

Someone Answers

Intro1 Hello, my name is (IV FULL NAME). I am calling from the University of Wisconsin Survey Center on behalf of the Survey of the Health of Wisconsin - or SHOW.

May I please speak with (RESPONDENT FIRST AND LAST NAME)?

- <1> CONTINUE **(go to Intro2)**
- <2> NON-RESIDENTIAL NUMBER
- <4> UNABLE TO CONTINUE (LANGUAGE BARRIER, PHYSICAL CONDITION, ETC)
- <5> RESPONDENT DOES NOT LIVE AT THIS ADDRESS

- <7> CALLBACK BY INFORMANT
- <8> REFUSAL BY INFORMANT
- <9> HANGUP

Intro2 (Hello, my name is (IV FULL NAME). I am calling from the University of Wisconsin Survey Center for the Survey of the Health of Wisconsin - or SHOW).

We recently sent you a letter about your previous participation in SHOW, the Survey of the Health of Wisconsin and the latest round of interviews.

We would like to ask you some questions about your health and changes in your health since your first interview with SHOW. This time the questions will only take about 30 minutes and you will receive 20 dollars as a token of our appreciation for your participation.

- <1> CONTINUE **(Go to cnfd)**
- <4> UNABLE TO CONTINUE (LANGUAGE BARRIER, PHYSICAL CONDITION, ETC)

- <8> CALLBACK BY RESPONDENT
- <9> REFUSAL BY IRESPONDENT

cnfd During this interview, please keep in mind that your participation is completely voluntary. If you prefer not to answer any question, just tell me so, and I will go on to the next question. All of your answers will be kept completely confidential. They are saved in computer code, and at no time will your name or other identifying information be attached to the survey results.

- <1> CONTINUE **(Go to FUS0010pre)**

- <8> CALLBACK BY RESPONDENT
- <9> REFUSAL BY RESPONDENT

MAD Message

Mech This is (IV NAME) calling from the University of Wisconsin Survey Center. We would like to speak to (R's FIRST AND LAST NAME) regarding the Survey of the Health of Wisconsin - or SHOW.

We will call again, or feel free to call us back toll-free at 1-800-291-8624. Thank you.

Housing Characteristics

FUS0010pre Throughout the interview I will ask you about things that may have changed since you were first interviewed for the Survey of the Health of Wisconsin in (date of last interview).
To begin, we would like to know if there have been any major events or changes to your household.

<1> CONTIN

FUS0010 Are you living in the same household as you were in (date of last interview)?

FUS0010

FMT_YES_NO.

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

FUS0020pre I will now ask about events you may have experienced that changed who lives in your household.

<1> CONTINUE

FUS0020 Since (date of last interview), have you experienced a marriage or civil union?

FUS0020

FMT_YES_NO.

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

FUS0021 Since (date of last interview), have you gained a new family member, such as a birth, adoption, or an older adult moving in?

FUS0021

FMT_YES_NO.

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

SHOW PHONE FOLLOW UP INTERVIEW

2_Housing Characteristics

Red script= need preload info

FUS0022 (Since (date of last interview), have you experienced)
A divorce?

FUS0022

FMT_YES_NO.

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

FUS0023 (Since (date of last interview), have you experienced)
A separation from a spouse or partner?

FUS0023

FMT_YES_NO.

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

FUS0024 Since (date of last interview), have you experienced the death of a spouse or partner?

FUS0024

FMT_YES_NO.

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

FUS0025 (Since (date of last interview), have you experienced)
A change in residence?

FUS0025

FMT_YES_NO.

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

(If <2> to all FUS0020-24 go to FUS0050pre.)

SHOW PHONE FOLLOW UP INTERVIEW

2_Housing Characteristics

Red script= need preload info

FUS0030 How many people currently live in your household, including yourself?

FUS0030

FMT_YES_NO.

<1-20> PEOPLE

<66> MORE THAN 20 PEOPLE

<d> DON'T KNOW

<r> REFUSED

FUS0040name Now I am going to ask a few questions about the other people in your household. For these questions think about the people in your household in any order.

Let's start with the first person. What is their first name?

(INTERVIEWER: IF R IS RELUCTANT TO GIVE A NAME: May I have a first initial? We will not keep this information, it is only to help me reference this person in the interview.)

NAME: _____

FUS0040 What relationship is (FIRST NAME) to you?

<1> SPOUSE

<2> AUNT

<3> BROTHER

<4> BROTHER-FOSTER

<5> BROTHER-IN-LAW

<6> BROTHER-PARTNER'S

<7> BROTHER-STEP

<8> CARETAKER

<9> DAUGHTER

<10> DAUGHTER-FOSTER

<11> DAUGHTER-IN-LAW

<12> DAUGHTER-PARTNER'S

<13> DAUGHTER-STEP

<14> FATHER

<15> FATHER-FOSTER

<16> FATHER-IN-LAW

<17> FATHER-PARTNER'S

<18> FATHER-STEP

<19> FORMER BROTHER-IN-LAW

<20> FORMER FATHER-IN-LAW

<21> FORMER HUSBAND

<27> GRANDDAUGHTER

<28> GRANDUAGHTER-IN-LAW

<29> GRANDAUGHTER-PARTNER'S

<30> GRANDDAUGHTER-STEP

<31> GRANDSON

<32> GRANDSON-IN-LAW

<33> GRANDSON-PARTNER'S

<34> GRANDSON-STEP

<35> MOTHER

<36> MOTHER-FOSTER

<37> MOTHER-IN-LAW

<38> MOTHER-PARTNER'S

<39> MOTHER-STEP

<40> NEPHEW

<41> NIECE

<42> ROMANTIC PARTNER

<43> ROOMMATE

<44> SISTER

<45> SISTER-FOSTER

<46> SISTER-IN-LAW

<47> SISTER-PARTNER'S

SHOW PHONE FOLLOW UP INTERVIEW

2_Housing Characteristics

Red script= need preload info

- | | | | |
|------|----------------------|------|-----------------|
| <22> | FORMER MOTHER-IN-LAW | <48> | SISTER-STEP |
| <23> | FORMER PARTNER | <49> | SON |
| <24> | FORMER SISTER-IN-LAW | <50> | SON-FOSTER |
| <25> | FORMER WIFE | <51> | SON-IN-LAW |
| <26> | FRIEND | <52> | SON-PARTNER'S |
| | | <53> | SON-STEP |
| | | <54> | UNCLE |
| | | <55> | OTHER (SPECIFY) |
| | | <d> | DON'T KNOW |
| | | <r> | REFUSED |

FUS0040a What is the sex of (FIRST NAME)?
(INTERVIEWER: ASK ONLY IF SEX IS NOT OBVIOUS)

- | | |
|-----|------------|
| <1> | MALE |
| <2> | FEMALE |
| <d> | DON'T KNOW |
| <r> | REFUSED |

FUS0040b What is the age of (FIRST NAME)?

- | | |
|---------|------------|
| <1-105> | YEARS OLD |
| <d> | DON'T KNOW |
| <r> | REFUSED |

FUS0041name Thinking about the next person in your household, what is their first name?
(INTERVIEWER: IF R IS RELUCTANT TO GIVE A NAME: May I have a first initial? We will not keep this information, it is only to help me reference this person in the interview.)

NAME: _____

FUS0041 What relationship is (FIRST NAME) to you?

- | | | | |
|-----|-------------------|------|-------------------------|
| <1> | SPOUSE | <27> | GRANDDAUGHTER |
| <2> | AUNT | <28> | GRANDUAGHTER-IN-LAW |
| <3> | BROTHER | <29> | GRANDDAUGHTER-PARTNER'S |
| <4> | BROTHER-FOSTER | <30> | GRANDDAUGHTER-STEP |
| <5> | BROTHER-IN-LAW | <31> | GRANDSON |
| <6> | BROTHER-PARTNER'S | <32> | GRANDSON-IN-LAW |

SHOW PHONE FOLLOW UP INTERVIEW

2_Housing Characteristics

Red script= need preload info

<7>	BROTHER-STEP	<33>	GRANDSON-PARTNER'S
<8>	CARETAKER	<34>	GRANDSON-STEP
<9>	DAUGHTER	<35>	MOTHER
<10>	DAUGHTER-FOSTER	<36>	MOTHER-FOSTER
<11>	DAUGHTER-IN-LAW	<37>	MOTHER-IN-LAW
<12>	DAUGHTER-PARTNER'S	<38>	MOTHER-PARTNER'S
<13>	DAUGHTER-STEP	<39>	MOTHER-STEP
<14>	FATHER	<40>	NEPHEW
<15>	FATHER-FOSTER	<41>	NIECE
<16>	FATHER-IN-LAW	<42>	ROMANTIC PARTNER
<17>	FATHER-PARTNER'S	<43>	ROOMMATE
<18>	FATHER-STEP	<44>	SISTER
<19>	FORMER BROTHER-IN-LAW	<45>	SISTER-FOSTER
<20>	FORMER FATHER-IN-LAW	<46>	SISTER-IN-LAW
<21>	FORMER HUSBAND	<47>	SISTER-PARTNER'S
<22>	FORMER MOTHER-IN-LAW	<48>	SISTER-STEP
<23>	FORMER PARTNER	<49>	SON
<24>	FORMER SISTER-IN-LAW	<50>	SON-FOSTER
<25>	FORMER WIFE	<51>	SON-IN-LAW
<26>	FRIEND	<52>	SON-PARTNER'S
		<53>	SON-STEP
		<54>	UNCLE
		<55>	OTHER (SPECIFY)
	<d>		DON'T KNOW
	<r>		REFUSED

FUS0041a What is the sex of (FIRST NAME)?
(INTERVIEWER: ASK ONLY IF SEX IS NOT OBVIOUS)

- <1> MALE
- <2> FEMALE
- <d> DON'T KNOW
- <r> REFUSED

FUS0041b What is the age of (FIRST NAME)?

- <1-105> YEARS OLD
- <d> DON'T KNOW
- <r> REFUSED

SHOW PHONE FOLLOW UP INTERVIEW

2_Housing Characteristics

Red script= need preload info

(MAKE ROOM FOR UP TO 20 PEOPLE)

FUS00400	FMT_HH_RELATIONSHIP.
FUS00400A	FMT_YES_NO.
FUS00400B	FMT_NUMERIC.
FUS00401	FMT_HH_RELATIONSHIP.
FUS00401A	FMT_YES_NO.
FUS00401B	FMT_NUMERIC.
FUS00402	FMT_HH_RELATIONSHIP.
FUS00402A	FMT_YES_NO.
FUS00402B	FMT_NUMERIC.
FUS00403	FMT_HH_RELATIONSHIP.
FUS00403A	FMT_YES_NO.
FUS00403B	FMT_NUMERIC.
FUS00404	FMT_HH_RELATIONSHIP.
FUS00404A	FMT_YES_NO.
FUS00404B	FMT_NUMERIC.
FUS00405	FMT_HH_RELATIONSHIP.
FUS00405A	FMT_YES_NO.
FUS00405B	FMT_NUMERIC.
FUS00406	FMT_HH_RELATIONSHIP.
FUS00406A	FMT_YES_NO.
FUS00406B	FMT_NUMERIC.
FUS00407	FMT_HH_RELATIONSHIP.
FUS00407A	FMT_YES_NO.
FUS00407B	FMT_NUMERIC.
FUS00408	FMT_HH_RELATIONSHIP.
FUS00408A	FMT_YES_NO.
FUS00408B	FMT_NUMERIC.
FUS00409	FMT_HH_RELATIONSHIP.
FUS00409A	FMT_YES_NO.
FUS00409B	FMT_NUMERIC.
FUS00410	FMT_HH_RELATIONSHIP.
FUS00410A	FMT_YES_NO.
FUS00410B	FMT_NUMERIC.
FUS00411	FMT_HH_RELATIONSHIP.
FUS00411A	FMT_YES_NO.

SHOW PHONE FOLLOW UP INTERVIEW

2_Housing Characteristics

Red script= need preload info

FUS00411B	FMT_NUMERIC.
FUS00412	FMT_HH_RELATIONSHIP.
FUS00412A	FMT_YES_NO.
FUS00412B	FMT_NUMERIC.
FUS00413	FMT_HH_RELATIONSHIP.
FUS00413A	FMT_YES_NO.
FUS00413B	FMT_NUMERIC.
FUS00414	FMT_HH_RELATIONSHIP.
FUS00414A	FMT_YES_NO.
FUS00414B	FMT_NUMERIC.
FUS00415	FMT_HH_RELATIONSHIP.
FUS00415A	FMT_YES_NO.
FUS00415B	FMT_NUMERIC.
FUS00416	FMT_HH_RELATIONSHIP.
FUS00416A	FMT_YES_NO.
FUS00416B	FMT_NUMERIC.
FUS00417	FMT_HH_RELATIONSHIP.
FUS00417A	FMT_YES_NO.
FUS00417B	FMT_NUMERIC.
FUS00418	FMT_HH_RELATIONSHIP.
FUS00418A	FMT_YES_NO.
FUS00418B	FMT_NUMERIC.
FUS00419	FMT_HH_RELATIONSHIP.
FUS00419A	FMT_YES_NO.
FUS00419B	FMT_NUMERIC.

SHOW PHONE FOLLOW UP INTERVIEW

3_Health History

Red script= need preload info

Health History

FUS0050pre The next set of questions is about your personal health. I will ask you about certain health problems your health professional might have told you that you had since **(date of last interview)**. We are trying to collect information on new health issues you have experienced since the last time you spoke with SHOW.

If there is any question that you do not know the answer to let me know. If there is any question that makes you uncomfortable you may ask me to skip the question.

<1> CONTINUE

FUS0050 Since **(date of last interview)**, has a doctor or other health professional told you that you had **congestive heart failure**?

FUS0050

FMT_YES_NO

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

FUS0060 Since **(date of last interview)**, has a doctor or other health professional told you that you had **angina**, also called **angina pectoris**?

FUS0060

FMT_YES_NO

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

FUS0070 (Since **(date of last interview)**, has a doctor or other health professional told you that you had) **a heart attack, also called myocardial infarction**?

FUS0070

FMT_YES_NO

<1> YES

<2> NO (Skip to FUS0090)

<d> DON'T KNOW (Skip to FUS0090)

<r> REFUSED (Skip to FUS0090)

SHOW PHONE FOLLOW UP INTERVIEW

3_Health History

Red script= need preload info

FUS0080 How many heart attacks have you had since (date of last interview)?

FUS0080

FMT_NUMERIC

<1-99>

<d> DON'T KNOW

<r> REFUSED

FUS0090 Since (date of last interview), have you had heart surgery?

FUS0090

FMT_YES_NO

<1> YES

<2> NO (Skip to FUS0110)

<d> DON'T KNOW (Skip to FUS0110)

<r> REFUSED (Skip to FUS0110)

FUS0100pre I will now ask about the types of heart surgery you might have had since (date of last interview).

<1> CONTINUE

FUS0100 Did you have bypass surgery?

FUS0100

FMT_YES_NO

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

FUS0101 Did you have angioplasty?

FUS0101

FMT_YES_NO

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

SHOW PHONE FOLLOW UP INTERVIEW

3_Health History

Red script= need preload info

FUS0102 (Did you have) valve surgery?

FUS0102

FMT_YES_NO

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

FUS0103 (Did you have) a pacemaker?

FUS0103

FMT_YES_NO

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

FUS0104 Did you have any other type of heart surgery?

FUS0104

FMT_YES_NO

FUS0104_OTHER

\$FMT_CHAR.

<1> YES (SPECIFY)

<2> NO

<d> DON'T KNOW

<r> REFUSED

FUS0110 Since (date of last interview), has a doctor or other health professional told you that you had **transient ischemic attack, or TIA?**

(PRONUNCIATION: ischemic = is-skeem-ic)

FUS0110

FMT_YES_NO

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

FUS0120 Since (date of last interview), has a doctor or other health professional told you that you had **a stroke?**

SHOW PHONE FOLLOW UP INTERVIEW

3_Health History

Red script= need preload info

FUS0120

FMT_YES_NO

- <1> YES
- <2> NO
- <d> DON'T KNOW
- <r> REFUSED

FUS0130 (Since **(date of last interview)**, has a doctor or other health professional told you that you had) **high cholesterol or hyperlipidemia?**

FUS0130

FMT_YES_NO

- <1> YES
- <2> NO **(Skip to FUS0150)**
- <d> DON'T KNOW **(Skip to FUS0150)**
- <r> REFUSED **(Skip to FUS0150)**

FUS0140pre The next questions ask about the different ways your high cholesterol or hyperlipidemia may currently be treated.

- <1> CONTINUE

FUS0140 Is your high cholesterol currently being treated with prescribed medicine?

FUS0140

FMT_FUS_TREATMENT

- <1> YES
- <2> NO
- <3> CURRENTLY NO TREATMENT (IF VOLUNTEERED) **(Skip to FUS0150)**
- <d> DON'T KNOW
- <r> REFUSED

FUS0141 Is your high cholesterol currently being treated with weight control or weight loss?

FUS0141

FMT_YES_NO

- <1> YES
- <2> NO
- <d> DON'T KNOW
- <r> REFUSED

SHOW PHONE FOLLOW UP INTERVIEW

3_Health History

Red script= need preload info

FUS0142 (Is your high cholesterol currently being treated with) exercise?

FUS0142

FMT_YES_NO

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

FUS0143 (Is your high cholesterol currently being treated with) a special diet?

FUS0143

FMT_YES_NO

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

FUS0144 Is your high cholesterol currently being treated with something else?

FUS0144

FMT_YES_NO

FUS0144_OTHER

\$FMT_CHAR.

<1> YES (SPECIFY)

<2> NO

<d> DON'T KNOW

<r> REFUSED

FUS0150 Has your doctor or other health professional told you that your good cholesterol, or HDL, was too low?

FUS0150

FMT_YES_NO

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

FUS0160 Since (date of last interview), has a doctor or other health professional told you that you had **diabetes**?

SHOW PHONE FOLLOW UP INTERVIEW

3_Health History

Red script= need preload info

FUS0160

FMT_YES_NO

- <1> YES
- <2> NO (Skip to FUS0190)
- <d> DON'T KNOW (Skip to FUS0190)
- <r> REFUSED (Skip to FUS0190)

FUS0170 Which type of diabetes have you had?

FUS0170

FMT_FUS0170_

- <1> Type I
- <2> Type II
- <3> Only when pregnant
- <4> Borderline diabetes (pre-diabetes)
- <d> DON'T KNOW
- <r> REFUSED

FUS0180pre The following questions ask about the different ways your diabetes may currently be treated or controlled.

- <1> CONTINUE

FUS0180 Is your diabetes currently being treated with insulin?

FUS0180

FMT_FUS_TREATMENT

- <1> YES
- <2> NO
- <3> CURRENTLY NO TREATMENT (IF VOLUNTEERED) (Skip to FUS0190)
- <d> DON'T KNOW
- <r> REFUSED

FUS0181 Is your diabetes currently being treated with oral anti-diabetic pills?

FUS0181

FMT_YES_NO

- <1> YES
- <2> NO

SHOW PHONE FOLLOW UP INTERVIEW

3_Health History

Red script= need preload info

<d> DON'T KNOW

<r> REFUSED

FUS0182 (Is your diabetes currently being treated with) weight control or weight loss?

FUS0182

FMT_YES_NO

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

FUS0183 (Is your diabetes currently being treated with) exercise?

FUS0183

FMT_YES_NO

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

FUS0184 Is your diabetes currently being treated with a special diet?

FUS0184

FMT_YES_NO

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

FUS0185 (Is your diabetes currently being treated with) something else?

FUS0185

FMT_YES_NO

FUS0185_OTHER

\$FMT_CHAR.

<1> YES (SPECIFY)

<2> NO

<d> DON'T KNOW

SHOW PHONE FOLLOW UP INTERVIEW

3_Health History

Red script= need preload info

<r> REFUSED

FUS0190 Since (date of last interview), has a doctor or other health professional told you that you had **high blood pressure or hypertension**?

FUS0190

FMT_YES_NO

<1> YES

<2> NO (Skip to FUS0210)

<d> DON'T KNOW (Skip to FUS0210)

<r> REFUSED (Skip to FUS0210)

FUS0200pre The next questions ask about the different ways your high blood pressure or hypertension may currently be treated.

<1> CONTINUE

FUS0200 Is your high blood pressure or hypertension currently being treated with prescribed medicine?

FUS0200

FMT_FUS_TREATMENT

<1> YES

<2> NO

<3> CURRENTLY NO TREATMENT (IF VOLUNTEERED) (Skip to FUS0210)

<d> DON'T KNOW

<r> REFUSED

FUS0201 Is your high blood pressure or hypertension currently being treated with weight control or weight loss?

FUS0201

FMT_YES_NO

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

FUS0202 (Is your high blood pressure or hypertension currently being treated with) exercise?

FUS0202

FMT_YES_NO

SHOW PHONE FOLLOW UP INTERVIEW

3_Health History

Red script= need preload info

- <1> YES
- <2> NO
- <d> DON'T KNOW
- <r> REFUSED

FUS0203 (Is your high blood pressure or hypertension currently being treated with) a special diet?

FUS0203 FMT_YES_NO

- <1> YES
- <2> NO
- <d> DON'T KNOW
- <r> REFUSED

FUS0204 Is your high blood pressure or hypertension currently being treated with something else?

FUS0204 FMT_YES_NO
FUS0204_OTHER \$FMT_CHAR.

- <1> YES (SPECIFY)
- <2> NO
- <d> DON'T KNOW
- <r> REFUSED

FUS0210 Since (date of last interview), has a doctor or other health professional told you that you had **asthma**?

FUS0210 FMT_YES_NO

- <1> YES
- <2> NO (Skip to FUS0260)
- <d> DON'T KNOW (Skip to FUS0260)
- <r> REFUSED (Skip to FUS0260)

FUS0220 Do you still have asthma?

FUS0220 FMT_YES_NO

- <1> YES

SHOW PHONE FOLLOW UP INTERVIEW

3_Health History

Red script= need preload info

<2> NO (Skip to FUS0260)

<d> DON'T KNOW (Skip to FUS0260)

<r> REFUSED (Skip to FUS0260)

FUS0230 During the last 12 months, have you had an episode of asthma or an asthma attack?

FUS0230

FMT_YES_NO

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

FUS0240 During the last 12 months, have you visited an emergency room or urgent care because of your asthma?

FUS0240

FMT_YES_NO

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

FUS0250pre The following questions ask about the different ways your asthma may currently be treated or controlled.

<1> CONTINUE

FUS0250 Is your asthma currently being treated with an inhaled bronchodilator?

FUS0250

FMT_FUS_TREATMENT

<1> YES

<2> NO

<3> CURRENTLY NO TREATMENT (IF VOLUNTEERED) (Skip to FUS0260)

<d> DON'T KNOW

<r> REFUSED

FUS0251 Is your asthma currently being treated with an inhaled steroid?

FUS0251

FMT_YES_NO

SHOW PHONE FOLLOW UP INTERVIEW

3_Health History

Red script= need preload info

<1> YES
<2> NO

<d> DON'T KNOW
<r> REFUSED

FUS0252 (Is your asthma currently being treated with) oral medication?

FUS0252 FMT_YES_NO

<1> YES
<2> NO

<d> DON'T KNOW
<r> REFUSED

FUS0253 (Is your asthma currently being treated with) Injected medications?

FUS0253 FMT_YES_NO

<1> YES
<2> NO

<d> DON'T KNOW
<r> REFUSED

FUS0254 Is your asthma currently being treated by controlling allergies or asthma triggers?

FUS0254 FMT_YES_NO

<1> YES
<2> NO

<d> DON'T KNOW
<r> REFUSED

FUS0255 (Is your asthma currently being treated with) weight control, weight loss, exercise, or a special diet?

FUS0255 FMT_YES_NO

<1> YES

SHOW PHONE FOLLOW UP INTERVIEW

3_Health History

Red script= need preload info

<2> NO

<d> DON'T KNOW

<r> REFUSED

FUS0256 (Is your asthma currently being treated with) something else?

FUS0256 FMT_YES_NO

FUS0256_OTHER \$FMT_CHAR.

<1> YES (SPECIFY)

<2> NO

<d> DON'T KNOW

<r> REFUSED

FUS0260 Since (date of last interview), has a doctor or other health professional told you that you had **chronic bronchitis or Emphysema**?

FUS0260 FMT_YES_NO

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

FUS0270 Since (date of last interview), has a doctor or other health professional told you that you had **cancer**?

FUS0270 FMT_YES_NO

<1> YES

<2> NO (Skip to FUS0290)

<d> DON'T KNOW (Skip to FUS0290)

<r> REFUSED (Skip to FUS0290)

FUS0280 Which types of cancer have you had?

(INTERVIEWER: CODE ALL THAT APPLY, ENTER 'X' TO EXIT)

FUS0280_A FMT_FUS0280_

FUS0280_B FMT_FUS0280_

FUS0280_C FMT_FUS0280_

SHOW PHONE FOLLOW UP INTERVIEW

3_Health History

Red script= need preload info

FUS0280_D FMT_FUS0280_
FUS0280_OTHER \$FMT_CHAR.

<10>	BLADDER	<27>	NERVOUS SYSTEM
<11>	BLOOD	<28>	OVARY/OVARIAN
<12>	BONE	<29>	PANCREAS/PANCREATIC
<13>	BRAIN	<30>	PROSTATE
<14>	BREAST	<31>	RECTUM/RECTAL
<15>	CERVIX/CERVICAL	<32>	SKIN (NON MELANOMA)
<16>	COLON	<33>	SKIN (UNKNOWN)
<17>	ESOPHAGUS	<34>	SOFT TISSUE (MUSCLE/FAT)
<18>	GALLBLADDER	<35>	STOMACH
<19>	KIDNEY	<36>	TESTES/TESTICULAR
<20>	LARYNX/WINDPIPE	<37>	THYROID
<21>	LEUKEMIA	<38>	UTERUS/UTERINE
<22>	LIVER	<39>	OTHER
<23>	LUNG		
<24>	LYMPHOMA/ HODGKINS DISEASE	<66>	MORE THAN 3
<25>	MELANOMA	<d>	DON'T KNOW
<26>	MOUTH/TONGUE/LIP	<r>	REFUSED

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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SHOW PHONE FOLLOW UP INTERVIEW

4_Screening and Immunization

Red script= need preload info

Screening and Immunization

FUS0290pre Health organizations often recommend certain screening tests and vaccinations for different age groups. In the following questions, I will ask about common screening tests and vaccinations you might have had.

<1> CONTINUE

MEN AND WOMEN

FUS0290 Since (date of last interview), have you had a blood pressure check?

FUS0290

FMT_YES_NO

<1> YES

<2> NO (Skip to FUS0310)

<d> DON'T KNOW (Skip to FUS0310)

<r> REFUSED (Skip to FUS0310)

FUS0300 How many months ago did you have a blood pressure check?
(INTERVIEWER: IF LESS THAN 1 MONTH, ENTER 1)

FUS0300

FMT_NUMERIC

MONTHS

<d> DON'T KNOW

<r> REFUSED

FUS0310 Since (date of last interview), have you had a blood cholesterol test?

FUS0310

FMT_YES_NO

<1> YES

<2> NO (Skip to FUS0330)

<d> DON'T KNOW (Skip to FUS0330)

<r> REFUSED (Skip to FUS0330)

FUS0320 How many months ago did you have a blood cholesterol test?
(INTERVIEWER: IF LESS THAN 1 MONTH, ENTER 1)

FUS0320

FMT_NUMERIC

MONTHS

<d> DON'T KNOW

<r> REFUSED

SHOW PHONE FOLLOW UP INTERVIEW

4_Screening and Immunization

Red script= need preload info

FUS0330 Since (date of last interview), have you had a general health check up?

FUS0330

FMT_YES_NO

<1> YES

<2> NO (Skip to FUS0350)

<d> DON'T KNOW (Skip to FUS0350)

<r> REFUSED (Skip to FUS0350)

FUS0340 How many months ago did you have a general health check up?

(INTERVIEWER: IF LESS THAN 1 MONTH, ENTER 1)

FUS0340

FMT_NUMERIC

MONTHS

<d> DON'T KNOW

<r> REFUSED

FUS0350 Since (date of last interview), have you had a blood sugar or glucose test?

FUS0350

FMT_YES_NO

<1> YES

<2> NO (Skip to FUS0370)

<d> DON'T KNOW (Skip to FUS0370)

<r> REFUSED (Skip to FUS0370)

FUS0360 How many months ago did you have a blood sugar or glucose test?

(INTERVIEWER: IF LESS THAN 1 MONTH, ENTER 1)

FUS0360

FMT_NUMERIC

MONTHS

<d> DON'T KNOW

<r> REFUSED

FUS0370 Since (date of last interview), have you had a dental check up or cleaning?

FUS0370

FMT_YES_NO

<1> YES

<2> NO (Skip to FUS0390pre)

<d> DON'T KNOW (Skip to FUS0390pre)

<r> REFUSED (Skip to FUS0390pre)

FUS0380 How many months ago did you have a dental check up or cleaning?

(INTERVIEWER: IF LESS THAN 1 MONTH, ENTER 1)

SHOW PHONE FOLLOW UP INTERVIEW

4_Screening and Immunization

Red script= need preload info

FUS0380

FMT_NUMERIC

MONTHS

<d> DON'T KNOW

<r> REFUSED

[FUS0390 and FUS0410 TO BE ASKED IF PREVIOUSLY INDICATED A DIAGNOSIS OF DIABETES IN HEALTH HISTORY (<1> at FUS0160) or in SHOW Core HHQ190]

FUS0390 Since (date of last interview), have you had an eye exam?

FUS0390

FMT_YES_NO

<1> YES

<2> NO (Skip to FUS0410)

<d> DON'T KNOW (Skip to FUS0410)

<r> REFUSED (Skip to FUS0410)

FUS0400 How many months ago did you have an eye exam?

(INTERVIEWER: IF LESS THAN 1 MONTH, ENTER 1)

FUS0400

FMT_NUMERIC

MONTHS

<d> DON'T KNOW

<r> REFUSED

FUS0410 When was your last A1C blood test?

MONTH FUS0410_M

FMT_NUMCAT

MONTH

YEAR FUS0410_Y

FMT_NUMCAT

YEAR

<66> NEVER

<d> DON'T KNOW

<r> REFUSED

Vaccinations

FUS0420 In the last 12 months, have you had a flu shot?

FUS0420

FMT_YES_NO

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

SHOW PHONE FOLLOW UP INTERVIEW

5_Insurance, Access and Utilization

Red script= need preload info

Insurance, Access and Utilization

FUS0430pre The next questions are about health insurance and your use of the health care system.

<1> CONTINUE

FUS0430 During the last 12 months, for how many months did you have health insurance?

(INTERVIEWER: IF NO INSURANCE DURING THE 12 PRECEDING MONTHS, ENTER 0)

FUS0430

FMT_NUMERIC

<0-12> MONTHS (If 0, skip to FUS0510)

<d> DON'T KNOW (skip to FUS0510)

<r> REFUSED (skip to FUS0510)

FUS0440pre I will now ask about the kinds of health insurance or health care coverage you had during the last 12 months.

<1> CONTINUE

FUS0440 During the last 12 months, did you have an employer or union sponsored plan?

FUS0440

FMT_YES_NO

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

FUS0441 During the last 12 months, did you have a private individually purchased health plan?

FUS0441

FMT_YES_NO

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

FUS0442 (During the last 12 months, did you have) Medicare?

FUS0442

FMT_YES_NO

<1> YES

<2> NO

SHOW PHONE FOLLOW UP INTERVIEW

5_Insurance, Access and Utilization

Red script= need preload info

<d> DON'T KNOW

<r> REFUSED

FUS0443 (During the last 12 months, did you have) Medicare supplement or Medigap?

FUS0443 FMT_YES_NO

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

FUS0444 During the last 12 months, did you have Medicaid, Badger Care, Healthy Start, or Family Medicaid?

FUS0444 FMT_YES_NO

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

FUS0445 (During the last 12 months, did you have) a Health Insurance Risk Sharing Plan?

FUS0445 FMT_YES_NO

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

FUS0446 (During the last 12 months, did you have) Indian Health Service Medical Care?

FUS0446 FMT_YES_NO

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

FUS0447 During the last 12 months, did you have Military Health Care, such as TriCare, VA, or Champ-VA?

SHOW PHONE FOLLOW UP INTERVIEW

5_Insurance, Access and Utilization

Red script= need preload info

FUS0447

FMT_YES_NO

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

FUS0448 (During the last 12 months, did you have) Medicare Part D, or Senior Care Prescription Drug Coverage?

FUS0448

FMT_YES_NO

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

FUS0449 (During the last 12 months, did you have) some other plan?

FUS0449

FMT_YES_NO

FUS0449_TXT

FMT_CHAR

<1> YES (SPECIFY)

<2> NO

<d> DON'T KNOW

<r> REFUSED

FUS0450 Did your health insurance plan, including any supplemental coverage you might have had, cover all of the costs, some of the costs, or none of the costs associated with prescription medications?

FUS0450

FMT_ALL_SOME_NONE

<1> ALL OF THE COSTS

<2> SOME OF THE COSTS

<3> NONE OF THE COSTS (Skip to FUS0470)

<d> DON'T KNOW

<r> REFUSED

FUS0460 Was this prescription drug coverage through your regular plan, Medicare Part D, Wisconsin Senior Care, or through another supplemental insurance program for prescription drug coverage?

FUS0460

FMT_IVQ035_

FUS0460_TXT

FMT_CHAR

<1> REGULAR PLAN

SHOW PHONE FOLLOW UP INTERVIEW

5_Insurance, Access and Utilization

Red script= need preload info

- <2> SUPPLEMENTAL, MEDICARE PART D
- <3> SUPPLEMENTAL, WISCONSIN SENIOR CARE
- <4> SUPPLEMENTAL, OTHER (SPECIFY)

- <d> DON'T KNOW
- <r> REFUSED

FUS0470 Did your health insurance plan cover all of the costs, some of the costs, or none of the costs associated with preventative dental services? (Preventative dental services may include an oral exam, cleaning, or sealant).

FUS0470

FMT_ALL_SOME_NONE

- <1> ALL OF THE COSTS (Skip to FUS0490)
- <2> SOME OF THE COSTS (Skip to FUS0490)
- <3> NONE OF THE COSTS

- <d> DON'T KNOW (Skip to FUS0490)
- <r> REFUSED (Skip to FUS0490)

FUS0480 If your insurance plan did not cover the costs, was this because you have a separate dental plan or do not have any dental coverage?

FUS0480

FMT_FUS0480_

- <1> HAVE A SEPARATE DENTAL PLAN
- <2> DO NOT HAVE ANY DENTAL COVERAGE

- <d> DON'T KNOW
- <r> REFUSED

FUS0490 Did your health insurance plan cover all of the costs, some of the costs, or none of the costs associated with other preventative services for adults, such as checkups, immunizations, and screenings?

FUS0490

FMT_ALL_SOME_NONE

- <1> ALL OF THE COSTS
- <2> SOME OF THE COSTS
- <3> NONE OF THE COSTS

- <d> DON'T KNOW
- <r> REFUSED

FUS0500 did your plan require you to sign up with a certain primary care doctor, group of doctors, or a certain clinic that you must go to for all of your routine care?

FUS0500

FMT_YES_NO

SHOW PHONE FOLLOW UP INTERVIEW

5_Insurance, Access and Utilization

Red script= need preload info

- <1> YES
- <2> NO
- <d> DON'T KNOW
- <r> REFUSED

FUS0510 Do you have a usual place where you go when you feel sick or need advice about your health?

FUS0510 FMT_YES_NO

- <1> YES
- <2> NO (Skip to FUS0550)
- <d> DON'T KNOW (Skip to FUS0520)
- <r> REFUSED (Skip to FUS0520)

FUS0511 Do you usually go to a hospital emergency room, a hospital outpatient department, a clinic or doctor's office, a community health center, or some other place?

(If you have more than one place you go to, depending on the problem, please choose the place that you go **most often.**)

- <1> HOSPITAL EMERGENCY ROOM
- <2> HOSPITAL OUTPATIENT DEPARTMENT
- <3> CLINIC OR DOCTOR'S OFFICE
- <4> COMMUNITY HEALTH CENTER
- <5> SOME OTHER PLACE (SPECIFY)
- <d> DON'T KNOW
- <r> REFUSED

*MAIN RESPONSE FUS0511 FMT_IUQ120_
OTHER RESPONSE FUS0511_TXT FMT_CHAR*

FUS0520 What is the name of the health facility you usually go to when you feel sick or need advice about your health?

FUS0520 FMT_CHAR

NAME: _____

- <d> DON'T KNOW

SHOW PHONE FOLLOW UP INTERVIEW

5_Insurance, Access and Utilization

Red script= need preload info

<r> REFUSED

FUS0521 In what town or city is this facility located?

FUS0521

FMT_CHAR

TOWN/CITY: _____

<d> DON'T KNOW

<r> REFUSED

FUS0530 When you go to this health facility and see a doctor, do you usually see the same physician?

FUS0530

FMT_YES_NO

<1> YES

<2> NO (Skip to FUS0550)

<d> DON'T KNOW

<r> REFUSED

FUS0540 What is the specialty of the doctor you usually see? (Would you say internal medicine, family practice, obstetrics and gynecology or another specialty?)

<1> Internal Medicine

<2> Family Practice

<3> Obstetrics/Gynecology

<4> Other specialist (SPECIFY)

<d> DON'T KNOW

<r> REFUSED

MAIN RESPONSE

FUS0540

FMT_IUQ137_

OTHER RESPONSE

FUS0540_TXT

FMT_CHAR

FUS0550 Sometimes people take fewer medicines than their doctors prescribed, or they don't have their prescription filled right away. At any time during the last 12 months, have you taken less medicine than your doctor prescribed or not had your prescription filled because of cost?

FUS0550

FMT_YES_NO

<1> YES

SHOW PHONE FOLLOW UP INTERVIEW

5_Insurance, Access and Utilization

Red script= need preload info

<2> NO
<d> DON'T KNOW
<r> REFUSED

FUS0560pre The following questions are about your overall level of satisfaction with quality and access to health care.

<1> CONTINUE

FUS0560 Sometimes people have problems getting health care when they need it. During the last 12 months, was there any time that you felt that you needed medical care or surgery but did not get it?

FUS0560

FMT_IVQ260_

<1> YES, I NEEDED HEALTH CARE AND I DID NOT GET IT
<2> NO, I GOT THE CARE I NEEDED (Skip to FUS0580)
<3> NOT APPLICABLE (I DID NOT NEED HEALTH CARE) (Skip to FUS0580)

<d> DON'T KNOW (Skip to FUS0580)
<r> REFUSED (Skip to FUS0580)

FUS0570 Next, I have a list of reasons people give for not getting the health care they need.

<1> CONTINUE

FUS0571 Were you not able to get the health care you needed because you could not afford health care?

FUS0571

FMT_YES_NO

<1> YES
<2> NO

<d> DON'T KNOW
<r> REFUSED

FUS0572 Were you not able to get the health care you needed because your insurance company would not approve, cover, or pay for care?

FUS0572

FMT_YES_NO

<1> YES
<2> NO

<d> DON'T KNOW
<r> REFUSED

SHOW PHONE FOLLOW UP INTERVIEW

5_Insurance, Access and Utilization

Red script= need preload info

FUS0573 (Were you not able to get the health care you needed...) because your insurance company required a referral but you could not get one?

FUS0573 FMT_YES_NO

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

FUS0574 (Were you not able to get the health care you needed...) because the doctor or clinic refused to accept your insurance plan?

FUS0574 FMT_YES_NO

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

FUS0575 Were you not able to get the health care you needed because medical care was too far away?

FUS0575 FMT_YES_NO

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

FUS0576 (Were you not able to get the health care you needed...) because it was too expensive to get to health care?

FUS0576 FMT_YES_NO

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

FUS0577 (Were you not able to get the health care you needed...) because you could not get there when the doctor's office was open?

FUS0577 FMT_YES_NO

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

FUS0578 Were you not able to get the health care you needed because it took too long to get an appointment?

FUS0578

FMT_YES_NO

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

FUS0579 (Were you not able to get the health care you needed...) because you could not get through on the telephone to make an appointment?

FUS0579

FMT_YES_NO

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

FUS05710 (Were you not able to get the health care you needed...) because the waiting list was too long?

FUS05710

FMT_YES_NO

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

[If two or more <1> FOR FUS0570-FUS05710 then go to FUS05711, if not skip to FUS05712]

FUS05711 You just told me that the reasons you were not able to get the health care you needed were because...

[LIST REASONS FROM FUS0570-FUS05710 = <1>]

Which one of these was the **main** reason you did not get the health care you needed?

SHOW PHONE FOLLOW UP INTERVIEW

5_Insurance, Access and Utilization

Red script= need preload info

<1> [ENTER REASON 1]
<2> [ENTER REASON 2]
<3> [ENTER REASON 3]

<d> DON'T KNOW
<r> REFUSED

FUS05711 *FMT_IVQ265_*

FUS05712 Were there any other reasons why you were not able to get the health care you needed?

<1> YES (SPECIFY)
<2> NO
<d> DON'T KNOW
<r> REFUSED

FUS05712 *FMT_YES_NO*
FUS05712_TXT *FMT_CHAR*

FUS0580 Overall, would you rate the quality of health care you received during the last 12 months as excellent, very good, good, fair, or poor?

FUS0580 *FMT_EVGGFP*

<1> EXCELLENT
<2> VERY GOOD
<3> GOOD
<4> FAIR
<5> POOR
<6> NOT APPLICABLE (DID NOT RECEIVE ANY CARE)

<d> DON'T KNOW
<r> REFUSED

FUS0590 Overall, how satisfied were you with **the way** health care services were provided during the last 12 months: very satisfied, somewhat satisfied, neither satisfied nor dissatisfied, somewhat dissatisfied, or very dissatisfied?

FUS0590 *FMT_SATIS_SCAT*

<1> VERY SATISFIED
<2> SOMEWHAT SATISFIED
<3> NEITHER SATISFIED NOR DISSATISFIED
<4> SOMEWHAT DISSATISFIED
<5> VERY DISSATISFIED
<6> NOT APPLICABLE (DID NOT RECEIVE ANY CARE)

SHOW PHONE FOLLOW UP INTERVIEW

5_Insurance, Access and Utilization

Red script= need preload info

<d> DON'T KNOW
<r> REFUSED

SHOW PHONE FOLLOW UP INTERVIEW

6_Occupation
Red script= need preload info

Occupation

FUS0600pre Now I have a number of questions about your work experience.

<1> CONTINUE

FUS0600 Since **(date of last interview)**, has your employment status changed? For example, have you changed jobs or changed the number of hours you work in a week?

FUS0600 **FMT_YES_NO**

<1> YES

<2> NO **(skip to FUS0710)**

<d> DON'T KNOW

<r> REFUSED

FUS0610 Last week, were you employed and working at a job or business, or not working at a job or business?

FUS0610 **FMT_YES_NO**

<1> WORKING AT A JOB OR BUSINESS **(go to FUS0611)**

<2> NOT WORKING AT A JOB OR BUSINESS **(skip to FUS0612)**

<d> DON'T KNOW **(skip to FUS0710)**

<r> REFUSED **(skip to FUS0710)**

FUS0611 Last week, did you work all of the hours you were supposed to or did you miss work for any reason?

FUS0611 **FMT_FUS0611_**

(People may miss work because of vacation or leave, being sick, taking care of a family member, childcare problems, or because they were not scheduled.)

<1> WORKED ALL HOURS **(Skip to FUS0660)**

<2> MISSED WORK **(Skip to FUS0640)**

<d> DON'T KNOW **(Skip to FUS0660)**

<r> REFUSED **(Skip to FUS0660)**

FUS0612 Last week, were you looking for work or not looking for work?

FUS0612 **FMT_FUS0612_**

<1> LOOKING FOR WORK **(Go to FUS0620)**

<2> NOT LOOKING FOR WORK **(Go to FUS0620)**

SHOW PHONE FOLLOW UP INTERVIEW

6_Occupation

Red script= need preload info

<d> DON'T KNOW
<r> REFUSED

FUS0620 Is the **main** reason you are not in the paid workforce because you are taking care of your house or family, are going to school, are retired, are unable to work for health reasons, are on layoff, are disabled or another reason?

<1> TAKING CARE OF HOUSE OR FAMILY
<2> GOING TO SCHOOL
<3> RETIRED
<4> UNABLE TO WORK FOR HEALTH REASONS
<5> ON LAYOFF
<6> DISABLED
<7> OTHER (SPECIFY)

<d> DON'T KNOW
<r> REFUSED

FUS0620 FMT_DCQ110
FUS0620_TXT FMT_CHAR

FUS0630 How long have you been out of the paid workforce?

FUS0630_N FMT_NUMCAT

<1-76> NUMBER

<666> NEVER WORKED FOR PAY

FUS0630_U FMT_NUMCAT

ENTER UNIT

<1> WEEKS
<2> MONTHS
<3> YEARS

[SKIP TO FUS0710 AFTER FUS0630]

FUS0640 Is the **main** reason you missed work last week because you were on vacation or leave, you were sick or taking care of a sick family member, had childcare problems, your employer did not schedule you, or another reason?

FUS0640 FMT_DCQ120_
FUS0640_TXT FMT_CHAR

<1> VACATION/LEAVE
<2> SICK OR TAKING CARE OF SICK FAMILY MEMBER
<3> CHILDCARE PROBLEMS
<4> EMPLOYER DID NOT SCHEDULE ME

SHOW PHONE FOLLOW UP INTERVIEW

6_Occupation

Red script= need preload info

<5> OTHER (SPECIFY)

<d> DON'T KNOW

<r> REFUSED

[Go to FUS0660]

FUS0660 How many hours did you work last week at all jobs or businesses?

FUS0660

FMT_NUMERIC

<0-168> HOURS

<d> DON'T KNOW

<r> REFUSED

FUS0670 Do you usually work 35 hours or more per week in total at all jobs or businesses?

FUS0670

FMT_YES_NO

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

FUS0680 What kind of work do you do for pay?

(INTERVIEWER: DO NOT PROBE.)

FUS0680

FMT_YES_NO

FUS0680_TXT

FMT_CHAR

<1> SPECIFY

<d> DON'T KNOW

<r> REFUSED

FUS0690 Is this mainly manufacturing, wholesale trade, retail trade, or something else?
(Something else includes education, transportation, government, healthcare, agriculture, mining, insurance, banking, entertainment, real estate, or services).

FUS0690

FMT_OCQ_160_225_

<1> MANUFACTURING (MAKING A PRODUCT)

<2> WHOLESALE (SELLING TO BUSINESSES)

<3> RETAIL (SELLING TO CONSUMERS)

<4> SOMETHING ELSE

<d> DON'T KNOW

<r> REFUSED

SHOW PHONE FOLLOW UP INTERVIEW

6_Occupation

Red script= need preload info

FUS0700 I am going to read a list of options, tell me which best describes your job or work situation. Are you an employee of an individual, business, or private company, the federal government, a state government, a local government, are you self-employed in your own business, professional practice, or farm or are you working without pay in a family business or farm?

FUS0700 FMT_OCR_170_226_

- <1> AN INDIVIDUAL, BUSINESS, OR PRIVATE COMPANY
- <2> THE FEDERAL GOVERNMENT
- <3> A STATE GOVERNMENT
- <4> A LOCAL GOVERNMENT
- <5> ARE YOU SELF-EMPLOYED IN YOUR OWN BUSINESS, PROFESSIONAL PRACTICE, OR FARM
- <6> ARE YOU WORKING WITHOUT PAY IN A FAMILY BUSINESS OR FARM

- <d> DON'T KNOW
- <r> REFUSED

SHOW PHONE FOLLOW UP INTERVIEW

7_Physical Activity

Red script= need preload info

Physical Activity

FUS0710pre The next question asks about your level of physical activity.

<1> CONTINUE

FUS0710 Since (date of last interview), are you more physically active, less physically active, or about the same?

FUS0710

FMT_PAQ100_.

- <1> MORE ACTIVE
- <2> LESS ACTIVE
- <3> ABOUT THE SAME

- <d> DON'T KNOW
- <r> REFUSED

SHOW PHONE FOLLOW UP INTERVIEW

8_Your Health

Red script= need preload info

Your Health

FUS0720pre The following questions ask how you view your own health. This information will help us keep track of how you feel and how well you are able to do your usual activities.

<1> CONTINUE

FUS0720 Since (date of last interview), would you say, in general, your overall health is a lot better, a little better, the same, a little worse, or a lot worse?

FUS0720

FMT_FUS0720_

- <1> A LOT BETTER
- <2> A LITTLE BETTER
- <3> THE SAME
- <4> A LITTLE WORSE
- <5> A LOT WORSE

- <d> DON'T KNOW
- <r> REFUSED

FUS0730 In general, would you say your health is excellent, very good, good, fair or poor?

FUS0730

FMT_EVGGFP

- <1> EXCELLENT
- <2> VERY GOOD
- <3> GOOD
- <4> FAIR
- <5> POOR

- <d> DON'T KNOW
- <r> REFUSED

FUS0740 Does your health now limit you in moderate activities such as moving a table, pushing a vacuum cleaner, bowling, or playing golf: a lot, a little, or not at all?

FUS0740

FMT_LIMITED_3CAT

- <1> YES, LIMITED A LOT
- <2> YES, LIMITED A LITTLE
- <3> NO, NOT LIMITED AT ALL

- <d> DON'T KNOW
- <r> REFUSED

SHOW PHONE FOLLOW UP INTERVIEW

8_Your Health

Red script= need preload info

FUS0750 Does your health now limit you in climbing several flights of stairs: a lot, a little or not at all?

FUS0750

FMT_LIMITED_3CAT

- <1> YES, LIMITED A LOT
- <2> YES, LIMITED A LITTLE
- <3> NO, NOT LIMITED AT ALL

- <d> DON'T KNOW
- <r> REFUSED

FUS0760 During the past four weeks, how much of the time have you accomplished less than you would like as a result of your physical health: all of the time, most of the time, some of the time, a little of the time or none of the time?

FUS0760

FMT_ALLTONONE_SCAT

- <1> ALL OF THE TIME
- <2> MOST OF THE TIME
- <3> SOME OF THE TIME
- <4> A LITTLE OF THE TIME
- <5> NONE OF THE TIME

- <d> DON'T KNOW
- <r> REFUSED

FUS0770 During the past four weeks, how much of the time were you limited in the **kind** of work or other activities as a result of your physical health: all of the time, most of the time, some of the time, a little of the time or none of the time?

FUS0770

FMT_ALLTONONE_SCAT

- <1> ALL OF THE TIME
- <2> MOST OF THE TIME
- <3> SOME OF THE TIME
- <4> A LITTLE OF THE TIME
- <5> NONE OF THE TIME

- <d> DON'T KNOW
- <r> REFUSED

FUS0780 (During the past four weeks,) how much of the time have you accomplished less than you would like as a result of any emotional problems, such as feeling depressed or anxious?

SHOW PHONE FOLLOW UP INTERVIEW

8_Your Health

Red script= need preload info

(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?)

FUS0780

FMT_ALLTONEONE_SCAT

- <1> ALL OF THE TIME
- <2> MOST OF THE TIME
- <3> SOME OF THE TIME
- <4> A LITTLE OF THE TIME
- <5> NONE OF THE TIME

- <d> DON'T KNOW
- <r> REFUSED

FUS0790 (During the past four weeks,) how much of the time did you do work or activities **less carefully than usual** as a result of any emotional problems, such as feeling depressed or anxious?
(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?)

FUS0790

FMT_ALLTONEONE_SCAT

- <1> ALL OF THE TIME
- <2> MOST OF THE TIME
- <3> SOME OF THE TIME
- <4> A LITTLE OF THE TIME
- <5> NONE OF THE TIME

- <d> DON'T KNOW
- <r> REFUSED

FUS0800 During the past four weeks, how much did **pain** interfere with your normal work, including both work outside the home and housework: not at all, a little bit, moderately, quite a bit, or extremely?

FUS0800

FMT_SATIS_SCAT

- <1> NOT AT ALL
- <2> A LITTLE BIT
- <3> MODERATELY
- <4> QUITE A BIT
- <5> EXTREMELY

- <d> DON'T KNOW
- <r> REFUSED

SHOW PHONE FOLLOW UP INTERVIEW

8_Your Health

Red script= need preload info

FUS0810pre The next questions are about how you've felt and how things have been with you during the past four weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

<1> CONTINUE

FUS0810 During the past four weeks, how much of the time have you felt calm and peaceful: all of the time, most of the time, some of the time, a little of the time or none of the time?

FUS0810

FMT_ALLTONONE_SCAT

- <1> ALL OF THE TIME
- <2> MOST OF THE TIME
- <3> SOME OF THE TIME
- <4> A LITTLE OF THE TIME
- <5> NONE OF THE TIME
- <d> DON'T KNOW
- <r> REFUSED

FUS0820 During the past four weeks, how much of the time did you have a lot of energy: all of the time, most of the time, some of the time, a little of the time or none of the time?

FUS0820

FMT_ALLTONONE_SCAT

- <1> ALL OF THE TIME
- <2> MOST OF THE TIME
- <3> SOME OF THE TIME
- <4> A LITTLE OF THE TIME
- <5> NONE OF THE TIME
- <d> DON'T KNOW
- <r> REFUSED

FUS0830 (During the past four weeks,) how much of the time have you felt downhearted and depressed?

(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?)

FUS0830

FMT_ALLTONONE_SCAT

- <1> ALL OF THE TIME
- <2> MOST OF THE TIME
- <3> SOME OF THE TIME
- <4> A LITTLE OF THE TIME
- <5> NONE OF THE TIME

SHOW PHONE FOLLOW UP INTERVIEW

8_Your Health

Red script= need preload info

<d> DON'T KNOW

<r> REFUSED

FUS0840 (During the past four weeks,) how much of the time have your physical health or emotional problems interfered with your social activities, like visiting friends and relatives?

(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?)

FUS0840

FMT_AUTONONE_SCAT

<1> ALL OF THE TIME

<2> MOST OF THE TIME

<3> SOME OF THE TIME

<4> A LITTLE OF THE TIME

<5> NONE OF THE TIME

<d> DON'T KNOW

<r> REFUSED