



2016

**Behavioral Risk Factor Surveillance System
Questionnaire**

CDC Version - October 14, 2015

NYS Edits through 12/14/2015

Behavioral Risk Factor Surveillance System 2016 Questionnaire

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Interviewer’s Script

Landline

Form Approved
OMB No. 0920-1061
Exp. Date 3/31/2018

Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).

NOTE: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at ivk7@cdc.gov.

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

Is this (phone number) ?

If "No"

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

Is this a private residence?

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

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

No, business phone only

If “No, business phone only”.

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

STOP

College Housing

Do you live in college housing?

READ ONLY IF NECESSARY: “By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.”

Yes [Go to state of residence]
No

If “No”,

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

State of Residence

Do you currently live in ____ (state) ____?

Yes [Go to Cell(ular) Phone]
No

If “No”

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

NOTE: Items in parentheses at any place in the questions or response DO NOT need to be read.

Cell(ular) Phone

Is this a cell(ular) telephone?

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

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

If "Yes"

Thank you very much, but we are only interviewing by land line telephones and for private residences or college housing. **STOP**
No

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

Are you 18 years of age or older?

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

If "No",

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

Adult Random Selection

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

___ Number of adults

If "1,"

Are you the adult?

If "yes,"

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

If "no,"

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



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

___ Number of men

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

So the number of adult women in the household is

___ Number of women

is that correct?

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

If "you," go to page # 10 (correct page).

To the correct respondent:

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



Cell Phone

Form Approved
OMB No. 0920-1061
Exp. Date 3/31/2018

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NOTE: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at ivk7@cdc.gov.

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

Is this a safe time to talk with you?

Yes **[Go to phone]**
No

If "No",

Thank you very much. We will call you back at a more convenient time. ([Set up appointment if possible]) **STOP**

Phone

Is this (phone number) ?

Yes **[Go to cell(ular) phone]**
No **[Confirm phone number]**

If "No",

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

Cell(ular) Phone

Is this a cell(ular) telephone?

READ ONLY IF NECESSARY: “By cell(ular) telephone, we mean a telephone that is mobile and usable outside of your neighborhood.”

Yes **[Go to adult]**
No

If "No",

Thank you very much, but we are only interviewing cell telephones at this time. **STOP**

Adult

Are you 18 years of age or older?

1 **Yes, respondent is male** **[Go to Private Residence]**
2 **Yes, respondent is female** **[Go to Private Residence]**
3 **No**

If "No",

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

Private Residence

Do you live in a private residence?

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

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

College Housing

Do you live in college housing?

READ ONLY IF NECESSARY: “By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.”

Yes **[Go to state of residence]**
No

If "No",

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

State of Residence

Do you currently live in _____ **(state)** _____ ?

Yes	[Go to landline]
No	[Go to state]

State

In what state do you currently live?

_____ ENTER FIPS STATE

Landline

Do you also have a landline telephone in your home that is used to make and receive calls?

READ ONLY IF NECESSARY: “By landline telephone, we mean a “regular” telephone in your home that is used for making or receiving calls.” Please include landline phones used for both business and personal use.”

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

Yes
No

If College Housing = “Yes”, do not ask Number of adults Questions, go to Core.

NUMADULT

How many members of your household, including yourself, are 18 years of age or older?

___ Number of adults

(Note: If college housing = ”yes” then number of adults is set to 1.)

NOTE: Items in parentheses at any place in the questions or response DO NOT need to be read.
--

Core Sections

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

Section 1: Health Status

1.1 Would you say that in general your health is— (90)

Please read:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair

Or

- 5 Poor

Do not read:

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

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

2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (91–92)

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

2.2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (93–94)

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

2.3 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (95-96)

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

Section 3: Health Care Access

3.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service? (97)

- 1 Yes **[If using Health Care Access (HCA) Module go to Module 4, Q1, else continue]**
- 2 No
- 7 Don't know / Not sure
- 9 Refused

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

If “No,” ask: “Is there more than one, or is there no person who you think of as your personal doctor or health care provider?” (98)

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

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

(99)

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

CATI NOTE: If using HCA Module, go to Module 4, Q3, else continue.

3.4 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

(100)

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

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

CATI NOTE: If using HCA Module and Q3.1 = 1 go to Module 4, Question 4a or if using HCA Module and Q3.1 = 2, 7, or 9 go to Module 4, Question 4b, or if not using HCA Module go to next section.

Section 4: Exercise

4.1 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

(101)

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

Section 5: Inadequate Sleep

5.1 On average, how many hours of sleep do you get in a 24-hour period?

INTERVIEWER NOTE: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.

(102-103)

00	Number of hours [01-24]
77	Don't know / Not sure
99	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? (104)

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

6.2 (Ever told) you had angina or coronary heart disease? (105)

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

6.3 (Ever told) you had a stroke? (106)

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

6.4 (Ever told) you had asthma? (107)

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

6.5 Do you still have asthma? (108)

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

6.6 (Ever told) you had skin cancer? (109)

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

6.7 (Ever told) you had any other types of cancer? (110)

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

6.8 (Ever told) you have chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis? (111)

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

6.9 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (112)

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

INTERVIEWER NOTE: Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome

- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

6.10 (Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)? (113)

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

6.11 (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence. (114)

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

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

6.12 (Ever told) you have diabetes? (115)

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

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

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

CATI NOTE: If Q6.12 = 1 (Yes), go to next question. If any other response to Q6.12, go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section. (116-117)

6.13 How old were you when you were told you have diabetes?

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

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

Section 7: Oral Health

- 7.1** How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists. (118)

Read only if necessary:

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

Do not read:

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

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

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

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

(119)

Section 8: Demographics

- 8.1** Are you ... (120)

- 1 Male
- 2 Female
- 9 Refused

Note: This may be populated from information derived from screening, household enumeration. However, interviewer should not make judgement on sex of respondent.

8.2 What is your age? (121-122)

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

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

If yes, ask: Are you...

INTERVIEWER NOTE: One or more categories may be selected.

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

Do not read:

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

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

INTERVIEWER NOTE: Select all that apply.

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

Please read:

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

50 Pacific Islander

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

Do not read:

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

CATI NOTE: If more than one response to Q8.4; continue. Otherwise, go to Q8.6.

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

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

(155-156)

10 White

20 Black or African American

30 American Indian or Alaska Native

40 Asian

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian

50 Pacific Islander

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

Do not read:

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

8.6 Are you...? (157)

Please read:

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

Or

- 6 A member of an unmarried couple

Do not read:

- 9 Refused

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

Read only if necessary:

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

Do not read:

- 9 Refused

NOTE: Items in parentheses at any place in the questions or response DO NOT need to be read.

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

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

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

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

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

8.9 In what county do you currently live? (160-162)

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

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

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

CATI NOTE: If cell(ular) telephone interview skip to 8.14 (QSTVER GE 20)

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. (168)

1 Yes
 2 No **[Go to Q8.13]**
 7 Don't know / Not sure **[Go to Q8.13]**
 9 Refused **[Go to Q8.13]**

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

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

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

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

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?

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

- 1 Yes
- 2 No

Do not read:

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

8.15 Are you currently...?

INTERVIEWER NOTE: If more than one, select the category which best describes you.

(172)

Please read:

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

Or

- 8 Unable to work

Do not read:

- 9 Refused

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

(173-174)

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

8.17 Is your annual household income from all sources—

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

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

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

Round fractions down

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

If male, go to 8.22, if female respondent is 45 years old or older, go to Q8.22

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

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

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

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? (187)

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

8.23 Are you blind or do you have serious difficulty seeing, even when wearing glasses? (188)

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

9 Refused

8.24 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (189)

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

8.25 Do you have serious difficulty walking or climbing stairs? (190)

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

8.26 Do you have difficulty dressing or bathing? (191)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 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? (192)

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

Section 9: Tobacco Use

9.1 Have you smoked at least 100 cigarettes in your entire life? (193)

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

NOTE: 5 packs = 100 cigarettes

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

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]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

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

(195)

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

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

(196-197)

- 0 1 Within the past month (less than 1 month ago)
- 0 2 Within the past 3 months (1 month but less than 3 months ago)
- 0 3 Within the past 6 months (3 months but less than 6 months ago)
- 0 4 Within the past year (6 months but less than 1 year ago)
- 0 5 Within the past 5 years (1 year but less than 5 years ago)
- 0 6 Within the past 10 years (5 years but less than 10 years ago)
- 0 7 10 years or more
- 0 8 Never smoked regularly
- 7 7 Don't know / Not sure
- 9 9 Refused

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

Snus (rhymes with 'goose')

NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum. (198)

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

Do not read:

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

Section 10: E-Cigarettes

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? (199)

- 1 Yes
- 2 No [Go to next section]
- 7 Don't know / Not Sure
- 9 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? (200)

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Don't know / Not
- 9 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? (201-203)

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

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? (204-205)

NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

__ Number of drinks

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

11.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X [CATI X = 5 for men, X = 4 for women]** or more drinks on an occasion? (206-207)

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

11.4 During the past 30 days, what is the largest number of drinks you had on any occasion? (208-209)

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

Section 12: 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™.

12.1 During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose? (210)

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

1 Yes
 2 No [Go to Q12.3]
 7 Don't know / Not sure [Go to Q12.3]
 9 Refused [Go to Q12.3]

12.2 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? (211-216)

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

12.3 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? (217)

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

12.4. Since 2005, have you had a tetanus shot? (218)

If yes, ask: "Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?"

- 1 Yes, received Tdap
- 2 Yes, received tetanus shot, but not Tdap
- 3 Yes, received tetanus shot but not sure what type
- 4 No, did not receive any tetanus since 2005
- 7 Don't know/Not sure
- 9 Refused

Section 13: Falls

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

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

13.1 In the past 12 months, how many times have you fallen? (219–220)

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

13.2 [Fill in "Did this fall (from Q13.1) cause an injury?"]. If only one fall from Q13.1 and response is "Yes" (caused an injury); code 01. If response is "No," code 88.

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

(221–222)

— —	Number of falls	[76 = 76 or more]
8 8	None	
7 7	Don't know / Not sure	
9 9	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— (223)

Please read:

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

Do not read:

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

CATI note: If Q14.1 = 8 (Never drive or ride in a car), go to Section 16; otherwise continue.

Section 15: Drinking and Driving

CATI note: If Q11.1 = 888 (No drinks in the past 30 days); go to next section.

15.1 During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (224-225)

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

Section 16: Breast and Cervical Cancer Screening

CATI NOTE: If male go to the next section.

The next questions are about breast and cervical cancer.

16.1 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (226)

- 1 Yes
- 2 No [Go to Q16.3]
- 7 Don't know / Not sure [Go to Q16.3]
- 9 Refused [Go to Q16.3]

16.2 How long has it been since you had your last mammogram? (227)

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

16.3 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (228)

- 1 Yes
- 2 No [Go to Q16.5]
- 7 Don't know / Not sure [Go to Q16.5]
- 9 Refused [Go to Q16.5]

16.4 How long has it been since you had your last Pap test? (229)

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

Now, I would like to ask you about the Human Papillomavirus (**Pap·uh·loh·muh virus**) or HPV test.

16.5 An HPV test is sometimes given with the Pap test for cervical cancer screening.

Have you ever had an HPV test? (230)

- 1 Yes
- 2 No [Go to Q16.7]
- 7 Don't know/Not sure [Go to Q16.7]

9 Refused

[Go to Q16.7]

16.6 How long has it been since you had your last HPV test?

(231)

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

CATI NOTE: If response to Core Q8.21 = 1 (is pregnant); then go to next section.

16.7 Have you had a hysterectomy?

(232)

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

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

Section 17: Prostate Cancer Screening

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

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

17.1 A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the PSA test?

(233)

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

17.2 Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test? (234)

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

17.3 Has a doctor, nurse, or other health professional EVER recommended that you have a PSA test? (235)

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

17.4. Have you EVER HAD a PSA test? (236)

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

17.5. How long has it been since you had your last PSA test? (237)

Read only if necessary:

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

Do not read:

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

17.6. What was the MAIN reason you had this PSA test – was it ...? (238)

Please read:

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

Do not read:

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

Section 18: Colorectal Cancer Screening

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

The next questions are about colorectal cancer screening.

18.1 A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (239)

- 1 Yes
- 2 No [Go to Q18.3]
- 7 Don't know / Not sure [Go to Q18.3]
- 9 Refused [Go to Q18.3]

18.2 How long has it been since you had your last blood stool test using a home kit? (240)

Read only if necessary:

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

Do not read:

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

18.3 Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? (241)

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

- 18.4** For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy? (242)
- 1 Sigmoidoscopy
 - 2 Colonoscopy
 - 7 Don't know / Not sure
 - 9 Refused

- 18.5** How long has it been since you had your last sigmoidoscopy or colonoscopy? (243)

Read only if necessary:

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

Do not read:

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

Section 19: 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.

- 19.1** Not counting tests you may have had as part of a blood donation, have you ever been tested for HIV? Include testing fluid from your mouth. (244)
- 1 Yes
 - 2 No **[Go to Q19.3]**
 - 7 Don't know / Not sure **[Go to Q19.3]**
 - 9 Refused **[Go to Q19.3]**

- 19.2** Not including blood donations, in what month and year was your last HIV test? (245-250)

NOTE: If response is before January 1985, code “Don’t know.”

CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

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

19.3 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. (251)

- You have used intravenous drugs in the past year.
 - You have been treated for a sexually transmitted or venereal disease in the past year.
 - You have given or received money or drugs in exchange for sex in the past year.
 - You had anal sex without a condom in the past year.
 - You had four or more sex partners in the past year.
- Do any of these situations apply to you?

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

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

Closing statement

Please read:

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

Or

Transition to modules and/or state-added questions

Please read:

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

Optional Modules

Module 1ABC: Pre-Diabetes

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

1. Have you had a test for high blood sugar or diabetes within the past three years? (300)
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

CATI note: If Core Q6.12 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 “Yes” (code = 1).

- 2 Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes? (301)
- If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”**
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | Yes, during pregnancy |
| 3 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

Module 6C: Caregiver

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

1. During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability? (365)

INTERVIEWER INSTRUCTIONS: If caregiving recipient has died in the past 30 days, say “I’m so sorry to hear of your loss.” and code 8.

- 1. Yes
- 2. No [Go to Question 9]
- 7 Don’t know/Not sure [Go to Question 9]
- 8 Caregiving recipient died in past 30 days [Go to next module]
- 9 Refused [Go to Question 9]

2. What is his or her relationship to you?

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

(366-367)

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

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

(368)

- 1 Less than 30 days
- 2 1 month to less than 6 months
- 3 6 months to less than 2 years
- 4 2 years to less than 5 years
- 5 More than 5 years

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

4. In an average week, how many hours do you provide care or assistance? Would you say... (369)

- 1 Up to 8 hours per week
- 2 9 to 19 hours per week
- 3 20 to 39 hours per week
- 4 40 hours or more

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

5. What is the main health problem, long-term illness, or disability that the person you care for has? (370-371)

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

[DO NOT READ: RECORD ONE RESPONSE]

- 1 Arthritis/Rheumatism
- 2 Asthma
- 3 Cancer
- 4 Chronic respiratory conditions such as Emphysema or COPD
- 5 Dementia or other Cognitive Impairment Disorders
- 6 Developmental Disabilities such as Autism, Down's Syndrome, and Spina Bifida
- 7 Diabetes
- 8 Heart Disease, Hypertension, Stroke
- 9 Human Immunodeficiency Virus Infection (HIV)
- 10 Mental Illnesses, such as Anxiety, Depression, or Schizophrenia
- 11 Other organ failure or diseases such as kidney or liver problems
- 12 Substance Abuse or Addiction Disorders
- 13 Injuries, including broken bones
- 14 Old age/infirmity/frailty
- 15 Other

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

6. In the past 30 days, did you provide care for this person by... (372)

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

- 1 Yes
- 2 No

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

7. In the past 30 days, did you provide care for this person by... (373)

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

- 1 Yes
 - 2 No

 - 7 Don't Know /Not Sure
 - 9 Refused
8. Of the following support services, which one do YOU most need, that you are not currently getting? (374)

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

[READ OPTIONS 1 – 6]

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

[DO NOT READ]

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

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

9. In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability? (375)
- 1 Yes
 - 2 No

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

Module 7C: Cognitive Decline

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

Introduction: The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things you've always done or forgetting things that you would normally know. We want to know how these difficulties impact you.

1. During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse? (376)

- 1 Yes
- 2 No [Go to next module]
- 7 Don't know [Go to Q2]
- 9 Refused [Go to next module]

2. During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills? (377)

Please read:

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

3. As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? (378)

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely [Go to Q5]
- 5 Never [Go to Q5]
- 7 Don't know [Go to Q5]
- 9 Refused [Go to Q5]

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

4. When you need help with these day-to-day activities, how often are you able to get the help that you need? (379)

Please read:

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

- 7 Don't know
- 9 Refused

5. During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home? (380)

Please read:

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

- 7 Don't know
- 9 Refused

6. Have you or anyone else discussed your confusion or memory loss with a health care professional? (381)

- 1 Yes
- 2 No

- 7 Don't know
- 9 Refused

Module 8ABC: Sugar Sweetened Beverages

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

1. During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop. (382-384)

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

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

Do not read:

8 8 8 None

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

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

Please read: You can answer times per day, week, or month: for example, twice a day, once a week, and so forth. (385-387)

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

Do not read:

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

Module 20ABC: Industry and Occupation

If Core Q8.15 = 1 or 4 (Employed for wages or out of work for less than 1 year) or 2 (Self-employed), continue else go to next module.

Now I am going to ask you about your work.

If Core Q8.15 = 1 (Employed for wages) or 2 (Self-employed) ask,

1. What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic.

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

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

[Record answer] _____ (450-549)
 99 Refused

Or

If Core Q8.15 = 4 (Out of work for less than 1 year) ask,

What kind of work did you do? For example, registered nurse, janitor, cashier, auto mechanic.

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

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

[Record answer] _____
99 Refused

If Core Q8.15 = 1 (Employed for wages) or 2 (Self-employed) ask,

2. What kind of business or industry do you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.

[Record answer] _____ (550-649)
99 Refused

Or

If Core Q8.15 = 4 (Out of work for less than 1 year) ask,

What kind of business or industry did you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.

[Record answer] _____
99 Refused

Module 21ABC: Sexual Orientation and Gender Identity

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

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

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

1. Do you consider yourself to be: (650)

Please read:

- 1 Straight
- 2 Lesbian or gay
- 3 Bisexual

Do not read:

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

2. Do you consider yourself to be transgender? (651)

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

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

- 1 Yes, Transgender, male-to-female
- 2 Yes, Transgender, female to male
- 3 Yes, Transgender, gender nonconforming
- 4 No

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

INTERVIEWER NOTE: If asked about definition of transgender:

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

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

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

Module 22B: Random Child Selection

CATI NOTE: If Core Q8.16 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

If Core Q8.16 = 1, Interviewer please read: “Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.” **[Go to Q1]**

If Core Q8.16 is >1 and Core Q8.16 does not equal 88 or 99, Interviewer please read: “Previously, you indicated there were **[number]** children age 17 or younger in your household. Think about those **[number]** children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.”

CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the “Xth” child. Please substitute “Xth” child’s number in all questions below.

INTERVIEWER PLEASE READ:

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

1. What is the birth month and year of the “Xth” child? (652-657)

$\frac{_}{7} \frac{_}{7} / \frac{_}{7} \frac{_}{7} \frac{_}{7} \frac{_}{7}$	Code month and year
9 9 / 9 9 9 9	Don't know / Not sure
	Refused

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

2. Is the child a boy or a girl? (658)

1	Boy
2	Girl
9	Refused

3. Is the child Hispanic, Latino/a, or Spanish origin? (659-662)

If yes, ask: Are they...

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

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

Do not read:

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

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

(Select all that apply)

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

- 10 White**
- 20 Black or African American**
- 30 American Indian or Alaska Native**
- 40 Asian**
 - 41 Asian Indian
 - 42 Chinese
 - 43 Filipino
 - 44 Japanese
 - 45 Korean
 - 46 Vietnamese
 - 47 Other Asian
- 50 Pacific Islander**
 - 51 Native Hawaiian
 - 52 Guamanian or Chamorro
 - 53 Samoan
 - 54 Other Pacific Islander

Do not read:

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

CATI NOTE: If more than one response to Q4 continue, else go to Q6

5. Which one of these groups would you say best represents the child's race? (693-694)

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

- 10 White**
- 20 Black or African American**
- 30 American Indian or Alaska Native**
- 40 Asian**

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian

50 Pacific Islander

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

Do not read:

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

6. How are you related to the child?

(695)

Please read:

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

Do not read:

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

Module 23B: Childhood Asthma Prevalence

CATI NOTE: If response to Core Q8.16 = 88 (None) or 99 (Refused), go to next module.

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

1. Has a doctor, nurse or other health professional EVER said that the child has asthma? (696)

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

2. Does the child still have asthma? (697)

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

Module 25ABC: Disability

1. Are you limited in any way in any activities because of physical, mental, or emotional problems? (700)

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

2. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (701)

NOTE: Include occasional use or use in certain circumstances.

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

Asthma Call-Back Permission Script

We would like to call you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in <STATE>. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you or others may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

(702)

- 1 Yes
- 2 No

Can I please have either (your/your child's) first name or initials, so we will know who to ask for when we call back?

_____ Enter first name or initials.

Asthma Call-Back Selection

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

(703)

- 1 Adult
- 2 Child

NY State-Added Modules

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

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

1. "We would like to call you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in New York. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name, initials or nickname and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?"

(901)

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

If Q01 = 1:

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

_____ Enter name/initials/nickname (CATI only)

- 7 Don't know/Not sure
9 Refused

Which person in the household was selected as the focus of the asthma call-back? (902)

- 1 Adult
2 Child

If Q01 = 1 and child selected:

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

_____ Enter name/initials/nickname (CATI only)

- 7 Don't know/Not sure
9 Refused

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

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

(903)

5. You said someone else was more knowledgeable about the child's asthma. Can I please have this adult's first name, initials or nickname so we will know who to ask for when we call back regarding your child.

_____ Enter name/initials/nickname (CATI only)

- 7 Don't know/Not sure
9 Refused

IF Q04 = 1:

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

IF Q04 = 2:

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

_____ Time

(CATI only)

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

NY State-Added Module 2ABC: Health Care Access (type)

If response to Core Q3.1=1 (has health care coverage=yes) then continue. Otherwise, skip to next module.

1. Do you have Medicare? (904)
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused

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

2. What is the primary source of your health care coverage? Is it... (905-906)

Please Read

- 01 A plan purchased through an employer or union (**includes plans purchased through another person's employer**)
- 02 A plan that you or another family member buys on your own
- 03 Medicare
- 04 Medicaid or other state program
- 05 TRICARE (formerly CHAMPUS), VA, or Military
- 06 Alaska Native, Indian Health Service, Tribal Health Services
- Or
- 07 Some other source
- 08 None (no coverage)

Do not read:

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

NY State-Added Module 3ABC: Social Context

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

If Core Q8.8 = 1 or 2 (own or rent) continue, else go to Q2.

1. How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent/mortgage? Would you say --- (907)

Please read:

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

Do not read:

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

2. How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? Would you say --- (908)

Please read:

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

Do not read:

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

NY State-Added Module 4ABC: Hypertension Awareness

1. Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (909)

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

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

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

2. Are you currently taking medicine for your high blood pressure? (910)

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

NY State-Added Module 5C: Falls

1. In the past 12 months, have you done things to reduce your chance of falling? (911)

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

2. In the past 12 months, have you done anything to help an older person reduce his/her chance of falling? (912)

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

NY State-Added Module 6ABC: Walking/Biking

1. In a typical month, do you walk to get from one place to another? (913)

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

2. In a typical month, do you ride a bike to get from one place to another place? (914)

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

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

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

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

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

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

1. You said that a medical professional has told you that you have or have had **[CATI NOTE: fill in illnesses from previous questions – heart attack, diabetes, asthma, stroke...]**. During the last 12 months, have you taken a course or class to teach you about how to manage problems related to (this/these) chronic illness (es)? (915)

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

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

NY State-Added Module 8ABC: Family Planning

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

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

1. Has a doctor, nurse, or other health care worker ever talked with you about ways to prepare for a healthy pregnancy and baby? (916)

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

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

2. Have you ever been pregnant? (917)

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

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

3. Did you or your husband/partner do anything the last time you had sex to keep you from getting pregnant? (918)

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

4. What did you or your husband/partner do the last time you had sex to keep you from getting pregnant? (919-920)

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

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

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

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

Read only if necessary:

- 01. Female sterilization (ex. tubal ligation, Essure, Adiana)
- 02. Male sterilization (vasectomy)
- 03. Contraceptive implant (ex. Implanon)
- 04. Levonorgestrel(LNG) or hormonal IUD(ex. Mirena)
- 05. Copper-bearing IUD (ex. ParaGard)
- 06. IUD, type unknown
- 07. Shots (ex. Depo-Provera)
- 08. Birth control pills, any kind
- 09. Contraceptive patch (ex. Ortho Evra)

- 10. Contraceptive ring (ex. NuvaRing)
 - 11. Male condoms
 - 12. Diaphragm, cervical cap, sponge
 - 13. Female condoms
 - 14. Not having sex at certain times (rhythm or natural family planning)
 - 15. Withdrawal (or pulling out)
 - 16. Foam, jelly, film, or cream
 - 17. Emergency contraception (morning after pill)
 - 18. Other method
-
- 77. Don't know / Not sure
 - 99. Refused

NY State-Added Module 9ABC: Recommended Colorectal Cancer Screening

If AGE is between 50 and 75 (inclusive) then continue, else go to next module.

1. In the PAST 12 MONTHS, did a doctor or other health professional recommend that you be tested to look for cancer in your colon or rectum? (921)
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused

NY State-Added Module 10ABC: Fruits and Vegetables

1. How often do you eat fruits, excluding juice? (922)
- 1 Every day
 - 2 At least once a week
 - 3 Less than once a week
 - 4 Never
 - 7 Don't know/Not sure
 - 9 Refused
-
2. How often do you eat vegetables or salad (excluding juices and potatoes)? (923)
- 1 Every day
 - 2 At least once a week
 - 3 Less than once a week
 - 4 Never
 - 7 Don't know/Not sure
 - 9 Refused

NY State-Added Module 11ABC: Sexual Behavior

1. When you go to a doctor's office or clinic for a regular check-up or physical exam, how often does the doctor take a sexual history (ask about your sexual partners and sexual practices)? (924)
- 1 Every time
 - 2 Almost every time
 - 3 Sometimes
 - 4 Rarely (Hardly Ever)
 - 5 Never
 - 6 N/A Haven't had a regular check-up

Do not read:

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

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

2. Do you support or oppose condom availability in your local high school? (925)
- 1 Support
 - 2 Oppose
 - 3 No Opinion
 - 7 Don't Know/not sure
 - 9 Refused

NY State-Added Module 12A: Hepatitis Testing Law

1. Have you heard of hepatitis C? (926)
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused

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

2. Have you ever been tested for hepatitis C (HCV)? Do not count tests you may have had as part of a blood donation. (927)

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

3. Not including blood donations, in what month and year was your last HCV test? (928-933)

CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

- $\frac{_}{7} \frac{_}{7} / \frac{_}{7} \frac{_}{7} \frac{_}{7} \frac{_}{7}$ Code month and year
- $\frac{_}{7} \frac{_}{7} / \frac{_}{7} \frac{_}{7} \frac{_}{7} \frac{_}{7}$ Don't know/Not sure
- 9 9 / 9 9 9 9 Refused

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

4. In the past 12 months, have you received medical care at an inpatient unit of a hospital? (934)

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

5. Were you offered an HCV test while receiving care at an inpatient unit of a hospital? (935)

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

6. Did you accept the HCV test that was offered by a medical care provider at the inpatient unit of a hospital? (936)

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

Interviewer note: Question 7 is referencing **primary care** providers which include: Physicians, physician assistants, and nurse practitioners practicing in any the following specialties in hospitals, hospital outpatient clinics, community health centers, or private single/group practices:

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

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

- Allergy and Immunology
- Anesthesiology
- Dermatology
- Cardiology
- Endocrinology
- Gastroenterology

- *Oncology and Hematology*
- *Hospice and Palliative Medicine*
- *Nephrology*
- *Pulmonary Disease*
- *Rheumatology*
- *Neurology*
- *Neurosurgery*
- *Ophthalmology*
- *Orthopedic Surgery*
- *Otolaryngology (E.N.T.)*
- *Psychiatry*
- *Radiology*
- *Surgery*
- *Urology*

Other non-primary care providers include:

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

7. In the past 12 months, have you received medical care from a primary care provider? (937)
- | | | |
|---|---------------------|-------------------------------|
| 1 | Yes | |
| 2 | No | [STOP, go to the next module] |
| 7 | Don't know/Not sure | [STOP, go to the next module] |
| 9 | Refused | [STOP, go to the next module] |
8. Were you offered an HCV test by your primary care provider? (938)
- | | | |
|---|---------------------|-------------------------------|
| 1 | Yes | |
| 2 | No | [STOP, go to the next module] |
| 7 | Don't know/Not sure | [STOP, go to the next module] |
| 9 | Refused | [STOP, go to the next module] |
9. Did you accept the HCV test that was offered by your primary care provider? (939)
- | | | |
|---|---------------------|--|
| 1 | Yes | |
| 2 | No | |
| 7 | Don't know/Not sure | |
| 9 | Refused | |

NY State-Added Module 13BC: STD Awareness

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

1. Have you ever been tested for hepatitis C (HCV)? Do not count tests you may have had as part of a blood donation.

(940)

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

NY State-Added Module 14A: 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—

1. Did you live with anyone who was depressed, mentally ill, or suicidal?

(941)

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

2. Did you live with anyone who was a problem drinker or alcoholic?

(942)

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

3. Did you live with anyone who used illegal street drugs or who abused prescription medications?

(943)

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

4. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

(944)

- 1 Yes

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

5. Were your parents separated or divorced? (945)

- 1 Yes
- 2 No
- 8 Parents not married
- 7 Don't know / Not sure
- 9 Refused

6. How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? (946)

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

7. 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--- (947)

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

8. How often did a parent or adult in your home ever swear at you, insult you, or put you down? (948)

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

9. How often did anyone at least 5 years older than you or an adult touch you sexually? (949)

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

10 How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? (950)

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

11. How often did anyone at least 5 years older than you or an adult, force you to have sex? (951)

- 1 Never
- 2 Once
- 3 More than once

Do not read:

- 7 Don't know / Not sure
- 9 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 dial (place state or local hotline here) to reach a referral service to locate an agency in your area. **[Note: if no local or state hotline is available, give respondent the National Hotline for child abuse 1-800-422-4-A-CHILD (1-800-422-4453)].**

NY State-Added Module 15B: Stroke Awareness

Which of the following do you think is a symptom of a stroke? For each, tell me “yes,” “no,” or you’re “not sure.”

1. (Do you think) sudden confusion or trouble speaking (are symptoms of a stroke?) (952)

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

2. (Do you think) sudden numbness or weakness of face, arm, or leg, especially on one

side, (are symptoms of a stroke?)

(953)

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

3. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?)

(954)

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

4. (Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?)

(955)

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

5. (Do you think) severe headache with no known cause (is a symptom of a stroke?)

(956)

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

6. If you thought someone was having a stroke, what is the first thing you would do?

Please read:

(957)

- 1 Take them to the hospital
- 2 Tell them to call their doctor
- 3 Call 911
- 4 Call their spouse or a family member

Or

- 5 Do something else

Do not read:

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

NY State-Added Module 16C: Carbon Monoxide

1. Do you own at least one portable generator which you plan to use during a power outage? (958)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
2. A carbon monoxide or CO detector checks the level of carbon monoxide in your home. It is not a smoke detector. Do you have a CO detector in your home? (959)
- 1 Yes
 - 2 No [Go to closing]
 - 7 Don't know / Not sure [Go to closing]
 - 9 Refused [Go to closing]
3. Does the CO detector have battery power, either as a primary power source or as a backup power source? (960)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

NY State-Added Module 17AB: Caregiver

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

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

INTERVIEWER INSTRUCTIONS: If caregiving recipient has died in the past 30 days, say "I'm so sorry to hear of your loss." and code 8.

(961)

- 1. Yes
- 2. No
- 7 Don't know/Not sure
- 8 Caregiving recipient died in past 30 days
- 9 Refused

NY State-Added Module 18AB: Cognitive Decline

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

Introduction: The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things you've always done or forgetting things that you would normally know. We want to know how these difficulties impact you.

1. During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse? (962)

- 1 Yes
- 2 No [Go to closing]
- 7 Don't know [Go to Q2]
- 9 Refused [Go to closing]

2. Have you or anyone else discussed your confusion or memory loss with a health care professional? (963)

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

Closing Statement

Closing Statement

Please read:

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