

Maine
Cell

2015



English Full
Questionnaire

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Intro

CPINTROQ	Select
Ask If	
HELLO, I'm calling for the Maine Center for Disease Control and Prevention . My name is _____. We are gathering information about the health of Maine residents.	
Is this a safe time to talk with you now or are you driving?	
This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention.	
I have just a few questions to find out if you are eligible for this study.	
NOTE: IF A PERSON REPORTS THEY DO NOT LIVE IN THE STATE MENTIONED, TELL THEM THAT THEY MAY STILL BE TO PARTICIPATE.	
Interviewer: Press '1' to continue	
1	CPCONTEL

CPConTel	Select
Ask If	
Is this XXX-XXX-XXXX?	
INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.	
1 YES	CPIsCell
2 NO	
7 DON'T KNOW/ NOT SURE	
9 REFUSED	

CPWRONGN	Key
Ask If	CPCONTEL = 2
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.	
Interviewer: Press '1' to continue	
1	CPINTROQ

CPIsCell	Select
Ask If	
Is this a cellular telephone?	
READ ONLY IF NECESSARY:	
"By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood".	
INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.	
1	YES CPADULT
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

CPCELLNO	Key
Ask If	CPIsCell > 1
{IF CPIsCell = 2, Thank you very much, but we are only interviewing cell telephones at this time.}	
{IF CPIsCell > 2, Thank you for your time.}	

CPADULT	Select
Ask If	
Are you 18 years of age or older?	
NOTE: ASK GENDER IF NECESSARY	
INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY. ASK GENDER IF NECESSARY.	
1	Yes and the respondent is male CPPVTRES
2	Yes and the respondent is female CPPVTRES
3	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

CPNOADLT	Key
Ask If	CPADLT > 2
{IF CPADULT = 3, Thank you very much, but we are only interviewing persons aged 18 or older at this time.}	
{IF CPADULT > 3, Thank you for your time.}	

CPPVTRES	Select
Ask If	CPADULT = 1 OR CPADULT = 2
Do you live in a private residence?	
READ ONLY IF NECESSARY:	
"By private residence, we mean someplace like a house or apartment."	
NOTE: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.	
THE PERSON DOES NOT NEED TO BE PHYSICALLY LOCATED IN THEIR PRIVATE RESIDENCE.	
1	YES CPSTATE
2	NO

CPCOLLEG	Select
Ask If	CPPVTRES = 2
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."	
1	YES CPSTATE
2	NO

CPNONRES	Key
Ask If	CPCOLLEG > 1
Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.	

CPSTATE	Select
Ask If	CPPVTRES = 1 OR CPCOLLEG = 1
Are you a resident of Maine ?	
NOTE: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.	
1	YES CPLANDLI
2	NO CPSTATER
7	DON'T KNOW/NOT SURE
9	REFUSED

CPSTATEU	Key
Ask If	CPSTATE = 7 OR CPSTATE = 9
Thank you for your time.	

CPSTATER	Select
Ask If	CPSTATE = 1
In what state do you live?	
Enter State	CPLANDLI
99	OTHER/REFUSED

CPSTATEN	Key
Ask If	CPSTATER = 99
Thank you very much, but we are not interviewing in your state at this time.	

CPLANDLI	Select
Ask If	
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 connected to outside telephone lines through a cable or cord and is used for making or receiving calls. Please include landline phones used for both business and personal use."	
NOTE: TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE. PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

CPNMADLT	Numeric
Ask If	CPPVTRES = 1
How many members of your household, including yourself, are 18 years of age or older?	
ENTER NUMBER OF ADULTS	CPINTROS

Core Sections

CPINTROS	Select
Ask If	
Your cell phone number has been chosen randomly, and I would like to ask some questions about health and health practices. 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, I will provide a telephone number for you to call to get more information.	
1 Person interested, continue	

Section 01: Health Status

C01INTRO	Pause
Ask If	

C01Q01	Select	90
Ask If		
Would you say that in general your health is-		
PLEASE READ		
1	Excellent	
2	Very Good	
3	Good	
4	Fair or	
5	Poor	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C01END	Pause
Ask If	

Section 02: Healthy Days — Health-Related Quality of Life

C02INTRO	Pause
Ask If	

C02Q01	Numeric	91-92
Ask If		
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		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
30	MAX	CONTROL

C02Q02	Numeric	93-94
Ask If		
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		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
30	MAX	CONTROL

If C02Q01 and C02Q02 = 88(none), go to next section

C02Q03	Numeric	95-96
Ask If	NOT(C02Q01 = 88 AND C02Q02 = 88)	
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		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
30	MAX	CONTROL

C02END	Pause
Ask If	

Section 03: Health Care Access

C03INTRO	Pause
Ask If	

C03Q01	Select	97
Ask If		
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	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C03Q02	Select	98
Ask If		
Do you have one person you think of as your personal doctor or health care provider?		
INTERVIEWER NOTE: 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	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C03Q03	Select	99
Ask If		
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	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C03Q04	Select	100
Ask If		
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.		
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	

C03END	Pause
Ask If	

Section 04: Hypertension Awareness

C04INTRO	Pause
Ask If	

C04Q01	Select	101
Ask If		
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	C04END
3	NO	C04END
4	TOLD BORDERLINE HIGH OR PRE-HYPERTENSIVE	C04END
7	DON'T KNOW/NOT SURE	C04END
9	REFUSED	C04END

C04Q01V	Select	
Ask If	RESPGEND = 1 AND C04Q01 = 2	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS TOLD BY A DOCTOR DURING PREGNANCY THAT SHE HAD HIGH BLOOD PRESSURE. ARE YOU SURE?		
THE RESPONDENT SELECTED WAS THE		
{SRESP}		
IS THE PREVIOUS ANSWER CORRECT?		
1	YES	
2	NO	C04Q01

C04Q02	Select	102
Ask If	C04Q01 = 1	
Are you currently taking medicine for your high blood pressure?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C04END	Pause
Ask If	

Section 05: Cholesterol Awareness

C05INTRO	Pause
Ask If	

C05Q01	Select	103
Ask If		
Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked?		
1	YES	
2	NO	C05END
7	DON'T KNOW/NOT SURE	C05END
9	REFUSED	C05END

C05Q02	Select	104
Ask If	C05Q01 = 1	
About how long has it been since you last had your blood cholesterol checked?		
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	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C05Q03	Select	105
Ask If	C05Q01 = 1	
Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C05END	Pause
Ask If	

Section 06: Chronic Health Conditions

C06INTRO	Pause
Ask If	

C06Q01	Select	106
Ask If		
Now I would like to ask you some questions about general health conditions.		
Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure."		
(Ever told) you that you had a heart attack also called a myocardial infarction?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06Q02	Select	107
Ask If		
(Ever told) you had angina or coronary heart disease?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06Q03	Select	108
Ask If		
(Ever told) you had a stroke?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06Q04	Select	109
Ask If		
(Ever told) you had asthma?		
1	YES	
2	NO	C06Q06
7	DON'T KNOW/NOT SURE	C06Q06
9	REFUSED	C06Q06

C06Q05	Select	110
Ask If C06Q04 = 1		
Do you still have asthma?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06Q06	Select	111
Ask If		
(Ever told) you had skin cancer?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06Q07	Select	112
Ask If		
(Ever told) you had any other types of cancer?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06Q08	Select	113
Ask If		
(Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06Q09	Select	114
Ask If		
(Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?		
INTERVIEWER NOTE: ARTHRITIS DIAGNOSES INCLUDE:		
<ul style="list-style-type: none"> - 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) 		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06Q10	Select	115
Ask If		
(Ever told) you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06Q11	Select	116
Ask If		
(Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence.		
INTERVIEWER NOTE: Incontinence is not being able to control urine flow.		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C06Q12	Select	117
Ask If		
(Ever told) you have diabetes?		
INTERVIEWER NOTE: 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	C06Q13
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.

C06Q12V	Select	
Ask If RESPGEND = 1 AND C06Q12 = 2		
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS TOLD BY A DOCTOR DURING PREGNANCY THAT SHE HAD DIABETES. ARE YOU SURE?		
THE RESPONDENT SELECTED WAS THE		
{SRESP}		
IS THE PREVIOUS ANSWER CORRECT?		
1	YES	
2	NO	C06Q12

C06Q13	Numeric	118-119
Ask If	C06Q12 = 1	
How old were you when you were told you have diabetes?		
CODE AGE IN YEARS [97 = 97 AND OLDER]		
98	DON'T KNOW/NOT SURE	
99	REFUSED	
1	MIN	CONTROL
97	MAX	CONTROL

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

C06END	Pause
Ask If	

State Added Section 01: Diabetes (Path A)

Cati Note: Insert after C06Q13

ME01INTRO	Pause
Ask If	

ME01Q01	Numeric
Ask If	C06Q12 = 1 AND CPState = 1
About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.	
101-199 = PER DAY	301-399 = PER MONTH
201-299 = PER WEEK	401-499 = PER YEAR
TIMES	
555	NO FEET
888	NEVER
777	DON'T KNOW/NOT SURE
999	REFUSED
101	MIN CONTROL
499	MAX CONTROL

ME01Q01V	Select
Ask If	(ME01Q01 > 105 AND ME01Q01 < 200) OR (ME01Q01 > 235 AND ME01Q01 < 300)
INTERVIEWER YOU RECORDED THE RESPONDENT CHECKS THEIR FEET {ME01Q01} TIMES PER DAY/WEEK/MONTH/YEAR IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION ME01Q01

ME01Q02	Numeric	
Ask If	C06Q12 = 1 AND CPState = 1	
About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?		
NUMBER OF TIMES [76 = 76 OR MORE]		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

ME01Q02V	Select	
Ask If	ME01Q02 > 52 AND ME01Q02 < 77	
INTERVIEWER YOU RECORDED THE RESPONDENT HAS SEEN A HEALTH PROFESSIONAL {ME01Q02} TIMES IN THE PAST 12 MONTHS. IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	ME01Q02

ME01Q03	Numeric	
Ask If	C06Q12 = 1 AND CPState = 1	
A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?		
NUMBER OF TIMES [76 = 76 OR MORE]		
88	NONE	
98	NEVER HEARD OF "A ONE C" TEST	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

ME01Q03V	Select
Ask If	ME01Q03 > 52 AND ME01Q03 < 77
INTERVIEWER YOU RECORDED THE RESPONDENT HAS BEEN CHECKED FOR "A ONE C" BY A HEALTH PROFESSIONAL {ME01Q03} TIMES IN THE PAST 12 MONTHS.	
IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION ME01Q03

CATI NOTE: If ME01Q01 = 555 (No feet), go to ME01Q05.

ME01Q04	Numeric
Ask If	C06Q12 = 1 AND ME01Q01 <> 555 AND CPState = 1
About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?	
NUMBER OF TIMES [76 = 76 OR MORE]	
88	NONE
77	DON'T KNOW/NOT SURE
99	REFUSED
01	MIN CONTROL
76	MAX CONTROL

ME01Q04V	Select
Ask If	ME01Q04 > 52 AND ME01Q04 < 77
INTERVIEWER YOU RECORDED THE RESPONDENT HAS HAD THEIR FEET CHECKED BY A HEALTH PROFESSIONAL {ME01Q04} TIMES IN THE PAST 12 MONTHS.	
IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION ME01Q04

ME01Q05	Select
Ask If	C06Q12 = 1 AND CPState = 1
When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.	
READ ONLY IF NECESSARY:	
1	Within the past month (anytime less than 1 month ago)
2	Within the past year (1 month but less than 12 months ago)
3	Within the past 2 years (1 year but less than 2 years ago)
4	2 or more years ago
7	DON'T KNOW/NOT SURE
8	NEVER
9	REFUSED

ME01Q06	Select
Ask If	C06Q12 = 1 AND CPState = 1
Have you ever taken a course or class in how to manage your diabetes yourself?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

ME01END	Pause
Ask If	

Module 1: Pre-Diabetes (Path A)

NOTE: Only asked of those not responding "Yes" (code = 1) to C06Q12 (Diabetes awareness question).

M01INTRO	Pause
Ask If	C06Q12 > 1

M01Q01	Select	287
Ask If	C06Q12 > 1	
Have you had a test for high blood sugar or diabetes within the past three years?		
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). M01Q02XX = 1

M01Q02	Select	288
Ask If	(C06Q12 > 1 AND C06Q12 < 4) OR C06Q12 > 4	
Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?		
IF "YES" AND RESPONDENT IS FEMALE, ASK:		
"Was this only when you were pregnant?"		
1	YES	
2	YES, DURING PREGNANCY	
3	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M01Q02V	Select
Ask If	RESPGEND = 1 AND M01Q02 = 2
<p>INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS TOLD BY A DOCTOR DURING PREGNANCY THAT SHE HAD PRE-DIABETES OR BORDERLINE DIABETES. ARE YOU SURE?</p> <p>THE RESPONDENT SELECTED WAS THE</p> <p>{SRESP}</p> <p>IS THE PREVIOUS ANSWER CORRECT?</p>	
1	YES
2	NO
	M01Q02

M01END	Pause
Ask If	

Section 7: Demographics

C07INTRO	Pause
Ask If	

C07Q01	Select	120
Ask If		
INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY.		
1	Male	
2	Female	

C07Q01V	Select	
Ask If	RESPGEND <> C07Q01	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS {C07Q01}. ARE YOU SURE?		
THE RESPONDENT SELECTED WAS THE		
{SRESP}		
IS THE PREVIOUS ANSWER CORRECT?		
1	YES	
2	NO	C07Q01

C07Q02	Numeric	121-122
Ask If		
What is your age?		
___ CODE AGE IN YEARS [99 = 99 YEARS OR OLDER]		
07	DON'T KNOW/NOT SURE	
09	REFUSED	
18	MIN	CONTROL
99	MAX	CONTROL

C07Q02V	Select	
Ask If	C06Q13 > C07Q02 AND C06Q13 < 98 AND C07Q02 > 18	
INTERVIEWER: THE RESPONDENT INDICATED THEIR AGE TO BE {C07Q02} YEARS OLD! YOU INDICATED EARLIER THEY WERE TOLD THEY HAD DIABETES AT AGE {C06Q13}! PLEASE VERIFY THAT THIS IS THE CORRECT ANSWER AND CHANGE THE AGE OF THE RESPONDENT OR MAKE A NOTE TO CORRECT THE AGE THE RESPONDENT WAS DIAGNOSED AS A DIABETIC.		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C07Q02

C07Q03A	Select	123-126
Ask If		
Are you Hispanic, Latino/a, or Spanish origin?		
1	YES	
2	NO	C07Q04
7	DON'T KNOW/NOT SURE	C07Q04
9	REFUSED	C07Q04

CATI NOTE: IF C07Q03A = 2, code C07Q03B = 5

C07Q03B	Multiple Select	123-126
Ask If C07Q03A = 1		
Are you Hispanic, Latino/a, or Spanish origin?		
Are you...		
Mexican, Mexican American, Chicano/a		
Puerto Rican		
Cuban or		
Another Hispanic, Latino/a, or Spanish Origin		
CHECK ALL THAT APPLY		
1	Mexican, Mexican American, Chicano/a	
2	Puerto Rican	
3	Cuban	
4	Another Hispanic, Latino/a, or Spanish origin	
5	NO	EXCLUSIVE
7	DON'T KNOW/NOT SURE	EXCLUSIVE
9	REFUSED	EXCLUSIVE

C07Q04	Multiple Select	127-154
Ask If		
Which one or more of the following would you say is your race?		
INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING.		
CHECK ALL THAT APPLY		
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	
60	Other [Specify]	OTHER
77	DON'T KNOW/NOT SURE	EXCLUSIVE
99	REFUSED	EXCLUSIVE
88	NO ADDITIONAL CHOICES	

CATI NOTE: If more than one response to C07Q04; continue.
Otherwise, go to C07Q06.

C07Q05	Select	155-156
Ask If	C07Q04 < 77 AND C07Q04.2 > 0 AND C07Q04.2 <> 88	
Which one of these groups would you say best represents your race?		
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 [Specify]	OTHER
77	DON'T KNOW/NOT SURE	
99	REFUSED	

C07Q06	Select	157
Ask If		
Are you...?		
PLEASE READ:		
1	Married	
2	Divorced	
3	Widowed	
4	Separated	
5	Never married Or	
6	A member of an unmarried couple	
9	REFUSED	

C07Q07	Select	158
Ask If		
What is the highest grade or year of school you completed?		
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)	
9	REFUSED	

C07Q08	Select	159
Ask If		
Do you own or rent your home?		
INTERVIEWER NOTE: "OTHER ARRANGEMENT" MAY INCLUDE GROUP HOME, STAYING WITH FRIENDS OR FAMILY WITHOUT PAYING RENT.		
INTERVIEWER 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."		
1	OWN	
2	RENT	
3	OTHER ARRANGEMENT	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

ASKCNTY	Numeric	160-162
Ask If		
What county do you live in?		
ENTER FIRST LETTER OF COUNTY NAME		
____ ANSI COUNTY CODE (FORMERLY FIPS ____ COUNTY CODE)		
888	OTHER	OTHER
777	DON'T KNOW/NOT SURE	
999	REFUSED	
001	MIN	CONTROL
775	MAX	CONTROL

CATI NOTE: SET MIN AND MAX BASED ON STATE ZIP RANGE

C07Q10	Numeric	163-167
Ask If		
What is the ZIP Code where you live?		
____ ZIP CODE		
77777	DON'T KNOW/NOT SURE	
99999	REFUSED	

*CATI NOTE: IF CELLULAR TELEPHONE INTERVIEW SKIP TO C07Q14
(QSTVER >= 20)*

C07Q14	Select	171
Ask If		
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.		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C07Q15	Select	172
Ask If		
Are you currently...?		
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	
9	REFUSED	

C07Q16	Numeric	173-174
Ask If		
How many children less than 18 years of age live in your household?		
NUMBER OF CHILDREN		
88	NONE	
99	REFUSED	
01	MIN	CONTROL
87	MAX	CONTROL

CATI NOTE: If respondent refuses at ANY income level code income variable to 99 (refused).

CATI NOTE: If C07Q16 is answered, this will be considered a partial complete

C07Q17d	Select	175-176
Ask If		
Is your annual household income from all sources: Less than \$25,000?		
1	YES	
2	NO	C07Q17e
7	DON'T KNOW/NOT SURE	C07Q17i
9	REFUSED	C07Q17i

C07Q17c	Select	175-176
Ask If	C07Q17d = 1	
(Is your annual household income from all sources:)		
Less than \$20,000?		
1	YES	
2	NO	C07Q17i
7	DON'T KNOW/NOT SURE	C07Q17i
9	REFUSED	C07Q17i

C07Q17b	Select	175-176
Ask If	C07Q17c = 1	
(Is your annual household income from all sources:)		
Less than \$15,000?		
1	YES	
2	NO	C07Q17i
7	DON'T KNOW/NOT SURE	C07Q17i
9	REFUSED	C07Q17i

C07Q17a	Select	175-176
Ask If	C07Q17b = 1	
(Is your annual household income from all sources:)		
Less than \$10,000?		
1	YES	C07Q17i
2	NO	C07Q17i
7	DON'T KNOW/NOT SURE	C07Q17i
9	REFUSED	C07Q17i

C07Q17e	Select	175-176
Ask If	C07Q17d = 2	
(Is your annual household income from all sources:)		
Less than \$35,000?		
1	YES	C07Q17i
2	NO	
7	DON'T KNOW/NOT SURE	C07Q17i
9	REFUSED	C07Q17i

C07Q17f	Select	175-176
Ask If	C07Q17e = 2	
(Is your annual household income from all sources:)		
Less than \$50,000?		
1	YES	C07Q17i
2	NO	
7	DON'T KNOW/NOT SURE	C07Q17i
9	REFUSED	C07Q17i

C07Q17g	Select	175-176
Ask If	C07Q17f = 2	
(Is your annual household income from all sources:)		
Less than \$75,000?		
1	YES	C07Q17i
2	NO	C07Q17i
7	DON'T KNOW/NOT SURE	C07Q17i
9	REFUSED	C07Q17i

C07Q17i	Select	175-176
Ask If		
ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES IS:		
{If C07Q17g = 2, More than \$75,000?}		
{If C07Q17g = 1, \$50,000 to less than \$75,000}		
{If C07Q17f = 1, \$35,000 to less than \$50,000}		
{If C07Q17e = 1, \$25,000 to less than \$35,000}		
{If C07Q17c = 2, \$20,000 to less than \$25,000}		
{If C07Q17b = 2, \$15,000 to less than \$20,000}		
{If C07Q17a = 2, \$10,000 to less than \$15,000}		
{If C07Q17a = 1, Less than \$10,000}		
{Default, REFUSED/DON'T KNOW/NOT SURE}		
IS THIS CORRECT?		
1	YES	
2	NO	C07Q17d
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C07Q18	Select	177
Ask If		
Have you used the internet in the past 30 days?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C07Q19	Numeric	178-181
Ask If		
About how much do you weigh without shoes?		
NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FRONT (EX. 65 KILOGRAMS IS "9065" OR 105 KILOGRAMS IS "9105").		
ROUND FRACTIONS UP		
WEIGHT (POUNDS/KILOGRAMS)		
7777	DON'T KNOW/NOT SURE	
9999	REFUSED	

C07Q19V	Select	
Ask If		
C07Q19 <> 7777 AND C07Q19 <> 9999 AND ((C07Q19 < 9000 AND (C07Q19 < 80 OR C07Q19 > 350)) OR (C07Q19 > 9000 AND (C07Q19 < 9035 OR C07Q19 > 9159)))		
INTERVIEWER YOU INDICATED THE RESPONDENT WEIGHS {C07Q19} IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C07Q19

C07Q20	Numeric	182-185
Ask If		
About how tall are you without shoes?		
NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FRONT (EX. 165 CENTIMETERS IS "9165").		
NOTE: ENTER HEIGHT IN FEET AND INCHES (EX. 5 FEET 9 INCHES = 509) OR METERS AND CENTIMETERS (EX. 1 METER 75 CENTIMETERS = 9175)		
ROUND FRACTIONS DOWN		
HEIGHT (FT/INCHES/METERS/CENTIMETERS)		
7777	DON'T KNOW/NOT SURE	
9999	REFUSED	

C07Q20V	Select	
Ask If	(C07Q20 < 9000 AND (C07Q20 > 608 OR C07Q20 < 407)) OR (C07Q20 > 9000 AND (C07Q20 > 9206 OR C07Q20 < 9139)) AND C07Q20 <> 7777 AND C07Q20 <> 9999	
INTERVIEWER YOU INDICATED THE RESPONDENT IS {C07Q20} IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C07Q20

If male, go to 7.22, If female respondent is 45 years old or older, go to Q7.22

C07Q21	Select	186
Ask If	C07Q01 = 2 AND C07Q02 < 45	
To your knowledge, are you now pregnant?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C07Q22	Select	187
Ask If		
The following questions are about health problems or impairments you may have.		
Are you limited in any way in any activities because of physical, mental, or emotional problems?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C07Q23	Select	188
Ask If		
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?		
NOTE: INCLUDE OCCASIONAL USE OR USE IN CERTAIN CIRCUMSTANCES.		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C07Q24	Select	189
Ask If		
Are you blind or do you have serious difficulty seeing, even when wearing glasses?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C07Q25	Select	190
Ask If		
Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C07Q26	Select	191
Ask If		
Do you have serious difficulty walking or climbing stairs?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C07Q27	Select	192
Ask If		
Do you have difficulty dressing or bathing?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C07Q28	Select	193
Ask If		
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	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C07END	Pause	
Ask If		

Section 8: Tobacco Use

C08INTRO	Pause	
Ask If		

C08Q01	Select	194
Ask If		
Have you smoked at least 100 cigarettes in your entire life?		
INTERVIEWER NOTE: IF NECESSARY SAY:		
"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	C08Q05
7	DON'T KNOW/NOT SURE	C08Q05
9	REFUSED	C08Q05

C08Q02	Select	195
Ask If	C08Q01 = 1	
Do you now smoke cigarettes every day, some days, or not at all?		
1	Every day	
2	Some days	
3	Not at all	C08Q04
7	DON'T KNOW/NOT SURE	C08Q05
9	REFUSED	C08Q05

C08Q03	Select	196
Ask If	C08Q01 = 1 AND (C08Q02 = 1 OR C08Q02 = 2)	
During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?		
1	YES	C08Q05
2	NO	C08Q05
7	DON'T KNOW/NOT SURE	C08Q05
9	REFUSED	C08Q05

C08Q04	Select	197-198
Ask If	C08Q02 = 3	
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	
77	DON'T KNOW/NOT SURE	
99	REFUSED	

C08Q05	Select	199
Ask If		
Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?		
INTERVIEWER NOTE: 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	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C08END	Pause
Ask If	

Section 9: Alcohol Consumption

C09INTRO	Pause
Ask If	

C09Q01	Numeric	200-202
Ask If		
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?		
101-107 = DAYS PER WEEK 201-230 = DAYS IN PAST 30 DAYS		
_____ DAYS		
888	NO DRINKS IN PAST 30 DAYS	C09END
777	DON'T KNOW/NOT SURE	C09END
999	REFUSED	C09END
101	MIN	CONTROL
230	MAX	CONTROL

C09Q02	Numeric	203-204
Ask If	C09Q01 < 777	
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?		
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		
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

C09Q02V	Select	
Ask If	C09Q02 > 15 AND C09Q02 < 77	
INTERVIEWER YOU INDICATED {C09Q02} DRINKS PER DAY IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C09Q02

C09Q03	Numeric	205-206
Ask If	C09Q01 < 777	
Considering all types of alcoholic beverages, how many times during the past 30 days did you have {IF C07Q01 = 1, 5, 4} or more drinks on an occasion?		
NUMBER OF TIMES		
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
76	MAX	CONTROL

C09Q03V	Select	
Ask If	C09Q03 > 15 AND C09Q03 < 77	
INTERVIEWER YOU INDICATED {C09Q03} OCCASIONS WHEN THE RESPONDENT HAD 4/5 OR MORE DRINKS.		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C09Q03

C09Q04	Numeric	207-208
Ask If	C09Q01 < 777	
During the past 30 days, what is the largest number of drinks you had on any occasion?		
NUMBER OF DRINKS		
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
76	MAX	CONTROL

C09Q04V		Select
Ask If	(C09Q04 <> 99 AND C09Q04 <> 77)AND C09Q04 < 77 AND ((C07Q01 = 1 AND (C09Q04 < 5 AND (C09Q03 < 88 AND C09Q03 <>77)) OR (C09Q03 = 88 AND (C09Q04 > 4 AND C09Q04 < 77))) OR (C07Q01 = 2 AND (C09Q04 < 4 AND (C09Q03 < 88 AND C09Q03 <>77)) OR (C09Q03 = 88 AND (C09Q04 > 3 AND C09Q04 < 77)))	
INTERVIEWER YOU INDICATED {C09Q04} DRINKS IS THE LARGEST NUMBER OF DRINKS THE RESPONDENT HAD ON ANY OCCASION BUT THE NUMBER OF TIMES THE RESPONDENT HAD {IF C07Q01 = 1, 5, 4} IS {C09Q03}.		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C09Q04

C09END		Pause
Ask If		

Section 10: Fruits and Vegetables

C10INTRO	Key
Ask If	USEC10 = TRUE
<p>These next questions are about the fruits and vegetables YOU ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home.</p> <p>I will be asking how often YOU ate or drank each one: for example, once a day, twice a week, three times a month, and so forth.</p> <p>INTERVIEWER NOTE: IF RESPONDENT RESPONDS LESS THAN ONCE PER MONTH, PUT "0" TIMES PER MONTH. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK:</p>	
"Was that per day, week, or month?"	

C10Q01	Numeric	209-211
Ask If		
During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice		
INTERVIEWER NOTE: DO NOT INCLUDE FRUIT DRINKS WITH ADDED SUGAR OR OTHER ADDED SWEETENERS LIKE KOOL-AID, HI-C, LEMONADE, CRANBERRY COCKTAIL, TAMPICO, SUNNY DELIGHT, SNAPPLE, FRUITOPIA, GATORADE, POWER-ADE, OR YOGURT DRINKS.		
DO NOT INCLUDE FRUIT JUICE DRINKS THAT PROVIDE 100% DAILY VITAMIN C BUT INCLUDE ADDED SUGAR.		
DO NOT INCLUDE VEGETABLE JUICES SUCH AS TOMATO AND V8 IF RESPONDENT PROVIDES BUT INCLUDE IN "OTHER VEGETABLES" QUESTION C10Q06.		
DO INCLUDE 100% PURE JUICES INCLUDING ORANGE, MANGO, PAPAYA, PINEAPPLE, APPLE, GRAPE (WHITE OR RED), OR GRAPEFRUIT. ONLY COUNT CRANBERRY JUICE IF THE R PERCEPTION IS THAT IT IS 100% JUICE WITH NO SUGAR OR ARTIFICIAL SWEETENER ADDED. 100% JUICE BLENDS SUCH AS ORANGE-PINEAPPLE, ORANGE-TANGERINE, CRANBERRY-GRAPE ARE ALSO ACCEPTABLE AS ARE FRUIT-VEGETABLE 100% BLENDS. 100% PURE JUICE FROM CONCENTRATE (I.E., RECONSTITUTED) IS COUNTED.		
101-199 = PER DAY 201-299 = PER WEEK 300-399 = PER MONTH		
TIMES		
555 NEVER		
777 DON'T KNOW/NOT SURE		
999 REFUSED		
101	MIN	CONTROL
399	MAX	CONTROL

C10Q01V	Select
Ask If	(C10Q01 > 105 AND C10Q01 < 201) OR (C10Q01 > 235 AND C10Q01 < 300)
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT DRINKS 100% PURE FRUIT JUICES {C10Q01 SHOWTIME }	
IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION C10Q01

C10Q02	Numeric	212-214
Ask If		
During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit.		
READ ONLY IF NECESSARY:		
"Your best guess is fine. Include apples, bananas, applesauce, oranges, grape fruit, fruit salad, watermelon, cantaloupe or musk melon, papaya, lychees, star fruit, pomegranates, mangos, grapes, and berries such as blueberries and strawberries."		
INTERVIEWER NOTE: DO NOT COUNT FRUIT JAM, JELLY, OR FRUIT PRESERVES.		
DO NOT INCLUDE DRIED FRUIT IN READY-TO-EAT CEREALS.		
DO INCLUDE DRIED RAISINS, CRAN-RAISINS IF RESPONDENT TELLS YOU - BUT DUE TO THEIR SMALL SERVING SIZE THEY ARE NOT INCLUDED IN THE PROMPT.		
DO INCLUDE CUT UP FRESH, FROZEN, OR CANNED FRUIT ADDED TO YOGURT, CEREAL, JELLO, AND OTHER MEAL ITEMS.		
INCLUDE CULTURALLY AND GEOGRAPHICALLY APPROPRIATE FRUITS THAT ARE NOT MENTIONED (E.G. GENIP, SOURSOP, SUGAR APPLE, FIGS, TAMARIND, BREAD FRUIT, SEA GRAPES, CARAMBOLA, LONGANS, LYCHEES, AKEE, RAMBUTAN, ETC.).		
101-199 = PER DAY 201-299 = PER WEEK 300-399 = PER MONTH		
TIMES		
555 NEVER		
777 DON'T KNOW/NOT SURE		
999 REFUSED		
101	MIN	CONTROL
399	MAX	CONTROL

C10Q02V	Select
Ask If	(C10Q02 > 105 AND C10Q02 < 201) OR (C10Q02 > 235 AND C10Q02 < 300)
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS FRUIT {C10Q02 SHOWTIME}	
IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION C10Q02

C10Q03	Numeric	215-217
Ask If		
During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans.		
READ ONLY IF NECESSARY:		
"Include round or oval beans or peas such as navy, pinto, split peas, cow peas, hummus, lentils, soy beans and tofu. Do NOT include long green beans such as string beans, broad or winged beans, or pole beans."		
INTERVIEWER NOTE: INCLUDE SOYBEANS ALSO CALLED EDAMAME, TOFU (BEAN CURD MADE FROM SOYBEANS), KIDNEY, PINTO, HUMMUS, LENTILS, BLACK, BLACK-EYED PEAS, COW PEAS, LIMA BEANS AND WHITE BEANS.		
INCLUDE BEAN BURGERS INCLUDING GARDEN BURGERS AND VEGGIE BURGERS.		
INCLUDE FALAFEL AND TEMPEH.		
101-199 = PER DAY 201-299 = PER WEEK 300-399 = PER MONTH		
TIMES		
555 NEVER		
777 DON'T KNOW/NOT SURE		
999 REFUSED		
101	MIN	CONTROL
399	MAX	CONTROL

C10Q03V	Select
Ask If	(C10Q03 > 105 AND C10Q03 < 201) OR (C10Q03 > 235 AND C10Q03 < 300)
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS COOKED OR CANNED BEANS {C10Q03 SHOWTIME}	
IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION C10Q03

C10Q04	Numeric	218-220
Ask If		
During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach?		
INTERVIEWER NOTE: EACH TIME A VEGETABLE IS EATEN IT COUNTS AS ONE TIME.		
INTERVIEWER NOTE: INCLUDE ALL RAW LEAFY GREEN SALADS INCLUDING SPINACH, MESCLUN, ROMAINE LETTUCE, BOK CHOY, DARK GREEN LEAFY LETTUCE, DANDELIONS, KOMATSUNA, WATERCRESS, AND ARUGULA.		
DO NOT INCLUDE ICEBERG (HEAD) LETTUCE IF SPECIFICALLY TOLD TYPE OF LETTUCE. INCLUDE ALL COOKED GREENS INCLUDING KALE, COLLARD GREENS, CHOYS, TURNIP GREENS, MUSTARD GREENS.		
101-199 = PER DAY 201-299 = PER WEEK 300-399 = PER MONTH		
TIMES		
555 NEVER		
777 DON'T KNOW/NOT SURE		
999 REFUSED		
101	MIN	CONTROL
399	MAX	CONTROL

C10Q04V	Select
Ask If (C10Q04 > 105 AND C10Q04 < 201) OR (C10Q04 > 235 AND C10Q04 < 300)	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS DARK GREEN VEGETABLES {C10Q04 SHOWTIME}	
IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION C10Q04

C10Q05	Numeric	221-223
Ask If		
During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?		
READ ONLY IF NEEDED:		
"Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash."		
FOR INTERVIEWER: INCLUDE ALL FORMS OF CARROTS INCLUDING LONG OR BABY-CUT.		
INCLUDE CARROT-SLAW (E.G. SHREDDED CARROTS WITH OR WITHOUT OTHER VEGETABLES OR FRUIT).		
INCLUDE ALL FORMS OF SWEET POTATOES INCLUDING BAKED, MASHED, CASSEROLE, PIE, OR SWEET POTATOES FRIES.		
INCLUDE ALL HARD-WINTER SQUASH VARIETIES INCLUDING ACORN, AUTUMN CUP, BANANA, BUTTERNUT, BUTTERCUP, DELICATE, HUBBARD, KABOCHA (ALSO KNOWN AS AN EBISU, DELICA, HOKA, HOKKAIDO, OR JAPANESE PUMPKIN; BLUE KURI), AND SPAGHETTI SQUASH. INCLUDE ALL FORMS INCLUDING SOUP.		
INCLUDE PUMPKIN, INCLUDING PUMPKIN SOUP AND PIE. DO NOT INCLUDE PUMPKIN BARS, CAKE, BREAD OR OTHER GRAIN-BASED DESERT-TYPE FOOD CONTAINING PUMPKIN (I.E. SIMILAR TO BANANA BARS, ZUCCHINI BARS WE DO NOT INCLUDE).		
101-199 = PER DAY 201-299 = PER WEEK 300-399 = PER MONTH		
TIMES		
555 NEVER		
777 DON'T KNOW/NOT SURE		
999 REFUSED		
101	MIN	CONTROL
399	MAX	CONTROL

C10Q05V	Select
Ask If	(C10Q05 > 105 AND C10Q05 < 201) OR (C10Q05 > 235 AND C10Q05 < 300)
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS ORANGE COLORED VEGETABLES {C10Q05 SHOWTIME}	
IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION C10Q05

C10Q06	Numeric	224-226
Ask If		
<p>Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.</p> <p>READ ONLY IF NEEDED:</p> <p>"Do not count vegetables you have already counted and do not include fried potatoes."</p> <p>INTERVIEWER NOTE: INCLUDE CORN, PEAS, TOMATOES, OKRA, BEETS, CAULIFLOWER, BEAN SPROUTS, AVOCADO, CUCUMBER, ONIONS, PEPPERS (RED, GREEN, YELLOW, ORANGE); ALL CABBAGE INCLUDING AMERICAN-STYLE COLE-SLAW; MUSHROOMS, SNOW PEAS, SNAP PEAS, BROAD BEANS, STRING, WAX-, OR POLE-BEANS.</p> <p>INCLUDE ANY FORM OF THE VEGETABLE (RAW, COOKED, CANNED, OR FROZEN).</p> <p>DO INCLUDE TOMATO JUICE IF RESPONDENT DID NOT COUNT IN FRUIT JUICE.</p> <p>INCLUDE CULTURALLY AND GEOGRAPHICALLY APPROPRIATE VEGETABLES THAT ARE NOT MENTIONED (E.G. DAIKON, JICAMA, ORIENTAL CUCUMBER, ETC.).</p> <p>DO NOT INCLUDE RICE OR OTHER GRAINS.</p> <p>DO NOT INCLUDE PRODUCTS CONSUMED USUALLY AS CONDIMENTS INCLUDING KETCHUP, CATSUP, SALSA, CHUTNEY, RELISH.</p> <p>101-199 = PER DAY 201-299 = PER WEEK 300-399 = PER MONTH</p>		
	TIMES	
555	NEVER	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
101	MIN	CONTROL
399	MAX	CONTROL

C10Q06V	Select	
Ask If	(C10Q06 > 105 AND C10Q06 < 201) OR (C10Q06 > 235 AND C10Q06 < 300)	
<p>INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS OTHER VEGETABLES {C10Q06 SHOWTIME}</p> <p>IS THIS CORRECT?</p>		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C10Q06

C10END	Pause
Ask If	

Section 11: Exercise (Physical Activity)

C11INTRO	Pause
Ask If	

C11Q01	Select	227
Ask If		
<p>The next few questions are about exercise, recreation, or physical activities other than your regular job duties.</p> <p>INTERVIEWER NOTE: 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.</p> <p>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?</p>		
1	YES	
2	NO	C11Q08
7	DON'T KNOW/NOT SURE	C11Q08
9	REFUSED	C11Q08

C11Q02	Numeric	228-229
Ask If	C11Q01 = 1	
<p>What type of physical activity or exercise did you spend the most time doing during the past month?</p> <p>INTERVIEWER NOTE: IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED IN THE CODING LIST A, CHOOSE THE OPTION LISTED AS "OTHER".</p> <p>(Specify) [See Coding List A]</p>		
77	DON'T KNOW/NOT SURE	C11Q08
99	REFUSED	C11Q08

Activity List	
Ask If	

01	Active Gaming Devices (Wii Fit, Dance Dance Revolution)	
02	Aerobics video or class	
03	Backpacking	
04	Badminton	
05	Basketball	
06	Bicycling machine exercise	
07	Bicycling	
08	Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)	
09	Bowling	
10	Boxing	
11	Calisthenics	
12	Canoeing/rowing in competition	
13	Carpentry	
14	Dancing-ballet, ballroom, Latin, hip hop, zumba, etc	
15	Elliptical/EFX machine exercise	
16	Fishing from river bank or boat	
17	Frisbee	
18	Gardening (spading, weeding, digging, filling)	
19	Golf (with motorized cart)	
20	Golf (without motorized cart)	
21	Handball	
22	Hiking - cross-country	
23	Hockey	
24	Horseback riding	
25	Hunting large game - deer, elk	
26	Hunting small game - quail	
27	Inline Skating	
28	Jogging	
29	Lacrosse	
30	Mountain climbing	
31	Mowing lawn	
32	Paddleball	
33	Painting/papering house	
34	Pilates	
35	Racquetball	
36	Raking lawn	
37	Running	
38	Rock climbing	
39	Rope skipping	
40	Rowing machine exercise	
41	Rugby	
42	Scuba diving	
43	Skateboarding	
44	Skating - ice or roller	
45	Sledding, tobogganing	
46	Snorkeling	

47	Snow blowing	
48	Snow shoveling by hand	
49	Snow skiing	
50	Snowshoeing	
51	Soccer	
52	Softball/Baseball	
53	Squash	
54	Stair climbing/stair master	
55	Stream fishing in waders	
56	Surfing	
57	Swimming	
58	Swimming in laps	
59	Table tennis	
60	Tai Chi	
61	Tennis	
62	Touch football	
63	Volleyball	
64	Walking	
66	Waterskiing	
67	Weight lifting	
68	Wrestling	
69	Yoga	
71	Childcare	
72	Farm/Ranch Work (caring for livestock, stacking hay, etc.)	
73	Household Activities (vacuuming, dusting, home repair, etc.)	
74	Karate/Martial Arts	
75	Upper Body Cycle (Wheelchair sports, ergometer, etc.)	
76	Yard Work (cutting/gathering wood, trimming hedges, etc.)	
98	Other [Specify]	Other
77	DON'T KNOW	
99	REFUSED	

C11Q03	Numeric	230-232
Ask If	C11Q02 > 0 AND C11Q02 <> 77 AND CQ11Q02 <> 99	
How many times per week or per month did you take part in this activity during the past month?		
101-199 = PER WEEK 201-299 = PER MONTH		
TIMES		
777 DON'T KNOW/NOT SURE		
999 REFUSED		
101	MIN	CONTROL
299	MAX	CONTROL

C11Q03V	Select	
Ask If	(C11Q03 > 107 AND C11Q03 < 201) OR (C11Q03 > 231 AND C11Q03 < 300)	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE ACTIVITY RECORDED IN C11Q02 {C11Q03 SHOWTIME}		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C11Q03

C11Q04	Numeric	233-235
Ask If	C11Q02 > 0 AND C11Q02 <> 77 AND CQ11Q02 <> 99	
And when you took part in this activity, for how many minutes or hours did you usually keep at it?		
EXAMPLE 1 HOUR 30 MINUTES ENTER AS "130"		
HOURS AND MINUTES		
777 DON'T KNOW/NOT SURE		
999 REFUSED		
001	MIN	CONTROL
659	MAX	CONTROL

C11Q04V	Select	
Ask If	C11Q04 > 430 AND C11Q04 < 777	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT KEEPS AT THIS ACTIVITY FOR {C11Q04 HOURMIN}		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C11Q04

C11Q05	Numeric	236-237
Ask If	C11Q02 > 0 AND C11Q02 <> 77 AND CQ11Q02 <> 99	
What other type of physical activity gave you the next most exercise during the past month?		
INTERVIEWER NOTE: IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED IN THE CODING LIST A, CHOOSE THE OPTION LISTED AS "OTHER".		
(Specify) [See Coding List A]		
88	NO OTHER ACTIVITY	C11Q08
77	DON'T KNOW/NOT SURE	C11Q08
99	REFUSED	C11Q08

Activity List		
Ask If		
01	Active Gaming Devices (Wii Fit, Dance Dance Revolution)	
02	Aerobics video or class	
03	Backpacking	
04	Badminton	
05	Basketball	
06	Bicycling machine exercise	
07	Bicycling	
08	Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)	
09	Bowling	
10	Boxing	
11	Calisthenics	
12	Canoeing/rowing in competition	
13	Carpentry	
14	Dancing-ballet, ballroom, Latin, hip hop, zumba, etc	
15	Elliptical/EFX machine exercise	
16	Fishing from river bank or boat	
17	Frisbee	
18	Gardening (spading, weeding, digging, filling)	
19	Golf (with motorized cart)	
20	Golf (without motorized cart)	
21	Handball	
22	Hiking - cross-country	
23	Hockey	
24	Horseback riding	
25	Hunting large game - deer, elk	
26	Hunting small game - quail	
27	Inline Skating	
28	Jogging	
29	Lacrosse	
30	Mountain climbing	
31	Mowing lawn	
32	Paddleball	
33	Painting/papering house	
34	Pilates	
35	Racquetball	
36	Raking lawn	
37	Running	
38	Rock climbing	
39	Rope skipping	
40	Rowing machine exercise	
41	Rugby	
42	Scuba diving	

43	Skateboarding	
44	Skating - ice or roller	
45	Sledding, tobogganing	
46	Snorkeling	
47	Snow blowing	
48	Snow shoveling by hand	
49	Snow skiing	
50	Snowshoeing	
51	Soccer	
52	Softball/Baseball	
53	Squash	
54	Stair climbing/stair master	
55	Stream fishing in waders	
56	Surfing	
57	Swimming	
58	Swimming in laps	
59	Table tennis	
60	Tai Chi	
61	Tennis	
62	Touch football	
63	Volleyball	
64	Walking	
66	Waterskiing	
67	Weight lifting	
68	Wrestling	
69	Yoga	
71	Childcare	
72	Farm/Ranch Work (caring for livestock, stacking hay, etc.)	
73	Household Activities (vacuuming, dusting, home repair, etc.)	
74	Karate/Martial Arts	
75	Upper Body Cycle (wheelchair sports, ergometer, etc.)	
76	Yard Work (cutting/gathering wood, trimming hedges, etc.)	
98	Other [Specify]	Other
77	DON'T KNOW	
99	REFUSED	

C11Q05V	Select
Ask If	C11Q02 = C11Q05
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE SAME ACTIVITY RECORDED IN C11Q02.	
FIRST ACTIVITY (C11Q02)= {C11Q02}	
SECOND ACTIVITY (C11Q05)= {C11Q05}	
IS THIS CORRECT?	
1	NO, CHANGE ACTIVITY IN QUESTION C11Q05 C11Q05
2	NO, CHANGE ACTIVITY IN QUESTION C11Q02 C11Q02
3	YES, CORRECT AS IS, CONTINUE

C11Q06	Numeric	238-240
Ask If	C11Q05 > 0 AND C11Q05 <> 77 AND C11Q05 <> 99 AND C11Q05 <> 88	
How many times per week or per month did you take part in this activity during the past month?		
101-199 = PER WEEK 201-299 = PER MONTH		
TIMES		
777 DON'T KNOW/NOT SURE		
999 REFUSED		
101	MIN	CONTROL
299	MAX	CONTROL

C11Q06V	Select
Ask If	(C11Q06 > 107 AND C11Q06 < 201) OR (C11Q06 > 231 AND C11Q06 < 300)
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE ACTIVITY RECORDED IN C11Q05 {C11Q06 SHOWTIME}	
IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION C11Q06

C11Q07	Numeric	241-243
Ask If	C11Q05 > 0 AND C11Q05 <> 77 AND C11Q05 <> 99 AND C11Q05 <> 88	
And when you took part in this activity, for how many minutes or hours did you usually keep at it?		
EXAMPLE 1 HOUR 30 MINUTES ENTER AS "130"		
HOURS AND MINUTES		
777	DON'T KNOW/NOT SURE	
999	REFUSED	
001	MIN	CONTROL
659	MAX	CONTROL

C11Q07V	Select	
Ask If	C11Q07 > 430 AND C11Q07 < 777	
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT KEEPS AT THIS ACTIVITY FOR {C11Q07 HOURMIN}		
IS THIS CORRECT?		
1	YES, CORRECT AS IS, CONTINUE	
2	NO, REASK QUESTION	C11Q07

C11Q08	Numeric	244-246
Ask If		
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.		
101-199 = PER WEEK 201-299 = PER MONTH		
TIMES		
888	NEVER	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
101	MIN	CONTROL
299	MAX	CONTROL

C11Q08V	Select
Ask If	(C11Q08 > 107 AND C11Q08 < 201) OR (C11Q08 > 231 AND C11Q08 < 300)
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN STRENGTHENING EXERCISES {C11Q08 SHOWTIME}	
IS THIS CORRECT?	
1	YES, CORRECT AS IS, CONTINUE
2	NO, REASK QUESTION
	C11Q08

C11END	Pause
Ask If	

Section 12: Arthritis Burden

If C06Q09 = 1 (yes) then continue, else go to next section.

C12INTRO	Pause
Ask If	C06Q09 = 1

C12Q01	Select	247
Ask If	C06Q09 = 1	
<p>Next, I will ask you about your arthritis.</p> <p>Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint.</p> <p>Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?</p> <p>INTERVIEWER NOTE: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN SAY:</p> <p>"Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."</p>		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C12Q02 should be asked of all respondents regardless of employment status.

C12Q02	Select	248
Ask If	C06Q09 = 1	
<p>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?</p> <p>INTERVIEWER NOTE: 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."</p> <p>IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN SAY:</p> <p>"Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."</p>		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C12Q03	Select	249
Ask If	C06Q09 = 1	
<p>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?</p> <p>INTERVIEWER NOTE: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN SAY:</p> <p>"Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."</p> <p>PLEASE READ:</p>		
1	A lot	
2	A little	
3	Not at all	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

CATI NOTE: C12Q04 should export to variable C12Q04XX where if C12Q04 = 88, variable C12Q04XX = 00.

C12Q04	Numeric	250-251
Ask If	C06Q09 = 1	
<p>Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.</p> <p>ENTER NUMBER [01-10]</p>		
88	ZERO	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
10	MAX	CONTROL

C12END	Pause
Ask If	

Section 13: Seatbelt Use

C13INTRO	Pause
Ask If	

C13Q01	Select	252
Ask If		
How often do you use seat belts when you drive or ride in a car? Would you say-		
PLEASE READ:		
1	Always	
2	Nearly always	
3	Sometimes	
4	Seldom	
5	Never	
7	DON'T KNOW/NOT SURE	
8	NEVER DRIVE OR RIDE IN A CAR	
9	REFUSED	

C13END	Pause
Ask If	

Section 14: Immunization

C14INTRO	Pause
Ask If	

C14Q01	Select	253
Ask If		
<p>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™.</p> <p>During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?</p> <p>READ IF NECESSARY:</p> <p>"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."</p>		
1	YES	
2	NO	C14Q04
7	DON'T KNOW/NOT SURE	C14Q04
9	REFUSED	C14Q04

C14Q02	Numeric	254-259
Ask If	C14Q01 = 1	
<p>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?</p> <p>MONTH/YEAR</p>		
777777	DON'T KNOW/NOT SURE	
999999	REFUSED	
012014	MIN	CONTROL
122015	MAX	CONTROL

CATI NOTE: Do not allow 77 for first two month digits. Please set MIN to no more than 12 months from the current month. Ex: Call made in 06/2015, response can be no older than 06/2014.

C14Q03	Select	260-261
Ask If	C14Q01 = 1	
At what kind of place did you get your last flu shot/vaccine?		
INTERVIEWER NOTE: IF RESPONDENT SAYS DON'T KNOW/NOT SURE, PROBE WITH:		
"How would you describe the place where you went to get your most recent flu vaccine?"		
READ ONLY IF NECESSARY		
01	A doctor's office or health maintenance organization (HMO)	
02	A health department	
03	Another type of clinic or health center (Example: a community health center)	
04	A senior, recreation, or community center	
05	A store (Examples: supermarket, drug store)	
06	A hospital (Example: inpatient)	
07	An emergency room	
08	Workplace	
09	Some other kind of place	
10	RECEIVED VACCINATION IN CANADA/MEXICO (VOLUNTEERED - DO NOT READ)	
11	A school	
77	DON'T KNOW/NOT SURE	
99	REFUSED	

C14Q04	Select	262
Ask If		
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	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C14END	Pause
Ask If	

Section 15: HIV/AIDS

C15INTRO	Pause
Ask If	

C15Q01	Select	263
Ask If		
<p>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.</p> <p>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.</p>		
1	YES	
2	NO	C15END
7	DON'T KNOW/NOT SURE	C15END
9	REFUSED	C15END

C15Q02	Numeric	264-269
Ask If	C15Q01 = 1	
<p>Not including blood donations, in what month and year was your last HIV test?</p> <p>NOTE: IF RESPONSE IS BEFORE JANUARY 1985, CODE "DON'T KNOW."</p> <p>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.</p>		
CODE MONTH AND YEAR		
777777	DON'T KNOW/NOT SURE	
999999	REFUSED	
011985	MIN	CONTROL
772015	MAX	CONTROL

C15Q03	Select	270-271
Ask If	C15Q01 = 1	
Where did you have your last HIV test – at a private doctor or HMO office, at a counseling and testing site, at an emergency room, as an inpatient in a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?		
01	Private doctor or HMO office	
02	Counseling and testing site	
09	Emergency room	
03	Hospital inpatient	
04	Clinic	
05	Jail or prison (or other correctional facility)	
06	Drug treatment facility	
07	At home	
08	Somewhere else	
77	DON'T KNOW/NOT SURE	
99	REFUSED	

C15END	Pause
Ask If	

Transition to Modules and/or State-Added Questions

TRANS	Key
Ask If	
Next, I have just a few questions about some other health topics.	

Module 4: Caregiver Module (Path A)

M04INTRO	Pause
Ask If	

M04Q01	Select	313
Ask If		
<p>People may provide regular care or assistance to a friend or family member who has a health problem or disability.</p> <p>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?</p> <p>INTERVIEWER NOTE: IF CAREGIVING RECIPIENT HAS DIED IN THE PAST 30 DAYS, CODE 8 AND SAY:</p> <p>"I'm so sorry to hear of your loss."</p>		
1	YES	
2	NO	M04Q09
7	DON'T KNOW/NOT SURE	M04Q09
8	CAREGIVING RESIPIENT DIED IN PAST 30 DAYS	M04END
9	REFUSED	M04Q09

CATI NOTE: If caregiving recipient has died in the past 30 days, say "I'm so sorry to hear of your loss." and skip to the next module.

M04Q02	Select	314-315
Ask If	M04Q01 = 1	
What is his or her relationship to you? For example is he or she your mother or daughter or father or son?		
INTERVIEWER NOTE: IF MORE THAN ONE PERSON, SAY:		
"Please refer to the person to whom you are giving the most care."		
DO NOT READ: CODE RESPONSE USING THESE CATEGORIES		
01	MOTHER	
02	FATHER	
03	MOTHER-IN-LAW	
04	FATHER-IN-LAW	
05	CHILD	
06	HUSBAND	
07	WIFE	
08	SAME-SEX PARTNER	
09	BROTHER OR BROTHER-IN-LAW	
10	SISTER OR SISTER-IN-LAW	
11	GRANDMOTHER	
12	GRANDFATHER	
13	GRANDCHILD	
14	OTHER RELATIVE	
15	NON-RELATIVE/FAMILY FRIEND	
77	DON'T KNOW/NOT SURE	
99	REFUSED	

M04Q03	Select	316
Ask If	M04Q01 = 1	
For how long have you provided care for that person? Would you say...		
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	

M04Q04	Select	317
Ask If	M04Q01 = 1	
In an average week, how many hours do you provide care or assistance? Would you say...		
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	

M04Q05	Select	318-319
Ask If	M04Q01 = 1	
What is the main health problem, long-term illness, or disability that the person you care for has?		
IF NECESSARY:		
"Please tell me which one of these conditions would you say is the MAJOR problem?"		
DO NOT READ: RECORD ONE RESPONSE		
01	ARTHRITIS/RHEUMATISM	
02	ASTHMA	
03	CANCER	
04	CHRONIC RESPIRATORY CONDITIONS SUCH AS EMPHYSEMA OR COPD	
05	DEMENTIA AND OTHER COGNITIVE IMPAIRMENT DISORDERS	
06	DEVELOPMENTAL DISABILITIES SUCH AS AUTISM, DOWN'S SYNDROME, AND SPINA BIFIDA	
07	DIABETES	
08	HEART DISEASE, HYPERTENSION	
09	HUMAN IMMUNODEFICIENCY VIRUS INFECTION (HIV)	
10	MENTAL ILLNESSES, SUCH AS ANXIETY, DEPRESSION, OR SCHIZOPHRENIA	
11	OTHER ORGAN FAILURE OR DISEASES SUCH AS KIDNEY OR LIVER PROBLEMS	
12	SUBSTANCE ABUSE OR ADDICTION DISORDERS	
13	OTHER	
77	DON'T KNOW/NOT SURE	
99	REFUSED	

M04Q06	Select	320
Ask If	M04Q01 = 1	
In the past 30 days, did you provide care for this person by... ...Managing personal care such as giving medications, feeding, dressing, or bathing?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M04Q07	Select	321
Ask If	M04Q01 = 1	
In the past 30 days, did you provide care for this person by... ...Managing household tasks such as cleaning, managing money, or preparing meals?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M04Q08	Select	322
Ask If	M04Q01 = 1	
Of the following support services, which one do you MOST need, that you are not currently getting?		
INTERVIEWER NOTE: IF RESPONDENT ASKS WHAT RESPITE CARE IS, SAY:		
"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	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

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

M04Q09	Select	323
Ask If	M04Q01 > 1 AND M04Q01 <> 8	
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?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M04END	Pause
Ask If	

Module 7: Sodium or Salt-Related Behavior (Path A)

M07INTRO	Pause
Ask If	

M07Q01	Select	340
Ask If		
Now I would like to ask you some questions about sodium or salt intake.		
Most of the sodium or salt we eat comes from processed foods and foods prepared in restaurants. Salt also can be added in cooking or at the table.		
Are you currently watching or reducing your sodium or salt intake?		
1	YES	
2	NO	M07Q03
7	DON'T KNOW	M07Q03
9	REFUSED	M07Q03

M07Q02	Numeric	341-343
Ask If	M07Q01 = 1	
How many days, weeks, months, or years have you been watching or reducing your sodium or salt intake?		
101-199 = DAYS 301-399 = MONTHS		
201-299 = WEEKS 401-499 = YEARS		
TIMES		
555	ALL MY LIFE	
777	DON'T KNOW/NOT SURE	
999	REFUSED	
101	MIN	CONTROL
499	MAX	CONTROL

M07Q03	Select	344
Ask If		
Has a doctor or other health professional ever advised you to reduce sodium or salt intake?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M07END	Pause
Ask If	

Module 9: Cardiovascular Health (Path A)

M09INTRO	Pause
Ask If	

M09Q01	Select	361
Ask If	C06Q01 = 1	
I would like to ask you a few more questions about your cardiovascular or heart health.		
Following your heart attack, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M09Q02	Select	362
Ask If	C06Q03 = 1	
{IF M09Q01 < 1, I would like to ask you a few more questions about your cardiovascular or heart health.}		
Following your stroke, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

CATI NOTE: Question 3 is asked for all respondents

M09Q03	Select	363
Ask If		
{IF M09Q01 < 1 AND M09Q02 < 1, I would like to ask you a few more questions about your cardiovascular or heart health.}		
Do you take aspirin daily or every other day?		
INTERVIEWER NOTE: ASPIRIN CAN BE PRESCRIBED BY A HEALTH CARE PROVIDER OR OBTAINED AS AN OVER-THE-COUNTER (OTC) MEDICATION.		
1	YES	M09Q05
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M09Q04	Select	364
Ask If	M09Q03 > 1	
Do you have a health problem or condition that makes taking aspirin unsafe for you?		
IF "YES," ASK		
"Is this a stomach condition?"		
CODE UPSET STOMACH AS STOMACH PROBLEMS.		
1	YES, NOT STOMACH RELATED	M09END
2	YES, STOMACH PROBLEMS	M09END
3	NO	M09END
7	DON'T KNOW/NOT SURE	M09END
9	REFUSED	M09END

M09Q05	Select	365
Ask If	M09Q03 = 1	
Do you take aspirin to relieve pain?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M09Q06	Select	366
Ask If	M09Q03 = 1	
Do you take aspirin to reduce the chance of a heart attack?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M09Q07	Select	367
Ask If	M09Q03 = 1	
Do you take aspirin to reduce the chance of a stroke?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M09END	Pause
Ask If	

Module 12: Adult Human Papillomavirus (HPV) – Vaccination (Path A)

CATI NOTE: To be asked of respondents between the ages of 18 and 49 years; otherwise, go to next module.

M12INTRO	Pause
Ask If	C07Q02 < 50

M12Q01	Select	373
Ask If	C07Q02 < 50	
<p>A vaccine to prevent the human papillomavirus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, {If C07Q01 = 2, GARDASIL or CERVARIX, or GARDASIL}.</p> <p>Have you EVER had an HPV vaccination?</p> <p>NOTE: HUMAN PAPILLOMAVIRUS (HUMAN PAP·UH·LOH·MUH VIRUS); GARDASIL (GAR·DUH·SEEL); CERVARIX (SIR·VAR·ICKS)</p>		
1	YES	
2	NO	M12END
3	DOCTOR REFUSED WHEN ASKED	M12END
7	DON'T KNOW/NOT SURE	M12END
9	REFUSED	M12END

M12Q02	Numeric	374-375
Ask If	M12Q01 = 1	
How many HPV shots did you receive?		
NUMBER OF SHOTS		
03	ALL SHOTS	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
03	MAX	CONTROL

M12END	Pause
Ask If	

Module 22: Random Child Selection (Path A)

CATI NOTE: If Core C07Q16 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

M22INTRO	Key
Ask If	C07Q16 < 88
<p>{If C07Q16 = 1, 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.}</p> <p>{If C07Q16 > 1 AND C07Q16 < 88, Previously, you indicated there were {C07Q16} children age 17 or younger in your household. Think about those {C07Q16} 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.</p> <p>I have some additional questions about one specific child. The child I will be referring to is {SHOWKID} in your household. All following questions about children will be about {SHOWKID} }</p>	

M22Q01	Numeric	612-617
Ask If	C07Q16 < 88	
What is the birth month and year of the {SHOWKID}?		
CODE MONTH AND YEAR		
777777	DON'T KNOW/NOT SURE	
999999	REFUSED	
XX1997	MIN	CONTROL
XX2015	MAX	CONTROL

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).

Add a minimum based on the current month and year of 1995, which would mean the child is over the age of 18. Add a max of the current month and year of 2015

M22Q02	Select	618
Ask If	C07Q16 < 88	
Is the child a boy or a girl?		
1	Boy	
2	Girl	
9	REFUSED	

M22Q03A	Select	619-622
Ask If	C07Q16 < 88	
Is the child Hispanic, Latino/a, or Spanish origin?		
1	YES	
2	NO	M22Q04
7	DON'T KNOW/NOT SURE	M22Q04
9	REFUSED	M22Q04

M22Q03B	Multiple Select	619-622
Ask If	M22Q03A = 1	
(Is the child Hispanic, Latino/a, or Spanish origin?)		
Are they...		
Mexican, Mexican American, Chicano/a		
Puerto Rican		
Cuban or		
Another Hispanic, Latino/a, or Spanish Origin		
CHECK ALL THAT APPLY		
1	Mexican, Mexican American, Chicano/a	
2	Puerto Rican	
3	Cuban	
4	Another Hispanic, Latino/a, or Spanish origin	
5	NO	EXCLUSIVE
7	DON'T KNOW/NOT SURE	EXCLUSIVE
9	REFUSED	EXCLUSIVE

M22Q04	Multiple Select	623-652
Ask If	C07Q16 < 88	
Which one or more of the following would you say is the race of the child?		
INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING.		
(SELECT ALL THAT APPLY)		
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	
60	Other [Specify]	OTHER
77	DON'T KNOW/NOT SURE	EXCLUSIVE
99	REFUSED	EXCLUSIVE
88	NO ADDITIONAL CHOICES	

M22Q05	Select	653-654
Ask If	M22Q04 < 77 AND M22Q04.2 > 0 AND M22Q04.2 <> 88	
Which one of these groups would you say best represents the child's race?		
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	
60	Other [Specify]	OTHER
77	DON'T KNOW/NOT SURE	
99	REFUSED	

M22Q06	Select	655
Ask If	C07Q16 < 88	
How are you related to the child?		
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	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M22END	Pause
Ask If	

Module 23: Childhood Asthma Prevalence (Path A)

CATI NOTE: If response to Core C07Q16 = 88 (None) or 99 (Refused), go to next module.

M23INTRO	Pause
Ask If	C07Q16 > 0 AND C07Q16 < 88

M23Q01	Select	656
Ask If	C07Q16 > 0 AND C07Q16 < 88	
{IF C07Q16 > 1, The next two questions are about the {SHOWKID}.}		
Has a doctor, nurse or other health professional EVER said that the child has asthma?		
1	YES	
2	NO	M23END
7	DON'T KNOW/NOT SURE	M23END
9	REFUSED	M23END

M23Q02	Select	657
Ask If	M23Q01 = 1	
Does the child still have asthma?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

M23END	Pause
Ask If	

State Added Section 02: Anxiety and Depression (Path A)

ME02INTRO	Pause
Ask If	

ME02Q01	Numeric	
Ask If	CPState = 1	
Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks.		
Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?		
	01-14 DAYS	
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
14	MAX	CONTROL

ME02Q02	Numeric	
Ask If	CPState = 1	
Over the last 2 weeks, how many days have you felt down, depressed or hopeless?		
	01-14 DAYS	
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
14	MAX	CONTROL

ME02Q03	Select
Ask If	CPState = 1
Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

ME02Q04	Select
Ask If	CPState = 1
Has a doctor or other healthcare provider EVER told you that you have an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

ME02END	Pause
Ask If	

State Added Section 03: Sugar Sweetened Beverages (Path A)

ME03INTRO	Pause
Ask If	

ME03Q01	Numeric
Ask If	CPState = 1
<p>During the past month, how many times per day, week or month did you drink a can, bottle or glass of soda, sports drink, energy drink, or other sugar-sweetened beverage such as Gatorade, Red Bull, lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny Delight? (Do not count diet soda, other diet drinks, or 100% fruit juice).</p>	
<p>101-199 = PER DAY 301-399 = PER MONTH 201-299 = PER WEEK</p>	
TIMES	
555 NEVER	
777 DON'T KNOW/NOT SURE	
999 REFUSED	
101 MIN	CONTROL
399 MAX	CONTROL

ME03END	Pause
Ask If	

State Added Section 04: Health Care Access (Path A)

ME04INTRO	Pause
Ask If	

CATI NOTE: Insert after C03Q01 if C03Q01 = 1 or else go to C03Q02

ME04Q02	Select
Ask If	C03Q01 = 1 AND CPState = 1
<p>What is the primary source of your health care coverage? Is it...</p> <p>INTERVIEWER NOTE: IF THE RESPONDENT INDICATES THAT THEY PURCHASED HEALTH INSURANCE THROUGH THE HEALTH INSURANCE MARKETPLACE, IF IT WAS A PRIVATE HEALTH INSURANCE PLAN PURCHASED ON THEIR OWN OR BY A FAMILY MEMBER (PRIVATE) OR IF THEY RECEIVED MEDICAID (STATE PLAN)? IF PURCHASED ON THEIR OWN (OR BY A FAMILY MEMBER), SELECT 02, IF MEDICAID SELECT 04.</p> <p>PLEASE READ</p>	
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
07	Some other source
88	None (no coverage)
77	DON'T KNOW/NOT SURE
99	REFUSED

CATI NOTE: GO TO C03Q02

CATI NOTE: Insert ME04Q03 after C03Q03

ME04Q03	Select
Ask If	CPState = 1
Other than cost, there are many other reasons people delay getting needed medical care. Have you delayed getting needed medical care for any of the following reasons in the past 12 months? Select the most important reason.	
PLEASE READ	
1	You couldn't get through on the telephone
2	You couldn't get an appointment soon enough
3	Once you got there, you had to wait too long to see the doctor
4	The (clinic/doctor's) office wasn't open when you got there
5	You didn't have transportation
6	OTHER (SPECIFY) OTHER
8	NO, I DID NOT DELAY GETTING MEDICAL CARE/DID NOT NEED MEDICAL CARE
7	DON'T KNOW/NOT SURE
9	REFUSED

CATI NOTE: GO TO C03Q04

CATI NOTE: Insert remaining ME Section 04 questions after C03Q04.

ME04Q04a	Select
Ask If	C03Q01 = 1 AND CPState = 1
In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage?	
1	YES ME04END
2	NO ME04END
7	DON'T KNOW/NOT SURE ME04END
9	REFUSED ME04END

ME04Q04b	Select
Ask If	C03Q01 > 1 AND CPState = 1
About how long has it been since you last had health care coverage?	
1	6 months or less
2	More than 6 months, but not more than 1 year ago
3	More than 1 year, but not more than 3 years ago
4	More than 3 years
5	Never
7	DON'T KNOW/NOT SURE
9	REFUSED

CATI NOTE: Go to core section 04

ME04END	Pause
Ask If	

State Added Section 05: Environmental Health (Path A)

ME05INTRO	Pause
Ask If	

ME05Q01	Select	
Ask If	CPState = 1	
Now I would like to ask some questions about well water. When I ask about using well water, I am asking about the water you currently use for drinking, cooking or bathing.		
Do you get any of your water from a well?		
1	Yes	
2	No	ME05Q05
7	DON'T KNOW/NOT SURE	ME05Q05
9	REFUSED	ME05Q05

ME05Q02	Select	
Ask If	ME05Q01 = 1	
Have you ever had your current well water tested?		
1	Yes	
2	No	ME05Q05
7	DON'T KNOW/NOT SURE	ME05Q05
9	REFUSED	ME05Q05

ME05Q03	Select
Ask If	ME05Q02 = 1
Arsenic is not included in all water tests. Have you tested your well water for arsenic?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME05Q04	Select
Ask If	ME05Q02 = 1
Radon is not included in all water tests. Testing water for radon is not the same as testing your household air for radon. Have you tested your well water for radon?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME05Q05	Select	
Ask If	CPState = 1	
Testing household air for radon is not the same as testing your water for radon. Has your household air been tested for the presence of radon gas?		
1	Yes	
2	No	ME05Q08
7	DON'T KNOW/NOT SURE	ME05Q08
9	REFUSED	ME05Q08

ME05Q06	Select	
Ask If	ME05Q05 = 1	
Were the radon levels in your household above normal?		
1	Yes	
2	No	ME05Q08
7	DON'T KNOW/NOT SURE	ME05Q08
9	REFUSED	ME05Q08

ME05Q07	Select
Ask If	ME05Q06 = 1
Have the radon levels been reduced or fixed?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME05Q08	Select
Ask If	CPState = 1
A carbon monoxide or CO detector checks the level of carbon monoxide in your home. IT IS DIFFERENT THAN A SMOKE DETECTOR . Do you have a carbon monoxide detector in your home?	
1	Yes
2	No
	ME05END
7	DON'T KNOW/NOT SURE
	ME05END
9	REFUSED
	ME05END

ME05Q09	Select
Ask If	ME05Q08 = 1
Is at least one CO detector located near the bedroom or a sleeping area in your home?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME05END	Pause
Ask If	

State Added Section 06: Substance Abuse (Path A)

ME06INTRO	Pause
Ask If	

ME06Q01	Select
Ask If	CPState = 1
During the past 30 days, have you used marijuana?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME06Q02	Select			
Ask If	CPState = 1			
Within the past 30 days on how many days did you use prescription drugs that were either not prescribed to you and/or not used as prescribed in order to get high?				
1	Never used			
2	Have used but not in the last 30 days			
3	1-2 days			
4	3-5 days			
5	6 or more days			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

ME06Q03	Select				
Ask If	CPState = 1				
In your lifetime how many times have you gambled (bet) with money or possessions (i.e. casino, race track or online, lottery tickets or sporting events)?					
1	0 times				ME06END
2	1-2 times				
3	3-9 times				
4	10-19 times				
5	20-39 times				
6	40 or more times				
7	DON'T KNOW/NOT SURE				ME06END
9	REFUSED				ME06END

ME06Q04	Select
Ask If	ME06Q03 > 1 AND ME06Q03 < 7
Has the money or time that you spent on gambling led to financial problems or problems in your family, work, school or personal life?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME06END	Pause
Ask If	

State Added Section 07: Lyme Disease (Path A)

ME07INTRO	Pause
Ask If	

ME07Q01	Select	
Ask If	CPState = 1	
Have you EVER been told by a doctor, nurse or other health professional that you have Lyme disease?		
1	Yes	
2	No	ME07END
7	DON'T KNOW/NOT SURE	ME07END
9	REFUSED	ME07END

ME07Q02	Select
Ask If	ME07Q01 = 1
In the past 12 months, have you been told by a doctor, nurse or other health professional that you have Lyme disease?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME07END	Pause
Ask If	

State Added Section 08: Suicide (Path A)

ME08INTRO	Pause
Ask If	

ME08Q01	Select
Ask If	CPState = 1
The next questions deal with the topic of suicide. Answering these questions may bring up strong feelings. If you feel that you need help with these feelings, please write down the statewide crisis number 1-888-568-1112 so that you can call them if needed.	
During the past 12 months, did you ever seriously consider attempting suicide?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME08Q02	Select
Ask If	CPState = 1
During the past 12 months, did you make a plan about how you would attempt suicide?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME08Q03	Select
Ask If	CPState = 1
During the past 12 months, did you ever attempt suicide?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME08END	Pause
Ask If	

State Added Section 09: Sexual Orientation and Gender Identity (Paths A and B)

ME09INTRO	Pause
Ask If	

ME09Q01	Select
Ask If	CPState = 1
Now I'll read a list of terms people sometimes use to describe themselves - heterosexual or straight; homosexual (gay or lesbian); and bisexual. As I read the list again, please stop me when I get to the term that best describes how you think of yourself:	
1 Heterosexual or straight	
2 Homosexual (gay or lesbian)	
3	Bisexual
4	Other
7	DON'T KNOW/NOT SURE
9	REFUSED

ME09END	Pause
Ask If	

State Added Section 10: Social Context (Path B)

ME10INTRO	Pause
Ask If	

ME10Q01	Select
Ask If	(C07Q08 = 1 OR C07Q08 = 2) AND CPState = 1
Now, I am going to ask you about several factors that can affect a person's health.	
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 you were worried or stressed-	
PLEASE READ:	
1	Always
2	Usually
3	Sometimes
4	Rarely
5	Never
8	NOT APPLICABLE
7	DON'T KNOW/NOT SURE
9	REFUSED

ME10Q02	Select
Ask If	CPState = 1
{IF ME10Q01 < 1, Now, I am going to ask you about several factors that can affect a person's health.}	
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 you were worried or stressed-	
PLEASE READ:	
1	Always
2	Usually
3	Sometimes
4	Rarely
5	Never
8	NOT APPLICABLE
7	DON'T KNOW/NOT SURE
9	REFUSED

ME10END	Pause
Ask If	

State Added Section 11: Sexual Harassment

ME11INTRO	Pause
Ask If	

ME11Q01	Select
Ask If	CPState = 1
<p>The next question is about your experiences with harassment because of your sex, because you are or someone thought you were gay, lesbian, or bisexual, or because of how you identify or express your gender (i.e., you do not act "feminine" or "masculine" enough).</p> <p>This harassment could include making offensive comments, jokes, or gestures about you, physically intimidating you, or harassing you in some other way.</p> <p>How often have you experienced any of these types of harassment in the past 6 months?</p>	
1	Never
2	Once or twice
3	About once a month
4	About once a week
5	Everyday or nearly everyday
7	DON'T KNOW/NOT SURE
9	REFUSED

ME11END	Pause
Ask If	

State Added Section 12: Cigarette Use (Path B)

ME12INTRO	Pause
Ask If	

ME12Q01	Numeric
Ask If	C08Q01 = 1 AND C08Q02 < 3 AND CPState = 1
We have some additional questions on specific health issues we would like to ask you about. On the average, about how many cigarettes a day do you now smoke?	
INTERVIEWER NOTE: 1 PACK = 20 CIGARETTES	
ENTER NUMBER OF CIGARETTES	
777	DON'T KNOW/NOT SURE
999	REFUSED

ME12Q02	Numeric
Ask If	C08Q01 = 1 AND C08Q02 < 3 AND CPState = 1
On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke in a day?	
INTERVIEWER NOTE: 1 PACK = 20 CIGARETTES	
ENTER NUMBER OF CIGARETTES	
777	DON'T KNOW/NOT SURE
999	REFUSED

ME12END	Pause
Ask If	

State Added Section 13: Other Tobacco Products (Path B)

ME13INTRO	Pause
Ask If	

ME13Q01	Select
Ask If	CPState = 1
Now I would like to ask you some questions about using other kinds of tobacco.	
Do you now smoke REGULAR CIGARS OR CIGARILLOS 'every day,' 'some days,' or 'not at all'?	
INTERVIEWER NOTE: REGULAR MEANS NOT FLAVORED OR NOT CIGARETTE SIZED.	
1	EVERY DAY
2	SOME DAYS
3	NOT AT ALL
7	DON'T KNOW/NOT SURE
9	REFUSED

ME13Q02	Select
Ask If	CPState = 1
Do you smoke little cigars that look like cigarettes every day, some days or not at all?	
1	EVERY DAY
2	SOME DAYS
3	NOT AT ALL
7	DON'T KNOW/NOT SURE
9	REFUSED

ME13END	Pause
Ask If	

State Added Section 14: E- Cigarettes (Path B)

ME14INTRO	Pause
Ask If	

ME14Q01	Select	
Ask If	CPState = 1	
E-cigarettes are battery powered devices that provide inhaled doses of nicotine.		
Have you ever used e-cigs (electronic cigarettes)?		
INTERVIEWER NOTE: YOUNGER FOLKS MAY CALL THESE 'VAPING DEVICES'.		
1	Yes	
2	No	ME14END
7	DON'T KNOW/NOT SURE	ME14END
9	REFUSED	ME14END

ME14Q02	Select
Ask If	ME14Q01 = 1
Are you currently using e-cigs?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME14Q03	Select			
Ask If	ME14Q01 = 1			
Why did you start to use e-cigs?				
* (RESTAURANTS, BARS, OR OTHER PUBLIC PLACES)				
1	Try something new			
2	To quit smoking			
3	Friends (introduced, pressured, recommended)			
4	Health (improve, less harmful)			
5	To be able to smoke in places where cigarette smoking is not allowed*			
8	OTHER			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

ME14Q04		Select			
Ask If		((C08Q02 > 0 AND C08Q02 < 3) OR ME13Q01 < 3 OR ME13Q02 < 3) AND ME14Q01 = 1			
Do you or did you use e-cigs the same, more or less frequently than other tobacco products?					
INTERVIEWER NOTE: USE IS 10 MINUTES OR 10-20 PUFFS AT A TIME.					
1	Same				
2	More				
3	Less				
7	DON'T KNOW/NOT SURE				
9	REFUSED				

ME14Q05		Select			
Ask If		((C08Q02 > 0 AND C08Q02 < 3) OR ME13Q01 < 3 OR ME13Q02 < 3) AND ME14Q02 = 1			
Have you stopped using other tobacco products completely?					
1	Yes				
2	No				
7	DON'T KNOW/NOT SURE				
9	REFUSED				

ME14Q06		Select			
Ask If		ME14Q01 = 1			
Do you believe e-cigs have the same, more or less nicotine than regular cigarettes?					
1	Same				
2	More				
3	Less				
7	DON'T KNOW/NOT SURE				
9	REFUSED				

ME14Q07	Select
Ask If	ME14Q01 = 1
Will you continue to use e-cigs or plan to use e-cigs in the future?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME14END	Pause
Ask If	

State Added Section 15: Cessation (Path B)

ME15INTRO	Pause
Ask If	

ME15Q01	Select	
Ask If	((C08Q02 > 0 AND C08Q02 < 3) OR ME13Q01 < 3 OR ME13Q02 < 3 OR ME14Q02 = 1) AND CPState = 1	
The next questions are about quitting tobacco use. Would you like to quit smoking or using other tobacco products?		
1	Yes	
2	No	ME15Q04
7	DON'T KNOW/NOT SURE	ME15Q04
9	REFUSED	ME15Q04

ME15Q02	Select	
Ask If	ME15Q01 = 1	
Are you seriously considering quitting WITHIN THE NEXT 6 MONTHS ?		
1	Yes	
2	No	ME15Q04
7	DON'T KNOW/NOT SURE	
9	REFUSED	

ME15Q03	Select
Ask If	ME15Q01 = 1 AND (ME15Q02 > 0 AND ME15Q02 <> 2)
Are you planning to stop WITHIN THE NEXT 30 DAYS ?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME15Q04		Select		
Ask If ((C08Q02 > 0 AND C08Q02 < 3) OR ME13Q01 < 3 OR ME13Q02 < 3 OR ME14Q02 = 1) AND CPState = 1				
Now I'm going to read you a list of products and services that you might have used to help you quit smoking or using other tobacco products. In the last 12 months, have you used... Self-help materials such as booklets, tapes, or videos?				
1 YES				
2 NO				
3	I DID NOT TRY TO QUIT SMOKING OR USING TOBACCO PRODUCTS			ME15Q11
7	DON'T KNOW/NOT SURE			
9	REFUSED			

ME15Q05		Select		
Ask If ME15Q04 > 0 AND ME15Q04 <> 3				
In the last 12 months, have you used... Nicotine replacement medications such as nicotine patches, gum, inhaler or nasal spray?				
1 YES				
2 NO				
3	I DID NOT TRY TO QUIT SMOKING OR USING TOBACCO PRODUCTS			ME15Q11
7	DON'T KNOW/NOT SURE			ME15Q07
9	REFUSED			ME15Q07

ME15Q06		Select		
Ask If ME15Q05 = 1				
How did you pay for it (nicotine replacement systems)? Would you say...				
1 You paid for it on your own				
2 Insurance paid for some of it				
3	Insurance paid for all of it			
4	You were given the medication free of charge			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

ME15Q07		Select
Ask If	(ME15Q04 > 0 AND ME15Q04 <> 3) OR (ME15Q05 > 0 AND ME15Q05 <> 3)	
In the last 12 months, have you used..		
Non-nicotine medication such as Zyban, Wellbutrin, Chantix, Varenicline or other medication?		
INTERVIEWER NOTE: CHANTIX PRONOUNCED "SHAN TIX" VARENICLINE PRONOUNCED "VER EN E KLEEN"		
1	YES	
2	NO	ME15Q09
3	I DID NOT TRY TO QUIT SMOKING OR USING TOBACCO PRODUCTS	ME15Q11
7	DON'T KNOW/NOT SURE	ME15Q09
9	REFUSED	ME15Q09

ME15Q08		Select
Ask If	ME15Q07 = 1	
How did you pay for it (non-nicotine medication)? Would you say...		
INTERVIEWER NOTE: ANY CASH PAYMENT IS CODED AS RESPONSE 1.		
1	You paid for it on your own	
2	Insurance paid for some of it	
3	Insurance paid for all of it	
4	You were given the medication free of charge	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

ME15Q09		Select
Ask If	(ME15Q04 > 0 AND ME15Q04 <> 3) OR (ME15Q05 > 0 AND ME15Q05 <> 3) OR (ME15Q07 > 0 AND ME15Q07 <> 3)	
In the last month, have you used a quit smoking class or group?		
1	YES	
2	NO	
3	I DID NOT TRY TO QUIT SMOKING OR USING TOBACCO PRODUCTS	ME15Q11
7	DON'T KNOW/NOT SURE	
9	REFUSED	

ME15Q10		Select	
Ask If	(ME15Q04 > 0 AND ME15Q04 <> 3) OR (ME15Q05 > 0 AND ME15Q05 <> 3) OR (ME15Q07 > 0 AND ME15Q07 <> 3) OR (ME15Q09 > 0 AND ME15Q09 <> 3)		
In the last month have you called the Maine Tobacco Hotline?			
1	YES		
2	NO		
3	I DID NOT TRY TO QUIT SMOKING OR USING TOBACCO PRODUCTS		
7	DON'T KNOW/NOT SURE		
9	REFUSED		

ME15Q11		Select	
Ask If	((C08Q02 > 0 AND C08Q02 < 3) OR ME13Q01 < 3 OR ME13Q02 < 3 OR ME14Q02 = 1) AND CPState = 1		
In the past 12 months, has a dentist or dental hygienist advised you to stop smoking or using other tobacco products?			
1	YES		
2	NO		
3	I HAVE NOT SEEN A DENTIST IN THE LAST 12 MONTHS		
7	DON'T KNOW/NOT SURE		
9	REFUSED		

ME15Q12		Select	
Ask If	((C08Q02 > 0 AND C08Q02 < 3) OR ME13Q01 < 3 OR ME13Q02 < 3 OR ME14Q02 = 1) AND CPState = 1		
The next set of questions is about experiences you may have had during a visit to a doctor's office in the last 12 months. During any such visit, did any health professional... Advise you to stop smoking or using other tobacco products?			
1	YES		
2	NO		
3	I HAVE NOT VISITED A DOCTOR'S OFFICE IN THE LAST 12 MONTHS		ME15Q16
7	DON'T KNOW/NOT SURE		
9	REFUSED		

ME15Q13	Select
Ask If	ME15Q12 > 0 AND ME15Q12 <> 3
During any such visit, did any health professional... Spend time talking with you about your use of tobacco products, cigarette smoking, or helping you to prepare for quitting?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME15Q14	Select
Ask If	ME15Q12 > 0 AND ME15Q12 <> 3
During any such visit, did any health professional... Give you information about counseling classes or programs, such as the Maine Tobacco HelpLine to help you quit smoking or using other tobacco products?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME15Q15	Select
Ask If	ME15Q12 > 0 AND ME15Q12 <> 3
During any such visit, did any health professional... Talk with you about medications to help you stop smoking or using other tobacco products? INTERVEIWER NOTE: IF CLARIFICATION NEEDED ON "MEDICATIONS", STATE: "Such as nicotine patch or gum, nicotine inhaler or nasal spray, or medication (Zyban, Wellbutrin, Chantix, or Varenicline)" INTERVIEWER NOTE: CHANTIX PRONOUNCED "SHAN TIX" VARENICLINE PRONOUNCED "VER EN E KLEEN"	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME15Q16	Select
Ask If	CPState = 1
During the past 30 days, have you seen any advertisements on television about help to quit smoking?	
1	Yes
2	No
	ME15END
7	DON'T KNOW/NOT SURE
	ME15END
9	REFUSED
	ME15END

ME15Q17	Multiple Select
Ask If	ME15Q16 = 1
Which ones do you remember?	
* THROAT SURGERY)	
DO NOT READ	
1	HelpLine (Maine's Quitline may also be called the Partnership For A Tobacco-Free Maine (PTM) helpline or the Center for Tobacco Independence helpline)
2	QuitNow (Tips from former smokers - has graphic ads with heart surgery or*)
3	QuitLink (The Maine community of online support to quit smoking, may also be called the Maine quit smoking website.)
4	Other cessation (which could include NRT ads, hospital cessation programs, etc)
5	Tobacco industry ad (which could include e-cigarettes)
7	DON'T KNOW/NOT SURE
	EXCLUSIVE
9	REFUSED
	EXCLUSIVE

ME15END	Pause
Ask If	

State Added Section 16: Environmental Tobacco (Path B)

ME16INTRO	Pause
Ask If	

ME16Q01	Select
Ask If	CPState = 1
These next questions ask about the type of building you live in and how long you have lived there.	
In what type of living space do you currently reside?	
1	Single Family Home
2	Duplex
3	Double or Multi-Family Home
4	Condominium
5	Townhouse
6	Apartment Building
7	DON'T KNOW/NOT SURE
9	REFUSED

ME16Q02	Numeric
Ask If	CPState = 1
How long have you lived in your current residence?	
101 - 199 NUMBER OF DAYS 201 - 299 NUMBER OF WEEKS	
301 - 399 NUMBER OF MONTHS 401 - 499 NUMBER OF YEARS	
ENTER AMOUNT OF TIME	
777	DON'T KNOW/NOT SURE
999	REFUSED
101	MIN
499	MAX

ME16Q03	Select
Ask If	CPState = 1
Do you currently live in public/affordable/subsidized housing or participate in a voucher/low-income housing program (Such as Section 8)?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME16Q04		Select		
Ask If		CPState = 1		
Now I am going to ask you some questions about second hand cigarette smoke.				
Do you agree or disagree with the following statement "People should be protected from secondhand smoke"? Would you say...				
1	Strongly agree			
2	Somewhat agree			
3	Neither agree nor disagree			
4	Somewhat disagree			
5	Strongly disagree			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

ME16Q05		Numeric		
Ask If		CPState = 1		
How many hours per day do you usually spend inside your home? (Include sleeping)				
_____ Hours				
77	DON'T KNOW/NOT SURE			
99	REFUSED			
01	MIN		CONTROL	
24	MAX		CONTROL	

ME16Q06		Numeric		
Ask If		CPState = 1		
Other than yourself, how many people living in your household smoke cigarettes, cigars, or pipes?				
_____ People				
88	NONE			
77	DON'T KNOW/NOT SURE			
99	REFUSED			

ME16Q07		Numeric	
Ask If	CPState = 1		
On how many of the past 30 days has someone, including yourself, smoked cigarettes, cigars, or pipes anywhere INSIDE your home?			
_____ DAYS			
88	NONE		
77	DON'T KNOW/NOT SURE		
99	REFUSED		
01	MIN	CONTROL	
30	MAX	CONTROL	

ME16Q08		Select	
Ask If	CPState = 1		
Which of the following statements best describes the rules about smoking inside your home?			
1	No one is allowed to smoke anywhere inside your home.		
2	Smoking is not allowed if children are in the home.		
3	Smoking is allowed in some places or at some times.		
4	Smoking is permitted anywhere inside your home.		
7	DON'T KNOW/NOT SURE		
9	REFUSED		

ME16Q09		Select	
Ask If	ME16Q01 > 1 AND ME16Q01 < 7		
Which of the following statements best describes the official smoking policy in your building?			
1	Smoking is NOT allowed in any areas of the building including living units		
2	Smoking is not allowed in shared areas, but is allowed inside living units		
3	Smoking is allowed anywhere		
7	DON'T KNOW/NOT SURE		
9	REFUSED		

ME16Q10		Select		
Ask If		CPState = 1		
Which of the following statements best describes the rules about smoking inside your car?				
1	No one is allowed to smoke inside your car			
2	Smoking is not allowed if children are in your car			
3	Smoking is permitted anytime inside your car			
4	DON'T OWN A CAR			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

ME16Q11		Select		
Ask If		CPState = 1		
In the past 12 months have you asked someone to not smoke near you or around you?				
1	Yes			
2	No			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

ME16Q12		Numeric		
Ask If		CPState = 1		
During the past 7 days, that is, since last {today's day of the week}, on how many days did you ride in a vehicle where someone other than you was smoking tobacco?				
Number of Days (01-07)				
88	NONE			
77	DON'T KNOW/NOT SURE			
99	REFUSED			
01	MIN		CONTROL	
07	MAX		CONTROL	

ME16Q13		Select		
Ask If		(C07Q15 = 1 OR C07Q15 = 2) AND CPState = 1		
Is your time at work spent mostly indoors, outdoors, or in a vehicle?				
INTERVIEWER NOTE: CONSIDER A BOAT OUTDOORS				
1	INDOORS			
2	OUTDOORS			
3	IN A VEHICLE			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

ME16Q14		Select		
Ask If		(C07Q15 = 1 OR C07Q15 = 2) AND CPState = 1		
Which of these best describes your place of work's smoking policy for indoor public common areas, such as lobbies, rest rooms and lunchrooms? Would you say smoking is...				
1	Not allowed in any public areas			
2	Allowed in some public areas			
3	Allowed in all public areas			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

ME16Q15		Select		
Ask If		(C07Q15 = 1 OR C07Q15 = 2) AND CPState = 1		
Which of these statements best describes your place of work's smoking policy for work areas? Would you say smoking is...				
1	Not allowed in any work areas			
2	Allowed in some work areas			
3	Allowed in all work areas			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

ME16Q16		Select		
Ask If		(C07Q15 = 1 OR C07Q15 = 2) AND CPState = 1		
Which of these statements best describes your place of work's smoking policy for vehicles? Would you say smoking is...				
1	Not allowed in any vehicle			
2	Allowed in some vehicles			
3	Allowed in all vehicles			
4	My work does not involve the use of any vehicles at any time			
7	DON'T KNOW/NOT SURE			
9	REFUSED			

ME16Q17		Numeric		
Ask If		(C07Q15 = 1 OR C07Q15 = 2) AND CPState = 1		
The next question is about exposure to secondhand smoke.				
Now I'm going to ask you about smoke you might have breathed at work because someone else was smoking INDOORS . During the past 7 days, that is, since last {Today's day of the week}, on how many days did you breath the smoke at your workplace from SOMEONE OTHER THAN you who was smoking tobacco?				
Number of Days (01-07)				
88	NONE			
77	DON'T KNOW/NOT SURE			
99	REFUSED			
01	MIN		CONTROL	
07	MAX		CONTROL	

ME16END		Pause		
Ask If				

State Added Section 17: Smoking Beliefs (Path B)

ME17INTRO	Pause
Ask If	

ME17Q01	Select
Ask If	CPState = 1
When you go to convenience stores or gas stations in your community, how often do you see advertisements for cigarettes, chewing tobacco, or other tobacco products? Would you say...	
1	Frequently
2	Sometimes
3	Almost never
4	I DON'T GO TO CONVENIENCE STORES OR GAS STATIONS
7	DON'T KNOW/NOT SURE
9	REFUSED

ME17Q02	Numeric
Ask If	CPState = 1
Out of every 100 high school students in your community, how many do you think smoke cigarettes?	
—	OUT OF 100 HIGH SCHOOL STUDENTS SMOKE
888	NONE
777	DON'T KNOW/NOT SURE
999	REFUSED
001	MIN CONTROL
100	MAX CONTROL

ME17Q03	Numeric
Ask If	CPState = 1
Out of every 100 adults in your community, how many do you think smoke cigarettes?	
—	OUT OF 100 ADULTS SMOKE
888	NONE
777	DON'T KNOW/NOT SURE
999	REFUSED
001	MIN CONTROL
100	MAX CONTROL

ME17Q04	Select
Ask If	C07Q16 < 88 AND CPState = 1
Do you try to prevent your child from using cigarettes or other tobacco products?	
1	Yes
2	No
7	DON'T KNOW/NOT SURE
9	REFUSED

ME17END	Pause
Ask If	

Asthma Call-Back Permission Script (Path A)

AFUINTRO	Pause
Ask If	

ADLTPERM	Select	678
Ask If	((C06Q04 = 1) OR (M23Q01 = 1 AND (M22Q06 = 1 OR M22Q06 = 3))) AND CPState = 1	
<p>We would like to call you again within the next 2 weeks to talk in more detail about {ADLTCHLD = 1, 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 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?</p>		
1	YES	
2	NO	AFUEND

FNAME	Select	
Ask If	ADLTPERM = 1	
<p>Can I please have either your first name or initials, so we will know who to ask for when we call back?</p>		
1	ENTER FIRST NAME OR INITIALS	OTHER
9	REFUSED	

CNAME	Select	
Ask If	ADLTCHILD = 2 AND ADLTPERM = 1	
<p>Can I please have your child's first name or initials, so we can ask about that child's asthma history?</p>		
1	ENTER FIRST NAME OR INITIALS	OTHER
9	REFUSED	

MOSTKNOW	Select
Ask If	ADLTCHILD = 2 AND ADLTPERM = 1
Are you the parent or guardian in the household who knows the most about {CNAME}'s asthma?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

OTHNAME	Select
Ask If	MOSTKNOW = 2
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.	
1	ENTER FIRST NAME, INITIALS, OR NICKNAME OTHER
9	REFUSED

CBTIME	Select
Ask If	ADLTPERM = 1
{If MOSTKNOW = 2, What is a good time to call back and speak with {OTHNAME}, What is a good time to call you back?}	
For example, evenings, days or weekends?	
1	ENTER CALLBACK TIME OTHER
9	REFUSED

Closing Statement

CLOSING	Key
Ask If	
That was my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.	