination that is sprayed in the nose. During what month and year did [Fill: he/she] receive [Fill: his/her] most recent seasonal flu vaccination?	
/	Month / Year
77/7777	DON'T KNOW/NOT SURE
99/9999	REFUSED

Pause	
M25END	
Ask If	

Module 24: Childhood Asthma Prevalence

CATI note: If response to Core Q12.7 = 88 (None) or 99 (Refused), go to next module.

Pause	
M24INTRO	
Ask If	
The next two questions are about the "Xth" [CATI: please fill in correct number] child.	

Select	
M24Q01	
Ask If	
Has a doctor, nurse or other health professional EVER said that the child has asthma?	
1	Yes
2	No
	M24END
7	DON'T KNOW/NOT SURE
	M24END
9	REFUSED
	M24END

Select	
M24Q02	
Ask If	
Does the child still have asthma?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

Pause	
M24END	
Ask If	

State Added Section 04: Skin Cancer (A)

ME04Intro	
Ask If	

Select	
ME04Q01	
Ask If	
The next questions are about what you do to protect your skin when you go outside.	
When you go outside on a sunny summer day for more than one hour, how often do you use sunscreen or sun block? Would you say...	
1	Always
2	Nearly always
3	Sometimes
4	Seldom
5	Never
6	Don't stay out more than an hour
7	DON'T KNOW/NOT SURE
9	REFUSED

Numeric	
ME04Q02	
Ask If	ME04Q01 <> 5 AND ME04Q01 <> 6
What is the Sun Protection Factor or SPF of the sunscreen you use most often?	
ENTER NUMBER	
1	MIN CONTROL
97	MAX CONTROL
777	DON'T KNOW/NOT SURE
999	REFUSED

Select	
ME04Q03	
Ask If	ME04Q01 <> 6
When you go outside on a sunny summer day for more than an hour, how often do you stay in the shade?	
Would you say:	
1	Always
2	Nearly always
3	Sometimes
4	Seldom
5	Never
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
ME04Q04	
Ask If	ME04Q01 <> 6
When you go outside on a sunny summer day for more than an hour, how often do you wear a wide-brimmed hat or any other hat that shades your face, ears, and neck from the sun?	
1	Always
2	Nearly always
3	Sometimes
4	Seldom
5	Never
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
ME04Q05	
Ask If	ME04Q01 <> 6
When you go outside on a sunny summer day for more than an hour, how often do you wear long-sleeved shirts?	
Would you say:	
1	Always
2	Nearly always
3	Sometimes
4	Seldom
5	Never
7	DON'T KNOW/NOT SURE
9	REFUSED

Select		
ME04Q06		
Ask If		
Suppose that after several months of not being out in the sun, you then went out in the sun without a hat, sunscreen, or protective clothing for an hour.		
Would you...		
1	Sunburn	
2	Darken without sunburn	ME04END
3	Not have anything happen	ME04END
7	DON'T KNOW/NOT SURE	ME04END
9	REFUSED	ME04END

Select	
ME04Q07	
Ask If	ME04Q06 = 1
(Suppose that after several months of not being out in the sun, you then went out in the sun without a hat, sunscreen, or protective clothing for an hour).	
Would you...	
1	Burn severely with blisters
2	Burn severely with peeling in a few days
3	Burn mildly without peeling
7	DON'T KNOW/NOT SURE
9	REFUSED

ME04End
Ask If

State Added Section 06: Radon (A)

ME06Intro
Ask If

Select	
ME06Q01	
Ask If	
Has your household air been tested for the presence of radon gas?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED
	ME06END
	ME06END
	ME06END

ME06Q02		Select
Ask If	ME06Q01 = 1	
Were the radon levels in your household above normal?		
1	YES	
2	NO	ME06END
7	DON'T KNOW/NOT SURE	ME06END
9	REFUSED	ME06END

ME06Q03		Select
Ask If	ME06Q02 = 1	
Have the radon levels been reduced or fixed?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

ME06End	
Ask If	

State Added Section 07: Carbon Monoxide (A)

ME07Intro	
Ask If	

Select	
ME07Q01	
Ask If	
Thinking about your home, do you own or rent your home?	
1	OWN
2	RENT
3	OTHER ARRANGEMENT
7	DON'T KNOW/NOT SURE
9	REFUSED

Select		
ME07Q02		
Ask If		
A carbon monoxide or CO detector checks the level of carbon monoxide in your home. It IS DIFFERENT THAN A SMOKE DETECTOR . Do you have a carbon monoxide detector in your home?		
1	YES	
2	NO	ME07END
7	DON'T KNOW/NOT SURE	ME07END
9	REFUSED	ME07END

Select		
ME07Q03		
Ask If		
Is at least one CO detector located near the bedrooms or a sleeping area in your home?		
1	YES	
2	NO	ME07END
7	DON'T KNOW/NOT SURE	ME07END
9	REFUSED	ME07END

ME07End	
Ask If	

State Added Section 08: Cancer Prevalence (A)

ME08Intro
Ask If

ME08Q01	Select	
Ask If		
Have you ever been told by a doctor, nurse, or other health professional that you had cancer, excluding basal (BAY-zul) or squamous (SKWAY-muss) cell cancer of the skin?		
NOTE TO INTERVIEWER: DIAGNOSIS OF A BENIGN (BE-NINE) BRAIN TUMOR OR MELANOMA OF THE SKIN WOULD BE CONSIDERED A POSITIVE RESPONSE.		
1	YES	
2	NO	ME08END
7	DON'T KNOW/NOT SURE	ME08END
9	REFUSED	ME08END

ME08End
Ask If

State Added Section 09: Substance Abuse (A)

ME09Intro
Ask If

Select	
ME09Q01	
Ask If	
Within the past 30 days on how many days did you use prescription drugs that were either not prescribed to you and/or not used as prescribed in order to get high?	
READ RESPONSES	
1	Never Used
2	Have used but not in the last 30 days
3	1-2 days
4	3-5 days
5	6 or more days
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
ME09Q02	
Ask If	
During the past 30 days, have you used marijuana?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

ME09End	
Ask If	

State Added Section 10: Sexual Violence (A)

ME10Intro	
Ask If	

Select	
ME10Q01	
Ask If	
<p>Now I'd like to ask you some questions about different types of physical and/or sexual violence or other unwanted sexual experiences. This information will allow us to better understand the problem of violence and unwanted sexual contact and may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. At the end of this section, I will give you phone numbers for organizations that can provide information and referral for these issues.</p> <p>Are you in a safe place to answer these questions?</p>	
1	YES
2	NO ME11CLO
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
ME10Q02	
Ask If	
<p>Now, I am going to ask you questions about unwanted sex. Unwanted sex includes things like putting anything into your {IF C12Q19 = 2, vagina}, anus, or mouth or making you do these things to them after you said or showed that you didn't want to. It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused.</p> <p>During the past 12 months, has anyone had sex with you after you said or showed that you didn't want them to or without your consent?</p>	
1	YES
2	NO ME10END
7	DON'T KNOW/NOT SURE ME10END
9	REFUSED ME10END

Select	
ME10Q03	
Ask If	
At the time of the most recent incident, what was your relationship to the person who had sex with you after you said or showed that you didn't want to or without your consent?	
DO NOT READ	
01	CURRENT BOYFRIEND/GIRLFRIEND
02	FORMER BOYFRIEND/GIRLFRIEND
03	FIANCÉ
04	SPOUSE OR LIVE-IN PARTNER
05	FORMER SPOUSE OR PARTNER
06	SOMEONE YOU WERE DATING
07	FIRST DATE
08	FRIEND
09	ACQUAINTANCE
10	A PERSON KNOWN FOR LESS THAN 24 HOURS
11	COMPLETE STRANGER
12	PARENT
13	STEP-PARENT
14	PARENT'S PARTNER
15	PARENT IN-LAW
16	OTHER RELATIVE
17	NEIGHBOR
18	CO-WORKER
19	OTHER NON-RELATIVE
20	MULTIPLE PERPETRATORS
77	DON'T KNOW/NOT SURE
99	REFUSED

ME10End	
Ask If	

State Added Section 11: Intimate Partner Violence (A)

ME11Intro	
Ask If	ME10Q01 = 1

Select	
ME11Q01	
Ask If	
<p>The next questions are about conflicts in relationships with an intimate partner. By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you dated would also be considered an intimate partner.</p> <p>In the past 12 months, have you been frightened for your safety or the safety of your family or friends because of anger or threats by a current or former intimate partner?</p>	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

Select		
ME11Q02		
Ask If		
<p>In the past 12 months, have you experienced physical violence or had unwanted sex with a current or former intimate partner? Physical violence includes being hit kicked, punched, choked or otherwise physically hurt.</p>		
1	YES	
2	NO	ME11CLO
7	DON'T KNOW/NOT SURE	ME11CLO
9	REFUSED	ME11CLO

ME11Q03		Select
Ask If	ME10Q01 = 1 & ME11Q02 = 1	
In the past 12 months, have you had any serious injuries such as bruises, cuts, burns, black eyes, genital injuries, broken bones, or loss of consciousness as a result of this physical violence or unwanted sex?		
1	YES	
2	NO	ME11CLO
7	DON' T KNOW/NOT SURE	ME11CLO
9	REFUSED	ME11CLO

ME11CLO		Select
Ask If		
We realize that these questions may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained advocate or would like more information about sexual violence, please call 1-800-871-7741 . For domestic violence, please call 1-866-834-HELP, OR 4357 . Would you like me to repeat these numbers?		
1	CONTINUE	

ME11End	
Ask If	

Insert the following adult questions after core Section 22: Emotional Support and Life Satisfaction in the Landline questionnaire.

ILI Questions

We would like to ask you some questions about recent respiratory illnesses.

1. During the past month, were you ill with a fever? (919)

1 = Yes

2 = No – **[Go to Q8]**

7 = Don't know – **[Go to Q8]**

9 = Refused – **[Go to Q8]**

2. Did you also have a cough and/or sore throat? (920)

1 = Yes

2 = No – **[Go to Q8]**

7 = Don't know – **[Go to Q8]**

9 = Refused – **[Go to Q8]**

3. When did you first become ill with fever, cough or sore throat? [Interviewer: read off choices; choose the most specific] (921)

1 = Within the past week [Interviewer, if asked: past 1-7 days]

2 = 2 weeks ago [Interviewer, if asked: past 8-14 days]

3 = 3-4 weeks ago [Interviewer, if asked: 15-30 days before today]

7 = Don't know

9 = Refused

4. Did you visit a doctor, nurse, or other health professional for this illness? (922)

1 = Yes

2 = No – **[Go to Q8]**

7 = Don't know – **[Go to Q8]**

9 = Refused – **[Go to Q8]**

5. What did the doctor, nurse, or other health professional tell you? Did they say...[Interviewer: read off choices] (923)

1 = You had regular influenza or the flu,

2 = You had swine flu, also known as H1N1 or novel H1N1

3 = You had some other illness, but not the flu–

7 = Don't know/not sure

9 = Refused

6. Did you have a flu test that was positive for this illness? Usually a swab from your nose or throat is tested. Would you say...[Interviewer: read off choices] (924)

1 = Yes, had flu test and it was positive

2 = No, had flu test but it was negative

3 = No, flu test was not done

7 = Don't know

9 = Refused

7. Did you receive Tamiflu® or oseltamivir [o sel TAM i veer] or an inhaled medicine called Relenza® or zanamivir [[za NA mi veer](#)] to treat this illness? (925)

1 = Yes

2 = No

7 = Don't know

9 = Refused

CATI Note: Apply prior to Q8; [(For a one adult household with no children, If the respondent has NOT been ill (Q1 = 2,7,9 or Q2=2,7,9) skip to next section);

(For a one adult household with no children, If respondent has been ill (Q1=1 and Q2=1) go to Q10)

8. Did any other members of your household have a fever with cough or sore throat during the past month? (926)

1 = Yes

2 = No – **[If (Q1 = 1(Yes) and Q2 = 1 (Yes)) Go to Q10, Else go to next section]**

7 = Don't know

9 = Refused

9. How many household members, ***[CATI note: Fill in "including you," If Q1=1(Yes) and Q2=1 (Yes)]*** were ill during the past month? (927-928)

___ # persons

8 8 None

7 7 Don't know/Not Sure

9 9 Refused

CATI note: Apply prior to Q10; If (Q1 = 1(Yes) and Q2 = 1 (Yes)) or Q8 = 1 (Yes) continue to Q10; otherwise, skip to next section.

10. How many people in your household, including you, were hospitalized for flu during the past month? [Interviewer, if needed: hospitalized means admitted to a hospital to receive medical treatment.] (929-930)

___ # persons

8 8 None

7 7 Don't know/Not Sure

9 9 Refused

For states using Module 23: Random Child Selection, add these questions following Module 23. This will be referenced as Module 27 in Edfix10 and the data submission layout.

The next questions are about the “Xth” child.

1. Has the child had a fever with cough and/or sore throat during the past month?

(931)

1 = Yes

2 = No – **[Go to next module]**

7 = Don’t know – **[Go to next module]**

9 = Refused – **[Go to next module]**

2. Did the child visit a doctor, nurse, or other health professional for this illness?

(932)

1 = Yes

2 = No – **[Go to next module]**

7 = Don’t know – **[Go to next module]**

9 = Refused – **[Go to next module]**

H1N1 Questions

Notes:

1. *Two modules will be added to BRFSS beginning January 1, 2010 and continuing through June 30, 2010:*
 - a. *Novel H1N1 influenza vaccination questions for adults to be asked immediately before question 1 of Section 14: Immunization.*
 - b. *Novel H1N1 influenza vaccination questions for Child Module (requires use of Module 23: Random Child Selection)*

2. *A third module, Module 10: High Risk / Health Care Worker, should be asked through June 30, 2010. These questions follow the Adult H1N1 ILI questions which have been inserted after Section 22: Emotional Support and Life Satisfaction.*

Module 28: Novel H1N1 Adult Immunization

M28.1. There are currently vaccines available for two kinds of flu -- the seasonal flu, and the 2009 H1N1 flu. I will first ask you questions about vaccination for H1N1 flu, which is sometimes called swine flu or pandemic flu, and then ask you questions about vaccination for seasonal flu.

There are two ways to get the H1N1 flu vaccination. One is a shot in the arm and the other is a spray, mist or drop in the nose.

Since September, 2009, have you been vaccinated either way for the H1N1 flu?

(933)

- 1 Yes
- 2 No **[Go to Q14.1]**
- 7 Don't Know / Not Sure **[Go to Q14.1]**
- 9 Refused **[Go to Q14.1]**

M28.2 During what month did you receive your H1N1 flu vaccine?

(934-

935)

__ Month

77 Don't Know / Not Sure

99 Refused

CATI note: **[If M28.2_Month in (7, 8, 9, 10, 11, 12) then M28.2_Year=2009; else if M28.2_Month in (1, 2, 3, 4, 5, 6) then M28.2_Year=2010]**

Interviewer verify response - That was [FILL IN MONTH] of [FILL IN YEAR], correct?

M28.3 Was this a shot or was it a vaccine sprayed in the nose?

(936)

1. Flu shot
2. Flu Nasal Spray (spray, mist or drop in the nose)
7. Don't Know / Not Sure
9. Refused

Section 14: Immunization

14.1. Now I will ask you questions about seasonal flu. A flu shot is an influenza vaccine

injected into your arm. During the past 12 months, have you had a seasonal flu shot?

(159)

- 1 Yes
- 2 No **[Go to Q14.3]**
- 7 Don't know / Not sure **[Go to Q14.3]**
- 9 Refused **[Go to Q14.3]**

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

(160-165)

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

14.3 The seasonal flu vaccine sprayed in the nose is also called FluMist™. During the

your past 12 months, have you had a seasonal flu vaccine that was sprayed in your nose?

(166)

1 Yes

2 No [Go to Q14.5]

7 Don't know / Not sure [Go to Q14.5]

9 Refused [Go to Q14.5]

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

(167-172)

__ / ____ Month / Year

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

9 9 / 9 9 9 9 Refused

14.5 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?

(173)

1 Yes

2 No

7 Don't know / Not sure

9 Refused

Insertion of Module 30: Childhood H1N1 Immunization and Module 25: Childhood Immunization, which will follow after Module 23: Random Child Selection

Module 30: Novel H1N1 Childhood Immunization - to be asked immediately before Module 25: Childhood Immunization.

CATI note: If selected child's age is ≥ 6 months, continue. Otherwise, go to next module.

The next questions are about this child's immunizations.

M30.1. I will first ask you questions about vaccination for H1N1 flu, which is sometimes

called swine flu or pandemic flu, and then ask you questions about vaccination for seasonal flu. There are two ways to get the H1N1 flu vaccination. One is a shot in the arm and the other is a spray, mist or drop in the nose. Since September, 2009, has [Fill: he/she] been vaccinated either way for the H1N1 flu?

(937)

- 1 Yes
- 2 No **[Go to M25.1]**
- 7 Don't Know / Not Sure **[Go to M25.1]**
- 9 Refused **[Go to M25.1]**

CATI note: If Child age is 10 years or older, Go to M30.3.

M30.2. Since September 2009, how many of these H1N1 vaccinations has [Fill: he/she] received?

(938)

- 1 One vaccination or dose
- 2 Two or more vaccination doses
- 7 Don't Know / Not Sure **[Go to M25.1]**
- 9 Refused **[Go to M25.1]**

M30.3. During what month did [Fill: he/she] receive [Fill: his/her] **(CATI note: if child age < 10, "first H1N1 flu vaccine?"; otherwise, "H1N1 flu vaccine?")**

(939-940)

__ Month

77 Don't Know / Not Sure

99 Refused

CATI note: [If M30.3_Month in (7, 8, 9, 10, 11, 12) then M30.3_Year=2009; else if M30.3_Month in (1, 2, 3, 4, 5, 6) then M30.3_Year=2010]

Interviewer verify response - That was [FILL IN MONTH] of [FILL IN YEAR], correct?

M30.4 Was this a shot or was it a vaccine sprayed in the nose?

(941)

1. Flu shot
2. Flu Nasal Spray (spray, mist or drop in the nose)
7. Don't Know / Not Sure
9. Refused

CATI note: If Child age ≥ 10 Go to next module. If M30.2 = 2, THEN ASK M30.5, otherwise Go to next module.

M30.5. During what month did [Fill: he/she] receive [Fill: his/her] second H1N1 flu vaccine?

(942-943)

__ Month

77 Don't Know / Not Sure

99 Refused

CATI note: [If M30.5_Month in (7, 8, 9, 10, 11, 12) then M30.5_Year=2009; else if M30.5_Month in (1, 2, 3, 4, 5, 6) then M30.5_Year=2010]

**[If Date (M30.5_Month, M30.5_Year) < Date(M30.3_Month, M30.3_year),
interviewer verify responses]**

Interviewer verify response That was [FILL IN MONTH] of [FILL IN YEAR], correct?

M30.6 Was this a shot or was it a vaccine sprayed in the nose?

(944)

1. Flu shot
2. Flu Nasal Spray (spray, mist or drop in the nose)
7. Don't Know / Not Sure
9. Refused

Module 25: Childhood Immunization

CATI note: If selected child's age is \geq 6 months, continue. Otherwise, go to next module.

M25.1. Now I will ask you questions about seasonal flu. There are two types of seasonal flu vaccinations. One is a shot and the other is a spray in the nose. During the past 12 months, has [Fill: he/she] had a seasonal flu vaccination?

(478)

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

M25.2. The flu vaccination may have been either the flu shot or the flu spray. The flu spray is the flu vaccination that is sprayed in the nose. During what month and

year did [Fill: he/she] receive [Fill: his/her] most recent seasonal flu vaccination?

(479-484)

__ / ____ Month / Year

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

9 9 / 9 9 9 9 Refused

This module should be inserted following the Adult Population-Based Flu Morbidity Survey Questions which were inserted following section 22, before other optional modules.

Module 10: High Risk/Health Care Worker

M10.1. The next few questions ask about health care work and chronic illness. Do you currently volunteer or work in a hospital, medical clinic, doctor's office, dentist's office, nursing home or some other health-care facility? This includes part-time and unpaid work in a health care facility as well as professional nursing care provided in the home. (313)

INTERVIEWER NOTE: If necessary say: "This includes non-health care professionals, such as administrative staff, who work in a health-care facility."

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

M10.2. Do you provide direct patient care as part of your routine work? By direct patient care we mean physical or hands-on contact with patients. (314)

- 1 Yes
- 2 No
- 7 Don't know / Not sure (***Probe by repeating question***)
- 9 Refused

M10.3. Has a doctor, nurse, or other health professional ever said that you have...

Read all items listed below before waiting for an answer:

Lung problems, other than asthma

Kidney problems

Anemia, including Sickle Cell

Or A weakened immune system caused by a chronic illness or by medicines

taken for a chronic illness?

[See Attached Health Problems List, if necessary] (315)

1 Yes

2 No **[Go to next module]**7 Don't know / Not sure **[Go to next module]**9 Refused **[Go to next module]****M10.4.** Do you still have (this/any of these) problem(s)?

(316)

1 Yes

2 No

7 Don't know / Not sure

9 Refused

List of Health Problems to Accompany Module 10, Question 3

[DO NOT READ]**Lung Problems**

Acute Respiratory Distress Syndrome (ARDS)

Bronchiectasis

Bronchopulmonary Dysplasia

Chronic Obstructive Pulmonary Disease (COPD)

Cystic Fibrosis

Emphysema

Lymphangiomyomatosis (LAM)

Pulmonary Arterial Hypertension

Sarcoidosis

Kidney Problems

Chronic Kidney Disease

Cystitis

Cystocele (Fallen Bladder)

Cysts

Ectopic Kidney

End-Stage Renal Disease (ESRD)

Glomerular Diseases

Interstitial Cystitis

Kidney Failure

Kidney Stones

Nephrotic Syndrome

Polycystic Kidney Disease

Pyelonephritis (Kidney Infection)

Renal Artery Stenosis

Renal Osteodystrophy

Renal Tubular Acidosis

Anemia

Anemia

Aplastic Anemia

Fanconi Anemia

Iron Deficiency Anemia

Pernicious Anemia

Sickle Cell Anemia

Thalassemia