

Maine  
BRFSS

2016



Cell Phone Full  
Survey



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## Intro

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

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

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

<b>CPWRONGN</b>	Key
Ask If	CPCONTEL = 2
Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.	
Interviewer: Press '1' to continue	
1	CPINTROQ

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

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

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

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

<b>CPPVTRES</b>	Select
Ask If	CPADULT = 1 OR CPADULT = 2
Do you live in a private residence?	
READ ONLY IF NECESSARY:	
"By private residence, we mean someplace like a house or apartment."	
NOTE: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.	
THE PERSON DOES NOT NEED TO BE PHYSICALLY LOCATED IN THEIR PRIVATE RESIDENCE.	
1	YES CPSTATE
2	NO

<b>CPCOLLEG</b>	Select
Ask If	CPPVTRES = 2
Do you live in college housing?	
READ ONLY IF NECESSARY:	
"By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university."	
1	YES CPSTATE
2	NO

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

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



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

<b>CPSTATER</b>	Select
Ask If	CPSTATE = 2
In what state do you live?	
Enter State	CPLANDLI
99	OTHER/REFUSED

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

<b>CPLANDLI</b>	Select
Ask If	
Do you also have a landline telephone in your home that is used to make and receive calls?	
READ ONLY IF NECESSARY:	
"By landline telephone, we mean a 'regular' telephone in your home that is connected to outside telephone lines through a cable or cord and is used for making or receiving calls. Please include landline phones used for both business and personal use."	
NOTE: TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE. PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.	
1	YES
2	NO

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

## Core Sections

<b>CPINTROS</b>	Select
Ask If	
I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call <b>(207) 287-1420</b> .	
1	Person interested, continue

## Section 01: Health Status

<b>C01INTRO</b>	Pause
Ask If	

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

<b>C01END</b>	Pause
Ask If	

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

<b>C02INTRO</b>	Pause
Ask If	

<b>C02Q01</b>	Numeric	91-92
Ask If		
Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?		
NUMBER OF DAYS		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
30	MAX	CONTROL

<b>C02Q02</b>	Numeric	93-94
Ask If		
Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?		
NUMBER OF DAYS		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
30	MAX	CONTROL

*If C02Q01 and C02Q02 = 88(none), go to next section*

<b>C02Q03</b>	Numeric	95-96
Ask If	NOT(C02Q01 = 88 AND C02Q02 = 88)	
During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?		
NUMBER OF DAYS		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
30	MAX	CONTROL

<b>C02END</b>	Pause
Ask If	

### Section 03: Health Care Access

<b>C03INTRO</b>	Pause
Ask If	

<b>C03Q01</b>	Select	97
Ask If		
Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

CATI Note: C03Q01 = 1 and using Health Care Access (HCA) Module go to Module 4, Q1, else go to C03Q02

## Module 04: Health Care Access (Path A)

<b>M04INTRO</b>	Pause
Ask If	USEM04 = TRUE

<b>M04Q01</b>	Select	326
Ask If	C03Q01 = 1 AND USEM04 = TRUE AND CPState = 1	
Do you have Medicare?		
INTERVIEWER NOTE: IF NEEDED SAY:		
"Medicare is a coverage plan for people age 65 or over and for certain disabled people."		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M04Q02</b>	Select	327-328
Ask If	C03Q01 = 1 AND USEM04 = TRUE AND CPState = 1	
What is the <b>PRIMARY</b> source of your health care coverage? Is it...		
INTERVIEWER NOTE: IF THE RESPONDENT INDICATES THAT THEY PURCHASED HEALTH INSURANCE THROUGH THE HEALTH INSURANCE MARKETPLACE (NAME OF STATE MARKETPLACE), ASK:		
"Was it a private health insurance plan purchased on your own or by a family member (private) or did you receive Medicaid (state plan)?"		
IF PURCHASED ON THEIR OWN (OR BY A FAMILY MEMBER), SELECT 02, IF MEDICAID SELECT 04.		
PLEASE READ:		
01	A plan purchased through an employer or union (includes plans purchased through another person's employer)	
02	A plan that you or another family member buys on your own	
03	Medicare	
04	Medicaid or other state program	
05	TRICARE (formerly CHAMPUS), VA, or Military	
06	Alaska Native, Indian Health Service, Tribal Health Services Or	
07	Some other source	
08	None (no coverage)	
77	DON'T KNOW/NOT SURE	
99	REFUSED	

CATI Note: Go to core 3.2

<b>C03Q02</b>	Select	98
Ask If		
Do you have one person you think of as your personal doctor or health care provider?		
INTERVIEWER NOTE: IF "NO," ASK:		
"Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"		
1	YES, ONLY ONE	
2	MORE THAN ONE	
3	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	



<b>C03Q03</b>	Select	99
Ask If		
Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

CATI Note: If using HCA Module go to Module 4, Q3, else go to C03Q04

<b>M04Q03</b>	Select	329 - 354
Ask If USEM04 = TRUE AND CPState = 1		
Other than cost, there are many other reasons people delay getting needed medical care.		
Have you delayed getting needed medical care for any of the following reasons in the past 12 months? Select the most important reason.		
PLEASE READ:		
1	You couldn't get through on the telephone	
2	You couldn't get an appointment soon enough	
3	Once you got there, you had to wait too long to see the doctor	
4	The (clinic/doctor's) office wasn't open when you got there	
5	You didn't have transportation	
6	OTHER [SPECIFY]	OTHER
8	NO, I DID NOT DELAY GETTING MEDICAL CARE/DID NOT NEED MEDICAL CARE	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

CATI Note: Go to core 3.4

<b>C03Q04</b>	Select	100
Ask If		
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 the past year (anytime less than 12 months ago)	
2	Within the past 2 years (1 year but less than 2 years ago)	
3	Within the past 5 years (2 years but less than 5 years ago)	
4	5 or more years ago	
7	DON'T KNOW/NOT SURE	
8	NEVER	
9	REFUSED	

CATI 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.

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

<b>M04Q04A</b>	Select	355
Ask If	C03Q01 = 1 AND USEM04 = TRUE AND CPState = 1	
In the <b>PAST 12 MONTHS</b> was there any time when you did <b>NOT</b> have <b>ANY</b> health insurance or coverage?		
1	YES	M04Q05
2	NO	M04Q05
7	DON'T KNOW/NOT SURE	M04Q05
9	REFUSED	M04Q05

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

<b>M04Q04B</b>	Select	356
Ask If	C03Q01 > 1 AND USEM04 = TRUE AND CPState = 1	
About how long has it been since you last had health care coverage?		
1	6 months or less	
2	More than 6 months, but not more than 1 year ago	
3	More than 1 year, but not more than 3 years ago	
4	More than 3 years	
5	Never	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M04Q05</b>	Numeric	357-358
Ask If	USEM04 = TRUE AND CPState = 1	
How many times have you been to a doctor, nurse, or other health professional in the past 12 months?		
NUMBER OF TIMES		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

<b>M04Q06</b>	Select	359
Ask If	USEM04 = TRUE AND CPState = 1	
Not including over the counter (OTC) medications, was there a time in the past 12 months when you did not take your medication as prescribed because of cost?		
1	YES	
2	NO	
3	NO MEDICATION WAS PRESCRIBED	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M04Q07</b>	Select	360
Ask If	USEM04 = TRUE AND CPState = 1	
In general, how satisfied are you with the health care you received? Would you say...		
1	Very satisfied	
2	Somewhat satisfied	
3	Not at all satisfied	
8	NOT APPLICABLE	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M04Q08</b>	Select	361
Ask If	USEM04 = TRUE AND CPState = 1	
Do you currently have any health care bills that are being paid off over time?		
INTERVIEWER NOTE: IF NEEDED SAY:		
"This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year."		
INTERVIEWER NOTE: IF NEEDED SAY:		
"Health care bills can include medical, dental, physical therapy and/or chiropractic cost."		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M04END</b>	Pause
Ask If	

CATI Note: Go to core section 4.

<b>C03END</b>	Pause
Ask If	

## Section 04: Exercise

<b>C04INTRO</b>	Pause
Ask If	

<b>C04Q01</b>	Select	101
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	

<b>C04END</b>	Pause
Ask If	

## Section 05: Inadequate Sleep

<b>C05INTRO</b>	Pause
Ask If	

<b>C05Q01</b>	Numeric	102-103
Ask If		
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.		
	NUMBER OF HOURS[01-24]	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
1	MIN	CONTROL
24	MAX	CONTROL

<b>C05Q01V</b>	Select
Ask If	C05Q01 < 3 OR (C05Q01 > 18 AND C05Q01 < 77)
INTERVIEWER: YOU RECORDED THAT ON AVERAGE THE RESPONDENT SLEEPS {C05Q01} HOURS.	
IS THE PREVIOUS ANSWER CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION C05Q01

<b>C05END</b>	Pause
Ask If	

## Section 06: Chronic Health Conditions

<b>C06INTRO</b>	Pause
Ask If	

<b>C06Q01</b>	Select	104
Ask If		
Has a doctor, nurse, or other health professional <b>EVER</b> told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure."		
(Ever told) you that you had a heart attack also called a myocardial infarction?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C06Q02</b>	Select	105
Ask If		
(Ever told) you had angina or coronary heart disease?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C06Q03</b>	Select	106
Ask If		
(Ever told) you had a stroke?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C06Q04</b>	Select	107
Ask If		
(Ever told) you had asthma?		
1	YES	
2	NO	C06Q06
7	DON'T KNOW/NOT SURE	C06Q06
9	REFUSED	C06Q06

<b>C06Q05</b>	Select	108
Ask If C06Q04 = 1		
Do you still have asthma?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

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

<b>C06Q07</b>	Select	110
Ask If		
(Ever told) you had any other types of cancer?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	



<b>C06Q08</b>	Select	111
Ask If		
(Ever told) you have Chronic Obstructive Pulmonary Disease (COPD), emphysema or chronic bronchitis?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C06Q09</b>	Select	112
Ask If		
(Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?		
INTERVIEWER NOTE: ARTHRITIS DIAGNOSES INCLUDE:		
<ul style="list-style-type: none"> <li>- rheumatism, polymyalgia rheumatica</li> <li>- osteoarthritis (not osteoporosis)</li> <li>- tendonitis, bursitis, bunion, tennis elbow</li> <li>- carpal tunnel syndrome, tarsal tunnel syndrome</li> <li>- joint infection, Reiter's syndrome</li> <li>- ankylosing spondylitis; spondylosis</li> <li>- rotator cuff syndrome</li> <li>- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome</li> <li>- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)</li> </ul>		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C06Q10</b>	Select	113
Ask If		
(Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C06Q11</b>	Select	114
Ask If		
(Ever told) you have kidney disease? Do <b>NOT</b> include kidney stones, bladder infection or incontinence.		
INTERVIEWER NOTE, IF NEEDED SAY:		
"Incontinence is not being able to control urine flow."		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C06Q12</b>	Select	115
Ask If		
(Ever told) you have diabetes?		
INTERVIEWER NOTE: IF "YES" AND RESPONDENT IS FEMALE, ASK:		
"Was this only when you were pregnant?"		
IF RESPONDENT SAYS PRE-DIABETES OR BORDERLINE DIABETES, USE RESPONSE CODE 4.		
1	YES	C06Q13
2	YES, BUT FEMALE TOLD ONLY DURING PREGNANCY	
3	NO	
4	NO, PRE-DIABETES OR BORDERLINE DIABETES	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

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

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

<b>C06Q13</b>	Numeric	116-117
Ask If	C06Q12 = 1	
How old were you when you were told you have diabetes?		
CODE AGE IN YEARS [97 = 97 AND OLDER]		
98	DON'T KNOW/NOT SURE	
99	REFUSED	
1	MIN	CONTROL
97	MAX	CONTROL

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

<b>C06END</b>	Pause
Ask If	

## State Added Section 06: Diabetes (Path A)

*Cati Note: Insert after C06Q13*

<b>ME06INTRO</b>	Pause
Ask If	C06Q12 = 1 AND CPState = 1

<b>ME06Q01</b>	Numeric	920-922
Ask If	C06Q12 = 1 AND CPState = 1	
About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do <b>NOT</b> include times when checked by a health professional.		
101-199 = PER DAY                      301-399 = PER MONTH		
201-299 = PER WEEK                  401-499 = PER YEAR		
TIMES		
555	NO FEET	
888	NEVER	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
101	MIN	CONTROL
499	MAX	CONTROL

<b>ME06Q01V</b>	Select
Ask If	(ME06Q01 > 105 AND ME06Q01 < 200) OR (ME06Q01 > 235 AND ME06Q01 < 300)
INTERVIEWER YOU RECORDED THE RESPONDENT CHECKS THEIR FEET {SHOWTIME ME06Q01}.	
IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION <span style="float: right;">ME06Q01</span>

<b>ME06Q02</b>	Numeric	923-924
Ask If	C06Q12 = 1 AND CPState = 1	
About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?		
NUMBER OF TIMES [76 = 76 OR MORE]		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

<b>ME06Q02V</b>	Select	
Ask If	ME06Q02 > 52 AND ME06Q02 < 77	
INTERVIEWER YOU RECORDED THE RESPONDENT HAS SEEN A HEALTH PROFESSIONAL {ME06Q02} TIMES IN THE PAST 12 MONTHS.		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	ME06Q02

<b>ME06Q03</b>	Numeric	925-926
Ask If	C06Q12 = 1 AND CPState = 1	
A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?		
NUMBER OF TIMES [76 = 76 OR MORE]		
88	NONE	
98	NEVER HEARD OF "A ONE C" TEST	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

<b>ME06Q03V</b>	Select
Ask If	ME06Q03 > 52 AND ME06Q03 < 77
INTERVIEWER YOU RECORDED THE RESPONDENT HAS BEEN CHECKED FOR "A ONE C" BY A HEALTH PROFESSIONAL {ME06Q03} TIMES IN THE PAST 12 MONTHS.	
IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION <span style="float: right;">ME06Q03</span>

*CATI NOTE: If ME06Q01 = 555 (No feet), go to ME06Q05.*

<b>ME06Q04</b>	Numeric	927-928
Ask If	C06Q12 = 1 AND ME06Q01 <> 555	
About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?		
NUMBER OF TIMES [76 = 76 OR MORE]		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

<b>ME06Q04V</b>	Select
Ask If	ME06Q04 > 52 AND ME06Q04 < 77
INTERVIEWER YOU RECORDED THE RESPONDENT HAS HAD THEIR FEET CHECKED BY A HEALTH PROFESSIONAL {ME06Q04} TIMES IN THE PAST 12 MONTHS.	
IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION <span style="float: right;">ME06Q04</span>

<b>ME06Q05</b>	Select	929
Ask If	C06Q12 = 1 AND CPState = 1	
When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.		
READ ONLY IF NECESSARY:		
1	Within the past month (anytime less than 1 month ago)	
2	Within the past year (1 month but less than 12 months ago)	
3	Within the past 2 years (1 year but less than 2 years ago)	
4	2 or more years ago	
7	DON'T KNOW/NOT SURE	
8	NEVER	
9	REFUSED	

<b>ME06Q06</b>	Select	930
Ask If	C06Q12 = 1 AND CPState = 1	
Have you ever taken a course or class in how to manage your diabetes yourself?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME06END</b>	Pause
Ask If	

## Module 1: Pre-Diabetes (Path A)

NOTE: Only asked of those not responding "Yes" (code = 1) to C06Q12 (Diabetes awareness question).

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

<b>M01Q01</b>	Select	300
Ask If	C06Q12 > 1 AND CPState = 1	
Have you had a test for high blood sugar or diabetes within the past three years?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

CATI note: If Core Q6.12 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 "Yes" (code = 1). M01Q02XX = 1

<b>M01Q02</b>	Select	301
Ask If	((C06Q12 > 1 AND C06Q12 < 4) OR C06Q12 > 4) AND CPState = 1	
Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?		
IF "YES" AND RESPONDENT IS FEMALE, ASK:		
"Was this only when you were pregnant?"		
1	YES	
2	YES, DURING PREGNANCY	
3	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	



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

<b>M01END</b>	Pause
Ask If	

## Section 07: Oral Health

<b>C07INTRO</b>	Pause
Ask If	

<b>C07Q01</b>	Select	118
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	

<b>C07Q02</b>	Select	119
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.		
INTERVIEWER NOTE, IF NEEDED SAY:		
"If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth."		
PLEASE READ:		
1	1 to 5	
2	6 or more but not all	
3	All	
8	None	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C07END</b>	Pause
Ask If	

## Section 08: Demographics

<b>C08INTRO</b>	Pause
Ask If	

<b>C08Q01</b>	Select	120
Ask If		
INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY.		
1	Male	
2	Female	
9	REFUSED	

<b>C08Q01V</b>	Select	
Ask If	RESPGEND <> C08Q01	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS		
{IF C08Q01=1, MALE}		
{IF C08Q01=2, FEMALE}		
{IF C08Q01=9, REFUSED}.		
ARE YOU SURE?		
THE RESPONDENT SELECTED WAS THE		
{SRESP}		
IS THE PREVIOUS ANSWER CORRECT?		
1	YES	
2	NO	C08Q01

<b>C08Q02</b>	Numeric	121-122
Ask If		
What is your age?		
___ CODE AGE IN YEARS [99 = 99 YEARS OR OLDER]		
07	DON'T KNOW/NOT SURE	
09	REFUSED	
18	MIN	CONTROL
99	MAX	CONTROL

<b>C08Q02V</b>	Select	
Ask If	C06Q13 > C08Q02 AND C06Q13 < 98 AND C08Q02 > 17	
INTERVIEWER: THE RESPONDENT INDICATED THEIR AGE TO BE {C08Q02} YEARS OLD! YOU INDICATED EARLIER THEY WERE TOLD THEY HAD DIABETES AT AGE {C06Q13}! PLEASE VERIFY THAT THIS IS THE CORRECT ANSWER AND CHANGE THE AGE OF THE RESPONDENT OR MAKE A NOTE TO CORRECT THE AGE THE RESPONDENT WAS DIAGNOSED AS A DIABETIC.		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C08Q02
<b>C08Q03A</b>	Select	123-126
Ask If	Are you Hispanic, Latino/a, or Spanish origin?	
1	YES	
2	NO	C08Q04
7	DON'T KNOW/NOT SURE	C08Q04
9	REFUSED	C08Q04

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

<b>C08Q03B</b>	Multiple Select	123-126
Ask If	C08Q03A = 1	
(Are you Hispanic, Latino/a, or Spanish origin?)		
Are you...		
Mexican, Mexican American, Chicano/a		
Puerto Rican		
Cuban or		
Another Hispanic, Latino/a, or Spanish Origin		
INTERVIEWER NOTE: ONE OR MORE CATEGORIES MAY BE SELECTED.		
1	Mexican, Mexican American, Chicano/a	
2	Puerto Rican	
3	Cuban	
4	Another Hispanic, Latino/a, or Spanish origin	
5	NO	EXCLUSIVE
7	DON'T KNOW/NOT SURE	EXCLUSIVE
9	REFUSED	EXCLUSIVE

<b>C08Q04</b>	Multiple Select	127-154
Ask If		
Which one or more of the following would you say is your race?		
INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING.		
INTERVIEWER NOTE: SELECT ALL THAT APPLY		
PLEASE READ:		
10	White	
20	Black or African American	
30	American Indian or Alaska Native	
40	Asian	
41	Asian Indian	
42	Chinese	
43	Filipino	
44	Japanese	
45	Korean	
46	Vietnamese	
47	Other Asian	
50	Pacific Islander	
51	Native Hawaiian	
52	Guamanian or Chamorro	
53	Samoan	
54	Other Pacific Islander	
60	OTHER [SPECIFY]	OTHER
77	DON'T KNOW/NOT SURE	EXCLUSIVE
99	REFUSED	EXCLUSIVE
88	NO ADDITIONAL CHOICES	

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

<b>C08Q05</b>	Select	155-156
Ask If	C08Q04 < 77 AND C08Q04.2 > 0 AND C08Q04.2 <> 88	
Which one of these groups would you say best represents your race?		
INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING.		
10	White	
20	Black or African American	
30	American Indian or Alaska Native	
40	Asian	
41	Asian Indian	
42	Chinese	
43	Filipino	
44	Japanese	
45	Korean	
46	Vietnamese	
47	Other Asian	
50	Pacific Islander	
51	Native Hawaiian	
52	Guamanian or Chamorro	
53	Samoan	
54	Other Pacific Islander	
60	Other [Specify]	OTHER
77	DON'T KNOW/NOT SURE	
99	REFUSED	

<b>C08Q06</b>	Select	157
Ask If		
Are you...?		
PLEASE READ:		
1	Married	
2	Divorced	
3	Widowed	
4	Separated	
5	Never married Or	
6	A member of an unmarried couple	
9	REFUSED	

<b>C08Q07</b>	Select	158
Ask If		
What is the highest grade or year of school you completed?		
READ ONLY IF NECESSARY:		
1	Never attended school or only attended kindergarten	
2	Grades 1 through 8 (Elementary)	
3	Grades 9 through 11 (Some high school)	
4	Grade 12 or GED (High school graduate)	
5	College 1 year to 3 years (Some college or technical school)	
6	College 4 years or more (College graduate)	
9	REFUSED	

<b>C08Q08</b>	Select	159
Ask If		
Do you own or rent your home?		
INTERVIEWER NOTE: "OTHER ARRANGEMENT" MAY INCLUDE GROUP HOME, STAYING WITH FRIENDS OR FAMILY WITHOUT PAYING RENT.		
INTERVIEWER NOTE, IF NEEDED SAY:		
"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."		
1	OWN	
2	RENT	
3	OTHER ARRANGEMENT	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ASKCNTY</b>	Numeric	160-162
Ask If		
In what county do you currently live?		
ENTER FIRST LETTER OF COUNTY NAME		
____ ANSI COUNTY CODE (FORMERLY FIPS ____ COUNTY CODE)		
888	OTHER	OTHER
777	DON'T KNOW/NOT SURE	
999	REFUSED	
001	MIN	CONTROL
775	MAX	CONTROL

CATI Note: set min and max based on state zip range

<b>C08Q10</b>	Numeric	163-167
Ask If		
What is the ZIP Code where you currently live?		
ZIP CODE		
77777	DON'T KNOW/NOT SURE	
99999	REFUSED	
ZIPMIN		MIN
ZIPMAX		MAX

<b>C08Q14</b>	Select	171
Ask If		
Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?		
INTERVIEWER NOTE, IF NEEDED SAY:		
"Active duty does not include training for the Reserves or National Guard, but <b>DOES</b> include activation, for example, for the Persian Gulf War.		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	



<b>C08Q15</b>	Select	172
Ask If		
Are you currently...?		
INTERVIEWER NOTE: IF MORE THAN ONE SELECTED SAY:		
"Select the category which best describes you."		
PLEASE READ:		
1	Employed for wages	
2	Self-employed	
3	Out of work for 1 year or more	
4	Out of work for less than 1 year	
5	A Homemaker	
6	A Student	
7	Retired Or	
8	Unable to work	
9	REFUSED	

<b>C08Q16</b>	Numeric	173-174
Ask If		
How many children less than 18 years of age live in your household?		
NUMBER OF CHILDREN		
88 NONE		
99 REFUSED		
01	MIN	CONTROL
87	MAX	CONTROL

CATI Note: If C08Q16 is answered, this will be considered a partial complete

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

<b>C08Q17d</b>	Select	175-176
Ask If		
Is your annual household income from all sources:		
Less than \$25,000?		
1	YES	
2	NO	C08Q17e
7	DON'T KNOW/NOT SURE	C08Q17i
9	REFUSED	C08Q17i

<b>C08Q17c</b>	Select	175-176
Ask If	C08Q17d = 1	
(Is your annual household income from all sources: )		
Less than \$20,000?		
1	YES	
2	NO	C08Q17i
7	DON'T KNOW/NOT SURE	C08Q17i
9	REFUSED	C08Q17i

<b>C08Q17b</b>	Select	175-176
Ask If	C08Q17c = 1	
(Is your annual household income from all sources: )		
Less than \$15,000?		
1	YES	
2	NO	C08Q17i
7	DON'T KNOW/NOT SURE	C08Q17i
9	REFUSED	C08Q17i

<b>C08Q17a</b>	Select	175-176
Ask If	C08Q17b = 1	
(Is your annual household income from all sources: )		
Less than \$10,000?		
1	YES	C08Q17i
2	NO	C08Q17i
7	DON'T KNOW/NOT SURE	C08Q17i
9	REFUSED	C08Q17i

<b>C08Q17e</b>	Select	175-176
Ask If	C08Q17d = 2	
(Is your annual household income from all sources: )		
Less than \$35,000?		
1	YES	C08Q17i
2	NO	
7	DON'T KNOW/NOT SURE	C08Q17i
9	REFUSED	C08Q17i

<b>C08Q17f</b>	Select	175-176
Ask If	C08Q17e = 2	
(Is your annual household income from all sources: )		
Less than \$50,000?		
1	YES	C08Q17i
2	NO	
7	DON'T KNOW/NOT SURE	C08Q17i
9	REFUSED	C08Q17i

<b>C08Q17g</b>	Select	175-176
Ask If	C08Q17f = 2	
(Is your annual household income from all sources: )		
Less than \$75,000?		
1	YES	C08Q17i
2	NO	C08Q17i
7	DON'T KNOW/NOT SURE	C08Q17i
9	REFUSED	C08Q17i

<b>C08Q17i</b>	Select	175-176
Ask If		
<b>ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES IS:</b>		
{If C08Q17g = 2, More than \$75,000?}		
{If C08Q17g = 1, \$50,000 to less than \$75,000}		
{If C08Q17f = 1, \$35,000 to less than \$50,000}		
{If C08Q17e = 1, \$25,000 to less than \$35,000}		
{If C08Q17c = 2, \$20,000 to less than \$25,000}		
{If C08Q17b = 2, \$15,000 to less than \$20,000}		
{If C08Q17a = 2, \$10,000 to less than \$15,000}		
{If C08Q17a = 1, Less than \$10,000}		
{Default, REFUSED/DON'T KNOW/NOT SURE}		
IS THIS CORRECT?		
1	YES	
2	NO	C08Q17d
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C08Q18</b>	Select	177
Ask If		
Have you used the internet in the past 30 days?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C08Q19</b>	Numeric	178-181
Ask If		
About how much do you weigh without shoes?		
NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FRONT (EX. 65 KILOGRAMS IS "9065" OR 105 KILOGRAMS IS "9105").		
ROUND FRACTIONS UP		
WEIGHT (POUNDS/KILOGRAMS)		
7777	DON'T KNOW/NOT SURE	
9999	REFUSED	

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

<b>C08Q20</b>	Numeric	182-185
Ask If		
About how tall are you without shoes?		
NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FRONT (EX. 165 CENTIMETERS IS "9165").		
NOTE: ENTER HEIGHT IN FEET AND INCHES (EX. 5 FEET 9 INCHES = 509) OR METERS AND CENTIMETERS (EX. 1 METER 75 CENTIMETERS = 9175)		
ROUND FRACTIONS DOWN		
HEIGHT (FT/INCHES/METERS/CENTIMETERS)		
7777	DON'T KNOW/NOT SURE	
9999	REFUSED	

C08Q20V		Select
Ask If	(C08Q20 < 9000 AND (C08Q20 > 608 OR C08Q20 < 407)) OR (C08Q20 > 9000 AND (C08Q20 > 9206 OR C08Q20 < 9139)) AND C08Q20 <> 7777 AND C08Q20 <> 9999	
INTERVIEWER YOU INDICATED THE RESPONDENT IS {C08Q20} IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C08Q20

If male, go to Q8.22, If female respondent is 45 years old or older, go to Q8.22

C08Q21		Select	186
Ask If	C08Q01 = 2 AND C08Q02 < 45		
To your knowledge, are you now pregnant?			
1	YES		
2	NO		
7	DON'T KNOW/NOT SURE		
9	REFUSED		

C08Q22		Select	187
Ask If	The following questions are about health problems or impairments you may have. Some people who are deaf or have serious difficulty hearing <b>MAY OR MAY NOT</b> use equipment to communicate by phone. Are you deaf or do you have <b>SERIOUS DIFFICULTY</b> hearing?		
1	YES		
2	NO		
7	DON'T KNOW/NOT SURE		
9	REFUSED		

<b>C08Q23</b>	Select	188
Ask If		
Are you blind or do you have serious difficulty seeing, even when wearing glasses?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C08Q24</b>	Select	189
Ask If		
Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C08Q25</b>	Select	190
Ask If		
Do you have serious difficulty walking or climbing stairs?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C08Q26</b>	Select	191
Ask If		
Do you have difficulty dressing or bathing?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C08Q27</b>	Select	192
Ask If		
Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C08END</b>	Pause	
Ask If		

## Section 09: Tobacco Use

<b>C09INTRO</b>	Pause	
Ask If		

<b>C09Q01</b>	Select	193
Ask If		
Have you smoked at least 100 cigarettes in your entire life?		
INTERVIEWER NOTE: IF NECESSARY SAY:		
"For cigarettes, do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana."		
NOTE: 5 PACKS = 100 CIGARETTES		
1	YES	
2	NO	C09Q05
7	DON'T KNOW/NOT SURE	C09Q05
9	REFUSED	C09Q05

<b>C09Q02</b>	Select	194
Ask If	C09Q01 = 1	
Do you now smoke cigarettes every day, some days, or not at all?		
1	Every day	
2	Some days	
3	Not at all	C09Q04
7	DON'T KNOW/NOT SURE	C09Q05
9	REFUSED	C09Q05

<b>C09Q03</b>	Select	195
Ask If	C09Q01 = 1 AND (C09Q02 = 1 OR C09Q02 = 2)	
During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?		
1	YES	C09Q05
2	NO	C09Q05
7	DON'T KNOW/NOT SURE	C09Q05
9	REFUSED	C09Q05



<b>C09Q04</b>	Select	196-197
Ask If	C09Q02 = 3	
How long has it been since you last smoked a cigarette, even one or two puffs?		
01	Within the past month (less than 1 month ago)	
02	Within the past 3 months (1 month but less than 3 months ago)	
03	Within the past 6 months (3 months but less than 6 months ago)	
04	Within the past year (6 months but less than 1 year ago)	
05	Within the past 5 years (1 year but less than 5 years ago)	
06	Within the past 10 years (5 years but less than 10 years ago)	
07	10 years or more	
08	Never smoked regularly	
77	DON'T KNOW/NOT SURE	
99	REFUSED	

<b>C09Q05</b>	Select	198
Ask If		
Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?		
INTERVIEWER NOTE: SNUS (RHYMES WITH 'GOOSE')		
INTERVIEWER NOTE: IF NEEDED SAY:		
"Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum."		
1	Every day	
2	Some days	
3	Not at all	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C09END</b>	Pause
Ask If	

## Section 10: E-Cigarettes

<b>C10INTRO</b>	Pause
Ask If	

<b>C10Q01</b>	Select	199
Ask If		
Have you ever used an e-cigarette or other electronic "vaping" product, even just one time, in your entire life?		
INTERVIEWER NOTE: 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	YES	
2	NO	C10END
7	DON'T KNOW/NOT SURE	
9	REFUSED	C10END

<b>C10Q02</b>	Select	200
Ask If	C10Q01 = 1 OR C10Q01 = 7	
Do you now use e-cigarettes or other electronic "vaping" products 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	

<b>C10END</b>	Pause
Ask If	

## Section 11: Alcohol Consumption

<b>C11INTRO</b>	Pause
Ask If	

<b>C11Q01</b>	Numeric	201-203
Ask If		
During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?		
101-107 = DAYS PER WEEK      201-230 = DAYS IN PAST 30 DAYS		
_____ DAYS		
888	NO DRINKS IN PAST 30 DAYS	C11END
777	DON'T KNOW/NOT SURE	C11END
999	REFUSED	C11END
101	MIN	CONTROL
230	MAX	CONTROL

<b>C11Q02</b>	Numeric	204-205
Ask If	C11Q01 < 777	
One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?		
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	
01	MIN	CONTROL
76	MAX	CONTROL

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

<b>C11Q03</b>	Numeric	206-207
Ask If	C11Q01 < 777	
Considering all types of alcoholic beverages, how many times during the past 30 days did you have <b>{IF C08Q01 = 1, 5, 4}</b> or more drinks on an occasion?		
NUMBER OF TIMES		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
76	MAX	CONTROL

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

<b>C11Q04</b>	Numeric	208-209
Ask If	C11Q01 < 777	
During the past 30 days, what is the largest number of drinks you had on any occasion?		
NUMBER OF DRINKS		
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

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

<b>C11END</b>		Pause
Ask If		

## Section 12: Immunization

<b>C12INTRO</b>	Pause
Ask If	

<b>C12Q01</b>	Select	210
Ask If		
<p>Now I will ask you questions about the flu vaccine. There are two ways to get the flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™.</p> <p>During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?</p> <p><b>READ IF NECESSARY:</b></p> <p>"A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot."</p>		
1	YES	
2	NO	C12Q03
7	DON'T KNOW/NOT SURE	C12Q03
9	REFUSED	C12Q03

<b>C12Q02</b>	Numeric	211-216
Ask If	C12Q01 = 1	
<p>During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?</p> <p>MONTH/YEAR</p>		
777777	DON'T KNOW/NOT SURE	
999999	REFUSED	
012015	MIN	CONTROL
122016	MAX	CONTROL

**CATI NOTE:** Do not allow 77 for first two month digits. Please set MIN to no more than 12 months from the current month. Ex: Call made in 06/2016, response can be no older than 06/2015.

<b>C12Q03</b>	Select	217
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	

<b>C12Q04</b>	Select	218
Ask If		
Since 2005, have you had a tetanus shot?		
IF YES, ASK:		
"Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?"		
READ IF NECESSARY:		
1	Yes, received Tdap	
2	Yes, received the 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	

<b>C12END</b>	Pause	
Ask If		

### Section 13: Falls

<b>C13INTRO</b>	Pause
Ask If	C08Q02 >= 45 OR C08Q02 = 07 or C08Q02 = 09

<b>C13Q01</b>	Numeric	219-220
Ask If	C08Q02 >= 45 OR C08Q02 = 07 or C08Q02 = 09	
The next questions ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.		
In the past 12 months, how many times have you fallen?		
_____ NUMBER OF TIMES [76 = 76 or more]		
88	NONE	C13END
77	DON'T KNOW/NOT SURE	C13END
99	REFUSED	C13END
01	MIN	CONTROL
76	MAX	CONTROL

<b>C13Q01V</b>	Select
Ask If	C13Q01 > 30 AND C13Q01 < 77
INTERVIEWER YOU INDICATED THE RESPONDENT HAS FALLEN {C13Q01} TIMES IN THE PAST 12 MONTHS.	
IS THE PREVIOUS ANSWER CORRECT	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION C13Q01



<b>C13Q02</b>	Numeric	221-222
Ask If	C13Q01 > 0 AND C13Q01 < 77	
{IF C13Q01 = 1, Did this fall cause an injury?} {IF C13Q01 > 1 AND C13Q01 < 77, 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.		
INTERVIEWER NOTE: IF ONLY ONE FALL FROM C13Q01 AND RESPONSE IS "YES" (CAUSED AN INJURY); CODE 01. IF RESPONSE IS "NO," CODE 88.		
NUMBER OF FALLS [76 = 76 or more]		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

<b>C13Q02V</b>	Select	
Ask If	(C13Q01 < C13Q02) AND (C13Q02 < 77)	
INTERVIEWER YOU INDICATED THE RESPONDENT HAS FALLEN {C13Q01} TIMES IN THE PAST 12 MONTHS, BUT THE NUMBER OF FALLS THAT CAUSED AN INJURY IS {C13Q02}.		
PLEASE CORRECT		
1	CORRECT C13Q01	C13Q01
2	CORRECT C13Q02	C13Q02

<b>C13END</b>	Pause	
Ask If		

## Section 14: Seatbelt Use

<b>C14INTRO</b>	Pause
Ask If	

<b>C14Q01</b>	Select	223
Ask If		
How often do you use seat belts when you drive or ride in a car? Would you say—		
PLEASE READ:		
1	Always	
2	Nearly always	
3	Sometimes	
4	Seldom	
5	Never	
7	DON'T KNOW/NOT SURE	
8	NEVER DRIVE OR RIDE IN A CAR	
9	REFUSED	

<b>C14END</b>	Pause
Ask If	

*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 Q11.1 = 888 (No drinks in the past 30 days); go to next section.*

<b>C15INTRO</b>	Pause
Ask If	C11Q01 <> 888 AND C14Q01 <> 8

<b>C15Q01</b>	Numeric	224-225
Ask If	C11Q01 <> 888 AND C14Q01 <> 8	
During the past 30 days, how many times have you driven when you've had perhaps too much to drink?		
____ NUMBER OF TIMES		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

<b>C15END</b>	Pause
Ask If	

## Section 16: Breast and Cervical Cancer Screening

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

<b>C16INTRO</b>	Pause
Ask If	C08Q01 = 2

<b>C16Q01</b>	Select	226
Ask If	C08Q01 = 2	
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	C16Q03
7	DON'T KNOW/NOT SURE	C16Q03
9	REFUSED	C16Q03

<b>C16Q02</b>	Select	227
Ask If	C16Q01 = 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 (3 years but less than 5 years ago)	
5	5 or more years ago	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C16Q03</b>	Select	228
Ask If	C08Q01 = 2	
A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?		
1	YES	
2	NO	C16Q05
7	DON'T KNOW/NOT SURE	C16Q05
9	REFUSED	C16Q05

<b>C16Q04</b>	Select	229
Ask If	C16Q03 = 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 (3 years but less than 5 years ago)	
5	5 or more years ago	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C16Q05</b>	Select	230
Ask If	C08Q01 = 2	
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	
2	NO	C16Q07
7	DON'T KNOW/NOT SURE	C16Q07
9	REFUSED	C16Q07

<b>C16Q06</b>	Select	231
Ask If	C16Q05 = 1	
How long has it been since you had your last HPV 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 (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 C08Q21 = 1 (is pregnant); then go to next section.

<b>C16Q07</b>	Select	232
Ask If	C08Q01 = 2 AND C08Q21 <> 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	

<b>C16END</b>	Pause
Ask If	

## Section 17: Prostate Cancer Screening

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

<b>C17INTRO</b>	Pause
Ask If	C08Q01 = 1 AND (C08Q02 > 39 OR C08Q02 = 7 OR C08Q02 = 9)

<b>C17Q01</b>	Select	233
Ask If	C08Q01 = 1 AND (C08Q02 > 39 OR C08Q02 = 7 OR C08Q02 = 9)	
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. Has a doctor, nurse, or other health professional <b>EVER</b> talked with you about the advantages of the PSA test?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C17Q02</b>	Select	234
Ask If	C08Q01 = 1 AND (C08Q02 > 39 OR C08Q02 = 7 OR C08Q02 = 9)	
Has a doctor, nurse, or other health professional <b>EVER</b> talked with you about the disadvantages of the PSA test?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C17Q03</b>	Select	235
Ask If	C08Q01 = 1 AND (C08Q02 > 39 OR C08Q02 = 7 OR C08Q02 = 9)	
Has a doctor, nurse, or other health professional <b>EVER</b> recommended that you have a PSA test?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C17Q04</b>	Select	236
Ask If	C08Q01 = 1 AND (C08Q02 > 39 OR C08Q02 = 7 OR C08Q02 = 9)	
Have you <b>EVER HAD</b> a PSA test?		
1	YES	
2	NO	C17END
7	DON'T KNOW/NOT SURE	C17END
9	REFUSED	C17END

<b>C17Q05</b>	Select	237
Ask If	C17Q04 = 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 (3 years but less than 5 years ago)	
5	5 or more years ago	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C17Q06</b>	Select	238
Ask If	C17Q04 = 1	
What was the <b>MAIN</b> reason you had this PSA test - was it...?		
PLEASE READ:		
1	Part of a routine exam	
2	Because of a prostate problem	
3	Because of a family history of prostate cancer	
4	Because you were told you had prostate cancer	
5	Some other reason	
7	DON'T KNOW/NOT SURE	
9	REFUSED	



<b>C17END</b>	Pause
Ask If	

## Section 18: Colorectal Cancer Screening

CATI note: If respondent is  $\leq 49$  years of age, go to next module.

<b>C18INTRO</b>	Pause
Ask If	C08Q02 > 49 OR C08Q02 = 7 OR C08Q02 = 9

<b>C18Q01</b>	Select	239
Ask If	C08Q02 > 49 OR C08Q02 = 7 OR C08Q02 = 9	
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	C18Q03
7	DON'T KNOW/NOT SURE	C18Q03
9	REFUSED	C18Q03

<b>C18Q02</b>	Select	240
Ask If	C18Q01 = 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 (3 years but less than 5 years ago)	
5	5 or more years ago	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C18Q03</b>	Select	241
Ask If	C08Q02 > 49 OR C08Q02 = 7 OR C08Q02 = 9	
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	C18END
7	DON'T KNOW/NOT SURE	C18END
9	REFUSED	C18END

<b>C18Q04</b>	Select	242
Ask If	C18Q03 = 1	
For a <b>SIGMOIDOSCOPY</b> , a flexible tube is inserted into the rectum to look for problems. A <b>COLONOSCOPY</b> 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 <b>MOST RECENT</b> exam a sigmoidoscopy or a colonoscopy?		
1	SIGMOIDOSCOPY	
2	COLONOSCOPY	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C18Q05</b>	Select	243
Ask If	C18Q03 = 1	
How long has it been since you had your last sigmoidoscopy or colonoscopy?		
<b>READ ONLY IF NECESSARY:</b>		
1	Within the past year (anytime less than 12 months ago)	
2	Within the past 2 years (1 year but less than 2 years ago)	
3	Within the past 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	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C18END</b>	Pause
Ask If	

## Section 19: HIV/AIDS

<b>C19INTRO</b>	Pause
Ask If	

<b>C19Q01</b>	Select	244
Ask If		
<p>The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.</p> <p>Not counting tests you may have had as part of blood donation, have you ever been tested for HIV? Include testing fluid from your mouth.</p>		
1	YES	
2	NO	C19Q03
7	DON'T KNOW/NOT SURE	C19Q03
9	REFUSED	C19Q03

<b>C19Q02</b>	Numeric	245-250
Ask If	C19Q01 = 1	
<p>Not including blood donations, in what month and year was your last HIV test?</p> <p>NOTE: IF RESPONSE IS BEFORE JANUARY 1985, CODE "DON'T KNOW."</p> <p>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.</p>		
CODE MONTH AND YEAR		
777777	DON'T KNOW/NOT SURE	
999999	REFUSED	
011985	MIN	CONTROL
772016	MAX	CONTROL

<b>C19Q03</b>	Select	251
Ask If		
I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.		
<ul style="list-style-type: none"> <li>- You have used intravenous drugs in the past year.</li> <li>- You have been treated for a sexually transmitted or venereal disease in the past year.</li> <li>- You have given or received money or drugs in exchange for sex in the past year.</li> <li>- You had anal sex without a condom in the past year.</li> <li>- You had four or more sex partners in the past year.</li> </ul>		
Do any of these situations apply to you?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>C19END</b>	Pause
Ask If	

## Transition to Modules and/or State-Added Questions

<b>TRANS</b>	Key
Ask If	
Next, I have just a few questions about some other health topics.	

## Module 07: Cognitive Decline Module (Path A)

CATI Note: If respondent is 45 years of age or older continue, else go to next module

<b>M07INTRO</b>	Pause
Ask If	(C08Q02 > 44 OR C08Q02 = 07 OR C08Q02 = 09) AND CPState = 1

<b>M07Q01</b>	Select	376
Ask If	(C08Q02 > 44 OR C08Q02 = 07 OR C08Q02 = 09) AND CPState = 1	
<p>The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things you've always done or forgetting things that you would normally know. We want to know how these difficulties impact you.</p> <p>During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?</p>		
1	YES	
2	NO	M07END
7	DON'T KNOW	
9	REFUSED	M07END

<b>M07Q02</b>	Select	377
Ask If	M07Q01 = 1 OR M07Q01 = 7	
<p>During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills?</p> <p>PLEASE READ</p>		
1	Always	
2	Usually	
3	Sometimes	
4	Rarely	
5	Never	
7	DON'T KNOW	
9	REFUSED	



<b>M07Q03</b>	Select	378
Ask If	M07Q01 = 1 OR M07Q01 = 7	
As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities?		
PLEASE READ		
1	Always	
2	Usually	
3	Sometimes	
4	Rarely	M07Q05
5	Never	M07Q05
7	DON'T KNOW	M07Q05
9	REFUSED	M07Q05

CATI Note: If M07Q03 = 1, 2, or 3, continue. If M07Q03 = 4, 5, 7, or 9 go to Q5.

<b>M07Q04</b>	Select	379
Ask If	M07Q03 > 0 AND M07Q03 < 4	
When you need help with these day-to-day activities, how often are you able to get the help that you need?		
PLEASE READ		
1	Always	
2	Usually	
3	Sometimes	
4	Rarely	
5	Never	
7	DON'T KNOW	
9	REFUSED	

<b>M07Q05</b>	Select	380
Ask If	M07Q01 = 1 OR M07Q01 = 7	
During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home?		
PLEASE READ		
1	Always	
2	Usually	
3	Sometimes	
4	Rarely	
5	Never	
7	DON'T KNOW	
9	REFUSED	

<b>M07Q06</b>	Select	381
Ask If	M07Q01 = 1 OR M07Q01 = 7	
Have you or anyone else discussed your confusion or memory loss with a health care professional?		
1	YES	
2	NO	
7	DON'T KNOW	
9	REFUSED	

<b>M07END</b>	Pause
Ask If	

## Module 22: Random Child Selection (Paths A and B)

CATI Note: If Core C08Q16 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

<b>M22INTRO</b>	Key
Ask If	C08Q16 < 88 AND CPState = 1
<p>{If C08Q16 = 1, Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.}</p> <p>{If C08Q16 &gt; 1 AND C08Q16 &lt; 88, Previously, you indicated there were {C08Q16} children age 17 or younger in your household. Think about those {C08Q16} children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.</p> <p>I have some additional questions about one specific child. The child I will be referring to is {SHOWKID} in your household. All following questions about children will be about {SHOWKID}</p>	

<b>M22Q01</b>	Numeric	652-657
Ask If	C08Q16 < 88 AND CPState = 1	
What is the birth month and year of the {SHOWKID}?		
CODE MONTH AND YEAR		
777777	DON'T KNOW/NOT SURE	
999999	REFUSED	
XX1998	MIN	CONTROL
XX2016	MAX	CONTROL

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).

Add a minimum based on the current month and year of 1998, which would mean the child is over the age of 18. Add a max of the current month and year of 2016.

<b>M22Q02</b>	Select	658
Ask If	C08Q16 < 88 AND CPState = 1	
Is the child a boy or a girl?		
1	Boy	
2	Girl	
9	REFUSED	

<b>M22Q03A</b>	Select	659-662
Ask If	C08Q16 < 88 AND CPState = 1	
Is the child Hispanic, Latino/a, or Spanish origin?		
1	YES	
2	NO	M22Q04
7	DON'T KNOW/NOT SURE	M22Q04
9	REFUSED	M22Q04

<b>M22Q03B</b>	Multiple Select	659-662
Ask If	M22Q03A = 1	
(Is the child Hispanic, Latino/a, or Spanish origin?)		
Are they...		
Mexican, Mexican American, Chicano/a		
Puerto Rican		
Cuban or		
Another Hispanic, Latino/a, or Spanish Origin		
CHECK ALL THAT APPLY		
1	Mexican, Mexican American, Chicano/a	
2	Puerto Rican	
3	Cuban	
4	Another Hispanic, Latino/a, or Spanish origin	
5	NO	EXCLUSIVE
7	DON'T KNOW/NOT SURE	EXCLUSIVE
9	REFUSED	EXCLUSIVE

<b>M22Q04</b>	Multiple Select	663-692
Ask If	C08Q16 < 88 AND CPState = 1	
Which one or more of the following would you say is the race of the child?		
INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING.		
(SELECT ALL THAT APPLY)		
PLEASE READ:		
10	White	
20	Black or African American	
30	American Indian or Alaska Native	
40	Asian	
41	Asian Indian	
42	Chinese	
43	Filipino	
44	Japanese	
45	Korean	
46	Vietnamese	
47	Other Asian	
50	Pacific Islander	
51	Native Hawaiian	
52	Guamanian or Chamorro	
53	Samoan	
54	Other Pacific Islander	
60	Other [Specify]	OTHER
77	DON'T KNOW/NOT SURE	EXCLUSIVE
99	REFUSED	EXCLUSIVE
88	NO ADDITIONAL CHOICES	

<b>M22Q05</b>	Select	693-694
Ask If	M22Q04 < 77 AND M22Q04.2 > 0 AND M22Q04.2 <> 88	
Which one of these groups would you say best represents the child's race?		
INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING.		
10	White	
20	Black or African American	
30	American Indian or Alaska Native	
40	Asian	
41	Asian Indian	
42	Chinese	
43	Filipino	
44	Japanese	
45	Korean	
46	Vietnamese	
47	Other Asian	
50	Pacific Islander	
51	Native Hawaiian	
52	Guamanian or Chamorro	
53	Samoan	
54	Other Pacific Islander	
60	Other [Specify]	OTHER
77	DON'T KNOW/NOT SURE	
99	REFUSED	

<b>M22Q06</b>	Select	695
Ask If	C08Q16 < 88 AND CPState = 1	
How are you related to the child?		
PLEASE READ:		
1	Parent (include biologic, step, or adoptive parent)	
2	Grandparent	
3	Foster parent or guardian	
4	Sibling (include biologic, step, and adoptive sibling)	
5	Other relative	
6	Not related in any way	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M22END</b>	Pause
Ask If	

## Module 23: Childhood Asthma Prevalence (Paths A and B)

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

<b>M23INTRO</b>	Pause
Ask If	C08Q16 < 88 AND CPState = 1

<b>M23Q01</b>	Select	696
Ask If	C08Q16 < 88 AND CPState = 1	
{IF C08Q16 > 1, The next two questions are about the {SHOWKID}.}		
Has a doctor, nurse or other health professional <b>EVER</b> said that the child has asthma?		
1	YES	
2	NO	M23END
7	DON'T KNOW/NOT SURE	M23END
9	REFUSED	M23END

<b>M23Q02</b>	Select	697
Ask If	M23Q01 = 1	
Does the child still have asthma?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>M23END</b>	Pause
Ask If	

## State Added Section 01: Mental Health (Paths A and B)

<b>ME01INTRO</b>	Pause
Ask If	CPState = 1

<b>ME01Q01</b>	Numeric	901-902
Ask If	CPState = 1	
Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?		
01-14 DAYS		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
14	MAX	Control

<b>ME01Q02</b>	Numeric	903-904
Ask If	CPState = 1	
Over the last 2 weeks, how many days have you felt down, depressed or hopeless?		
01-14 DAYS		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
14	MAX	Control

<b>ME01Q03</b>	Select	905
Ask If	CPState = 1	
Has a doctor or other healthcare provider <b>EVER</b> told you that you have an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	



<b>ME01Q04</b>	Select	906
Ask If	CPState = 1	
Are you now taking medicine or receiving treatment from a doctor or other healthcare provider for any type of mental health condition or emotional problem?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME01END</b>	Pause
Ask If	

## State Added Section 02: Lyme Disease (Path A)

<b>ME02INTRO</b>	Pause
Ask If	CPState = 1

<b>ME02Q01</b>	Select	907
Ask If	CPState = 1	
Have you <b>EVER</b> been told by a doctor, nurse or other health professional that you have Lyme disease?		
1	YES	
2	NO	ME02END
7	DON'T KNOW/NOT SURE	ME02END
9	REFUSED	ME02END

<b>ME02Q02</b>	Select	908
Ask If	ME02Q01 = 1	
In the past 12 months have you been told by a doctor, nurse or other health professional that you have Lyme disease?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME02END</b>	Pause
Ask If	

### State Added Section 03: Environmental Health (Path A)

<b>ME03INTRO</b>	Pause
Ask If	CPState = 1

<b>ME03Q01</b>	Select	909
Ask If	CPState = 1	
<p>A carbon monoxide or CO detector checks the level of carbon monoxide in your home. <b>IT IS DIFFERENT THAN A SMOKE DETECTOR.</b> Some CO detectors are part of a combined alarm system that also includes a smoke detector. Do you have a carbon monoxide detector in your home?</p>		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME03Q02</b>	Select	910
Ask If	CPState = 1	
<p>Now I would like to ask some questions about well water. When I ask about using well water, I am asking about the water you currently use for drinking, cooking or bathing.</p> <p>Do you get any of your water from a well?</p>		
1	YES	
2	NO	ME03Q05
7	DON'T KNOW/NOT SURE	ME03Q05
9	REFUSED	ME03Q05

<b>ME03Q03</b>	Select	911
Ask If	ME03Q02 = 1	
<p>Have you ever had your current well water tested?</p>		
1	YES	
2	NO	ME03Q05
7	DON'T KNOW/NOT SURE	ME03Q05
9	REFUSED	ME03Q05

<b>ME03Q04</b>	Select	912
Ask If	ME03Q03 = 1	
Arsenic is not included in all water tests. Have you tested your well water for arsenic?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME03Q05</b>	Select	913
Ask If	CPState = 1	
Has your household air been tested for the presence of radon gas?		
1	YES	
2	NO	ME03END
7	DON'T KNOW/NOT SURE	ME03END
9	REFUSED	ME03END

<b>ME03Q06</b>	Select	914
Ask If	ME03Q05 = 1	
Were the radon levels in your household above normal?		
1	YES	
2	NO	ME03END
7	DON'T KNOW/NOT SURE	ME03END
9	REFUSED	ME03END

<b>ME03Q07</b>	Select	915
Ask If	ME03Q06 = 1	
Have the radon levels been reduced or fixed?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME03END</b>	Pause	
Ask If		

### State Added Section 04: Social Context (Path A)

<b>ME04INTRO</b>	Pause
Ask If	(C08Q08 = 1 OR C08Q08 = 2) AND CPState = 1

<b>ME04Q01</b>	Select	916
Ask If	(C08Q08 = 1 OR C08Q08 = 2) AND CPState = 1	
<p>Now, I am going to ask you about several factors that can affect a person's health.</p> <p>How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent/mortgage? Would you say you were worried or stressed---</p> <p>PLEASE READ</p>		
1	Always	
2	Usually	
3	Sometimes	
4	Rarely	
5	Never	
8	NOT APPLICABLE	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME04Q02</b>	Select	917
Ask If	CPState = 1	
<p>{IF ME04Q01 &lt; 1, Now, I am going to ask you about several factors that can affect a person's health.}</p> <p>How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? Would you say you were worried or stressed---</p> <p>PLEASE READ</p>		
1	Always	
2	Usually	
3	Sometimes	
4	Rarely	
5	Never	
8	NOT APPLICABLE	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME04END</b>	Pause
Ask If	

## State Added Section 05: Health Care Opinions (Path A)

<b>ME05INTRO</b>	Pause
Ask If	CPState = 1

<b>ME05Q01</b>	Select	918-919
Ask If	CPState = 1	
When you are sick or need advice about your health, to which one of the following places do you usually go? Would you say:		
PLEASE READ		
01	A doctors office	
02	A public health clinic or community health center	
03	A hospital outpatient department	
04	A hospital emergency room	
05	Urgent care center	
06	Some other kind of place	
77	DON'T KNOW/NOT SURE	
88	NO USUAL PLACE	
99	REFUSED	

<b>ME05END</b>	Pause
Ask If	

### State Added Section 07: Substance Abuse (Path A)

<b>ME07INTRO</b>	Pause
Ask If	CPState = 1

<b>ME07Q01</b>	Select	931
Ask If	CPState = 1	
During the past 30 days, have you used marijuana?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME07Q02</b>	Select	932
Ask If	CPState = 1	
Within the past 30 days on how many days did you use prescription drugs that were either not prescribed to you and/or not used as prescribed in order to get high?		
1	Never Used	
2	Have used but not in the last 30 days	
3	1-2 days	
4	3-5 days	
5	6 or more days	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME07Q03</b>	Select	933
Ask If	CPState = 1	
In your lifetime how many times have you gambled (bet) with money or possessions (i.e. casino, race track or online, lottery tickets or sporting events)?		
1	0 times	ME07END
2	1-2 times	
3	3-9 times	
4	10-19 times	
5	20-39 times	
6	40 or more times	
7	DON'T KNOW/NOT SURE	ME07END
9	REFUSED	ME07END



<b>ME07Q04</b>	Select	934
Ask If	ME07Q03 > 1 AND ME07Q03 < 7	
Has the money or time that you spent on gambling led to financial problems or problems in your family, work, school or personal life?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME07END</b>	Pause
Ask If	

## State Added Section 14: Sexual Violence (Path A)

<b>ME14INTRO</b>	Pause
Ask If	CPState = 1

<b>ME14Q01</b>	Select	935
Ask If	CPState = 1	
<p>Now I'd like to ask you some questions about different types of physical and/or sexual violence or other unwanted sexual experiences. This information will allow us to better understand the problem of violence and unwanted sexual contact and may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. At the end of this section, I will give you phone numbers for organizations that can provide information and referral for these issues.</p> <p>Are you in a safe place to answer these questions?</p>		
1	YES	
2	NO	ME14END

<b>ME14Q02</b>	Select	936
Ask If	ME14Q01 = 1	
<p>Now, I am going to ask you questions about unwanted sex. Unwanted sex includes things like putting anything into your <b>{IF C08Q01 = 2, vagina}</b>, anus, or mouth or making you do these things to them after you said or showed that you didn't want to. It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused.</p> <p>Has anyone <b>EVER</b> had sex with you or attempted to have sex with you after you said or showed that you didn't want them to or without your consent?</p>		
1	YES	
2	NO	ME14Q04
7	DON'T KNOW/NOT SURE	ME14Q04
9	REFUSED	ME14Q04

<b>ME14Q03</b>	Select	937
Ask If	ME14Q02 = 1	
Has this happened in the past 12 months?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME14Q04</b>	Select	938
Ask If	ME14Q01 = 1	
<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>Have you <b>EVER</b> been frightened for your safety or the safety of your family or friends because of anger or threats by a current or former intimate partner?</p>		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME14Q05</b>	Select	939
Ask If	ME14Q01 = 1	
<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	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME14Q06</b>	Select
Ask If	ME14Q01 = 1
<p>We realize that these questions may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained advocate or would like more information about sexual violence, please call 1-800-871-7741. For domestic violence, please call 1-866-834-HELP (4357). Would you like me to repeat these numbers?</p>	
1 Continue	

<b>ME14END</b>	Pause
Ask If	

## State Added Section 08: Cigarette Use (Path B)

<b>ME08INTRO</b>	Pause
Ask If	

<b>ME08Q01</b>	Numeric	940-942
Ask If	C09Q01 = 1 AND C09Q02 < 3 AND CPState = 1	
We have some additional questions on specific health issues we would like to ask you about.		
On the average, about how many cigarettes a day do you now smoke?		
INTERVIEWER NOTE: 1 PACK = 20 CIGARETTES		
ENTER NUMBER OF CIGARETTES		
777	DON'T KNOW/NOT SURE	
999	REFUSED	

<b>ME08Q02</b>	Numeric	943-945
Ask If	C09Q01 = 1 AND C09Q02 < 3 AND CPState = 1	
On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke in a day?		
INTERVIEWER NOTE: 1 PACK = 20 CIGARETTES		
ENTER NUMBER OF CIGARETTES		
777	DON'T KNOW/NOT SURE	
999	REFUSED	

<b>ME08END</b>	Pause
Ask If	

**State Added Section 09: Other Tobacco Products (Path B)**

<b>ME09INTRO</b>	Pause
Ask If	CPState = 1

<b>ME09Q01</b>	Select	946
Ask If	CPState = 1	
Now I would like to ask you some questions about using other kinds of tobacco.		
Do you now smoke <b>REGULAR CIGARS OR CIGARILLOS</b> 'every day,' 'some days,' or 'not at all'?		
INTERVIEWER NOTE: REGULAR MEANS NOT FLAVORED OR NOT CIGARETTE SIZED.		
1	EVERY DAY	
2	SOME DAYS	
3	NOT AT ALL	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME09Q02</b>	Select	947
Ask If	CPState = 1	
Do you smoke little cigars that look like 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	

<b>ME09END</b>	Pause
Ask If	

**State Added Section 10: E-Cigarettes (Path B)**

<b>ME10INTRO</b>	Pause
Ask If	CPState = 1

<b>ME10Q01</b>	Select	948
Ask If	C10Q01 = 1 AND CPState = 1	
Why did you start to use e-cigs?		
* (RESTAURANTS, BARS, OR OTHER PUBLIC PLACES)		
1 Try something new		
2 To quit smoking		
3	Friends (introduced, pressured, recommended)	
4	Health (improve, less harmful)	
5	To be able to smoke in places where cigarette smoking is not allowed*	
8	OTHER	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME10Q02</b>	Select	949
Ask If	((C09Q02 > 0 AND C09Q02 < 3) OR ME09Q01 < 3 OR ME09Q02 < 3) AND C10Q01 = 1 AND CPState = 1	
Do you or did you use e-cigs the same, more or less frequently than other tobacco products?		
INTERVIEWER NOTE: USE IS 10 MINUTES OR 10-20 PUFFS AT A TIME.		
1 Same		
2 More		
3	Less	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME10Q03</b>	Select	950
Ask If	((C09Q02 > 0 AND C09Q02 < 3) OR ME09Q01 < 3 OR ME09Q02 < 3) AND ((C10Q02 = 1 OR C10Q02 = 2) AND C10Q01 = 1) AND CPState = 1	
Have you stopped using other tobacco products completely?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME10Q04</b>	Select	951
Ask If	C10Q01 = 1 AND CPState = 1	
Do you believe e-cigs have the same, more or less nicotine than regular cigarettes?		
1	Same	
2	More	
3	Less	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME10Q05</b>	Select	952
Ask If	C10Q01 = 1 AND CPState = 1	
Will you continue to use e-cigs or plan to use e-cigs in the future?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME10END</b>	Pause	
Ask If		



## State Added Section 11: Cessation (Path B)

<b>ME11INTRO</b>	Pause
Ask If	

<b>ME11Q01</b>	Select	953
Ask If	((C09Q02 > 0 AND C09Q02 < 3) OR ME09Q01 < 3 OR ME09Q02 < 3 OR C10Q02 = 1 OR C10Q02 = 2) AND CPState = 1	
The next questions are about quitting tobacco use. Would you like to quit smoking or using other tobacco products?		
1	YES	
2	NO	ME11Q04
7	DON'T KNOW/NOT SURE	ME11Q04
9	REFUSED	ME11Q04

<b>ME11Q02</b>	Select	954
Ask If	ME11Q01 = 1	
Are you seriously considering quitting <b>WITHIN THE NEXT 6 MONTHS?</b>		
1	YES	
2	NO	ME11Q04
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME11Q03</b>	Select	955
Ask If	ME11Q01 = 1 AND (ME11Q02 > 0 AND ME11Q02 <> 2)	
Are you planning to stop <b>WITHIN THE NEXT 30 DAYS?</b>		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME11Q04</b>	Select	956
Ask If	((C09Q02 > 0 AND C09Q02 < 3) OR ME09Q01 < 3 OR ME09Q02 < 3 OR C10Q02 = 1 OR C10Q02 = 2) AND CPState = 1	
Now I'm going to read you a list of products and services that you might have used to help you quit smoking or using other tobacco products. In the last 12 months, have you used.. Self-help materials such as booklets, tapes, or videos?		
1	YES	
2	NO	
3	I DID NOT TRY TO QUIT SMOKING OR USING TOBACCO PRODUCTS	ME11Q11
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME11Q05</b>	Select	957
Ask If	ME11Q04 > 0 AND ME11Q04 <> 3	
In the last 12 months, have you used.. Nicotine replacement medications such as nicotine patches, gum, inhaler or nasal spray?		
1	YES	
2	NO	ME11Q07
3	I DID NOT TRY TO QUIT SMOKING OR USING TOBACCO PRODUCTS	ME11Q11
7	DON'T KNOW/NOT SURE	ME11Q07
9	REFUSED	ME11Q07

<b>ME11Q06</b>	Select	958
Ask If	ME11Q05 = 1	
How did you pay for it (nicotine replacement systems)? Would you say...		
1	You paid for it on your own	
2	Insurance paid for some of it	
3	Insurance paid for all of it	
4	You were given the medication free of charge	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME11Q07</b>	Select	959
Ask If	(ME11Q04 > 0 AND ME11Q04 <> 3) OR (ME11Q05 > 0 AND ME11Q05 <> 3)	
In the last 12 months, have you used... Non-nicotine medication such as Zyban, Wellbutrin, Chantix, Varenicline or other medication?  INTERVIEWER NOTE: CHANTIX PRONOUNCED "SHAN TIX" VARENICLINE PRONOUNCED "VER EN E KLEEN"		
1	YES	
2	NO	ME11Q09
3	I DID NOT TRY TO QUIT SMOKING OR USING TOBACCO PRODUCTS	ME11Q11
7	DON'T KNOW/NOT SURE	ME11Q09
9	REFUSED	ME11Q09

<b>ME11Q08</b>	Select	960
Ask If	ME11Q07 = 1	
How did you pay for it (non-nicotine medication)? Would you say... INTERVIEWER NOTE: ANY CASH PAYMENT IS CODED AS RESPONSE 1.		
1	You paid for it on your own	
2	Insurance paid for some of it	
3	Insurance paid for all of it	
4	You were given the medication free of charge	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME11Q09</b>	Select	961
Ask If	(ME11Q04 > 0 AND ME11Q04 <> 3) OR (ME11Q05 > 0 AND ME11Q05 <> 3) OR (ME11Q07 > 0 AND ME11Q07 <> 3)	
In the last month, have you used a quit smoking class or group?		
1	YES	
2	NO	
3	I DID NOT TRY TO QUIT SMOKING OR USING TOBACCO PRODUCTS	ME11Q11
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME11Q10</b>	Select	962
Ask If	(ME11Q04 > 0 AND ME11Q04 <> 3) OR (ME11Q05 > 0 AND ME11Q05 <> 3) OR (ME11Q07 > 0 AND ME11Q07 <> 3) OR (ME11Q09 > 0 AND ME11Q09 <> 3)	
In the last month have you called the Maine Tobacco HelpLine?		
1	YES	
2	NO	
3	I DID NOT TRY TO QUIT SMOKING OR USING TOBACCO PRODUCTS	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME11Q11</b>	Select	963
Ask If	((C09Q02 > 0 AND C09Q02 < 3) OR ME09Q01 < 3 OR ME09Q02 < 3 OR C10Q02 = 1 OR C10Q02 = 2) AND CPState = 1	
In the past 12 months, has a dentist or dental hygienist advised you to stop smoking or using other tobacco products?		
1	YES	
2	NO	
3	I HAVE NOT SEEN A DENTIST IN THE LAST 12 MONTHS	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME11Q12</b>	Select	964
Ask If	((C09Q02 > 0 AND C09Q02 < 3) OR ME09Q01 < 3 OR ME09Q02 < 3 OR C10Q02 = 1 OR C10Q02 = 2) AND CPState = 1	
The next set of questions is about experiences you may have had during a visit to a doctor's office in the last 12 months. During any such visit, did any health professional... Advise you to stop smoking or using other tobacco products?		
1	YES	
2	NO	
3	I HAVE NOT VISITED A DOCTOR'S OFFICE IN THE LAST 12 MONTHS	ME11Q16
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME11Q13</b>	Select	965
Ask If	ME11Q12 > 0 AND ME11Q12 <> 3	
During any such visit, did any health professional... Spend time talking with you about your use of tobacco products, cigarette smoking, or helping you to prepare for quitting?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME11Q14</b>	Select	966
Ask If	ME11Q12 > 0 AND ME11Q12 <> 3	
During any such visit, did any health professional... Give you information about counseling classes or programs, such as the Maine Tobacco HelpLine to help you quit smoking or using other tobacco products?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME11Q15</b>	Select	967
Ask If	ME11Q12 > 0 AND ME11Q12 <> 3	
<p>During any such visit, did any health professional...  Talk with you about medications to help you stop smoking or using other tobacco products?</p> <p>INTERVEIWER NOTE: IF CLARIFICATION NEEDED ON "MEDICATIONS", STATE:  "Such as nicotine patch or gum, nicotine inhaler or nasal spray, or medication (Zyban, Wellbutrin, Chantix, or Varenicline)"</p> <p>INTERVIEWER NOTE: CHANTIX PRONOUNCED "SHAN TIX" VARENICLINE PRONOUNCED "VER EN E KLEEN"</p>		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME11Q16</b>	Select	968
Ask If	CPState = 1	
<p>During the past 30 days, have you seen any advertisements on television about help to quit smoking?</p>		
1	YES	
2	NO	ME11END
7	DON'T KNOW/NOT SURE	ME11END
9	REFUSED	ME11END

<b>ME11Q17</b>		Multiple Select 969-973	
Ask If		ME11Q16 = 1	
Which ones do you remember?			
DO NOT READ			
CHECK ALL THAT APPLY			
1	HELPLINE (MAINE'S QUITLINE MAY ALSO BE CALLED THE PARTNERSHIP FOR A TOBACCO-FREE MAINE (PTM) HELPLINE OR THE CENTER FOR TOBACCO INDEPENDENCE HELPLINE)		
2	QUITNOW (TIPS FROM FORMER SMOKERS - HAS GRAPHIC ADS WITH HEART SURGERY OR THROAT SURGERY)		
3	QUITLINK (THE MAINE COMMUNITY OF ONLINE SUPPORT TO QUIT SMOKING, MAY ALSO BE CALLED THE MAINE QUIT SMOKING WEBSITE.)		
4	OTHER CESSATION (WHICH COULD INCLUDE NRT ADS, HOSPITAL CESSATION PROGRAMS, ETC.)		
5	TOBACCO INDUSTRY AD (WHICH COULD INCLUDE E-CIGARETTES)		
7	DON'T KNOW/NOT SURE		EXCLUSIVE
9	REFUSED		EXCLUSIVE

<b>ME11END</b>		Pause	
Ask If			

**State Added Section 12: Environmental Tobacco (Path B)**

<b>ME12INTRO</b>	Pause
Ask If	CPState = 1

<b>ME12Q01</b>	Select	974
Ask If	CPState = 1	
<p>These next questions ask about the type of building you live in and how long you have lived there.</p> <p>In what type of living space do you currently reside?</p>		
1	Single Family Home	
2	Duplex	
3	Double or Multi-Family Home	
4	Condominium	
5	Townhouse	
6	Apartment Building	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME12Q02</b>	Numeric	975-977
Ask If	CPState = 1	
<p>How long have you lived in your current residence?</p> <p>101 - 199 NUMBER OF DAYS      201 - 299 NUMBER OF WEEKS</p> <p>301 - 399 NUMBER OF MONTHS      401 - 499 NUMBER OF YEARS</p> <p>ENTER AMOUNT OF TIME</p>		
777	DON'T KNOW/NOT SURE	
999	REFUSED	
101	MIN	Control
499	MAX	Control

<b>ME12Q03</b>	Select	978
Ask If	CPState = 1	
<p>Do you currently live in public/affordable/subsidized housing or participate in a voucher/low-income housing program (Such as Section 8)?</p>		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	



<b>ME12Q04</b>		Select	979	
Ask If		CPState = 1		
Now I am going to ask you some questions about second hand cigarette smoke.				
Do you agree or disagree with the following statement "People should be protected from secondhand smoke"? Would you say...				
1	Strongly agree			
2	Somewhat agree			
3	Neither agree nor disagree			
4	Somewhat disagree			
5	Strongly disagree			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

<b>ME12Q05</b>		Numeric	980-981	
Ask If		CPState = 1		
How many hours per day do you usually spend inside your home? (Include sleeping)				
_____ HOURS				
77	DON'T KNOW/NOT SURE			
99	REFUSED			
24	MAX		Control	

<b>ME12Q06</b>		Numeric	982-983	
Ask If		CPState = 1		
Other than yourself, how many people living in your household smoke cigarettes, cigars, or pipes?				
_____ PEOPLE				
88	NONE			
77	DON'T KNOW/NOT SURE			
99	REFUSED			
76	MAX		Control	

<b>ME12Q07</b>		Numeric		984-985	
Ask If		CPState = 1			
On how many of the past 30 days has someone, including yourself, smoked cigarettes, cigars, or pipes anywhere <b>INSIDE</b> your home?					
_____ DAYS					
88	NONE				
77	DON'T KNOW/NOT SURE				
99	REFUSED				
30	MAX			Control	

<b>ME12Q08</b>		Select		986	
Ask If		CPState = 1			
Which of the following statements best describes the rules about smoking inside your home?					
1 No one is allowed to smoke anywhere inside your home.					
2 Smoking is not allowed if children are in the home.					
3 Smoking is allowed in some places or at some times.					
4	Smoking is permitted anywhere inside your home.				
7	DON'T KNOW/NOT SURE				
9	REFUSED				

<b>ME12Q09</b>		Select		987	
Ask If		ME12Q01 > 1 AND ME12Q01 < 7			
Which of the following statements best describes the official smoking policy in your building?					
1 Smoking is NOT allowed in any areas of the building including living units					
2 Smoking is not allowed in shared areas, but is allowed inside living units					
3 Smoking is allowed anywhere					
7	DON'T KNOW/NOT SURE				
9	REFUSED				

<b>ME12Q10</b>	Select	988
Ask If	CPState = 1	
Which of the following statements best describes the rules about smoking inside your car?		
1	No one is allowed to smoke inside your car	
2	Smoking is not allowed if children are in your car	
3	Smoking is permitted anytime inside your car	
4	DON'T OWN A CAR	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME12Q11</b>	Select	989
Ask If	CPState = 1	
In the past 12 months have you asked someone to not smoke near you or around you?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME12Q12</b>	Numeric	990-991
Ask If	CPState = 1	
During the past 7 days, that is, since last <b>{today's day of the week}</b> , on how many days did you ride in a vehicle where someone other than you was smoking tobacco?		
NUMBER OF DAYS (01-07)		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
07	MAX	Control

<b>ME12Q13</b>		Select	992
Ask If		(C08Q15 = 1 OR C08Q15 = 2) AND CPState = 1	
Is your time at work spent mostly indoors, outdoors, or in a vehicle?			
INTERVIEWER NOTE: CONSIDER A BOAT OUTDOORS			
1	INDOORS		
2	OUTDOORS		
3	IN A VEHICLE		
7	DON'T KNOW/NOT SURE		
9	REFUSED		

<b>ME12Q14</b>		Select	993
Ask If		(C08Q15 = 1 OR C08Q15 = 2) AND CPState = 1	
Which of these best describes your place of work's smoking policy for indoor public common areas, such as lobbies, rest rooms and lunchrooms? Would you say smoking is...			
1	Not allowed in any public areas		
2	Allowed in some public areas		
3	Allowed in all public areas		
7	DON'T KNOW/NOT SURE		
9	REFUSED		

<b>ME12Q15</b>		Select	994
Ask If		(C08Q15 = 1 OR C08Q15 = 2) AND CPState = 1	
Which of these statements best describes your place of work's smoking policy for work areas? Would you say smoking is...			
1	Not allowed in any work area		
2	Allowed in some work areas		
3	Allowed in all work areas		
7	DON'T KNOW/NOT SURE		
9	REFUSED		

<b>ME12Q16</b>	Select	995
Ask If	(C08Q15 = 1 OR C08Q15 = 2) AND CPState = 1	
Which of these statements best describes your place of work's smoking policy for vehicles? Would you say smoking is...		
1	Not allowed in any vehicle	
2	Allowed in some vehicles	
3	Allowed in all vehicles	
4	My work does not involve the use of any vehicles at any time	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME12Q17</b>	Numeric	996-997
Ask If	(C08Q15 = 1 OR C08Q15 = 2) AND CPState = 1	
The next question is 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 <b>INDOORS</b> . During the past 7 days, that is, since last <b>{Today's day of the week}</b> , on how many days did you breath the smoke at your workplace from <b>SOMEONE OTHER THAN</b> you who was smoking tobacco?		
NUMBER OF DAYS (01-07)		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
07	MAX	Control

<b>ME12END</b>	Pause
Ask If	

### State Added Section 13: Smoking Beliefs (Path B)

<b>ME13INTRO</b>	Pause
Ask If	

<b>ME13Q01</b>	Select	998
Ask If	CPState = 1	
When you go to convenience stores or gas stations in your community, how often do you see advertisements for cigarettes, chewing tobacco, or other tobacco products? Would you say...		
1	Frequently	
2	Sometimes	
3	Almost never	
4	I DON'T GO TO CONVENIENCE STORES OR GAS STATIONS	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME13Q02</b>	Numeric	999-1001
Ask If	CPState = 1	
Out of every 100 high school students in your community, how many do you think smoke cigarettes?		
___ OUT OF 100 HIGH SCHOOL STUDENTS SMOKE		
888	NONE	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
100	MAX	Control

<b>ME13Q03</b>	Numeric	1002-1004
Ask If	CPState = 1	
Out of every 100 adults in your community, how many do you think smoke cigarettes?		
___ OUT OF 100 ADULTS SMOKE		
888	NONE	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
100	MAX	Control

<b>ME13Q04</b>	Select	1005
Ask If	C08Q16 < 88 AND CPState = 1	
Do you try to prevent your child from using cigarettes or other tobacco products?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

<b>ME13END</b>	Pause
Ask If	

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

<b>AFUINTRO</b>	Pause
Ask If	((C06Q04 = 1) OR (M23Q01 = 1 AND (M22Q06 = 1 OR M22Q06 = 3))) AND CPState = 1

<b>ADLTPERM</b>	Select	702
Ask If	((C06Q04 = 1) OR (M23Q01 = 1 AND (M22Q06 = 1 OR M22Q06 = 3))) AND CPState = 1	
<p>We would like to call you again within the next 2 weeks to talk in more detail about <b>{ADLTCHLD = 1, your, your child's}</b> experiences with asthma. The information will be used to help develop and improve the asthma programs in <b>{STATE}</b>. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?</p>		
1	YES	
2	NO	AFUEND

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

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



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

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

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

## Closing Statement

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