



2014

**Behavioral Risk Factor Surveillance System
Questionnaire**

December 4, 2013

Behavioral Risk Factor Surveillance System 2014 Questionnaire

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Interviewer's Script

HELLO, I am calling for the New York State Health Department. My name is (name) . We are gathering information about the health of New York 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 6



To the correct respondent:

HELLO, I am calling for the New York State Health Department. My name is ____ **(name)** _____. We are gathering information about the health of New York 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.

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 —? (80)
- 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? (81–82)
- | | | |
|---|---|-----------------------|
| — | — | 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? (83–84)

—	—	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? (85–86)

—	—	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? (87)

1	Yes	[If PPHF state go to Module 4, Question 1, else continue]
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?” (88)

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? (89)

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

CATI Note: If PPHF State go to Module 4, Question 3, else continue

- 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. (90)
- 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 PPHF State and Q3.1 = 1 go to Module 4, Question 4a or if PPHF State and Q3.1 = 2, 7, or 9 go to Module 4, Question 4b, or if not a PPHF State go to next section.

Section 4: Exercise

- 4.1** 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? (91)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 5: Inadequate Sleep

I would like to ask you about your sleep pattern.

- 5.1** 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.

- (92-93)
- — Number of hours [01-24]
 - 7 7 Don't know / Not sure
 - 9 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? (94)
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |
- 6.2** (Ever told) you had angina or coronary heart disease? (95)
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |
- 6.3** (Ever told) you had a stroke? (96)
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |
- 6.4** (Ever told) you had asthma? (97)
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |
- [Go to Q6.6]
[Go to Q6.6]
[Go to Q6.6]
- 6.5** Do you still have asthma? (98)
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

6.6 (Ever told) you had skin cancer?

(99)

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

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

(100)

- 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?

(101)

- 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?

(102)

- 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?

(103)

- 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.

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

(104)

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

6.12 (Ever told) you have diabetes?

(105)

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?

(106-107)

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

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

Section 7: Oral Health

- 7.1** 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. (108)

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

- 7.2** 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.

(109)

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

Section 8: Demographics

- 8.1** What is your age? (110-111)

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

8.2 Are you Hispanic, Latino/a, or Spanish origin?

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

8.3 Which one or more of the following would you say is your race?

(116-143)

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 Q8.3; continue. Otherwise, go to Q8.5.

8.4 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.

(144-145)

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

8.5 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.
(146)

- 1 Yes
- 2 No

Do not read:

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

8.6 Are you...?

(147)

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

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

(148-149)

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

8.8 What is the highest grade or year of school you completed?

(150)

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

8.9 Are you currently...?

(151)

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

8.10 Is your annual household income from all sources—

(152-153)

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

- 8.11** About how much do you weigh without shoes? (154-157)

NOTE: If respondent answers in metrics, put "9" in column 154.

Round fractions up

Weight

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

- 8.12** About how tall are you without shoes? (158-161)

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

Round fractions down

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

- 8.13** What county do you live in? (162-164)

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

- 8.14** What is the ZIP Code where you live? (165-169)

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

8.15 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. (170)

- | | | |
|---|-----------------------|---------------|
| 1 | Yes | |
| 2 | No | [Go to Q8.17] |
| 7 | Don't know / Not sure | [Go to Q8.17] |
| 9 | Refused | [Go to Q8.17] |

8.16 How many of these telephone numbers are residential numbers? (171)

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

8.17 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (172)

- | | | |
|---|-----------------------|---------------|
| 1 | Yes | [Go to Q8.19] |
| 2 | No | [Go to Q8.19] |
| 7 | Don't know / Not sure | [Go to Q8.19] |
| 9 | Refused | [Go to Q8.19] |

8.18 Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone? (173-175)

- | | |
|-------|--------------------------|
| — — — | Enter percent (1 to 100) |
| 8 8 8 | Zero |
| 7 7 7 | Don't know / Not sure |
| 9 9 9 | Refused |

8.19 Have you used the internet in the past 30 days? (176)

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

8.20 Do you own or rent your home?

(177)

- 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.

8.21 Indicate sex of respondent. **Ask only if necessary.**

(178)

- 1 Male **[Go to Q8.23]**
- 2 Female **[If respondent is 45 years old or older, go to Q8.23]**

8.22 To your knowledge, are you now pregnant?

(179)

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

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

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

(180)

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

8.24 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?

(181)

NOTE: Include occasional use or use in certain circumstances.

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

8.25 Are you blind or do you have serious difficulty seeing, even when wearing glasses? (182)

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

8.26 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (183)

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

8.27 Do you have serious difficulty walking or climbing stairs? (184)

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

8.28 Do you have difficulty dressing or bathing? (185)

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

8.29 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (186)

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

Section 9: Tobacco Use

9.1 Have you smoked at least 100 cigarettes in your entire life?

(187)

NOTE: 5 packs = 100 cigarettes

- | | | |
|---|-----------------------|--------------|
| 1 | Yes | |
| 2 | No | [Go to Q9.5] |
| 7 | Don't know / Not sure | [Go to Q9.5] |
| 9 | Refused | [Go to Q9.5] |

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."

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

(188)

- | | | |
|---|-----------------------|--------------|
| 1 | Every day | |
| 2 | Some days | |
| 3 | Not at all | [Go to Q9.4] |
| 7 | Don't know / Not sure | [Go to Q9.5] |
| 9 | Refused | [Go to Q9.5] |

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

(189)

- | | | |
|---|-----------------------|--------------|
| 1 | Yes | [Go to Q9.5] |
| 2 | No | [Go to Q9.5] |
| 7 | Don't know / Not sure | [Go to Q9.5] |
| 9 | Refused | [Go to Q9.5] |

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

(190-191)

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

9.5 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. (192)

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

Do not read:

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

Section 10: Alcohol Consumption

10.1 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? (193-195)

- 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]**

10.2 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? (196-197)

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

10.3 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? (198-199)

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

- 10.4** During the past 30 days, what is the largest number of drinks you had on any occasion?
(200-201)
- | | |
|-----|-----------------------|
| -- | Number of drinks |
| 7 7 | Don't know / Not sure |
| 9 9 | Refused |

Section 11: 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™.

- 11.1** During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?
(202)

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 Q11.3] |
| 7 | Don't know / Not sure | [Go to Q11.3] |
| 9 | Refused | [Go to Q11.3] |

- 11.2** 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?
(203-208)

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

- 11.3** 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?
(209)

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

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

The next question is about the Shingles vaccine.

11.4 Have you ever had the shingles or zoster vaccine? (210)

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

INTERVIEWER NOTE (Read if necessary): Shingles is caused by the chicken pox virus. It is an outbreak of rash or blisters on the skin that may be associated with severe pain. A vaccine for shingles has been available since May 2006; it is called Zostavax®, the zoster vaccine, or the shingles vaccine.

Section 12: Falls

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

Next, I will ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

12.1 In the past 12 months, how many times have you fallen? (211-212)

- | | | |
|-----|-----------------------|-----------------------------|
| — — | Number of times | [76 = 76 or more] |
| 8 8 | None | [Go to next section] |
| 7 7 | Don't know / Not sure | [Go to next section] |
| 9 9 | Refused | [Go to next section] |

12.2 **[Fill in “Did this fall (from Q12.1) cause an injury?”]. If only one fall from Q12.1 and response is “Yes” (caused an injury); code 01. If response is “No,” code 88.**

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

(213-214)

- | | | |
|-----|-----------------------|--------------------------|
| — — | Number of falls | [76 = 76 or more] |
| 8 8 | None | |
| 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— (215)

Please read:

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

Do not read:

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

CATI note: If Q13.1 = 8 (Never drive or ride in a car), go to Section 15; otherwise continue.

Section 14: Drinking and Driving

CATI note: If Q10.1 = 888 (No drinks in the past 30 days); go to next section.

The next question is about drinking and driving.

14.1 During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (216-217)

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

Section 15: Breast and Cervical Cancer Screening

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

The next questions are about breast and cervical cancer.

15.1 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (218)

- | | | |
|---|-----------------------|---------------|
| 1 | Yes | |
| 2 | No | [Go to Q15.3] |
| 7 | Don't know / Not sure | [Go to Q15.3] |
| 9 | Refused | [Go to Q15.3] |

15.2 How long has it been since you had your last mammogram? (219)

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 |

15.3 A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam? (220)

- | | | |
|---|-----------------------|---------------|
| 1 | Yes | |
| 2 | No | [Go to Q15.5] |
| 7 | Don't know / Not sure | [Go to Q15.5] |
| 9 | Refused | [Go to Q15.5] |

15.4 How long has it been since your last breast exam?

(221)

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

15.5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?

(222)

- 1 Yes
- 2 No **[Go to Q15.7]**
- 7 Don't know / Not sure **[Go to Q15.7]**
- 9 Refused **[Go to Q15.7]**

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

(223)

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

CATI note: If response to Core Q8.22 = 1 (is pregnant); then go to next section.

15.7 Have you had a hysterectomy?

(224)

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

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

Section 16: Prostate Cancer Screening

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

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

16.1 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? (225)

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

16.2 Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test? (226)

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

16.3 Has a doctor, nurse, or other health professional EVER recommended that you have a PSA test? (227)

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

16.4. Have you EVER HAD a PSA test? (228)

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

16.5. How long has it been since you had your last PSA test? (229)

Read only if necessary:

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

Do not read:

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

16.6. What was the MAIN reason you had this PSA test – was it ...?

(230)

Please read:

- 1 Part of a routine exam
- 2 Because of a prostate problem
- 3 Because of a family history of prostate cancer
- 4 Because you were told you had prostate cancer
- 5 Some other reason

Do not read:

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

Section 17: Colorectal Cancer Screening

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

The next questions are about colorectal cancer screening.

17.1 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?

(231)

- 1 Yes
- 2 No **[Go to Q17.3]**
- 7 Don't know / Not sure **[Go to Q17.3]**
- 9 Refused **[Go to Q17.3]**

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

(232)

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

17.3 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? (233)

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

17.4 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? (234)

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

17.5 How long has it been since you had your last sigmoidoscopy or colonoscopy? (235)

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

Section 18: 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.

18.1 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. (236)

- 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]

18.2 Not including blood donations, in what month and year was your last HIV test? (237-242)

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

18.3 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? (243-244)

- 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

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

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 this state. Thank you very much for your time and cooperation.

Or

Transition to modules and/or state-added questions

Please read:

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

Optional Modules

Module 1A: 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?

(255)

- 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?

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

(256)

- 1 Yes
- 2 Yes, during pregnancy
- 3 No
- 7 Don't know / Not sure
- 9 Refused

Module 4AB: Health Care Access

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 indicates that they purchased health insurance through the Health Insurance Marketplace (name of state Marketplace), ask if it was a private health insurance plan purchased on their own or by a family member (private) or if they received Medicaid (state plan)? If purchased on their own (or by a family member), select 02, if Medicaid select 04.

CATI NOTE: If PPHF State, go to Core Q3.2.

- 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 PPHF State, go to Core Q3.4.

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

CATI NOTE: If PPHF state, Go to Core Section 4.

Module 5B: Alcohol Screening & Brief Intervention (ASBI)

If Core Q3.4 = 1, or 2 (had a checkup within the past 2 years) continue, else go to next module.

Healthcare providers may ask during routine checkups about behaviors like alcohol use, whether you drink or not. We want to know about their questions.

- 1 You told me earlier that your last routine checkup was [within the past year/within the past 2 years]. At that checkup, were you asked in person or on a form if you drink alcohol? (317)

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

2. Did the health care provider ask you in person or on a form how much you drink? (318)

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

3. Did the healthcare provider specifically ask whether you drank [5 FOR MEN /4 FOR WOMEN] or more alcoholic drinks on an occasion? (319)

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

4. Were you offered advice about what level of drinking is harmful or risky for your health?

1 Yes (320)
2 No
7 Don't know / Not sure
9 Refused

CATI: If question 1, 2, or 3 = 1 (Yes) continue, else go to next module.

5. Healthcare providers may also advise patients to drink less for various reasons. At your last routine checkup, were you advised to reduce or quit your drinking? (321)

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

Module 14A: Industry and Occupation

If Core Q8.9 = 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 Q8.9 = 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) (373-472)

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 Q8.9 = 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 Q8.9 = 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) (473-572)

[Record answer] _____
99 Refused

Or

If Core Q8.9 = 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 16AB: 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: (582)

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? (583)

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

- 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 transgendered. 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 17A: Random Child Selection

CATI note: If Core Q8.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

If Core Q8.7 = 1, Interviewer please read: "Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child." **[Go to Q1]**

If Core Q8.7 is >1 and Core Q8.7 does not equal 88 or 99, Interviewer please read: "Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth."

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? (584-589)

__/__/__	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 \geq 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

2. Is the child a boy or a girl? (590)

1	Boy
2	Girl
9	Refused

3. Is the child Hispanic, Latino/a, or Spanish origin? (591-594)

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? (595-622)

(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? (623-624)

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

6. How are you related to the child?

(625)

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 18A: Childhood Asthma Prevalence

CATI note: If response to Core Q8.7 = 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?

(626)

- 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?

(627)

- 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 C07.4=1 (Adult lifetime=yes) or M21Q01=1 (childhood lifetime=yes)

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?"

(630)

- 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? (631)

- 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? (851)

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 2A: 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. (852-854)

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.
(855-857)

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 3A: Participation in Chronic Disease Self-Management

CATI NOTE: If 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 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)?
(858)

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 4A: 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? (859)

- 1 Yes
- 2 No
- 7 Don't Know
- 9 Refused

NY State-Added Module 5A: Cancer Survivorship

CATI note: If Core Q6.6 = 1 (Yes) or Core Q6.7 = 1 (Yes)

1. Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received? (860)

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

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

2. Have you EVER received instructions from a doctor, nurse, or other health professional about where you should return or who you should see for routine cancer check-ups after completing your treatment for cancer? (861)

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

3. With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? (862)

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

INTERVIEWER NOTE: "Health insurance" also includes Medicare, Medicaid, or other types of state health programs.

4. Were you EVER denied health insurance or life insurance coverage because of your cancer? (863)
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

NY State-Added Module 6A: Hepatitis Testing Law

1. Have you heard of hepatitis C? (864)
- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't Know |
| 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. (865)
- | | | |
|---|-----------------------|-------------|
| 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? (866-871)

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? (872)
- | | | |
|---|------------|-------------|
| 1 | Yes | |
| 2 | No | [Go to Q.7] |
| 7 | Don't know | [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? (873)

- 1 Yes
- 2 No [Go to Q.7]
- 7 Don't know [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? (874)

- 1 Yes
- 2 No
- 7 Don't know
- 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? (875)
- | | | |
|---|------------|-------------------------------|
| 1 | Yes | |
| 2 | No | [STOP, go to the next module] |
| 7 | Don't know | [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? (876)
- | | | |
|---|------------|-------------------------------|
| 1 | Yes | |
| 2 | No | [STOP, go to the next module] |
| 7 | Don't know | [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? (877)
- | | | |
|---|------------|--|
| 1 | Yes | |
| 2 | No | |
| 7 | Don't know | |
| 9 | Refused | |

NY State-Added Module 7B: Sexual Behavior/STD Awareness

Nationally, 1 in 4 teens will get a sexually transmitted disease such as chlamydia, herpes, or HPV. The next set of questions will help us know what STD prevention policies the public most supports for adolescents.

1. How familiar are you with the sex education programs in your community's schools? Would you say you are very familiar, somewhat familiar, not too familiar, or not at all familiar? (878)
- | | |
|---|---------------------|
| 1 | Very familiar |
| 2 | Somewhat familiar |
| 3 | Not too familiar |
| 4 | Not familiar at all |
| 7 | Don't Know/not sure |
| 9 | Refused |

In New York state, boards of education may make condoms available to students as part of a school district's AIDS instruction program, with an approved condom availability plan. This would let students get condoms, along with information on STDs and pregnancy prevention, from trained school staff like nurses or health teachers.

2. Do you support or oppose condom availability in your local high school?

- 1 Support
- 2 Oppose
- 3 No Opinion
- 7 Don't Know/not sure
- 9 Refused

3. Do you support or oppose condom availability in your local middle school/junior high? (880)

- 1 Support
- 2 Oppose
- 3 No Opinion
- 7 Don't Know/not sure
- 9 Refused

4. What concerns you more? (881)

- 1 That providing information about how to obtain and use condoms and other contraception might encourage teens to have sexual intercourse, or
- 2 That not providing information about how to obtain and use condoms and other contraception might mean more teens will have unsafe sexual intercourse
- 7 Don't Know/not sure
- 9 Refused

5. About what percentage of 12th graders in New York do you think report they have had sexual intercourse – 20%, 40%, 60% or 80%? (882)

- 1 20%
- 2 40%
- 3 60%
- 4 80%
- 7 Don't know/Not sure
- 9 Refused

NY State-Added Module 8B: Cognitive Impairment

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. This **refers to** things like confusion or memory loss that are happening more often or getting worse. We want to know how these difficulties impact you or someone in your household.

1. During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse? (883)

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

CATI NOTE: If 1 adult in household and Q1 = 1 (Yes), go to Q4; otherwise, go to next module.

CATI NOTE: If number of adults > 1, go to Q2.

2. **[If Q1 = 1];** Not including yourself], how many adults 18 or older in your household experienced confusion or memory loss that is happening more often or is getting worse during the past 12 months? (884)
- | | |
|---|---|
| — | Number of people [6 = 6 or more] |
| 8 | NONE |
| 7 | Don't know / Not sure |
| 9 | Refused |

CATI NOTE: If Q1 = 1 and Q2 > 6, go to Q4.

CATI NOTE: If number of adults > 1 and Q2 < 7; continue. Otherwise, go to next module.

CATI NOTE: If Q2 < 7; go to Q3. Otherwise, go to next module.

3. Of these people, please select the person who had the most recent birthday. How old is this person? (885-886)

Read only if necessary:

- | | |
|-----|-----------|
| 0 1 | Age 18-29 |
| 0 2 | Age 30-39 |
| 0 3 | Age 40-49 |
| 0 4 | Age 50-59 |
| 0 5 | Age 60-69 |
| 0 6 | Age 70-79 |
| 0 7 | Age 80-89 |
| 0 8 | Age 90 + |

Do not read:

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

CATI NOTE: If Q1 ≠ 1 (Yes); read: "For the next set of questions we will refer to the person you identified as 'this person'."

INTERVIEWER NOTE: Repeat definition only as needed: "For these questions, please think about confusion or memory loss that is happening more often or getting worse."

4. During the past 12 months, how often **[If Q1 = 1 (Yes): insert "have you;" otherwise, insert "has this person"]** given up household activities or chores **[If Q1 = 1 (Yes): insert "you;" otherwise, insert "they"]** used to do, because of confusion or memory loss that is happening more often or is getting worse? (887)

Please read:

- | | |
|---|--------|
| 1 | Always |
|---|--------|

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

Do not read:

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

5. As a result of **[If Q1 = 1 (Yes): insert "your;" otherwise, insert "this person's"]** confusion or memory loss, in which of the following four areas **[If Q1 = 1 (Yes): insert "do you;" otherwise, insert "does this person"]** need the MOST assistance? (888)

- 1 Safety **[read only if necessary:** such as forgetting to turn off the stove or falling]
- 2 Transportation **[read only if necessary:** such as getting to doctor's appointments]
- 3 Household activities **[read only if necessary:** such as managing money or housekeeping]
- 4 Personal care **[read only if necessary:** such as eating or bathing]

Do not read:

- 5 Needs assistance, but not in those areas
- 6 Doesn't need assistance in any area
- 7 Don't know / Not sure
- 9 Refused

6. During the past 12 months, how often has confusion or memory loss interfered with **[If Q1 = 1 (Yes): insert "your;" otherwise, insert "this person's"]** ability to work, volunteer, or engage in social activities? (889)

Please read:

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

Do not read:

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

7. During the past 30 days, how often **[If Q1 = 1 (Yes): insert "has;" otherwise, insert "have you,"]** a family member or friend provided any care or assistance for **[If Q1 = 1 (Yes): "you;" otherwise, insert "this person"]** because of confusion or memory loss? (890)

Please read:

- 1 Always

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

Do not read:

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

8. Has anyone discussed with a health care professional, increases in **[If Q1 = 1 (Yes): insert "your;" otherwise, insert "this person's"]** confusion or memory loss? (891)

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

9. Have **[If Q1 = 1 (Yes): insert "Have you;" otherwise, insert "has this person"]** received treatment such as therapy or medications for confusion or memory loss? (892)

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

10. Has a health care professional ever said that **[If Q1 = 1 (Yes): insert "you have;" otherwise, insert "this person has"]** Alzheimer's disease or some other form of dementia? (893)

- 1 Yes, Alzheimer's Disease
- 2 Yes, some other form of dementia but not Alzheimer's Disease
- 3 No diagnosis has been given
- 7 Don't know / Not sure
- 8 Refused

NY State-Added Module 9B: Caregiver

People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

1. During the past month, did you provide any such care or assistance to a friend or family member? (894)

- 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. What age is the person to whom you are giving care?

INTERVIEWER NOTE: If more than one person, ask: "What is the age of the person to whom you are giving the most care?"

(895-897)

— — — Code age in years [0-115]
 7 7 7 Don't know / Not sure
 9 9 9 Refused

The remainder of these questions will be about the person to whom you are giving the most care.

3. Is this person male or female?

(898)

1 Male
 2 Female
 9 Refused

4. What is his/her relationship to you?

(899-900)

Read only if necessary: "For example is he/she your (mother/daughter or father/son)?"

Do not read:

0 1 Parent
 0 2 Parent-in-law
 0 3 Child
 0 4 Spouse
 0 5 Sibling
 0 6 Grandparent
 0 7 Grandchild
 0 8 Other Relative
 0 9 Non-relative
 7 7 Don't know / Not sure
 9 9 Refused

5. For how long have you provided care for [CATI: code from Q4]. If Q4 = 77 (Don't know/not sure) or 99 (Refused); say: "that person."
NOTE: Code using respondent's unit of time.

(901-903)

1 — Days
 2 — Weeks
 3 — Months
 4 — Years
 7 7 7 Don't know / Not sure
 9 9 9 Refused

6. What has a doctor said is the major health problem, long-term illness, or disability that the person you care for has? [Check only one condition].

(904-905)

Do not read:

Physical Health Condition/Disease

- 0 1 Arthritis/Rheumatism
- 0 2 Asthma
- 0 3 Cancer
- 0 4 Diabetes
- 0 5 Heart Disease
- 0 6 Hypertension/High Blood Pressure
- 0 7 Lung Disease/Emphysema
- 0 8 Osteoporosis
- 0 9 Parkinson's Disease
- 1 0 Stroke

Disability

- 1 1 Eye/Vision Problem (blindness)
- 1 2 Hearing Problems (deafness)
- 1 3 Multiple Sclerosis (MS)
- 1 4 Spinal Cord Injury
- 1 5 Traumatic Brain Injury (TBI)

Learning/Cognition

- 1 6 Alzheimer's Disease or Dementia
- 1 7 Attention-Deficit Hyperactivity Disorder (ADHD)
- 1 8 Learning Disabilities (LD)

Developmental Disability

- 1 9 Cerebral Palsy (CP)
- 2 0 Down's Syndrome
- 2 1 Other developmental disability (e.g., spinal bifida, muscular dystrophy, fragile X)

Mental Health

- 2 2 Anxiety
- 2 3 Depression
- 2 4 Other
- 7 7 Don't know / Not sure
- 9 9 Refused

7. In which one of the following areas does the person you care for **most** need your help?
(906-907)

Please read:

- 0 1 Taking care of himself/herself, such as eating, dressing, or bathing
- 0 2 Taking care of his/her residence or personal living spaces, such as cleaning, managing money, or preparing meals
- 0 3 Communicating with others
- 0 4 Learning or remembering
- 0 5 Seeing or hearing
- 0 6 Moving around within the home
- 0 7 Transportation outside of the home
- 0 8 Getting along with people
- 0 9 Relieving/decreasing anxiety or depression
- 1 0 Something else

Do not read:

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

8. In an average week, how many hours do you provide care for [CATI: code from Q4]. If Q4 = 77 (Don't know/not sure) or 99 (Refused); say: "that person" because of his/her health problem, long-term illness, or disability?

(908-910)

NOTE: Round up to the next whole number of hours.
Do not read:

— — Hours per week
7 7 7 Don't know / Not sure
9 9 9 Refused

9. I am going to read a list of difficulties you may have faced as a caregiver. Please indicate which one of the following is the greatest difficulty you have faced as a caregiver.

(911-912)

Please read:

0 1 Creates a financial burden
0 2 Doesn't leave enough time for yourself
0 3 Doesn't leave enough time for your family
0 4 Interferes with your work
0 5 Creates stress
0 6 Creates or aggravates health problems
0 7 Affects family relationships
0 8 Other difficulty
8 8 No difficulty

Do not read:

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

10. During the past year, has the person you care for experienced changes in thinking or remembering?

(913)

Read only if necessary: "Had more difficulty remembering people, places, or things, or understanding or making decisions as easily as they once did."

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

NY State-Added Module 10B: Falls

1. In the past 12 months, have you done things to reduce your chance of falling?

(914)

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

2. In the past 12 months, have you done anything to help an older person reduce his/her chance of falling?

(915)

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

NY State-Added Module 11B: Family Planning

If respondent is female and 45 years of age or older, or male, go to closing.

The next question is about discussions that occurred as part of a routine health care visit. **DO NOT** include visits while pregnant, also called prenatal care visits.

1. Has a doctor, nurse, or other health care worker ever talked with you about ways to prepare for a healthy pregnancy and baby?

(916)

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

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

2. Have you ever been pregnant?

(917)

INTERVIEWER NOTE: If respondent is currently pregnant, code Yes.

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

3. Did you or your husband/partner do anything the last time you had sex to keep you from getting pregnant?

- | | | |
|---|--------------------------------|------------|
| 1 | Yes | |
| 2 | No | [Go to Q5] |
| 3 | No partner/not sexually active | [Go to Q6] |
| 4 | Same sex partner | [Go to Q6] |
| 7 | Don't know / Not sure | [Go to Q6] |
| 9 | Refused | [Go to Q6] |

4. What did you or your husband/partner do the last time you had sex to keep you from getting pregnant?

(919-920)

INTERVIEWER NOTE: If respondent reports using MORE THAN ONE method, please code the method that occurs first on the list.

INTERVIEWER NOTE: If respondent reports using “condoms,” probe to determine if “female condoms” or “male condoms.”

INTERVIEWER NOTE: If respondent reports using an “IUD” probe to determine if “levonorgestrel IUD” or “copper-bearing IUD.”

INTERVIEWER NOTE: If respondent reports “other method,” ask respondent to “please specify” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

Read only if necessary:

01. Female sterilization (ex. tubal ligation, Essure, Adiana) [Go to Q7]
02. Male sterilization (vasectomy) [Go to Q7]
03. Contraceptive implant (ex. Implanon) [Go to Q6]
04. Levonorgestrel(LNG) or hormonal IUD(ex. Mirena) [Go to Q6]
05. Copper-bearing IUD (ex. ParaGard) [Go to Q6]
06. IUD, type unknown [Go to Q6]
07. Shots (ex. Depo-Provera) [Go to Q6]
08. Birth control pills, any kind [Go to Q6]
09. Contraceptive patch (ex. Ortho Evra) [Go to Q6]
10. Contraceptive ring (ex. NuvaRing) [Go to Q6]
11. Male condoms [Go to Q6]
12. Diaphragm, cervical cap, sponge [Go to Q6]
13. Female condoms [Go to Q6]
14. Not having sex at certain times (rhythm or natural family planning) [Go to Q6]
15. Withdrawal (or pulling out) [Go to Q6]
16. Foam, jelly, film, or cream [Go to Q6]
17. Emergency contraception (morning after pill) [Go to Q6]
18. Other method [Go to Q6]
77. Don't know / Not sure [Go to Q6]
99. Refused [Go to Q6]

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

5. What was your main reason for not doing anything the last time you had sex to keep you from getting pregnant?

(921-922)

INTERVIEWER NOTE: If respondent reports “other reason,” ask respondent to “please specify” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

Read only if necessary:

- 01 You didn't think you were going to have sex/no regular partner
- 02 You just didn't think about it/don't care if you get pregnant
- 03 You want a pregnancy
- 04 You or your partner don't want to use birth control
- 05 You or your partner don't like birth control/side effects
- 06 You couldn't pay for birth control
- 07 You had a problem getting birth control when you needed it
- 08 Religious reasons
- 09 Lapse in use of a method
- 10 Don't think you or your partner can get pregnant (infertile or too old)
- 11 You had tubes tied (sterilization) [Go to next module]
- 12 You had a hysterectomy [Go to closing]
- 13 Your partner had a vasectomy (sterilization) [Go to closing]
- 14 You are currently breast-feeding
- 15 You just had a baby/postpartum
- 16 You are pregnant now [Go to Q7]
- 17 Same sex partner
- 18 Other reason

Do not read:

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

6. How do you feel about having a child now or sometime in the future? Would you say:

(923)

Please read:

- 1 You don't want to have one
- 2 You do want to have one, less than 12 months from now
- 3 You do want to have one, between 12 months to less than 2 years from now
- 4 You do want to have one, between 2 years to less than 5 years from now
- 5 You do want to have one, 5 or more years from now

Do not read:

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

7. How many times a week do you currently take a multivitamin, a prenatal vitamin, or a folic acid vitamin?

(924)

- 1 0 times a week
- 2 1 to 3 times a week
- 3 4 to 6 times a week
- 4 Every day of the week
- 7 Don't know / Not sure
- 9 Refused