
Appendix B: BRFSS Questionnaire

Section 1: Healthy Status

- 1.1 Would you say that in general your health is—
- 1 Excellent
 - 2 Very good
 - 3 Good
 - 4 Fair, or
 - 5 Poor
- Don't know / Not sure
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?
- Number of days
None
Don't know / Not sure
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?
- Number of days
None [IF Q2.1 AND Q2.2 = NONE, GO TO NEXT SECTION]
Don't know / Not sure
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?
- Number of days
None
Don't know / Not sure
Refused

Section 3: Health Care Access

- 3.1.1 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?
- 1 Yes
 - 2 No
- Don't know / Not sure
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?"
- 1 Yes, only one
 - 2 More than one
 - 3 No
- Don't know / Not sure
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?
1 Yes
2 No
Don't know / Not sure
Refused

3.4 A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. About how long has it been since you last visited a doctor for a routine checkup?
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
Don't know / Not sure
Never
Refused

Section 4: Hypertension Awareness

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

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

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

1 Yes
2 Yes, but female told only during pregnancy [GO TO NEXT SECTION]
3 No [GO TO NEXT SECTION]
4 Told borderline high or pre-hypertensive [GO TO NEXT SECTION]
Don't know / Not sure [GO TO NEXT SECTION]
Refused [GO TO NEXT SECTION]

4.2 Are you currently taking medicine for your high blood pressure?
1 Yes
2 No
Don't know / Not sure
Refused

Section 5: Cholesterol Awareness

- 5.1 Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your blood cholesterol checked?
- 1 Never [GO TO NEXT SECTION]
 - 2 Within the past year (anytime less than 12 months ago)
 - 3 Within the past 2 years (1 year but less than 2 years ago)
 - 4 Within the past 5 years (2 years but less than 5 years ago)
 - 5 5 or more years ago
- Don't know / Not sure
Refused [GO TO NEXT SECTION]
- 5.2 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?
- 1 Yes
 - 2 No [GO TO NEXT SECTION]
- Don't know / Not sure [GO TO NEXT SECTION]
Refused [GO TO NEXT SECTION]
- 5.3 Are you currently taking medicine prescribed by a doctor or other health professional for your blood cholesterol?
- 1 Yes
 - 2 No
- Don't know / Not sure
Refused

Section 6: Chronic 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?
- 1 Yes
 - 2 No
- Don't know / Not sure
Refused
- 6.2 (Ever told) you had angina or coronary heart disease?
- 1 Yes
 - 2 No
- Don't know / Not sure
Refused
- 6.3 (Ever told) you had a stroke?
- 1 Yes
 - 2 No
- Don't know / Not sure
Refused
- 6.4 (Ever told) you had asthma?
- 1 Yes
 - 2 No [GO TO Q6.6]
- Don't know / Not sure [GO TO Q6.6]
Refused [GO TO Q6.6]

- 6.5 Do you still have asthma?
 1 Yes
 2 No
 Don't know / Not sure
 Refused
- 6.6 (Ever told) you had skin cancer?
 1 Yes
 2 No
 Don't know / Not sure
 Refused
- 6.7 (Ever told) you had any other types of cancer?
 1 Yes
 2 No
 Don't know / Not sure
 Refused
- 6.8 (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis?
 1 Yes
 2 No
 Don't know / Not sure
 Refused
- 6.9 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?
 1 Yes
 2 No
 Don't know / Not sure
 Refused

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

6.11 (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence. [INCONTINENCE IS NOT BEING ABLE TO CONTROL URINE FLOW.]

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

6.12 (Ever told) you have diabetes?

[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
- Don't know / Not sure
- Refused

[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?

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

[GO TO DIABETES OPTIONAL MODULE (IF USED). OTHERWISE, GO TO NEXT SECTION]

Section 7: Arthritis Burden

[IF Q6.9 = 1 (YES) THEN CONTINUE, ELSE GO TO NEXT SECTION]

Next, I will ask you about your arthritis.

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

7.1 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

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

IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, SAY: "PLEASE ANSWER THE QUESTION BASED ON YOUR CURRENT EXPERIENCE, REGARDLESS OF WHETHER YOU ARE TAKING ANY MEDICATION OR TREATMENT."

[Q7.2 SHOULD BE ASKED OF ALL RESPONDENTS REGARDLESS OF EMPLOYMENT STATUS.]

7.2 In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?

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

[IF RESPONDENT GIVES AN ANSWER TO EACH ISSUE (WHETHER RESPONDENT WORKS, TYPE OF WORK, OR AMOUNT OF WORK), THEN IF ANY ISSUE IS "YES" MARK THE OVERALL RESPONSE AS "YES." IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, SAY: "PLEASE ANSWER THE QUESTION BASED ON YOUR CURRENT EXPERIENCE, REGARDLESS OF WHETHER YOU ARE TAKING ANY MEDICATION OR TREATMENT."]

- 7.3 During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings?
- 1 A lot
 - 2 A little
 - 3 Not at all
 - Don't know / Not sure
 - Refused

[IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, SAY: "PLEASE ANSWER THE QUESTION BASED ON YOUR CURRENT EXPERIENCE, REGARDLESS OF WHETHER YOU ARE TAKING ANY MEDICATION OR TREATMENT."]

- 7.4 Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. On a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be, DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE?
- __ __ Enter number [00-10]
- Don't know / Not sure
 - Refused

Section 8: Demographics

- 8.1 Are you ...
- 1 Male
 - 2 Female
 - Refused

[THIS QUESTION MUST BE ASKED EVEN IF PREVIOUSLY ENTERED SEX IN THE SCREENING QUESTIONS. IT WILL NOT BE ASKED OF PERSONS WHO HAVE SELF-IDENTIFIED SEX IN LL HOUSEHOLD ENUMERATION. THIS QUESTION MAY BE POPULATED BY LANDLINE HOUSEHOLD ENUMERATION ONLY. IT MAY NOT BE POPULATED BY INTERVIEWER ASSIGNMENT OF SEX DURING THE SCREENING FOR CELL PHONE OR PERSONS LIVING IN COLLEGE HOUSING.]

- 8.2 What is your age?
- __ __ Code age in years
- Don't know / Not sure
 - Refused

- 8.3 Are you Hispanic, Latino/a, or Spanish origin? If yes, ask: Are you...
- [One Or More Categories May Be Selected.]
- 1 Mexican, Mexican American, Chicano/a
 - 2 Puerto Rican
 - 3 Cuban
 - 4 Another Hispanic, Latino/a, or Spanish origin
 - 5 No
 - Don't know / Not sure
 - Refused

8.4 Which one or more of the following would you say is your race?
[SELECT ALL THAT APPLY. IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING.]

- 10 White
 - 20 Black or African American
 - 30 American Indian or Alaska Native
 - 40 Asian
 - 41 Asian Indian
 - 42 Chinese
 - 43 Filipino
 - 44 Japanese
 - 45 Korean
 - 46 Vietnamese
 - 47 Other Asian
 - 50 Pacific Islander
 - 51 Native Hawaiian
 - 52 Guamanian or Chamorro
 - 53 Samoan
 - 54 Other Pacific Islander
 - 60 Other
- No additional choices
Don't know / Not sure
Refused

[IF MORE THAN ONE RESPONSE TO Q8.4; CONTINUE. OTHERWISE, GO TO Q8.6.]

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

[IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORY UNDERNEATH MAJOR HEADING. IF RESPONDENT HAS SELECTED MULTIPLE RACES IN PREVIOUS AND REFUSES TO SELECT A SINGLE RACE, CODE "REFUSED."]

- 10 White
 - 20 Black or African American
 - 30 American Indian or Alaska Native
 - 40 Asian
 - 41 Asian Indian
 - 42 Chinese
 - 43 Filipino
 - 44 Japanese
 - 45 Korean
 - 46 Vietnamese
 - 47 Other Asian
 - 50 Pacific Islander
 - 51 Native Hawaiian
 - 52 Guamanian or Chamorro
 - 53 Samoan
 - 54 Other Pacific Islander
 - 60 Other
- Don't know / Not sure
Refused

- 8.6 Are you...?
- 1 Married
 - 2 Divorced
 - 3 Widowed
 - 4 Separated
 - 5 Never married, or
 - 6 A member of an unmarried couple
 - Refused
- 8.7 What is the highest grade or year of school you completed?
- 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)
 - Refused
- 8.8 Do you own or rent your home?
- 1 Own
 - 2 Rent
 - 3 Other arrangement
 - Don't know / Not sure
 - Refused

["OTHER ARRANGEMENT" MAY INCLUDE GROUP HOME, STAYING WITH FRIENDS OR FAMILY WITHOUT PAYING RENT. HOME IS DEFINED AS THE PLACE WHERE YOU LIVE MOST OF THE TIME/THE MAJORITY OF THE YEAR. IF RESPONDENT ASKS ABOUT WHY WE ARE ASKING THIS QUESTION: WE ASK THIS QUESTION IN ORDER TO COMPARE HEALTH INDICATORS AMONG PEOPLE WITH DIFFERENT HOUSING SITUATIONS.]

- 8.9 In what county do you currently live?
- — — ANSI County Code (formerly FIPS county code)
- Don't know / Not sure
 - Refused
- 8.10 What is the ZIP Code where you currently live?
- — — — ZIP Code
- Don't know / Not sure
 - Refused
- 8.11 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.
- 1 Yes
 - 2 No [GO TO Q8.13]
 - Don't know / Not sure [GO TO Q8.13]
 - Refused [GO TO Q8.13]
- 8.12 How many of these telephone numbers are residential numbers?
- Residential telephone numbers [6 = 6 or more]
- Don't know / Not sure
 - Refused

- 8.13 Including phones for business and personal use, do you have a cell phone for personal use?
 1 Yes
 2 No
 Don't know / Not sure
 Refused
- 8.14 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? [Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.]
 1 Yes
 2 No
 Don't know / Not sure
 Refused
- 8.15 Are you currently...?
 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
 Refused
- 8.16 How many children less than 18 years of age live in your household?
 _ _ Number of children
 None
 Refused
- 8.17 Is your annual household income from all sources—

IF RESPONDENT REFUSES AT ANY INCOME LEVEL, CODE REFUSED

- 04 Less than \$25,000 If "no," ask 05; if "yes," ask 03
 (\$20,000 to less than \$25,000)
- 03 Less than \$20,000 If "no," code 04; if "yes," ask 02
 (\$15,000 to less than \$20,000)
- 02 Less than \$15,000 If "no," code 03; if "yes," ask 01
 (\$10,000 to less than \$15,000)
- 01 Less than \$10,000 If "no," code 02
- 05 Less than \$35,000 If "no," ask 06
 (\$25,000 to less than \$35,000)
- 06 Less than \$50,000 If "no," ask 07
 (\$35,000 to less than \$50,000)
- 07 Less than \$75,000 If "no," code 08
 (\$50,000 to less than \$75,000)
- 08 \$75,000 or more
 Don't know / Not sure
 Refused

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

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

8.19 About how much do you weigh without shoes? [IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN COLUMN 183. ROUND FRACTIONS UP]

- Weight
_ _ _ _
(pounds/kilograms)
- Don't know / Not sure
 - Refused

8.20 About how tall are you without shoes? [IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN COLUMN 187. ROUND FRACTIONS DOWN]

- Height
_ _ / _ _
(f t / inches/meters/centimeters)
- Don't know / Not sure
 - Refused

[IF MALE, GO TO 8.22, IF FEMALE RESPONDENT IS 50 YEARS OLD OR OLDER, GO TO Q8.22]

8.21 To your knowledge, are you now pregnant?

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

The following questions are about health problems or impairments you may have. Some people who are deaf or have serious difficulty hearing may or may not use equipment to communicate by phone.

8.22 Are you deaf or do you have serious difficulty hearing?

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

8.23 Are you blind or do you have serious difficulty seeing, even when wearing glasses?

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

8.24 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

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

- 8.25 Do you have serious difficulty walking or climbing stairs?
 1 Yes
 2 No
 Don't know / Not sure
 Refused
- 8.26 Do you have difficulty dressing or bathing?
 1 Yes
 2 No
 Don't know / Not sure
 Refused
- 8.27 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?
 1 Yes
 2 No
 Don't know / Not sure
 Refused

Section 9: Tobacco Use

- 9.1 Have you smoked at least 100 cigarettes in your entire life? [5 PACKS = 100 CIGARETTES]
 1 Yes
 2 No [GO TO Q9.5]
 Don't know / Not sure [GO TO Q9.5]
 Refused [GO TO Q9.5]

["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?
 1 Every day
 2 Some days
 3 Not at all [GO TO Q9.4]
 Don't know / Not sure [GO TO Q9.5]
 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?
 1 Yes [GO TO Q9.5]
 2 No [GO TO Q9.5]
 Don't know / Not sure [GO TO Q9.5]
 Refused [GO TO Q9.5]

- 9.4 How long has it been since you last smoked a cigarette, even one or two puffs?
- 01 Within the past month (less than 1 month ago)
 - 02 Within the past 3 months (1 month but less than 3 months ago)
 - 03 Within the past 6 months (3 months but less than 6 months ago)
 - 04 Within the past year (6 months but less than 1 year ago)
 - 05 Within the past 5 years (1 year but less than 5 years ago)
 - 06 Within the past 10 years (5 years but less than 10 years ago)
 - 07 10 years or more
 - 08 Never smoked regularly
 - Don't know / Not sure
 - Refused

- 9.5 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? [SNUS (RHYMES WITH 'GOOSE')/ SNUS (SWEDISH FOR SNUFF) IS A MOIST SMOKELESS TOBACCO, USUALLY SOLD IN SMALL POUCHES THAT ARE PLACED UNDER THE LIP AGAINST THE GUM.]
- 1 Every day
 - 2 Some days
 - 3 Not at all
 - Don't know / Not sure
 - Refused

Section 10: E-Cigarettes

"The next 2 questions are about electronic cigarettes and other electronic "vaping" products. These products typically contain nicotine, flavors, and other ingredients. Do not include products used only for marijuana."

[THESE QUESTIONS CONCERN ELECTRONIC VAPING PRODUCTS FOR NICOTINE USE. THE USE OF ELECTRONIC VAPING PRODUCTS FOR MARIJUANA USE IS NOT INCLUDED IN THESE QUESTIONS.]

Read if necessary: Electronic cigarettes (e-cigarettes) and other electronic "vaping" products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

- 10.1 Have you ever used an e-cigarette or other electronic "vaping" product, even just one time, in your entire life?
- 1 Yes
 - 2 No [GO TO NEXT SECTION]
 - Don't know / Not Sure [GO TO NEXT SECTION]
 - Refused [GO TO NEXT SECTION]
- 10.2 Do you now use e-cigarettes or other electronic "vaping" products every day, some days, or not at all?
- 1 Every day
 - 2 Some days
 - 3 Not at all
 - Don't know / Not sure
 - Refused

Section 11: Alcohol Consumption

11.1 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?

1 __ Days per week

2 __ Days in past 30 days

No drinks in past 30 days [GO TO NEXT SECTION]

Don't know / Not sure [GO TO NEXT SECTION]

Refused [GO TO NEXT SECTION]

11.2 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? [A 40 OUNCE BEER WOULD COUNT AS 3 DRINKS, OR A COCKTAIL DRINK WITH 2 SHOTS WOULD COUNT AS 2 DRINKS.]

__ Number of drinks

Don't know / Not sure

Refused

11.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [X = 5 FOR MEN, X = 4 FOR WOMEN] or more drinks on an occasion?

__ Number of times

88 None

Don't know / Not sure

Refused

11.4 During the past 30 days, what is the largest number of drinks you had on any occasion?

__ Number of drinks

Don't know / Not sure

Refused

Section 12: Fruits and Vegetables

Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.

INSTRUCTIONS: IF A RESPONDENT INDICATES THAT THEY CONSUME A FOOD ITEM EVERY DAY THEN ENTER THE NUMBER OF TIMES PER DAY. IF THE RESPONDENT INDICATES THAT THEY EAT A FOOD LESS THAN DAILY, THEN ENTER TIMES PER WEEK OR TIME PER MONTH. DO NOT ENTER TIME PER DAY UNLESS THE RESPONDENT REPORTS THAT HE/SHE CONSUMED THAT FOOD ITEM EACH DAY DURING THE PAST MONTH.

12.1 Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month. [ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?" READ IF RESPONDENT ASKS WHAT TO INCLUDE OR SAYS 'I DON'T KNOW': INCLUDE FRESH, FROZEN OR CANNED FRUIT. DO NOT INCLUDE DRIED FRUITS.]

1__ Day

2__ Week

3__ Month

300 Less than once a month

Never

Don't Know

Refused

12.2 Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice? [ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"]

READ IF RESPONDENT ASKS ABOUT EXAMPLES OF FRUIT-FLAVORED DRINKS: "DO NOT INCLUDE FRUIT-FLAVORED DRINKS WITH ADDED SUGAR LIKE CRANBERRY COCKTAIL, HI-C, LEMONADE, KOOL-AID, GATORADE, TAMPICO, AND SUNNY DELIGHT. INCLUDE ONLY 100% PURE JUICES OR 100% JUICE BLENDS."]

1__ Day
2__ Week
3__ Month
300 Less than once a month
Never
Don't Know
Refused

12.3 How often did you eat a green leafy or lettuce salad, with or without other vegetables? [ENTER QUANTITY IN IN TIMES PER DAY, WEEK, OR MONTH. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"]

READ IF RESPONDENT ASKS ABOUT SPINACH: "INCLUDE SPINACH SALADS."]

1__ Day
2__ Week
3__ Month
300 Less than once a month
Never
Don't Know
Refused

12.4 How often did you eat any kind of fried potatoes, including french fries, home fries, or hash browns? [ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"]

READ IF RESPONDENT ASKS ABOUT POTATO CHIPS: "DO NOT INCLUDE POTATO CHIPS."]

1__ Day
2__ Week
3__ Month
300 Less than once a month
Never
Don't Know
Refused

12.5 How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad? [ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"]

READ IF RESPONDENT ASKS ABOUT WHAT TYPES OF POTATOES TO INCLUDE: "INCLUDE ALL TYPES OF POTATOES EXCEPT FRIED. INCLUDE POTATOES AU GRATIN, SCALLOPED POTATOES."]

1__ Day
2__ Week
3__ Month
300 Less than once a month
Never
Don't Know
Refused

12.6 Not including lettuce salads and potatoes, how often did you eat other vegetables? [ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"

READ IF RESPONDENT ASKS ABOUT WHAT TO INCLUDE: "INCLUDE TOMATOES, GREEN BEANS, CARROTS, CORN, CABBAGE, BEAN SPROUTS, COLLARD GREENS, AND BROCCOLI. INCLUDE RAW, COOKED, CANNED, OR FROZEN VEGETABLES. DO NOT INCLUDE RICE."

- 1__ Day
- 2__ Week
- 3__ Month
- 300 Less than once a month
- Never
- Don't Know
- Refused

Section 13: Exercise (Physical Activity)

The next few questions are about exercise, recreation, or physical activities other than your regular job duties. [If respondent does not have a "regular job duty" or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.]

13.1 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?

- 1 Yes
- 2 No [GO TO Q13.8]
- Don't know / Not sure [GO TO Q13.8]
- Refused [GO TO Q13.8]

13.2 What type of physical activity or exercise did you spend the most time doing during the past month?

- __ (Specify) [See Physical Activity Coding List]
- Don't know / Not Sure [GO TO Q13.8]
- Refused [GO TO Q13.8]

[IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED IN THE PHYSICAL ACTIVITY CODING LIST, CHOOSE THE OPTION LISTED AS "OTHER".]

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

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

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

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

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

- __ (Specify) [See Physical Activity Coding List]
- No other activity [GO TO Q13.8]
- Don't know / Not Sure [GO TO Q13.8]
- Refused [GO TO Q13.8]

[IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED IN THE CODING PHYSICAL ACTIVITY LIST, CHOOSE THE OPTION LISTED AS "OTHER".]

- 13.6 How many times per week or per month did you take part in this activity during the past month?
1__ Times per week
2__ Times per month
Don't know / Not sure
Refused
- 13.7 And when you took part in this activity, for how many minutes or hours did you usually keep at it?
_:__ Hours and minutes
Don't know / Not sure
Refused
- 13.8 During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.
1__ Times per week
2__ Times per month
Never
Don't know / Not sure
Refused

Section 14: Seatbelt Use

- 14.1 How often do you use seat belts when you drive or ride in a car? Would you say —
1 Always
2 Nearly always
3 Sometimes
4 Seldom
5 Never
Don't know / Not sure
Never drive or ride in a car
Refused

Section 15: 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™.

- 15.1 During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?
[Read only 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 Q15.3]
Don't know / Not sure [GO TO Q15.3]
Refused [GO TO Q15.3]

15.2 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?

__ / ____ Month / Year

Don't know / Not sure

Refused

15.3 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?

1 Yes

2 No

Don't know / Not sure

Refused

[IF RESPONDENT IS < 49 YEARS OF AGE, GO TO NEXT SECTION.]

15.4. Have you ever had the shingles or zoster vaccine?

1 Yes

2 No

Don't know / Not sure

Refused

[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 16: 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.

16.1 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.

1 Yes

2 No [GO TO Q16.3]

Don't know /Not sure [GO TO Q16.3]

Refused [GO TO Q16.3]

16.2 Not including blood donations, in what month and year was your last HIV test?

[INSTRUCTIONS: IF RESPONSE IS BEFORE JANUARY 1985, CODE "DON'T KNOW." 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

Don't know / Not sure

Refused / Not sure

16.3 I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.

- You have injected any drug other than those prescribed for you in the past year.
- You have been treated for a sexually transmitted disease or STD in the past year.
- You have given or received money or drugs in exchange for sex in the past year.
- You had anal sex without a condom in the past year.
- You had four or more sex partners in the past year.

Do any of these situations apply to you?

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

Module 1: Pre-Diabetes

[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?

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

[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? INSTRUCTIONS: IF "YES" AND RESPONDENT IS FEMALE, ASK: "WAS THIS ONLY WHEN YOU WERE PREGNANT?"

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

Module 12: Cancer Survivorship

[IF CORE Q6.6 OR Q6.7 = 1 (YES) CONTINUE, ELSE GO TO NEXT MODULE.]

You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.

1. How many different types of cancer have you had?

- 1 Only one
- 2 Two
- 3 Three or more
- Don't know / Not sure [GO TO NEXT MODULE]
- Refused [GO TO NEXT MODULE]

2. At what age were you told that you had cancer?

- _ _ Code age in years (97 = 97 and older)
- Don't know / Not sure
- Refused

[IF Q1= 2 (TWO) OR 3 (THREE OR MORE), ASK: "AT WHAT AGE WERE YOU FIRST DIAGNOSED WITH CANCER?]

THIS QUESTION REFERS TO THE FIRST TIME THEY WERE TOLD ABOUT THEIR FIRST CANCER.

[IF CORE Q6.6 = 1 (YES) AND Q1 = 1 (ONLY ONE): ASK "WAS IT "MELANOMA" OR "OTHER SKIN CANCER"? THEN CODE 21 IF "MELANOMA" OR 22 IF "OTHER SKIN CANCER]

3. What type of cancer was it?

[IF Q1 = 2 (TWO) OR 3 (THREE OR MORE), ASK: "WITH YOUR MOST RECENT DIAGNOSES OF CANCER, WHAT TYPE OF CANCER WAS IT?] PLEASE READ LIST ONLY IF RESPONDENT NEEDS PROMPTING FOR CANCER TYPE (I.E., NAME OF CANCER) [1-30]:

Breast

01 Breast cancer

Female reproductive (Gynecologic)

02 Cervical cancer (cancer of the cervix)

03 Endometrial cancer (cancer of the uterus)

04 Ovarian cancer (cancer of the ovary)

Head/Neck

05 Head and neck cancer

06 Oral cancer

07 Pharyngeal (throat) cancer

08 Thyroid

09 Larynx

Gastrointestinal

10 Colon (intestine) cancer

11 Esophageal (esophagus)

12 Liver cancer

13 Pancreatic (pancreas) cancer

14 Rectal (rectum) cancer

15 Stomach

Leukemia/Lymphoma (lymph nodes and bone marrow)

16 Hodgkin's Lymphoma (Hodgkin's disease)

17 Leukemia (blood) cancer

18 Non-Hodgkin's Lymphoma

Male reproductive

19 Prostate cancer

20 Testicular cancer

Skin

21 Melanoma

22 Other skin cancer

Thoracic

23 Heart

24 Lung

Urinary cancer:

25 Bladder cancer

26 Renal (kidney) cancer

Others

27 Bone

28 Brain

29 Neuroblastoma

30 Other

Don't know / Not sure

Refused

4. Are you currently receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.

- 1 Yes [GO TO NEXT MODULE]
- 2 No, I've completed treatment
- 3 No, I've refused treatment [GO TO NEXT MODULE]
- 4 No, I haven't started treatment [GO TO NEXT MODULE]
- 5 Treatment was not needed [GO TO NEXT MODULE]
- Don't know / Not sure [GO TO NEXT MODULE]
- Refused [GO TO NEXT MODULE]

5. What type of doctor provides the majority of your health care?

[IF THE RESPONDENT REQUESTS CLARIFICATION OF THIS QUESTION, SAY: "WE WANT TO KNOW WHICH TYPE OF DOCTOR YOU SEE MOST OFTEN FOR ILLNESS OR REGULAR HEALTH CARE (EXAMPLES: ANNUAL EXAMS AND/OR PHYSICALS, TREATMENT OF COLDS, ETC.)."]

- 01 Cancer Surgeon
- 02 Family Practitioner
- 03 General Surgeon
- 04 Gynecologic Oncologist
- 05 General Practitioner, Internist
- 06 Plastic Surgeon, Reconstructive Surgeon
- 07 Medical Oncologist
- 08 Radiation Oncologist
- 09 Urologist
- 10 Other
- Don't know / Not sure
- Refused

6. Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received? 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
- Don't know / Not sure
- Refused

7. 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?

- 1 Yes
- 2 No [GO TO Q9]
- Don't know / Not sure [GO TO Q9]
- Refused [GO TO Q9]

8. Were these instructions written down or printed on paper for you?

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

9. With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? ["HEALTH INSURANCE" ALSO INCLUDES MEDICARE, MEDICAID, OR OTHER TYPES OF STATE HEALTH PROGRAMS.]
- 1 Yes
 - 2 No
 - Don't know / Not sure
 - Refused
10. Were you EVER denied health insurance or life insurance coverage because of your cancer?
- 1 Yes
 - 2 No
 - Don't know / Not sure
 - Refused
11. Did you participate in a clinical trial as part of your cancer treatment?
- 1 Yes
 - 2 No
 - Don't know / Not sure
 - Refused
12. Do you currently have physical pain caused by your cancer or cancer treatment?
- 1 Yes
 - 2 No [GO TO NEXT MODULE]
 - Don't know / Not sure [GO TO NEXT MODULE]
 - Refused [GO TO NEXT MODULE]
13. Is your pain currently under control?
- 1 Yes, with medication (or treatment)
 - 2 Yes, without medication (or treatment)
 - 3 No, with medication (or treatment)
 - 4 No, without medication (or treatment)
 - Don't know / Not sure
 - Refused

Module 16: Preconception Health/Family Planning

[IF RESPONDENT IS FEMALE AND GREATER THAN 49 YEARS OF AGE, HAS HAD A HYSTERECTOMY, IS PREGNANT, OR IF RESPONDENT IS MALE GO TO THE NEXT MODULE.]

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.

1. Did you or your partner do anything the last time you had sex to keep you from getting pregnant?
- 1 Yes
 - 2 No [GO TO Q3]
 - 3 No partner/not sexually active [GO TO NEXT MODULE]
 - 4 Same sex partner [GO TO NEXT MODULE]
 - 5 Has had a Hysterectomy [GO TO NEXT MODULE]
 - Don't know/Not sure [GO TO Q3]
 - Refused [GO TO Q3]

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

[IF RESPONDENT REPORTS USING MORE THAN ONE METHOD, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST. IF RESPONDENT REPORTS USING "CONDOMS," PROBE TO DETERMINE IF "FEMALE CONDOMS" OR MALE CONDOMS.]

IF RESPONDENT REPORTS USING AN "IUD" PROBE TO DETERMINE IF "LEVONORGESTREL IUD" OR "COPPER-BEARING IUD."

IF RESPONDENT REPORTS "OTHER METHOD," ASK RESPONDENT TO "PLEASE BE SPECIFIC" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.]

- 01 Female sterilization (ex. Tubal ligation, Essure, Adiana) [GO TO NEXT MODULE]
 - 02 Male sterilization (vasectomy) [GO TO NEXT MODULE]
 - 03 Contraceptive implant (ex. Implanon) [GO TO NEXT MODULE]
 - 04 Levonorgestrel (LEE-voe-nor-JES-trel) (LNG) or hormonal IUD (ex. Mirena) [GO TO NEXT MODULE]
 - 05 Copper-bearing IUD (ex. ParaGard) [GO TO NEXT MODULE]
 - 06 IUD, type unknown [GO TO NEXT MODULE]
 - 07 Shots (ex. Depo-Provera) [GO TO NEXT MODULE]
 - 08 Birth control pills, any kind [GO TO NEXT MODULE]
 - 09 Contraceptive patch (ex. Ortho Evra) [GO TO NEXT MODULE]
 - 10 Contraceptive ring (ex. NuvaRing) [GO TO NEXT MODULE]
 - 11 Male condoms [GO TO NEXT MODULE]
 - 12 Diaphragm, cervical cap, sponge [GO TO NEXT MODULE]
 - 13 Female condoms [GO TO NEXT MODULE]
 - 14 Not having sex at certain times (rhythm or natural family planning) [GO TO NEXT MODULE]
 - 15 Withdrawal (or pulling out) [GO TO NEXT MODULE]
 - 16 Foam, jelly, film, or cream [GO TO NEXT MODULE]
 - 17 Emergency contraception (morning after pill) [GO TO NEXT MODULE]
 - 18 Other method [GO TO NEXT MODULE]
- Don't know/Not sure
Refused

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.

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

- 01 You didn't think you were going to have sex/no regular partner
- 02 You just didn't think about it
- 03 Don't care if you get pregnant
- 04 You want a pregnancy
- 05 You or your partner don't want to use birth control
- 06 You or your partner don't like birth control/side effects
- 07 You couldn't pay for birth control
- 08 You had a problem getting birth control when you needed
- 09 Religious reasons
- 10 Lapse in use of a method

- 11 Don't think you or your partner can get pregnant (infertile or too old)
- 12 You had tubes tied (sterilization)
- 13 You had a hysterectomy
- 14 Your partner had a vasectomy (sterilization)
- 15 You are currently breast-feeding
- 16 You just had a baby/postpartum
- 17 You are pregnant now
- 18 Same sex partner
- 19 Other reasons
- Don't know/Not sure
- Refused

Module 28: Random Child Selection

IF CORE Q8.16 = NO CHILDREN UNDER AGE 18 IN THE HOUSEHOLD, OR REFUSED, GO TO NEXT MODULE.

IF CORE Q8.16 = 1, 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 Q8.16 IS >1 AND CORE Q8.16 DOES NOT EQUAL 88 OR 99, 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."

RANDOMLY SELECT ONE OF THE CHILDREN. THIS IS THE "XTH" CHILD. PLEASE SUBSTITUTE "XTH" CHILD'S NUMBER IN ALL QUESTIONS BELOW.

I have some additional questions about one specific child. The child I will be referring to is the "Xth" [PLEASE FILL IN CORRECT NUMBER] CHILD IN YOUR HOUSEHOLD. ALL FOLLOWING QUESTIONS ABOUT CHILDREN WILL BE ABOUT THE "XTH" [PLEASE FILL IN CHILD.]

1. What is the birth month and year of the "Xth" child?
 __/____ Code month and year
 Don't know / Not sure
 Refused

CALCULATE THE CHILD'S AGE IN MONTHS (CHLDAGE1=0 TO 216) AND ALSO IN YEARS (CHLDAGE2=0 TO 17) BASED ON THE INTERVIEW DATE AND THE BIRTH MONTH AND YEAR USING A VALUE OF 15 FOR THE BIRTH DAY. IF THE SELECTED CHILD IS < 12 MONTHS OLD ENTER THE CALCULATED MONTHS IN CHLDAGE1 AND 0 IN CHLDAGE2. IF THE CHILD IS > 12 MONTHS ENTER THE CALCULATED MONTHS IN CHLDAGE1 AND SET CHLDAGE2=TRUNCATE (CHLDAGE1/12).

2. Is the child a boy or a girl?
 1 Boy
 2 Girl
 Refused

3. Is the child Hispanic, Latino/a, or Spanish origin?
- 1 Mexican, Mexican American, Chicano/a
 - 2 Puerto Rican
 - 3 Cuban
 - 4 Another Hispanic, Latino/a, or Spanish origin
 - 5 No
 - Don't know / Not sure
 - Refused

4. Which one or more of the following would you say is the race of the child?

SELECT ALL THAT APPLY. IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING.

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
 - 41 Asian Indian
 - 42 Chinese
 - 43 Filipino
 - 44 Japanese
 - 45 Korean
 - 46 Vietnamese
 - 47 Other Asian
- 50 Pacific Islander
 - 51 Native Hawaiian
 - 52 Guamanian or Chamorro
 - 53 Samoan
 - 54 Other Pacific Islander
- 60 Other
- 88 No additional choices
- Don't know / Not sure
- Refused

5. Which one of these groups would you say best represents the child's race?

IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING.

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
 - 41 Asian Indian
 - 42 Chinese
 - 43 Filipino
 - 44 Japanese
 - 45 Korean
 - 46 Vietnamese
 - 47 Other Asian

- 50 Pacific Islander
 - 51 Native Hawaiian
 - 52 Guamanian or Chamorro
 - 53 Samoan
 - 54 Other Pacific Islander
- 60 Other
- Don't know / Not sure
- Refused

6. How are you related to the child?
- 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
 - Don't know / Not sure
 - Refused

SOUTH DAKOTA'S 2017 STATE-ADDED QUESTIONS

HEALTH CARE COVERAGE

If "1" to Q. 3.1, continue. Otherwise go to SD01Q02.

SD01Q01. Earlier you were asked some questions about your health care coverage. We'd now like to ask you what type of health care coverage you use to pay for most of your medical care?

Is it coverage through:

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid or Medical Assistance
- 06 The military, CHAMPUS, TriCare, or the VA
- 07 The Indian Health Service
- 08 Some other source
- None
- Don't know/Not sure
- Refused

Go to Q. SD02Q01.

If "2" to Q. 3.1, continue. Otherwise go to SD02Q01.

SD01Q02. Earlier you indicated that you did not have any type of health care coverage, but there are some types of coverage you may not have considered. Please tell me if you have any of the following:

Coverage through:

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid or Medical Assistance
- 06 The military, CHAMPUS, TriCare, or the VA
- 07 The Indian Health Service
- 08 Some other source
- None
- Don't know/Not sure
- Refused

TOBACCO

If "1" to Q. 3.4, And If ("1" or "2" to Q. 9.2) or ("1" or "2" to Q. 9.5), continue. Otherwise, go to SD02Q02.

SD02Q01. In the past 12 months, has a doctor, nurse, or other health professional advised you to (quit smoking or stop using spit tobacco)?

- 1 Yes
- 2 No
- Don't Know/Not Sure
- Refused

If "1" or "2" to Q. 8.15, continue. Otherwise, go to SD02Q04.

SD02Q02. While working at your job, are you indoors most of the time?

- 1 Yes
- 2 No Go to SD02Q04
- Don't Know/Not Sure Go to SD02Q04
- Refused Go to SD02Q04

SD02Q03. Which of the following best describes your place of work's official smoking policy for work areas?

- 1 Not allowed in any work areas
- 2 Allowed in some work areas
- 3 Allowed in all work areas
- 4 No official policy
- Don't know/Not sure
- Refused

SD02Q04. Which statement best describes the rules about smoking inside your home? Do not include decks, garages, or porches.

- 1 Smoking is not allowed anywhere inside your home Go to SD02Q06
- 2 Smoking is allowed in some places or at some times
- 3 Smoking is allowed anywhere inside your home
- 4 There are no rules about smoking inside your home
- Don't know / Not sure
- Refused

SD02Q05. On how many of the past 7 days did someone smoke in your home while you were there?

- Number of days
- 5 5 Not at home in the past 7 days
- None
- Don't know / Not sure
- Refused

If "1" or "2" to Q. 10.2, continue. Otherwise, go to SD03Q01.

SD02Q06. During the past 30 days on how many days did you use electronic cigarettes or E-cigarettes?

- Number of Days [Range 1-30]
- 8 8 None
- Don't know/Not sure
- Refused

Actions to Control High Blood Pressure

If "1" to Q. 4.1 in Section 4, continue. Otherwise, go to Q. SD04Q01.

Are you now doing any of the following to help lower or control your high blood pressure?

SD03Q01. (Are you) changing your eating habits (to help lower or control your high blood pressure)?
1 Yes
2 No
Don't know / Not sure
Refused

SD03Q02. (Are you) cutting down on salt (to help lower or control your high blood pressure)?
1 Yes
2 No
3 Do not use salt
Don't know / Not sure
Refused

SD03Q03. (Are you) reducing alcohol use (to help lower or control your high blood pressure)?
1 Yes
2 No
3 Do not drink
Don't know / Not sure
Refused

If "1" to Q. 13.1 in Section 13, continue. Otherwise, go to SD04Q01.

SD03Q04. (Are you) exercising (to help lower or control your high blood pressure)?
1 Yes
2 No
Don't know / Not sure
Refused

SUBSTANCE ABUSE AND MENTAL HEALTH

SD04Q01. During the past 12 months, how many times have you taken a prescription pain medication such as OxyContin, Percocet, Vicodin, Tramadol, or Fentanyl?
__ Number of Times
None
Don't know/Not sure
Refused

SD04Q02. Are you now taking medicine or receiving treatment from a doctor or other health professionals for any type of mental health condition or emotional problem?
1 Yes
2 No
Don't know/Not sure
Refused

SD04Q03. Have you ever been treated or are you currently being treated by a health care professional for substance abuse?

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

ADVANCE DIRECTIVE

SD05Q01. An advance directive is a document that states what kind of health care treatment you would want to receive, or not want to receive, if you could not speak for yourself. Have you completed an advance directive?

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

CHILDREN'S HEALTH INSURANCE

If the total number of children (ages 0-17) is equal to or greater than 1 according to Q. 8.16, continue. Otherwise, go to SD08Q01.

I'm now going to ask you some more questions about the child in the household that we talked about earlier.

SD06Q01. Does this child have health coverage?

- 1 Yes
- 2 No Go to SD06Q03
- Don't Know/Not Sure Go to SD07Q01
- Refused Go to SD07Q01

SD06Q02. What type of health coverage do you use to pay for most of this child's medical care?

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid, CHIP, or Medical Assistance
- 06 The military, CHAMPUS, TriCare, or the VA
- 07 The Indian Health Service (IHS)
- 09 Community Health Services
- 08 Some other source
- 88 None
- Don't know/Not sure
- Refused

Go to SD07Q01.

SD06Q03. There are some types of coverage you may not have considered, please tell me if this child is covered by any of the following.

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare

- 05 Medicaid, CHIP, or Medical Assistance
- 06 The military, CHAMPUS, TriCare, or the VA
- 07 The Indian Health Service
- 09 Community Health Services
- 08 Some other source
- 88 None
- Don't know/Not sure
- Refused

CHILDREN'S ORAL HEALTH

If child's age is greater than or equal to 1 continue.

SD07Q01. How long has it been since this child last visited the dentist or a dental clinic?

- 1 Within the past year (1 to 12 months ago) Go to SD07Q03
- 2 Within the past 2 years (1 to 2 years ago)
- 3 Within the past 5 years (2 to 5 years ago)
- 4 5 or more years ago
- 7 Don't Know/Not Sure Go to SD07Q03
- Never
- Refused Go to SD07Q03

SD07Q02. What is the main reason this child has not visited the dentist in the last year?

- 01 Fear, apprehension, nervousness, pain, dislike going
- 02 Cost
- 03 Do not have/know a dentist
- 04 Cannot get to the office/clinic (too far away, no transportation, no appointments available)
- 05 No reason to go (no problems, no teeth)
- 06 Other priorities
- 07 Have not thought of it
- 08 Other
- Don't Know/Not Sure
- Refused

SD07Q03. Do you have any kind of insurance coverage that pays for some or all of this child's routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicare?

- 1 Yes
- 2 No
- Don't Know/Not Sure
- Refused

SD07Q04. During the past 6 months, did this child have a toothache more than once, when biting or chewing?

- 1 Yes
- 2 No
- Don't Know/Not Sure
- Refused

- SD07Q05. During the past 12 months, how many times has this child missed school because of problems with their teeth or mouth?
 __ = Number of times [76 = 76+ times]
 None
 Don't know/Not sure
 Refused
- SD07Q06. During the past 12 months, how many times has this child visited a hospital emergency room because of dental problems?
 __ = Number of times [76 = 76+ times]
 None
 Don't know/Not sure
 Refused

Adverse Childhood Experiences

I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer.

All questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age—

- SD08Q01. Did you live with anyone who was depressed, mentally ill, or suicidal?
 1 Yes
 2 No
 Don't Know/Not Sure
 Refused
- SD08Q02. Did you live with anyone who was a problem drinker or alcoholic?
 1 Yes
 2 No
 Don't Know/Not Sure
 Refused
- SD08Q03. Did you live with anyone who used illegal street drugs or who abused prescription medications?
 1 Yes
 2 No
 Don't Know/Not Sure
 Refused
- SD08Q04. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?
 1 Yes
 2 No
 Don't Know/Not Sure
 Refused

- SD08Q05. Were your parents separated or divorced?
1 Yes
2 No
Don't Know/Not Sure
Refused
- SD08Q06. How often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up?
1 Never
2 Once
3 More than once
Don't know / Not sure
Refused
- SD08Q07. Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say--
1 Never
2 Once
3 More than once
Don't know / Not sure
Refused
- SD08Q08. How often did a parent or adult in your home ever swear at you, insult you, or put you down?
1 Never
2 Once
3 More than once
Don't know / Not sure
Refused
- SD08Q09. How often did anyone at least 5 years older than you or an adult touch you sexually?
1 Never
2 Once
3 More than once
Don't know / Not sure
Refused
- SD08Q10. How often did anyone at least 5 years older than you or an adult try to make you touch them sexually?
1 Never
2 Once
3 More than once
Don't know / Not sure
Refused

- SD08Q11. How often did anyone at least 5 years older than you or an adult force you to have sex?
- 1 Never
 - 2 Once
 - 3 More than once
 - Don't know / Not sure
 - Refused

As I mentioned when we started this section, I would give you a phone number for an organization that can provide information and referral for these issues. You can call the National Hotline for child abuse at 1-800-422-4453 to reach a referral service to locate an agency in your area.

CLOSING STATEMENT

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.

**Activity List for Common Leisure Activities
(To be used for Section 12: Physical Activity)**

Code Description (Physical Activity, Questions 12.2 and 12.5 above)

01 Active Gaming Devices (Wii Fit, Dance, Dance revolution)	39 Rope skipping
02 Aerobics video or class	40 Rowing machine exercises
03 Backpacking	41 Rugby
04 Badminton	42 Scuba diving
05 Basketball	43 Skateboarding
06 Bicycling machine exercise	44 Skating – ice or roller
07 Bicycling	45 Sledding, tobogganing
08 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)	46 Snorkeling
09 Bowling	47 Snow blowing
10 Boxing	48 Snow shoveling by hand
11 Calisthenics	49 Snow skiing
12 Canoeing/rowing in competition	50 Snowshoeing
13 Carpentry	51 Soccer
14 Dancing-ballet, ballroom, Latin, hip hop, Zumba, etc.	52 Softball/Baseball
15 Elliptical/EFX machine exercise	53 Squash
16 Fishing from river bank or boat	54 Stair climbing/Stair master
17 Frisbee	55 Stream fishing in waders
18 Gardening (spading, weeding, digging, filling)	56 Surfing
19 Golf (with motorized cart)	57 Swimming
20 Golf (without motorized cart)	58 Swimming in laps
21 Handball	59 Table tennis
22 Hiking – cross-country	60 Tai Chi
23 Hockey	61 Tennis
24 Horseback riding	62 Touch football
25 Hunting large game – deer, elk	63 Volleyball
26 Hunting small game – quail	64 Walking
27 Inline Skating	66 Waterskiing
28 Jogging	67 Weight lifting
29 Lacrosse	68 Wrestling
30 Mountain climbing	69 Yoga
31 Mowing lawn	71 Childcare
32 Paddleball	72 Farm/Ranch Work (caring for livestock, stacking hay, etc.)
33 Painting/papering house	73 Household Activities (vacuuming, dusting, home repair, etc.)
34 Pilates	74 Karate/Martial Arts
35 Racquetball	75 Upper Body Cycle (wheelchair sports, ergometer)
36 Raking lawn/trimming hedges	76 Yard work (cutting/gathering wood, trimming, etc.)
37 Running	98 Other_____
38 Rock climbing	99 Refused

