Maine BRFSS 2016

Landline Full Survey

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Intro

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 your health and health practices. Is this **{PHONE7}**?	
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.	
	INTROQST

PRIVRES	Select
Ask If INTROQST = 1	
Is this a private residence? READ ONLY IF NECESSARY: "By private residence, we mean someplace like a house or apartment."	
1 YES, CONTINUE	STATRES
2 NO, NON-RESIDENTIAL	COLLEGE
3 NO, BUSINESS PHONE ONLY	BUSINES

BUSINES	Key
Ask If PRIVRES = 3	
Thank you very much but we are only interviewing persons on residential phones lines at this time.	
	DISPOS 4500

COLLEGE	Select
Ask If	PRIVRES = 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 arrangements provided by a college or university."	
1 YES, CONTINUE	STATRES
2 NO	NONRES

NONRES	Key
Ask If	COLLEGE = 2
Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.	
	DISPOS 4500

STATRES	Key
Ask If	PRIVRES = 1 OR COLLEGE = 1
Do you currently live in **Maine**?	
1 YES	ISCELL
2 NO	NONSTAT

NONSTAT	Key
Ask If	STATRES = 2
Thank you very much, but we are only interviewing persons who live in the state of **Maine** at this time.	
	DISPOS 4100

ISCELL	Select
Ask If	STATRES = 1
Is this a cell(ular) telephone? INTERVIEWER NOTE: TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE (INCLUDES VONAGE, MAGIC JACK AND OTHER HOME-BASED PHONE SERVICES). READ ONLY IF NECESSARY: "By cell(ular) telephone we mean a telephone that is mobile and usable outside of your neighborhood."	
1 NO, NOT A CELLULAR TELEPHONE, CONTINUE	
2 YES, A CELLULAR TELEPHONE	CELLYES

CELLYES	Key
Ask If	ISCELL = 2
Thank you very much, but we are only interviewing by land line telephones and for private residences or college housing.	
	DISPOS 4450

LLADULT	Select
Ask If	COLLEGE = 1
Are you 18 years of age or older? NOTE: ASK GENDER IF NECESSARY	
1 Yes and the respondent is male	YOURTHE1
2 Yes and the respondent is female	YOURTHE1
3 No	LLNOADLT

LLNOADLT	Key
Ask If	LLADULT = 3
Thank you very much, but we are only interviewing persons aged 18 or older at this time.	
	DISPOS 4700

ADULTS	Numeric
Ask If	PRIVRES = 1
I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home such as students away at college, how many members of your household, including yourself, are 18 years of age or older?	
__ NUMBER OF ADULTS	

MEN	Numeric
Ask If	ADULTS > 1
You said there are {ADULTS} adults in your household. How many of these adults are men and how many are women?	
__ NUMBER OF MEN	

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

WOMEN	Select	
Ask If	ADULTS > 1	
So the number of adult women in the household is {Calculate: ADULTS – MEN}. Is that correct?		
1 YES		SELECTED
2 NO		ADULTS

WRONGTOT	Select	
Ask If	MEN > ADULTS	
I'm sorry, something is not right. Number of Men - **{MEN}** Number of Women - + **{vWOMEN}** ------ Number of Adults - **{ADULTS}**		
1 CORRECT THE NUMBER OF MEN		MEN
2 CORRECT THE NUMBER OF WOMEN		WOMEN
3 CORRECT THE NUMBER OF ADULTS		ADULTS

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

ONEADULT	Select	
Ask If	ADULTS = 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		

ASKGENDR	Select	
Ask If	ADULTS = 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, ...him?, ...her?}		
1 YES, ADULT IS COMING TO THE PHONE		NEWADULT
2 NO, GO TO NEXT SCREEN, PRESS F3 TO SCHEDULE A CALL-BACK		NEWADULT

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 **{SRESP}**?		
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	GETADULT = 1 OR GETADULT = 2 OR GETNEWAD = 1 OR GETNEWAD = 2	
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 your health and health practices.		
1	PERSON INTERESTED, CONTINUE	INTROSCR
2	GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED	ADULTS

Core Sections

INTROSCR	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 **(207) 287-1420.**		
1	PERSON INTERESTED, CONTINUE	C01INTRO
2	GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED	ADULTS

Section 01: Health Status

C01INTRO	Pause
Ask If	

C01Q01	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		

C01END	Pause
Ask If	

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

C02INTRO	Pause
Ask If	

C02Q01	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

C02Q02	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

C02Q03	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

C02END	Pause
Ask If	

Section 03: Health Care Access

C03INTRO	Pause
Ask If	

C03Q01	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)

M04INTRO	Pause
Ask If	USEM04 = TRUE

M04Q01	Select	326
Ask If	C03Q01 = 1 AND USEM04 = TRUE	
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		

M04Q02	Select	327-328
Ask If	C03Q01 = 1 AND USEM04 = TRUE	
What is the PRIMARY source of your health care coverage? Is it… INTERVIEWER NOTE: IF THE RESPONDENT INDICATES THAT THEY PURCHASED HEALTH INSURANCE THROUGH THE HEALTH INSURANCE MARKETPLACE (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

C03Q02	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	

C03Q03	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

M04Q03	Select	329 - 354
Ask If	USEM04 = TRUE	
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

C03Q04	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

M04Q04A	Select	355
Ask If	C03Q01 = 1 AND USEM04 = TRUE	
In the PAST 12 MONTHS was there any time when you did NOT have ANY 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)

M04Q04B	Select	356
Ask If	C03Q01 > 1 AND USEM04 = TRUE	
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		

M04Q05	Numeric	357-358
Ask If	USEM04 = TRUE	
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

M04Q06	Select	359
Ask If	USEM04 = TRUE	
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		

M04Q07	Select	360
Ask If	USEM04 = TRUE	
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		

M04Q08	Select	361
Ask If	USEM04 = TRUE	
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		

M04END	Pause
Ask If	

CATI Note: Go to core section 4.

C03END	Pause
Ask If	

Section 04: Exercise

C04INTRO	Pause
Ask If	

C04Q01	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		

C04END	Pause
Ask If	

Section 05: Inadequate Sleep

C05INTRO	Pause
Ask If	

C05Q01	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

C05Q01V	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

C05END	Pause
Ask If	

Section 06: Chronic Health Conditions

C06INTRO	Pause
Ask If	

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

C06Q02	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		

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

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

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

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

C06Q07	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	

C06Q08	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		

C06Q09	Select	112
Ask If		
(Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? INTERVIEWER NOTE: ARTHRITIS DIAGNOSES INCLUDE: - rheumatism, polymyalgia rheumatica - osteoarthritis (not osteoporosis) - tendonitis, bursitis, bunion, tennis elbow - carpal tunnel syndrome, tarsal tunnel syndrome - joint infection, Reiter's syndrome - ankylosing spondylitis; spondylosis - rotator cuff syndrome - connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome - vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)		
1 YES		
2 NO		
7 DON'T KNOW/NOT SURE		
9 REFUSED		

C06Q10	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		

C06Q11	Select	114
Ask If		
(Ever told) you have kidney disease? Do NOT 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		

C06Q12	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.

C06Q12V	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

C06Q13	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.

C06END	Pause
Ask If	

State Added Section 06: Diabetes (Path A)

Cati Note: Insert after C06Q13

ME06INTRO	Pause
Ask If	

ME06Q01	Numeric	920-922
Ask If	C06Q12 = 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 NOT 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

ME06Q01V	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		ME06Q01

ME06Q02	Numeric	923-924
Ask If	C06Q12 = 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

ME06Q02V	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

ME06Q03	Numeric	925-926
Ask If	C06Q12 = 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

ME06Q03V	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	ME06Q03

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

ME06Q04	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

ME06Q04V	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	ME06Q04

ME06Q05	Select	929
Ask If	C06Q12 = 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		

ME06Q06	Select	930
Ask If	C06Q12 = 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		

ME06END	Pause
Ask If	

Module 1: Pre-Diabetes (Path A)

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

M01INTRO	Pause
Ask If	C06Q12 > 1

M01Q01	Select	300
Ask If	C06Q12 > 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

M01Q02	Select	301
Ask If	(C06Q12 > 1 AND C06Q12 < 4) OR C06Q12 > 4	
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		

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

M01END	Pause
Ask If	

Section 07: Oral Health

C07INTRO	Pause
Ask If	

C07Q01	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		

C07Q02	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		

C07END	Pause
Ask If	

Section 08: Demographics

C08INTRO	Pause
Ask If	

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

C08Q01V	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

C08Q02	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

C08Q02V	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

C08Q03A	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

C08Q03B	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

C08Q04	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	EXLUSIVE
99	REFUSED	EXLUSIVE
88	NO ADDITIONAL CHOICES	

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

C08Q05	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		

C08Q06	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		

C08Q07	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		

C08Q08	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		

ASKCNTY	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

C08Q10	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

CATI Note: if cellular telephone interview skip to C08Q14 (QSTVER >= 20)

C08Q11	Select	168
Ask If	QSTPATH < 20	
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		C08Q13
7 DON'T KNOW/NOT SURE		C08Q13
9 REFUSED		C08Q13

C08Q12	Select	169
Ask If	C08Q11 = 1	
How many of these telephone numbers are residential numbers?		
1	ONE	
2	TWO	
3	THREE	
4	FOUR	
5	FIVE	
6	SIX [6 = 6 OR MORE]	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C08Q13	Select	170
Ask If	QSTPATH < 20	
Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C08Q14	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 DOES include activation, for example, for the Persian Gulf War.		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C08Q15	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	

C08Q16	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).

C08Q17d	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

C08Q17c	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

C08Q17b	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

C08Q17a	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

C08Q17e	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

C08Q17f	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

C08Q17g	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

C08Q17i	Select	175-176
Ask If		
ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES IS: **{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		

C08Q18	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		

C08Q19	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		

C08Q19V	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

C08Q20	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 MAY OR MAY NOT use equipment to communicate by phone. Are you deaf or do you have SERIOUS DIFFICULTY hearing?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C08Q23	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		

C08Q24	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		

C08Q25	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		

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

C08Q27	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		

C08END	Pause
Ask If	

Section 09: Tobacco Use

C09INTRO	Pause
Ask If	

C09Q01	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

C09Q02	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

C09Q03	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

C09Q04	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	

C09Q05	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	

C09END	Pause
Ask If	

Section 10: E-Cigarettes

C10INTRO	Pause
Ask If	

C10Q01	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

C10Q02	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		

C10END	Pause
Ask If	

Section 11: Alcohol Consumption

C11INTRO	Pause
Ask If	

C11Q01	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	

C11Q02	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	

C11Q02V	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

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

C11Q03V	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

C11Q04	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

C11Q04V	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

C11END	Pause
Ask If	

Section 12: Immunization

C12INTRO	Pause
Ask If	

C12Q01	Select	210
Ask If		
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™. During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose? READ IF NECESSARY: "A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot."		
1 YES		
2 NO		C12Q03
7 DON'T KNOW/NOT SURE		C12Q03
9 REFUSED		C12Q03

C12Q02	Numeric	211-216
Ask If C12Q01 = 1		
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?		
_____ MONTH/YEAR		
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.

C12Q03	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		

C12Q04	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		

C12END	Pause
Ask If	

Section 13: Falls

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

C13Q01	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	

C13Q01V	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

C13Q02	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

C13Q02V	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 INJURTY IS {C13Q02}. PLEASE CORRECT		
1	CORRECT C13Q01	C13Q01
2	CORRECT C13Q02	C13Q02

C13END	Pause
Ask If	

Section 14: Seatbelt Use

C14INTRO	Pause
Ask If	

C14Q01	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		

C14END	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.

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

C15Q01	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

C15END	Pause
Ask If	

Section 16: Breast and Cervical Cancer Screening

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

C16INTRO	Pause
Ask If	C08Q01 = 2

C16Q01	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

C16Q02	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		

C16Q03	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

C16Q04	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		

C16Q05	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

C16Q06	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.

C16Q07	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		

C16END	Pause
Ask If	

Section 17: Prostate Cancer Screening

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

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

C17Q01	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 EVER talked with you about the advantages of the PSA test?		
1 YES		
2 NO		
7 DON'T KNOW/NOT SURE		
9 REFUSED		

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

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

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

C17Q05	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		

C17Q06	Select	238
Ask If	C17Q04 = 1	
What was the MAIN 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		

C17END	Pause
Ask If	

Section 18: Colorectal Cancer Screening

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

C18INTRO	Pause
Ask If	C08Q02 > 49 OR C08Q02 = 7 OR C08Q02 = 9

C18Q01	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

C18Q02	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		

C18Q03	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

C18Q04	Select	242
Ask If	C18Q03 = 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		

C18Q05	Select	243
Ask If	C18Q03 = 1	
How long has it been since you had your last sigmoidoscopy or colonoscopy? READ ONLY IF NECESSARY:		
1 Within the past year (anytime less than 12 months ago)		
2 Within the past 2 years (1 year but less than 2 years ago)		
3 Within the past 3 years (2 years but less than 3 years ago)		
4 Within the past 5 years (3 years but less than 5 years ago)		
5 Within the past 10 years (5 years but less than 10 years ago)		
6 10 or more years ago		
7 DON'T KNOW/NOT SURE		
9 REFUSED		

C18END	Pause
Ask If	

Section 19: HIV/AIDS

C19INTRO	Pause
Ask If	

C19Q01	Select	244
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. 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.		
1 YES		
2 NO		C19Q03
7 DON'T KNOW/NOT SURE		C19Q03
9 REFUSED		C19Q03

C19Q02	Numeric	245-250
Ask If C19Q01 = 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.		
_____ CODE MONTH AND YEAR		
777777 DON'T KNOW/NOT SURE		
999999 REFUSED		
011985 MIN		CONTROL
772016 MAX		CONTROL

C19Q03	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. - You have used intravenous drugs in the past year. - You have been treated for a sexually transmitted or venereal disease in the past year. - You have given or received money or drugs in exchange for sex in the past year. - You had anal sex without a condom in the past year. - You had four or more sex partners in the past year. Do any of these situations apply to you?		
1 YES		
2 NO		
7 DON'T KNOW/NOT SURE		
9 REFUSED		

C19END	Pause
Ask If	

Transition to Modules and/or State-Added Questions

TRANS	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

M07INTRO	Pause
Ask If	C08Q02 > 44 OR C08Q02 = 07 OR C08Q02 = 09

M07Q01	Select	376
Ask If	C08Q02 > 44 OR C08Q02 = 07 OR C08Q02 = 09	
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. During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?		
1	YES	
2	NO	M07END
7	DON'T KNOW	
9	REFUSED	M07END

M07Q02	Select	377
Ask If	M07Q01 = 1 OR M07Q01 = 7	
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? PLEASE READ		
1	Always	
2	Usually	
3	Sometimes	
4	Rarely	
5	Never	
7	DON'T KNOW	
9	REFUSED	

M07Q03	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.

M07Q04	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		

M07Q05	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		

M07Q06	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		

M07END	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.

M22INTRO	Key
Ask If	C08Q16 < 88
{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.} **{If C08Q16 > 1 AND C08Q16 < 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. 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}}**	

M22Q01	Numeric	652-657
Ask If	C08Q16 < 88	
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.

M22Q02	Select	658
Ask If	C08Q16 < 88	
Is the child a boy or a girl?		
1	Boy	
2	Girl	
9	REFUSED	

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

M22Q03B	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	

M22Q04	Multiple Select 663-692	
Ask If	C08Q16 < 88	
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	EXLUSIVE
99	REFUSED	EXLUSIVE
88	NO ADDITIONAL CHOICES	

M22Q05	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		

M22Q06	Select	695
Ask If	C08Q16 < 88	
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		

M22END	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.

M23INTRO	Pause
Ask If	C08Q16 > 0 AND C08Q16 < 88

M23Q01	Select	696
Ask If	C08Q16 > 0 AND C08Q16 < 88	
{IF C08Q16 > 1, The next two questions are about the **{SHOWKID}**.} Has a doctor, nurse or other health professional EVER said that the child has asthma?		
1 YES		
2 NO		M23END
7 DON'T KNOW/NOT SURE		M23END
9 REFUSED		M23END

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

M23END	Pause
Ask If	

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

ME01INTRO	Pause
Ask If	

ME01Q01	Numeric	901-902		
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			
14	MAX		Control	

ME01Q02	Numeric	903-904
Ask If		
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

ME01Q03	Select	905		
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			

ME01Q04	Select	906
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		

ME01END	Pause
Ask If	

State Added Section 02: Lyme Disease (Path A)

ME02INTRO	Pause
Ask If	

ME02Q01	Select	907
Ask If		
Have you EVER 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

ME02Q02	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		

ME02END	Pause
Ask If	

State Added Section 03: Environmental Health (Path A)

ME03INTRO	Pause
Ask If	

ME03Q01	Select	909
Ask If		
A carbon monoxide or CO detector checks the level of carbon monoxide in your home. IT IS DIFFERENT THAN A SMOKE DETECTOR. 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?		
1 YES		
2 NO		
7 DON'T KNOW/NOT SURE		
9 REFUSED		

ME03Q02	Select	910
Ask If		
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. Do you get any of your water from a well?		
1 YES		
2 NO		ME03Q05
7 DON'T KNOW/NOT SURE		ME03Q05
9 REFUSED		ME03Q05

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

ME03Q04	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		

ME03Q05	Select	913
Ask If		
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

ME03Q06	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

ME03Q07	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		

ME03END	Pause
Ask If	

State Added Section 04: Social Context (Path A)

ME04INTRO	Pause
Ask If	

ME04Q01	Select	916		
Ask If	C08Q08 = 1 OR C08Q08 = 2			
Now, I am going to ask you about several factors that can affect a person's health. 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--- PLEASE READ				
1	Always			
2	Usually			
3	Sometimes			
4	Rarely			
5	Never			
8	NOT APPLICABLE			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

ME04Q02	Select	917
Ask If		
{IF ME04Q01 < 1, Now, I am going to ask you about several factors that can affect a person's health.**}** 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--- PLEASE READ		
1	Always	
2	Usually	
3	Sometimes	
4	Rarely	
5	Never	
8	NOT APPLICABLE	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

ME04END	Pause
Ask If	

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

ME05INTRO	Pause
Ask If	

ME05Q01	Select	918-919		
Ask If				
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			

ME05END	Pause
Ask If	

State Added Section 07: Substance Abuse (Path A)

ME07INTRO	Pause
Ask If	

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

ME07Q02	Select	932		
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?				
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			

ME07Q03	Select	933		
Ask If				
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

ME07Q04	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		

ME07END	Pause
Ask If	

State Added Section 14: Sexual Violence (Path A)

ME14INTRO	Pause
Ask If	

ME14Q01	Select	935
Ask If		
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. Are you in a safe place to answer these questions?		
1 YES		
2 NO		ME14END

ME14Q02	Select	936
Ask If ME14Q01 = 1		
Now, I am going to ask you questions about unwanted sex. Unwanted sex includes things like putting anything into your {**IF C08Q01 = 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. Has anyone EVER 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?		
1 YES		
2 NO		ME14Q04
7 DON'T KNOW/NOT SURE		ME14Q04
9 REFUSED		ME14Q04

ME14Q03	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		

ME14Q04	Select	938
Ask If	ME14Q01 = 1	
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. Have you EVER 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?		
1 YES		
2 NO		
7 DON'T KNOW/NOT SURE		
9 REFUSED		

ME14Q05	Select	939
Ask If	ME14Q01 = 1	
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.		
1 YES		
2 NO		
7 DON'T KNOW/NOT SURE		
9 REFUSED		

ME14Q06	Select
Ask If	ME14Q01 = 1
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?	
1 Continue	

ME14END	Pause
Ask If	

State Added Section 08: Cigarette Use (Path B)

ME08INTRO	Pause
Ask If	

ME08Q01	Numeric	940-942
Ask If	C09Q01 = 1 AND C09Q02 < 3	
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		

ME08Q02	Numeric	943-945
Ask If	C09Q01 = 1 AND C09Q02 < 3	
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		

ME08END	Pause
Ask If	

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

ME09INTRO	Pause
Ask If	

ME09Q01	Select	946		
Ask If				
Now I would like to ask you some questions about using other kinds of tobacco. Do you now smoke REGULAR CIGARS OR CIGARILLOS '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			

ME09Q02	Select	947
Ask If		
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	

ME09END	Pause
Ask If	

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

ME10INTRO	Pause
Ask If	

ME10Q01	Select	948		
Ask If	C10Q01 = 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			

ME10Q02	Select	949		
Ask If	((C09Q02 > 0 AND C09Q02 < 3) OR ME09Q01 < 3 OR ME09Q02 < 3) AND C10Q01 = 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			

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

ME10Q04	Select	951
Ask If	C10Q01 = 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		

ME10Q05	Select	952
Ask If	C10Q01 = 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		

ME10END	Pause
Ask If	

State Added Section 11: Cessation (Path B)

ME11INTRO	Pause
Ask If	

ME11Q01	Select	953
Ask If	(C09Q02 > 0 AND C09Q02 < 3) OR ME09Q01 < 3 OR ME09Q02 < 3 OR C10Q02 = 1 OR C10Q02 = 2	
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

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

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

ME11Q04	Select	956
Ask If	(C09Q02 > 0 AND C09Q02 < 3) OR ME09Q01 < 3 OR ME09Q02 < 3 OR C10Q02 = 1 OR C10Q02 = 2	
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	

ME11Q05	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

ME11Q06	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			

ME11Q07	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

ME11Q08	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	

ME11Q09	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	

ME11Q10	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		

ME11Q11	Select	963
Ask If	(C09Q02 > 0 AND C09Q02 < 3) OR ME09Q01 < 3 OR ME09Q02 < 3 OR C10Q02 = 1 OR C10Q02 = 2	
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		

ME11Q12	Select	964
Ask If	(C09Q02 > 0 AND C09Q02 < 3) OR ME09Q01 < 3 OR ME09Q02 < 3 OR C10Q02 = 1 OR C10Q02 = 2	
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		

ME11Q13	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		

ME11Q14	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		

ME11Q15	Select	967
Ask If	ME11Q12 > 0 AND ME11Q12 <> 3	
During any such visit, did any health professional… Talk with you about medications to help you stop smoking or using other tobacco products? 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)" INTERVIEWER NOTE: CHANTIX PRONOUNCED "SHAN TIX" VARENICLINE PRONOUNCED "VER EN E KLEEN"		
1 YES		
2 NO		
7 DON'T KNOW/NOT SURE		
9 REFUSED		

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

ME11Q17	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	

ME11END	Pause
Ask If	

State Added Section 12: Environmental Tobacco (Path B)

ME12INTRO	Pause
Ask If	

ME12Q01	Select	974		
Ask If				
These next questions ask about the type of building you live in and how long you have lived there. In what type of living space do you currently reside?				
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			

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

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

ME12Q04	Select	979		
Ask If				
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			

ME12Q05	Numeric	980-981		
Ask If				
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	

ME12Q06	Numeric	982-983		
Ask If				
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	

ME12Q07	Numeric	984-985
Ask If		
On how many of the past 30 days has someone, including yourself, smoked cigarettes, cigars, or pipes anywhere INSIDE your home?		
__ DAYS		

88	NONE			
77	DON'T KNOW/NOT SURE			
99	REFUSED			
30	MAX		Control	

ME12Q08	Select	986
Ask If		
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			

ME12Q09	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		

ME12Q10	Select	988
Ask If		
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		

ME12Q11	Select	989
Ask If		
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		

ME12Q12	Numeric	990-991
Ask If		
During the past 7 days, that is, since last {**today's day of the week**}, 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	

ME12Q13		Select		992
Ask If	C08Q15 = 1 OR C08Q15 = 2			
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			

ME12Q14		Select		993
Ask If	C08Q15 = 1 OR C08Q15 = 2			
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			

ME12Q15		Select	994
Ask If	C08Q15 = 1 OR C08Q15 = 2		
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		

ME12Q16	Select	995		
Ask If	C08Q15 = 1 OR C08Q15 = 2			
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			

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

ME12END	Pause
Ask If	

State Added Section 13: Smoking Beliefs (Path B)

ME13INTRO	Pause
Ask If	

ME13Q01	Select	998		
Ask If				
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			

ME13Q02	Numeric	999-1001		
Ask If				
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	

ME13Q03	Numeric	1002-1004
Ask If		
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

ME13Q04	Select	1005
Ask If	C08Q16 < 88	
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		

ME13END	Pause
Ask If	

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

AFUINTRO	Pause
Ask If	

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

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

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

MOSTKNOW	Select
Ask If	ADLTCHILD = 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

OTHNAME	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	

CBTIME	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

CLOSING	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.	