



2015

**New York State
Behavioral Risk Factor Surveillance System
Questionnaire**

December 29, 2014

2015 Questionnaire

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Interviewer's Script

HELLO, I am calling for the (health department). My name is (name). We are gathering information about the health of (state) residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this (phone number) ?

If "No"

Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **STOP**

Is this a private residence?

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

Yes	[Go to state of residence]
No	[Go to college housing]

No, business phone only

If "No, business phone only".

Thank you very much but we are only interviewing persons on residential phones lines at this time.

STOP

College Housing

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."

Yes	[Go to state of residence]
No	

If "No",

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

State of Residence

Do you reside in ____ (state) ____?

Yes [Go to Cellular Phone]
No

If "No"

Thank you very much, but we are only interviewing persons who live in the state of ____ at this time. **STOP**

Cellular Phone

Is this a cellular telephone?

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

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

If "Yes"

Thank you very much, but we are only interviewing by land line telephones and for private residences or college housing. **STOP**

No

CATI NOTE: IF (College Housing = Yes) continue; otherwise go to **Adult Random Selection**
Adult

Are you 18 years of age or older?

1	Yes, respondent is male	[Go to Page 6]
2	Yes, respondent is female	[Go to Page 6]
3	No	

If "No",

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

Adult Random Selection

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

___ Number of adults

If "1,"

Are you the adult?

If "yes,"

Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary). **Go to page 6.**

If "no,"

Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with [fill in (him/her) from previous question]? **Go to "correct respondent" on the next page.**

How many of these adults are men and how many are women?

___ Number of men

___ Number of women

The person in your household that I need to speak with is _____.

If "you," go to page 7.



To the correct respondent:

HELLO, I am calling for the **(health department)** . My name is **(name)** . We are gathering information about the health of **(state)** residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about your health and health practices.

Core Sections

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call **(give appropriate state telephone number)**.

Section 1: Health Status

- 1.1** Would you say that in general your health is— (90)
- Please read:**
- | | |
|---|-----------|
| 1 | Excellent |
| 2 | Very good |
| 3 | Good |
| 4 | Fair |
- Or**
- | | |
|---|------|
| 5 | Poor |
|---|------|
- Do not read:**
- | | |
|---|---------------------|
| 7 | Don't know/Not sure |
| 9 | Refused |

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

- 2.1** 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? (91–92)
- | | | |
|---|---|---------------------|
| — | — | Number of days |
| 8 | 8 | None |
| 7 | 7 | Don't know/Not sure |
| 9 | 9 | Refused |

2.2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

(93–94)

–	–	Number of days	
8	8	None	[If Q2.1 and Q2.2 = 88 (None), go to next section]
7	7	Don't know/Not sure	
9	9	Refused	

2.3 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

(95–96)

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

Section 3: Health Care Access

3.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service?

(97)

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

3.2 Do you have one person you think of as your personal doctor or health care provider?

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

(98)

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

3.3 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

(99)

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

3.4 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.

(100)

- 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

Section 4: Hypertension Awareness

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

(101)

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

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

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

4.2 Are you currently taking medicine for your high blood pressure? (102)

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

Section 5: Cholesterol Awareness

5.1 Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (103)

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

5.2 About how long has it been since you last had your blood cholesterol checked? (104)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

Do not read:

- 7 Don't know/Not sure
- 9 Refused

5.3 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (105)

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

Section 6: Chronic Health Conditions

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

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

6.1 (Ever told) you that you had a heart attack also called a myocardial infarction? (106)

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

6.2 (Ever told) you had angina or coronary heart disease? (107)

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

6.3 (Ever told) you had a stroke? (108)

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

6.4 (Ever told) you had asthma? (109)

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

6.5 Do you still have asthma? (110)

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

6.6 (Ever told) you had skin cancer?

(111)

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

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

(112)

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

6.8 (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis?

(113)

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

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

(114)

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

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)

6.10 (Ever told) you have a depressive disorder, including depression, major depression, dysthymia, or minor depression? (115)

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

6.11 (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence. (116)

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

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

6.12 (Ever told) you have diabetes? (117)

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

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

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

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.

6.13 How old were you when you were told you have diabetes? (118-119)

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

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

Section 7: Demographics

7.1 Indicate sex of respondent. **Ask only if necessary.** (120)

- 1 Male
- 2 Female

7.2 What is your age? (121-122)

- Code age in years
- 0 7 Don't know/Not sure
- 0 9 Refused

7.3 Are you Hispanic, Latino/a, or Spanish origin? (123-126)

If yes, ask: Are you...

Interviewer NOTE: One or more categories may be selected.

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

Do not read:

- 5 No
- 7 Don't know/Not sure
- 9 Refused

7.4 Which one or more of the following would you say is your race? (127-154)

Interviewer NOTE: Select all that apply.

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

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

Do not read:

- 60 Other
- 88 No additional choices
- 77 Don't know/Not sure
- 99 Refused

CATI NOTE: If more than one response to Q7.4; continue. Otherwise, go to Q7.6.

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

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

(155-156)

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

Do not read:

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

7.6 Are you...?

(157)

Please read:

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married

Or

- 6 A member of an unmarried couple

Do not read:

9 Refused

7.7 What is the highest grade or year of school you completed? (158)

Read only if necessary:

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

Do not read:

9 Refused

7.8 Do you own or rent your home? (159)

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

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

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

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

7.9 What county do you live in? (160-162)

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

7.10 What is the ZIP Code where you live? (163-167)

— — — —	ZIP Code
7 7 7 7	Don't know/Not sure
9 9 9 9	Refused

CATI NOTE: If cellular telephone interview skip to 7.14 (QSTVER GE 20)

7.11 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. (168)

1	Yes	
2	No	[Go to Q7.13]
7	Don't know/Not sure	[Go to Q7.13]
9	Refused	[Go to Q7.13]

7.12 How many of these telephone numbers are residential numbers? (169)

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

7.13 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (170)

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

7.14 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

INTERVIEWER NOTE: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. (171)

- 1 Yes
- 2 No

Do not read:

- 7 Don't know/Not sure
- 9 Refused

7.15 Are you currently...?

(172)

Please read:

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

Or

- 8 Unable to work

Do not read:

- 9 Refused

7.16 How many children less than 18 years of age live in your household?

(173-174)

- — Number of children
- 8 8 None
- 9 9 Refused

7.17 Is your annual household income from all sources—

(175-176)

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

Read only if necessary:

- 0 4 Less than \$25,000 If "no," ask 05; if "yes," ask 03
(\$20,000 to less than \$25,000)
- 0 3 Less than \$20,000 If "no," code 04; if "yes," ask 02
(\$15,000 to less than \$20,000)
- 0 2 Less than \$15,000 If "no," code 03; if "yes," ask 01
(\$10,000 to less than \$15,000)
- 0 1 Less than \$10,000 If "no," code 02
- 0 5 Less than \$35,000 If "no," ask 06
(\$25,000 to less than \$35,000)
- 0 6 Less than \$50,000 If "no," ask 07
(\$35,000 to less than \$50,000)
- 0 7 Less than \$75,000 If "no," code 08
(\$50,000 to less than \$75,000)
- 0 8 \$75,000 or more

Do not read:

- 7 7 Don't know/Not sure
- 9 9 Refused

7.18 Have you used the internet in the past 30 days?

(177)

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

7.19 About how much do you weigh without shoes? (178-181)

NOTE: If respondent answers in metrics, put “9” in column 178.

Round fractions up

— — — —	Weight
(pounds/kilograms)	
7 7 7 7	Don't know/Not sure
9 9 9 9	Refused

7.20 About how tall are you without shoes? (182-185)

NOTE: If respondent answers in metrics, put “9” in column 182.

Round fractions down

— — / — —	Height
(f t / inches/meters/centimeters)	
7 7 / 7 7	Don't know/Not sure
9 9 / 9 9	Refused

If male, go to Q7.22; If female respondent is 45 years old or older, go to Q7.22

7.21 To your knowledge, are you now pregnant? (186)

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

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

7.22 Are you limited in any way in any activities because of physical, mental, or emotional problems? (187)

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

7.23 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (188)

NOTE: Include occasional use or use in certain circumstances.

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

7.24 Are you blind or do you have serious difficulty seeing, even when wearing glasses? (189)

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

7.25 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (190)

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

7.26 Do you have serious difficulty walking or climbing stairs? (191)

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

7.27 Do you have difficulty dressing or bathing? (192)

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

7.28 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (193)

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

Section 8: Tobacco Use

8.1 Have you smoked at least 100 cigarettes in your entire life? (194)

NOTE: 5 packs = 100 cigarettes

- | | | |
|---|---------------------|--------------|
| 1 | Yes | |
| 2 | No | [Go to Q8.5] |
| 7 | Don't know/Not sure | [Go to Q8.5] |
| 9 | Refused | [Go to Q8.5] |

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

8.2 Do you now smoke cigarettes every day, some days, or not at all? (195)

- | | | |
|---|---------------------|--------------|
| 1 | Every day | |
| 2 | Some days | |
| 3 | Not at all | [Go to Q8.4] |
| 7 | Don't know/Not sure | [Go to Q8.5] |
| 9 | Refused | [Go to Q8.5] |

8.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (196)

- | | | |
|---|-----------------------|--------------|
| 1 | Yes | [Go to Q8.5] |
| 2 | No | [Go to Q8.5] |
| 7 | Don't know / Not sure | [Go to Q8.5] |
| 9 | Refused | [Go to Q8.5] |

8.4 How long has it been since you last smoked a cigarette, even one or two puffs? (197-198)

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

9 9 Refused

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

Snus (rhymes with 'goose')

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

(199)

- 1 Every day
- 2 Some days
- 3 Not at all

Do not read:

- 7 Don't know/Not sure
- 9 Refused

Section 9: Alcohol Consumption

9.1 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

(200-202)

- 1 _ _ Days per week
- 2 _ _ Days in past 30 days
- 8 8 8 No drinks in past 30 days **[Go to next section]**
- 7 7 7 Don't know/Not sure **[Go to next section]**
- 9 9 9 Refused **[Go to next section]**

9.2 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?

(203-204)

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
- 7 7 Don't know/Not sure
- 9 9 Refused

9.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X** [CATI **X = 5 for men, X = 4 for women**] or more drinks on an occasion?
(205-206)

— — Number of times
8 8 None
7 7 Don't know/Not sure
9 9 Refused

9.4 During the past 30 days, what is the largest number of drinks you had on any occasion?
(207-208)

— — Number of drinks
7 7 Don't know/Not sure
9 9 Refused

Section 10: Fruits and Vegetables

These next questions are about the fruits and vegetables **you** ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home. I will be asking how often **you** ate or drank each one: for example, once a day, twice a week, three times a month, and so forth.

INTERVIEWER NOTE: If respondent responds less than once per month, put "0" times per month. If respondent gives a number without a time frame, ask: "Was that per day, week, or month?"

10.1 During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice.
(209-211)

1 — — Per day
2 — — Per week
3 — — Per month
5 5 5 Never
7 7 7 Don't know/Not sure
9 9 9 Refused

INTERVIEWER NOTE: Do not include fruit drinks with added sugar or other added sweeteners like Kool-Aid, Hi-C, lemonade, cranberry cocktail, Tampico, Sunny Delight, Snapple, Fruitopia, Gatorade, Power-Ade, or yogurt drinks. Do not include fruit juice drinks that provide 100% daily vitamin C but include added sugar.

Do not include vegetable juices such as tomato and V8 if respondent provides but include in "other vegetables" question 10.6.

DO include 100% pure juices including orange, mango, papaya, pineapple, apple, grape (white or red), or grapefruit. Only count cranberry juice if the R perception is that it is 100% juice with no sugar or artificial sweetener added. 100% juice blends such as orange-pineapple, orange-tangerine, cranberry-grape are also acceptable as are fruit-vegetable 100% blends. 100% pure juice from concentrate (i.e., reconstituted) is counted.

- 10.2** During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit. (212-214)
- | | |
|-------|---------------------|
| 1 _ _ | Per day |
| 2 _ _ | Per week |
| 3 _ _ | Per month |
| 5 5 5 | Never |
| 7 7 7 | Don't know/Not sure |
| 9 9 9 | Refused |

Read only if necessary: "Your best guess is fine. Include apples, bananas, applesauce, oranges, grape fruit, fruit salad, watermelon, cantaloupe or musk melon, papaya, lychees, star fruit, pomegranates, mangos, grapes, and berries such as blueberries and strawberries."

INTERVIEWER NOTE: Do not count fruit jam, jelly, or fruit preserves.

Do not include dried fruit in ready-to-eat cereals.

Do include dried raisins, cran-raisins if respondent tells you - *but due to their small serving size they are not included in the prompt.*

Do include cut up fresh, frozen, or canned fruit added to yogurt, cereal, jello, and other meal items.

Include culturally and geographically appropriate fruits that are not mentioned (e.g. genip, soursop, sugar apple, figs, tamarind, bread fruit, sea grapes, carambola, longans, lychees, akee, rambutan, etc.).

- 10.3** During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans. (215-217)

- | | |
|-------|---------------------|
| 1 _ _ | Per day |
| 2 _ _ | Per week |
| 3 _ _ | Per month |
| 5 5 5 | Never |
| 7 7 7 | Don't know/Not sure |
| 9 9 9 | Refused |

Read only if necessary: "Include round or oval beans or peas such as navy, pinto, split peas, cow peas, hummus, lentils, soy beans and tofu. Do NOT include long green beans such as string beans, broad or winged beans, or pole beans."

INTERVIEWER NOTE: Include soybeans also called edamame, TOFU (BEAN CURD MADE FROM

SOYBEANS), kidney, pinto, hummus, lentils, black, black-eyed peas, cow peas, lima beans and white beans.

Include bean burgers including garden burgers and veggie burgers.

Include falafel and tempeh.

10.4 During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach?

(218-220)

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 5 5 5 Never
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

INTERVIEWER NOTE: Each time a vegetable is eaten it counts as one time.

INTERVIEWER NOTE: Include all raw leafy green salads including spinach, mesclun, romaine lettuce, bok choy, dark green leafy lettuce, dandelions, komatsuna, watercress, and arugula.

Do not include iceberg (head) lettuce if specifically told type of lettuce. Include all cooked greens including kale, collard greens, choys, turnip greens, mustard greens.

10.5 During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?

(221-223)

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 5 5 5 Never
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

Read only if needed: "Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash."

FOR INTERVIEWER: Include all forms of carrots including long or baby-cut.

Include carrot-slaw (e.g. shredded carrots with or without other vegetables or fruit).

Include all forms of sweet potatoes including baked, mashed, casserole, pie, or sweet potatoes fries.

Include all hard-winter squash varieties including acorn, autumn cup, banana, butternut, buttercup, delicate, hubbard, kabocha (Also known as an Ebisu, Delica, Hoka, Hokkaido, or Japanese Pumpkin; blue kuri), and spaghetti squash. Include all forms including soup.

Include pumpkin, including pumpkin soup and pie. Do not include pumpkin bars, cake, bread or other grain-based desert-type food containing pumpkin (i.e. similar to banana bars, zucchini bars we do not include).

10.6 Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.

(224-226)

1 _ _	Per day
2 _ _	Per week
3 _ _	Per month
5 5 5	Never
7 7 7	Don't know/Not sure
9 9 9	Refused

Read only if needed: "Do not count vegetables you have already counted and do not include fried potatoes."

INTERVIEWER NOTE: Include corn, peas, tomatoes, okra, beets, cauliflower, bean sprouts, avocado, cucumber, onions, peppers (red, green, yellow, orange); all cabbage including American-style cole-slaw; mushrooms, snow peas, snap peas, broad beans, string, wax-, or pole-beans.

Include any form of the vegetable (raw, cooked, canned, or frozen).

Do include tomato juice if respondent did not count in fruit juice.

Include culturally and geographically appropriate vegetables that are not mentioned (e.g. daikon, jicama, oriental cucumber, etc.).

Do not include rice or other grains.

Do not include products consumed usually as condiments including ketchup, catsup, salsa, chutney, relish.

Section 11: Exercise (Physical Activity)

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

INTERVIEWER INSTRUCTION: If respondent does not have a “regular job duty” or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.

11.1 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? (227)

- | | | |
|---|---------------------|---------------|
| 1 | Yes | |
| 2 | No | [Go to Q11.8] |
| 7 | Don't know/Not sure | [Go to Q11.8] |
| 9 | Refused | [Go to Q11.8] |

11.2. What type of physical activity or exercise did you spend the most time doing during the past month? (228-229)

- | | | |
|-----|---------------------|-------------------------------------|
| — — | (Specify) | [See Physical Activity Coding List] |
| 7 7 | Don't know/Not sure | [Go to Q11.8] |
| 9 9 | Refused | [Go to Q11.8] |

INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Physical Activity Coding List, choose the option listed as “Other”.

11.3 How many times per week or per month did you take part in this activity during the past month? (230-232)

- | | |
|-------|---------------------|
| 1 _ _ | Times per week |
| 2 _ _ | Times per month |
| 7 7 7 | Don't know/Not sure |
| 9 9 9 | Refused |

11.4 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (233-235)

- | | |
|---------|---------------------|
| _ : _ _ | Hours and minutes |
| 7 7 7 | Don't know/Not sure |
| 9 9 9 | Refused |

11.5 What other type of physical activity gave you the next most exercise during the past month?

(236-237)

__ __	(Specify)	[See Physical Activity Coding List]
8 8	No other activity	[Go to Q11.8]
7 7	Don't know/Not sure	[Go to Q11.8]
9 9	Refused	[Go to Q11.8]

INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Coding Physical Activity List, choose the option listed as "Other".

11.6 How many times per week or per month did you take part in this activity during the past month?

(238-240)

1__	Times per week
2__	Times per month
7 7 7	Don't know/Not sure
9 9 9	Refused

11.7 And when you took part in this activity, for how many minutes or hours did you usually keep at it?

(241-243)

_:__	Hours and minutes
7 7 7	Don't know/Not sure
9 9 9	Refused

11.8 During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.

(244-246)

1__	Times per week
2__	Times per month
8 8 8	Never
7 7 7	Don't know/Not sure
9 9 9	Refused

Section 12: Arthritis Burden

If Q6.9 = 1 (yes) then continue, else go to next section.

Next, I will ask you about your arthritis.

Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint.

- 12.1** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (247)
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused

INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

INTERVIEWER NOTE: Q12.2 should be asked of all respondents regardless of employment status.

- 12.2** In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do? (248)
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused

INTERVIEWER INSTRUCTION: If respondent gives an answer to each issue (whether respondent works, type of work, or amount of work), then if any issue is "yes" mark the overall response as "yes."

If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

- 12.3** During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings? (249)
- Please read [1-3]:**
- 1 A lot
 - 2 A little
 - 3 Not at all

Do not read:

- 7 Don't know/Not sure
- 9 Refused

INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

- 12.4** Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? *Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.* (250-251)

— — Enter number [00-10]
7 7 Don't know/Not sure
9 9 Refused

Section 13: Seatbelt Use

- 13.1** How often do you use seat belts when you drive or ride in a car? Would you say— (252)

Please read:

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

Do not read:

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

Section 14: Immunization

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™.

- 14.1** During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose? (253)

READ IF NECESSARY:

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

- | | | |
|---|---------------------|---------------|
| 1 | Yes | |
| 2 | No | [Go to Q14.4] |
| 7 | Don't know/Not sure | [Go to Q14.4] |
| 9 | Refused | [Go to Q14.4] |

- 14.2** 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? (254-259)

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

- 14.3** At what kind of place did you get your last flu shot/vaccine? (260-261)

Note: Read only if necessary

- | | |
|-----|--|
| 0 1 | A doctor's office or health maintenance organization (HMO) |
| 0 2 | A health department |
| 0 3 | Another type of clinic or health center (Example: a community health center) |
| 0 4 | A senior, recreation, or community center |
| 0 5 | A store (Examples: supermarket, drug store) |
| 0 6 | A hospital (Example: inpatient) |
| 0 7 | An emergency room |
| 0 8 | Workplace |
| 0 9 | Some other kind of place |
| 1 0 | Received vaccination in Canada/Mexico (Volunteered – Do not read) |
| 1 1 | A school |
| 7 7 | Don't know/Not sure (Probe: "How would you describe the place where you went to get your most recent flu vaccine?") |

Do not read:

- | | |
|-----|---------|
| 9 9 | Refused |
|-----|---------|

- 14.4** 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? (262)
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused

Section 15: HIV/AIDS

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.

- 15.1** Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (263)
- 1 Yes
 - 2 No [Go to optional module transition]
 - 7 Don't know/Not sure [Go to optional module transition]
 - 9 Refused [Go to optional module transition]

- 15.2** Not including blood donations, in what month and year was your last HIV test? (264-269)
- 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
7 7 / 7 7 7 7	Don't know/Not sure
9 9 / 9 9 9 9	Refused / Not sure

- 15.3** Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at an emergency room, as an inpatient in a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else? (270-271)
- 0 1 Private doctor or HMO office
 - 0 2 Counseling and testing site
 - 0 9 Emergency room
 - 0 3 Hospital inpatient
 - 0 4 Clinic
 - 0 5 Jail or prison (or other correctional facility)
 - 0 6 Drug treatment facility
 - 0 7 At home
 - 0 8 Somewhere else
 - 7 7 Don't know/Not sure
 - 9 9 Refused

Transition to Modules and State-Added Questions

Please read:

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

Optional Modules

Module 1B: Pre-Diabetes

NOTE: Only asked of those not responding "Yes" (code = 1) to Core Q6.12 (Diabetes awareness question).

1. Have you had a test for high blood sugar or diabetes within the past three years? (287)
- | | |
|---|-----------------------|
| 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).

2. Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes? (288)
- 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 |

Module 2B: Diabetes (asked in Core)

CATI note: To be asked following Core Q6.13; if response to Q6.12 is "Yes" (code = 1)

1. Are you now taking insulin? (289)
- | | |
|---|---------|
| 1 | Yes |
| 2 | No |
| 9 | Refused |

2. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

(290-292)

1	—	—	Times per day
2	—	—	Times per week
3	—	—	Times per month
4	—	—	Times per year
8	8	8	Never
7	7	7	Don't know/Not sure
9	9	9	Refused

Interviewer Note: If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in '98 times per day.'

3. 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.

(293-295)

1	—	—	Times per day
2	—	—	Times per week
3	—	—	Times per month
4	—	—	Times per year
5	5	5	No feet
8	8	8	Never
7	7	7	Don't know/Not sure
9	9	9	Refused

4. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

(296-297)

—	—	Number of times [76 = 76 or more]
8	8	None
7	7	Don't know/Not sure
9	9	Refused

5. 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"?

(298-299)

—	—	Number of times [76 = 76 or more]
8	8	None
9	8	Never heard of "A one C" test
7	7	Don't know/Not sure
9	9	Refused

CATI NOTE: If Q3 = 555 (No feet), go to Q7.

6. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

(300-301)

— — Number of times [76 = 76 or more]
8 8 None
7 7 Don't know/Not sure
9 9 Refused

7. 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.

(302)

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

Do not read:

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

8. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

(303)

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

9. Have you ever taken a course or class in how to manage your diabetes yourself?

(304)

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

Module 4B: Caregiver

People may provide regular care or assistance to a friend or family member who has a health problem or disability.

1. During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability? (313)

INTERVIEWER INSTRUCTIONS: If caregiving recipient has died in the past 30 days, say “I’m so sorry to hear of your loss.” and skip to the next module.

1. Yes
 2. No **[Go to Question 9]**
 7. Don’t know/Not sure **[Go to Question 9]**
 8. Caregiving recipient died in past 30 days **[Go to next module]**
 9. Refused **[Go to Question 9]**
2. What is his or her relationship to you? For example is he or she your (mother or daughter or father or son)?

INTERVIEWER NOTE: If more than one person, say: “Please refer to the person to whom you are giving the most care.”

(314-315)

[DO NOT READ; CODE RESPONSE USING THESE CATEGORIES]

- | | |
|----|----------------------------|
| 01 | Mother |
| 02 | Father |
| 03 | Mother-in-law |
| 04 | Father-in-law |
| 05 | Child |
| 06 | Husband |
| 07 | Wife |
| 08 | Same-sex partner |
| 09 | Brother or brother-in-law |
| 10 | Sister or sister-in-law |
| 11 | Grandmother |
| 12 | Grandfather |
| 13 | Grandchild |
| 14 | Other relative |
| 15 | Non-relative/Family friend |
| 77 | Don’t know/Not sure |
| 99 | Refused |

3. For how long have you provided care for that person? Would you say... (316)

- 1 Less than 30 days
- 2 1 month to less than 6 months
- 3 6 months to less than 2 years
- 4 2 years to less than 5 years
- 5 More than 5 years
- 7 Don't know/Not sure
- 9 Refused

4. In an average week, how many hours do you provide care or assistance? Would you say... (317)

- 1 Up to 8 hours per week
- 2 9 to 19 hours per week
- 3 20 to 39 hours per week
- 4 40 hours or more
- 7 Don't know/Not sure
- 9 Refused

5. What is the main health problem, long-term illness, or disability that the person you care for has? (318-319)

IF NECESSARY: Please tell me which one of these conditions would you say is the *major* problem?

[DO NOT READ: RECORD ONE RESPONSE]

- 1 Arthritis/Rheumatism
- 2 Asthma
- 3 Cancer
- 4 Chronic respiratory conditions such as Emphysema or COPD
- 5 Dementia and other Cognitive Impairment Disorders
- 6 Developmental Disabilities such as Autism, Down's Syndrome, and Spina Bifida
- 7 Diabetes
- 8 Heart Disease, Hypertension
- 9 Human Immunodeficiency Virus Infection (HIV)
- 10 Mental Illnesses, such as Anxiety, Depression, or Schizophrenia
- 11 Other organ failure or diseases such as kidney or liver problems
- 12 Substance Abuse or Addiction Disorders
- 13 Other
- 77 Don't know/Not sure
- 99 Refused

6. In the past 30 days, did you provide care for this person by... (320)

...managing personal care such as giving medications, feeding, dressing, or bathing?

- 1 Yes
- 2 No

- 7 Don't know/Not sure
- 9 Refused

7. In the past 30 days, did you provide care for this person by... (321)

...managing household tasks such as cleaning, managing money, or preparing meals?

- 1 Yes
- 2 No

- 7 Don't know/Not sure
- 9 Refused

8. Of the following support services, which one do you MOST need, that you are not currently getting? (322)

[INTERVIEWER NOTE: IF RESPONDENT ASKS WHAT RESPITE CARE IS]: Respite care means short-term or long-term breaks for people who provide care.

[READ OPTIONS 1 – 6]

- 1 Classes about giving care, such as giving medications
- 2 Help in getting access to services
- 3 Support groups
- 4 Individual counseling to help cope with giving care
- 5 Respite care
- 6 You don't need any of these support services

[DO NOT READ]

- 7 Don't Know /Not Sure
- 9 Refused

[If Q1 = 1 or 8, GO TO NEXT MODULE]

9. In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability? (323)

- 1 Yes
- 2 No

- 7 Don't know/Not sure
- 9 Refused

Module 6B: Cognitive Decline

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

Introduction: 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.

1. During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse? (334)

- 1 Yes
- 2 No **[Go to next module]**

- 7 Don't know/Not sure **[Go to Q2]**
- 9 Refuse **[Go to next module]**

2. 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? (335)

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

- 7 Don't know/Not sure
- 9 Refused

3. As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? (336)

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely **[Go to Q5]**

- | | | |
|---|---------------------|------------|
| 5 | Never | [Go to Q5] |
| 7 | Don't know/Not sure | [Go to Q5] |
| 9 | Refused | [Go to Q5] |

CATI NOTE: If Q3 = 1, 2, or 3, continue. If Q3 = 4, 5, 7, or 9 go to Q5.

4. When you need help with these day-to-day activities, how often are you able to get the help that you need? (337)

Please read:

- | | |
|---|---------------------|
| 1 | Always |
| 2 | Usually |
| 3 | Sometimes |
| 4 | Rarely |
| 5 | Never |
| | |
| 7 | Don't know/Not sure |
| 9 | Refused |

5. 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? (338)

Please read:

- | | |
|---|---------------------|
| 1 | Always |
| 2 | Usually |
| 3 | Sometimes |
| 4 | Rarely |
| 5 | Never |
| | |
| 7 | Don't know/Not sure |
| 9 | Refused |

6. Have you or anyone else discussed your confusion or memory loss with a health care professional? (339)

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

Module 10B: Arthritis Management

CATI NOTE: If Core Q6.9 = 1 (Yes), continue. Otherwise, go to next module.

1. Earlier you indicated that you had arthritis or joint symptoms. Thinking about your arthritis or joint symptoms, which of the following best describes you **today**? (368)

Please read:

- 1 I can do everything I would like to do
- 2 I can do most things I would like to do
- 3 I can do some things I would like to do
- 4 I can hardly do anything I would like to do

Do not read:

- 7 Don't know/Not sure
- 9 Refused

2. Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms? (369)

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

3. Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms? (370)

NOTE: If the respondent is unclear about whether this means an increase or decrease in physical activity, this means increase.

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

4. Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms? (371)

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

Module 16B: Colorectal Cancer Screening

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

The next questions are about colorectal cancer screening.

1. 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? (386)

1	Yes	
2	No	[Go to Q3]
7	Don't know/Not sure	[Go to Q3]
9	Refused	[Go to Q3]

2. How long has it been since you had your last blood stool test using a home kit? (387)

Read only if necessary:

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

Do not read:

7	Don't know/Not sure
9	Refused

3. 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? (388)

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

4. 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? (389)

1	Sigmoidoscopy
2	Colonoscopy
7	Don't know/Not sure
9	Refused

5. How long has it been since you had your last sigmoidoscopy or colonoscopy?

(390)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago

Do not read:

- 7 Don't know/Not sure
- 9 Refused

Module 19A: Industry and Occupation (asked in Core)

CATI Note: Ask after Core Q7.15.

If Core Q7.15 = 1 or 4 (Employed for wages or out of work for less than 1 year) or 2 (Self-employed), continue else go to next module.

Now I am going to ask you about your work.

If Core Q7.15 = 1 (Employed for wages) or 2 (Self-employed) ask,

- 1. What kind of work do you do? (for example, registered nurse, janitor, cashier, auto mechanic)
(402-501)

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

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

[Record answer] _____
99 Refused

Or

If Core Q7.15 = 4 (Out of work for less than 1 year) ask,

What kind of work did you do? (for example, registered nurse, janitor, cashier, auto mechanic)

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

INTERVIEWER NOTE: If respondent had more than one job then ask, "What was your main job?"

[Record answer] _____
99 Refused

If Core Q7.15 = 1 (Employed for wages) or 2 (Self-employed) ask,

2. What kind of business or industry do you work in? (for example, hospital, elementary school, clothing manufacturing, restaurant) (502-601)

[Record answer] _____
99 Refused

Or

If Core Q7.15 = 4 (Out of work for less than 1 year) ask,

What kind of business or industry did you work in? (for example, hospital, elementary school, clothing manufacturing, restaurant)

[Record answer] _____
99 Refused

Module 21AB: Sexual Orientation and Gender Identity

The next two questions are about sexual orientation and gender identity.

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

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

1. Do you consider yourself to be: (610)

Please read:

- | | | |
|---|---|----------------|
| 1 | 1 | Straight |
| 2 | 2 | Lesbian or gay |
| 3 | 3 | Bisexual |

Do not read:

- | | |
|---|---------------------|
| 4 | Other |
| 7 | Don't know/Not sure |
| 9 | Refused |

2. Do you consider yourself to be transgender? (611)

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

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

- | | |
|---|--|
| 1 | Yes, Transgender, male-to-female |
| 2 | Yes, Transgender, female to male |
| 3 | Yes, Transgender, gender nonconforming |
| 4 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

INTERVIEWER NOTE: If asked about definition of transgender:

Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.

INTERVIEWER NOTE: If asked about definition of gender non-conforming:

Some people think of themselves as gender **non-conforming** when they do not identify only as a man or only as a woman.

Module 22A: Random Child Selection

CATI NOTE: If Core Q7.16 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

If Core Q7.16 = 1, Interviewer please read: "Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child." **[Go to Q1]**

If Core Q7.16 is >1 and Core Q7.16 does not equal 88 or 99, Interviewer please read: "Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth."

CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the "Xth" child.

Please substitute "Xth" child's number in all questions below.

INTERVIEWER PLEASE READ:

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

1. What is the birth month and year of the “Xth” child? (612-617)

— / —	Code month and year
7 7 / 7 7 7 7	Don't know/Not sure
9 9 / 9 9 9 9	Refused

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

2. Is the child a boy or a girl? (618)

1	Boy
2	Girl
9	Refused

3. Is the child Hispanic, Latino/a, or Spanish origin? (619-622)

If yes, ask: Are they...

Interviewer NOTE: *One or more categories may be selected*

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

Do not read:

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

4. Which one or more of the following would you say is the race of the child? (623-652)

(Select all that apply)

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

Do not read:

- 60 Other
- 88 No additional choices
- 77 Don't know/Not sure
- 99 Refused

5. Which one of these groups would you say best represents the child's race? (653-654)

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

Do not read:

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

6. How are you related to the child? (655)

Please read:

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

Do not read:

- 7 Don't know/Not sure
- 9 Refused

Module 23A: Childhood Asthma Prevalence

CATI NOTE: If response to Core Q7.16 = 88 (None) or 99 (Refused), go to next module.

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

1. Has a doctor, nurse or other health professional EVER said that the child has asthma? (656)

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

2. Does the child still have asthma? (657)

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

NY State-Added Modules

NY State-Added Module 1A: Asthma Call-Back

If response to Core Q6.4=1 (Adult lifetime=yes) or M21Q01=1 (childhood lifetime=yes) then continue. Otherwise, skip to next module.

1. "We would like to call you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in New York. 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, initials or nickname 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 **[Go to next Module]**

If Q01 = 1:

2. Can I please have your first name, initials or nickname so we will know who to ask for when we call back?

_____ Enter name/initials/nickname (CATI only)

- 7 Don't know/Not sure
- 9 Refused

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

()

- 1 Adult
- 2 Child

If Q01 = 1 and child selected:

3. Can I please have the child's first name, initials or nickname so we will know which child to ask about when we call back?

_____ Enter name/initials/nickname (CATI only)

- 7 Don't know/Not sure
- 9 Refused

4. Are you the parent or guardian in the household who knows the most about (child)'s asthma?

()

- 1 Yes [Go to Q06]
 2 No
 7 Don't know/Not sure
 9 Refused

5. 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.

_____ Enter name/initials/nickname (CATI only)

- 7 Don't know/Not sure
 9 Refused

IF Q04 = 1:

6. What is a good time to call you back? For example, evenings, days or weekends?

IF Q04 = 2:

6. What is a good time to call back and speak with (OthName)? For example, evenings, days or weekends?

_____ Time (CATI only)

- 7 Don't know/Not sure
 9 Refused

NY State-Added Module 2AB: Health Care Access

If Core question Q3.1 (has health care coverage) = 1 (Yes) then continue, else go to Q3.

1. Do you have Medicare?

(281)

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

Note: Medicare is a coverage plan for people age 65 or over and for certain disabled people.

2. What is the primary source of your health care coverage? Is it...

(282-283)

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)

Do not read:

- 77 Don't know/Not sure
- 99 Refused

INTERVIEWER NOTE: If the respondent is unclear on what is meant by “primary” source, ask which type of health care coverage do they use to pay for most of their medical care.

INTERVIEWER NOTE: If the respondent indicates that they purchased health insurance through the Health Insurance Marketplace (“NYState of Health: The Official Plan 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.

- 3. 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. (284)

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.

Do not read:

- 6 Other _____ (specify) (285-309)
- 8 No, I did not delay getting medical care/did not need medical care
- 7 Don't know/Not sure
- 9 Refused

CATI NOTE: If Core Q3.1 = 1 (Has Health Care Coverage=Yes) continue, else go to Q4b.

4a. In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage? (310)

- | | | |
|---|---------------------|------------|
| 1 | Yes | [Go to Q5] |
| 2 | No | [Go to Q5] |
| 7 | Don't know/Not sure | [Go to Q5] |
| 9 | Refused | [Go to Q5] |

CATI Note: If Core Q3.1 = 2, 7, or 9 (Has Health Care Coverage=No, Don't know/Not sure, Refused) continue, else go to Q5.

4b. About how long has it been since you last had health care coverage? (311)

- | | |
|---|--|
| 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 |

5. How many times have you been to a doctor, nurse, or other health professional in the past 12 months? (312-313)

- | | |
|-----|---------------------|
| — — | Number of times |
| 8 8 | None |
| 7 7 | Don't know/Not sure |
| 9 9 | Refused |

6. Was there a time in the past 12 months when you did not take your medication as prescribed because of cost? Do not include over-the-counter (OTC) medication. (314)

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

Do not read:

- | | |
|---|-------------------------------|
| 3 | No medication was prescribed. |
| 7 | Don't know/Not sure |
| 9 | Refused |

7. In general, how satisfied are you with the health care you received? Would you say—
Please read: (315)

- | | |
|---|----------------|
| 1 | Very satisfied |
|---|----------------|

- 2 Somewhat satisfied
- 3 Not at all satisfied

Do not read:

- 8 Not applicable
- 7 Don't know/Not sure
- 9 Refused

8. Do you currently have any health care bills that are being paid off over time? (316)

INTERVIEWER NOTE:

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

INTERVIEWER NOTE: Health care bills can include medical, dental, physical therapy and/or chiropractic cost.

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

NY State-Added Module 3A: Workers Compensation Coverage

If Q7.15 = 5 (A Homemaker), 6 (A Student), 7 (Retired), or 8 (Unable to work), then go to Q1.

If Q7.15 = 1 (Employed for wages), 2 (Self-employed), or 4 (Out of work for less than 1 year), then go to Q2.

If Q7.15 = 3 (Out of work for 1 year or more) or 9 (Refused), then go to the next module.

1. During the past twelve months, have you been employed for any period of time, either part time, full time or self-employed?

- 1 Yes, employed full time or part time.
- 2 Yes, self-employed.
- 3 No. **Go to Next Module**
- 7 Don't know/Not sure. **Go to Next Module**
- 9 Refused. **Go to Next Module**

The next question is about whether you have had a work-related injury. As a reminder, your responses are strictly confidential.

2. During the past 12 months, were you injured seriously enough at your job that you received medical treatment from a doctor, nurse or other health care professional?

- 1 Yes
- 2 No **Go to Next Module**
- 7 Don't know/Not Sure **Go to Next Module**

9 Refused

Go to Next Module

3. How many days after your work-related injury were you able to return to work? Include weekends and scheduled days off or vacation?

Read only if necessary:

- 1 Next day
- 2 One or two
- 3 Three or four
- 4 Five
- 5 Six
- 6 Seven or more
- 7 Don't know/Not sure
- 9 Refused

For your most recent work-related injury, who paid for your medical treatment? Choose all that apply.

Interviewer NOTE: Select all that apply.

Please read:

- 1 Workers' compensation or the State Insurance Fund
- 2 Worker's compensation claim was filed, but it's still pending
- 3 Your own health insurance or health coverage plan
- 4 You or your family; out of pocket – excluding co-pays
- 5 Your employer WITHOUT a workers' compensation claim
- 6 Other source (SPECIFY) _____

Do not read these responses

- 8 No one paid; no treatment
- 7 Don't know/Not sure
- 9 Refused

5. Was your employer aware of the work-related injury??

- 1 Yes
- 2 No

Do not read these responses

- 7 Don't know/Not sure
- 9 Refused

NY State-Added Module 4A: Mental Illness and Stigma

Now, I am going to ask you some questions about how you have been feeling lately.

1. About how often during the past 30 days did you feel **nervous** — would you say **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time?

(418)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know/Not sure
- 9 Refused

2. During the past 30 days, about how often did you feel **hopeless** — **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time?

(419)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know/Not sure
- 9 Refused

3. During the past 30 days, about how often did you feel **restless** or **fidgety**?

[If necessary: all, most, some, a little, or none of the time?]

(420)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know/Not sure
- 9 Refused

4. During the past 30 days, about how often did you feel **so depressed** that nothing could cheer you up?

[If necessary: all, most, some, a little, or none of the time?]

(421)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know/Not sure
- 9 Refused

5. During the past 30 days, about how often did you feel that **everything was an effort**?

Note: If respondent asks what does “everything was an effort” means; say, “Whatever it means to you”

[If necessary: all, most, some, a little, or none of the time?]

(422)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know/Not sure
- 9 Refused

6. During the past 30 days, about how often did you feel **worthless**?

[If necessary: all, most, some, a little, or none of the time?]

(423)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know/Not sure
- 9 Refused

7. During the past 30 days, for about how many days did a mental health condition or emotional problem **keep you from doing** your work or other usual activities?

(424-425)

- — Number of days
- 8 8 None
- 7 7 Don't know/Not sure
- 9 9 Refused

INTERVIEWER NOTE: If asked, "**usual activities**" includes housework, self-care, care giving, volunteer work, attending school, studies, or recreation.

8. Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?

(426)

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

These next questions ask about peoples' attitudes toward mental illness and its treatment.

9. Treatment can help people with mental illness lead normal lives. Do you **—agree** slightly or strongly, or **disagree** slightly or strongly?

(427)

Read only if necessary:

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly

Do not read:

- 7 Don't know/Not sure
- 9 Refused

10. People are generally caring and sympathetic to people with mental illness. Do you – **agree** slightly or strongly, or **disagree** slightly or strongly?

(428)

Read only if necessary:

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly

Do not read:

- 7 Don't know/Not sure
- 8 Refused

INTERVIEWER NOTE: If asked for the purpose of Q9 or Q10: say: “answers to these questions will be used by health planners to help understand public attitudes about mental illness and its treatment and to help guide health education programs”.

NY State-Added Module 5A: Sugar Drinks

Now I would like to ask you some questions about sugary beverages.

1. During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.

()

Please read:

You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.

- 1 __ Times per day
- 2 __ Times per week
- 3 __ Times per month

Do not read:

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

2. During the past 30 days, how often did you drink sugar-sweetened fruit drinks (such as Kool-Aid and lemonade), sweet tea, and sports or energy drinks (such as Gatorade and Red Bull)? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks.
()

Please read: You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.

1 __ Times per day
2 __ Times per week
3 __ Times per month

Do not read:

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

NY State-Added Module 6A: Hepatitis Testing Law

1. Have you heard of hepatitis C?
()
- 1 Yes
2 No
7 Don't know/Not sure
9 Refused

Interviewer note: Hepatitis C is an infectious disease affecting the liver, caused by the hepatitis C virus (HCV). It is spread by blood-to-blood contact. It should not be confused with hepatitis A or hepatitis B both of which you can be vaccinated for.

2. Have you ever been tested for hepatitis C (HCV)? Do not count tests you may have had as part of a blood donation.
()
- 1 Yes
2 No [Go to Q.4]
7 Don't know/Not sure [Go to Q.4]
9 Refused [Go to Q.4]

3. Not including blood donations, in what month and year was your last HCV test?
()

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

7 7/ 7 7 7 7 Don't know/Not sure
9 9/ 9 9 9 9 Refused

Next, I am going to ask you some questions about your recent medical care visits and whether you have been offered a hepatitis C (HCV) test in various settings.

4. In the past 12 months, have you received medical care at an inpatient unit of a hospital? ()

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

5. Were you offered an HCV test while receiving care at an inpatient unit of a hospital? ()

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

6. Did you accept the HCV test that was offered by a medical care provider at the inpatient unit of a hospital? ()

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

Interviewer note: Question 7 is referencing **primary care** providers which include:

Physicians, physician assistants, and nurse practitioners practicing in any the following specialties in hospitals, hospital outpatient clinics, community health centers, or private single/group practices:

- Family medicine
- General pediatrics
- Internal medicine
- Obstetrics or gynecology

Providers **not** considered to be primary care include physicians, physician assistants and nurse practitioners in the following specialties:

- Allergy and Immunology
- Anesthesiology
- Dermatology
- Cardiology
- Endocrinology
- Gastroenterology
- Oncology and Hematology
- Hospice and Palliative Medicine
- Nephrology
- Pulmonary Disease
- Rheumatology
- Neurology
- Neurosurgery

- Ophthalmology
- Orthopedic Surgery
- Otolaryngology (E.N.T.)
- Psychiatry
- Radiology
- Surgery
- Urology

Other non-primary care providers include:

- Alternative therapists (e.g., acupuncturists, herbalists)
- Audiologists
- Dentists and orthodontists
- Nurses, nurse anesthetists and nurses aides
- Podiatrists
- Therapists (occupational, physical, radiation, recreational, respiratory, speech-language, exercise)

7. In the past 12 months, have you received medical care from a primary care provider? ()
- | | | |
|---|---------------------|-------------------------------|
| 1 | Yes | |
| 2 | No | [STOP, go to the next module] |
| 7 | Don't know/Not sure | [STOP, go to the next module] |
| 9 | Refused | [STOP, go to the next module] |
8. Were you offered an HCV test by your primary care provider? ()
- | | | |
|---|---------------------|-------------------------------|
| 1 | Yes | |
| 2 | No | [STOP, go to the next module] |
| 7 | Don't know/Not sure | [STOP, go to the next module] |
| 9 | Refused | [STOP, go to the next module] |
9. Did you accept the HCV test that was offered by your primary care provider? ()
- | | | |
|---|---------------------|--|
| 1 | Yes | |
| 2 | No | |
| 7 | Don't know/Not sure | |
| 9 | Refused | |

NY State-Added Module 7A: Participation in Chronic Disease Self-Management

CATI NOTE: If Core Q6.1 or Q 6.2 or Q6.3 or Q6.4 or Q6.7 or Q6.8 or Q6.9 or Q6.11 or Q6.12 = 1 (Yes), continue. Otherwise, go to next module.

CATI note: To be asked of respondents who answered “yes” to any of the core/rotating core questions that ask if the respondent has been diagnosed with a chronic illness; otherwise skip to next section.

- o Diabetes
- o Heart Attack
- o Angina/Coronary Heart Disease
- o Stroke
- o Asthma
- o Arthritis
- o Cancer (other than skin cancer)
- o Chronic Obstructive Pulmonary Disease (COPD)
- o Chronic Kidney Disease

The next question is about chronic illnesses, these are illnesses that last for more than 3 months, for example, asthma, diabetes, arthritis and heart disease.

1. You said that a medical professional has told you that you have or have had [CATI
NOTE: fill in illnesses from previous questions – heart attack, diabetes, asthma, stroke...].
 During the last 12 months, have you taken a course or class to teach you about how to manage
 problems related to (this/these) chronic illness(es)?" ()

Interviewer notes: A course or class is defined as 6 weeks or more (in person or online)

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

NY State-Added Module 8B: Participation in Life-style Change Program

1. Have you ever attended a lifestyle change program, such as the diabetes Prevention Program, in order to improve your health or prevent diabetes?

()

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

NY State-Added Module 9B: Oral Health

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

()

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

Do not read:

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

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

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

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

()

NY State-Added Module 10B: Hearing Disability

1. Do you have serious difficulty hearing or are you deaf?

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

NY State-Added Module 11B: Access to Fruits and Vegetables

1. When you or someone in your household shops for fresh fruits or vegetables, do you buy them in your community or neighborhood?

- 1 Yes, in my community or neighborhood **[Go to next module]**
- 2 No, someplace else
- 7 Don't know/Not sure **[Go to next module]**
- 9 Refused **[Go to next module]**

2. What is the main reason you or someone in your household does not buy fresh fruits and vegetables in your community or neighborhood?

Read only if necessary:

- 01 No stores in my community or neighborhood
- 02 Stores in my community or neighborhood have poor quality fruits and vegetables
- 03 Stores in my community or neighborhood are too expensive
- 04 Stores in my community or neighborhood have poor quality service
- 05 I feel uncomfortable in stores in my community or neighborhood
- 06 Don't cook

- 07 Don't eat fresh fruits or vegetables
- 08 Other (SPECIFY) _____
- 77 Don't know/Not sure
- 99 Refused

NY State-Added Module 12B: Social Context

Now, I am going to ask you about several factors that can affect a person's health.

If Core Q7.8 = 1 or 2 (own or rent) continue, else go to Q2.

1. 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 ---

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

Do not read:

- 8 Not applicable
- 7 Don't know/Not sure
- 9 Refused

2. 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 ---

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

Do not read:

- 8 Not applicable
- 7 Don't know/Not sure
- 9 Refused



Closing Statement

Closing Statement

Please read:

That was my last question. Everyone's answers will be combined to help us provide information about the health practices of people in New York State. Thank you very much for your time and cooperation.

Activity List for Common Leisure Activities (To be used for Section 11: Physical Activity)

Code Description (Physical Activity, Questions 11.2 and 11.5 above)

0 1 Active Gaming Devices (Wii Fit, Dance Dance revolution)	4 1 Rugby
0 2 Aerobics video or class	4 2 Scuba diving
0 3 Backpacking	4 3 Skateboarding
0 4 Badminton	4 4 Skating – ice or roller
0 5 Basketball	4 5 Sledding, tobogganing
0 6 Bicycling machine exercise	4 6 Snorkeling
0 7 Bicycling	4 7 Snow blowing
0 8 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)	4 8 Snow shoveling by hand
0 9 Bowling	4 9 Snow skiing
1 0 Boxing	5 0 Snowshoeing
1 1 Calisthenics	5 1 Soccer
1 2 Canoeing/rowing in competition	5 2 Softball/Baseball
1 3 Carpentry	5 3 Squash
1 4 Dancing-ballet, ballroom, Latin, hip hop, Zumba, etc.	5 4 Stair climbing/Stair master
1 5 Elliptical/EFX machine exercise	5 5 Stream fishing in waders
1 6 Fishing from river bank or boat	5 6 Surfing
1 7 Frisbee	5 7 Swimming
1 8 Gardening (spading, weeding, digging, filling)	5 8 Swimming in laps
1 9 Golf (with motorized cart)	5 9 Table tennis
2 0 Golf (without motorized cart)	6 0 Tai Chi
2 1 Handball	6 1 Tennis
2 2 Hiking – cross-country	6 2 Touch football
2 3 Hockey	6 3 Volleyball
2 4 Horseback riding	6 4 Walking
2 5 Hunting large game – deer, elk	6 6 Waterskiing
2 6 Hunting small game – quail	6 7 Weight lifting
2 7 Inline Skating	6 8 Wrestling
2 8 Jogging	6 9 Yoga
2 9 Lacrosse	7 1 Childcare
3 0 Mountain climbing	7 2 Farm/Ranch Work (caring for livestock, stacking hay, etc.)
3 1 Mowing lawn	7 3 Household Activities (vacuuming, dusting, home repair, etc.)
3 2 Paddleball	7 4 Karate/Martial Arts
3 3 Painting/papering house	7 5 Upper Body Cycle (wheelchair sports, ergometer, etc.)
3 4 Pilates	7 6 Yard work (cutting/gathering wood, trimming hedges etc.)
3 5 Racquetball	
3 6 Raking lawn	
3 7 Running	
3 8 Rock Climbing	
3 9 Rope skipping	9 8 Other_____
4 0 Rowing machine exercise	9 9 Refused