



2018

**Behavioral Risk Factor Surveillance System
Questionnaire**

UWSC version 2018-02-20

practice command: brfs2018prac

Behavioral Risk Factor Surveillance System 2018 Questionnaire

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[# UWSC dos not read this OMB text to Rs by default]

Form Approved

OMB No. 0920-1061

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

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

Introduction - Landline Sample

<p>Landline introduction</p> <p>>intro2< HELLO, I'm calling for the Wisconsin Department of Health Services and the Centers for Disease Control and Prevention. My name is [fill inam]. We're gathering information on the health of Wisconsin residents. Your phone number has been chosen randomly, and I'd like to ask some questions about health and health practices.</p> <p>Is this [fill phone number] ?</p> <p>[# If Yes [Go to home] [# If No [Go to wrong number sequence]</p>	
<p>>home< Is this a private residence?</p> <p>(IF NECESSARY: "By private residence, we mean someplace like a house or apartment.")</p> <p>(NOTE: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 DAYS INCLUDING VACATION HOMES, RVS OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.)</p> <p>[# If Yes Go to home_state] [# If No Go to college]</p>	
	<p>>college<</p> <p>Do you live in college housing?</p> <p>(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.")</p> <p>[# If Yes, Go to home_state] [# If No, exit]</p>

<p>>home_state<</p> <p>Do you currently live in Wisconsin?</p> <p style="text-align: center;">[# If Yes, go to cel] [# If No, exit]</p>	
<p>>cell<</p> <p>Is this a cell telephone?</p> <p>(Note: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).</p> <p>Read only if necessary: "By cellular (or cell) telephone we mean a telephone that is mobile and usable outside of your neighborhood.")</p> <p style="text-align: center;">[# If Yes, exit] [# If No, go to q0hh]</p>	
<p>[# if home = private residence]</p> <p>>q0hh<</p> <p>I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older?</p> <p style="text-align: center;">— Number of adults</p> <p style="text-align: center;">[# If 1, go to single [# If >1, go to q0m or q0f (randomly assigned)]</p>	<p>[# if home = college]</p> <p>>cadult<</p> <p>Are you 18 years of age or older?</p> <p style="text-align: center;">[# If Yes, go to singsex] [# If No, exit]</p>
<p>[# if home = private residence]</p> <p>>single<</p> <p>And is that you?</p> <p style="text-align: center;">[# If Yes, go to singsex [# If No, go to select (for single-adult household)]</p>	

<p>>singsex<</p> <p>At this point we ask everyone, are you male or female?</p>	
<p>[# if home = private residence]</p> <p>[# Either q0m or q0f will be asked at random, but not both.]</p> <p>>q0m< How many men, 18 or older, live in your household?</p> <p>_____ Number of men</p> <p>>q0f< How many women, 18 or older, live in your household?</p> <p>_____ Number of women</p>	<p>[# if home = college]</p> <p>[# After singsex, go to cnfd]</p>
<p>[# if home = private residence]</p> <p>>confirm<</p> <p>So there [is/are] [X] men and [X] women, 18 years or older, living in your household?</p>	
<p>[# if home = private residence]</p> <p>>select< [# version for multi-adult household]</p> <p>We have randomly selected [the Nth oldest/youngest man/woman of the household] as the person we would like to interview for our study.</p> <p>Many I speak with [the Nth oldest/youngest man/woman of the household]?</p> <p>[# If R is informant, go to cnfd.] [# If R is other adult, go to expl, then go to cnfd.]</p>	

<p>[# if home = private residence]</p> <p>>select< [# version for single adult household]</p> <p>May I please speak to that person?</p> <p>[# If "yes", go to expl]</p>	
<p>[# if home = private residence]</p> <p>>expl<</p> <p>Hello, I'm calling for the Wisconsin Department of Health Services and the Centers for Disease Control and Prevention. My name is [fill inam]. We're gathering information on the health of Wisconsin residents. Your phone number has been chosen randomly, and I'd like to ask some questions about health and health practices.</p>	
<p>>cnfd<</p> <p>I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about this survey, please call 608-267-9821.</p>	

Introduction - Cell Phone

<p>Cell introduction</p>	
<p>>cellsafe< HELLO, I'm calling for the Wisconsin Department of Health Services and the Centers for Disease Control and Prevention. My name is [fill inam]. We're gathering information on the health of Wisconsin residents. Your phone number has been chosen randomly, and I'd like to ask some questions about health and health practices.</p> <p>Is it safe to talk with you?</p> <p style="text-align: right;">[# If Yes Go to intro2] [# If No Exit]</p>	
<p>>intro2< (HELLO, I'm calling for the Wisconsin Department of Health Services and the Centers for Disease Control and Prevention. My name is [fill inam]. We're gathering information on the health of Wisconsin residents. Your phone number has been chosen randomly, and I'd like to ask some questions about health and health practices.)</p> <p>Is this [fill phone number] ?</p> <p style="text-align: right;">[# If Yes Go to home] [# If No Go to wrong number sequence]</p>	
<p>>cell<</p> <p>Is this a cell telephone?</p> <p>(Note: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).</p> <p>Read only if necessary: "By cellular (or cell) telephone we mean a telephone that is mobile and usable outside of your neighborhood.")</p> <p style="text-align: right;">[# If Yes, go to cadult] [# If No, exit]</p>	
<p>>cadult<</p> <p>Are you 18 years of age or older?</p> <p style="text-align: right;">[# If Yes, go to singsex] [# If No, exit]</p>	

<p>>singsex<</p> <p>At this point we ask everyone, are you male or female?</p>	
<p>>pvtresid2<</p> <p>Do you live in a private residence?</p> <p>(BY PRIVATE RESIDENCE, WE MEAN SOMEPLACE LIKE A HOUSE OR APARTMENT. PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 DAYS INCLUDING VACATION HOMES, RVS OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.)</p> <p>(THE PERSON DOES NOT NEED TO BE PHYSICALLY LOCATED IN THEIR PRIVATE RESIDENCE.)</p> <p>(PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.)</p> <p style="text-align: center;"> [# If Yes Go to home_state] [# If No Go to college] </p>	
	<p>>college<</p> <p>Do you live in college housing?</p> <p>(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.")</p> <p style="text-align: right;"> [# If Yes, Go to home_state] [# If No, exit] </p>
<p>>home_state<</p> <p>Do you currently live in Wisconsin?</p> <p style="text-align: center;"> [# If Yes, go to landline] [# If No, goto rspstate] </p>	

>rspstate<

In what state do you live?

[# If any of 50 states, DC, VI, PR, GU, go to landline]

[# Else, exit]

>landline<

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

(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.)

(TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE.)

>numadult<

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

>cnfd<

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about this survey, please call 608-267-9821.

[CATI/INTERVIEWER NOTE: IF COLLEGE HOUSING = "YES" THEN NUMBER OF ADULTS IS AUTOMATICALLY SET TO 1.]

Section 1: Health Status

1.1 Would you say that in general your health is—

Please read:

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

Or

- 5 Poor

Do not read:

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

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

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

- _ _ Number of days
- 88 None
- 77 Don't know / Not sure
- 99 Refused

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

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

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

- _ _ Number of days
- 88 None
- 77 Don't know / Not sure
- 99 Refused

Section 3: Health Care Access

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

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

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

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

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

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

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

3.4 About how long has it been since you last visited a doctor for a routine checkup?

INTERVIEWER NOTE: A ROUTINE CHECKUP IS A GENERAL PHYSICAL EXAM, NOT AN EXAM FOR A SPECIFIC INJURY, ILLNESS, OR CONDITION.

READ 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
- 8 Never
- 9 Refused

[# UWSC asks Medicaid/BadgerCare question after core03]

Section 4: Exercise

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

INTERVIEWER INSTRUCTION: IF RESPONDENT DOES NOT HAVE A REGULAR JOB OR IS RETIRED, THEY MAY COUNT ANY PHYSICAL ACTIVITY OR EXERCISE THEY DO

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

Section 5: Inadequate Sleep

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

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

- Number of hours [01-24]
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 6: Chronic Health Conditions

Has a doctor, nurse, or other health professional ever told you that you had any of the following? For each, tell me Yes, No, or you're not sure.

6.1 (Ever told) you that you had a heart attack also called a myocardial infarction?

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

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

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

6.3 (Ever told) you had a stroke?

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

6.4 (Ever told) you had asthma?

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

6.5 Do you still have asthma?

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

6.6 (Ever told) you had skin cancer?

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

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

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

6.8 (Ever told) you have chronic obstructive pulmonary disease, C.O.P.D., emphysema or chronic bronchitis?

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

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

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

F8 INTERVIEWER NOTE: Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

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

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

6.11 Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease?

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

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

6.12 (Ever told) you have diabetes?

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

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

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

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

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

Section 7: Oral Health

7.1 Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?

Read only if necessary:

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

Do not read:

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

7.2 Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease? [# new wording]

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

READ IF NECESSARY:

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None

DO NOT READ

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

Section 8: Demographics

- 8.1** [# UWSC skips the sex item since sex is asked at start]
(What was your sex at birth? Was it...)
(What is your sex?)

CATI NOTE: STATES MAY ADOPT ONE OF THE TWO FORMATS OF THE QUESTION. IF FIRST FORMAT IS USED, READ OPTIONS.

- 1 Male
- 2 Female
- 9 Refused

- 8.2** What is your age?

- Code age in years
- 07 Don't know / Not sure
- 09 Refused

- 8.3** Are you Hispanic, Latino/a, or Spanish origin?

If yes, ask: Are you...

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

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

Do not read:

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

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

INTERVIEWER NOTE: Select all that apply.

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

Please read:

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

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

50 Pacific Islander

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

Do not read:

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

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

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

INTERVIEWER NOTE: IF RESPONDENT HAS SELECTED MULTIPLE RACES IN PREVIOUS AND REFUSES TO SELECT A SINGLE RACE, CODE "REFUSED."

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

10 White

20 Black or African American

30 American Indian or Alaska Native

40 Asian

41 Asian Indian

42 Chinese

43 Filipino

44 Japanese

45 Korean

46 Vietnamese

47 Other Asian

50 Pacific Islander

51 Native Hawaiian

52 Guamanian or Chamorro

53 Samoan

54 Other Pacific Islander

Do not read:

60 Other

77 Don't know / Not sure

99 Refused

8.6

Are you...?

Please read:

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

Or

- 6 A member of an unmarried couple

Do not read:

- 9 Refused

8.7

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

Read only if necessary:

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

Do not read:

- 9 Refused

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

8.8 Do you own or rent your home?

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

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

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

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

8.9 In what county do you currently live?

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

[# If c0809 = Milwaukee, UWSC asks Milwaukee item here.]

8.10 What is the ZIP Code where you currently live?

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

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

8.11 Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household?

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

8.12 How many of these telephone numbers are residential numbers?

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

8.13 How many cell phones do you have for personal use?

INTERVIEWER NOTE: INCLUDE CELL PHONES USED FOR BOTH BUSINESS AND PERSONAL USE.

- Enter number (1-5)
- 6 Six or more
- 7 Don't know / Not sure
- 8 None
- 9 Refused

8.14 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

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

- 1 Yes
- 2 No

Do not read:

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

8.15 Are you currently...?

INTERVIEWER NOTE: IF MORE THAN ONE, SAY “SELECT THE CATEGORY WHICH BEST DESCRIBES YOU”.

Please read:

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

Or

- 8 Unable to work

Do not read:

- 9 Refused

[# insert occupation & industry module here if employment answer is 1, 2, or 4]

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

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

8.17 Is your annual household income from all sources—

If respondent refuses at ANY income level, code '99' (Refused)

Read only if necessary:

- 0 4 Less than \$25,000 **If no, ask 05; if yes, ask 03**
(\$20,000 to less than \$25,000)
- 0 3 Less than \$20,000 **If no, code 04; if yes, ask 02**
(\$15,000 to less than \$20,000)
- 0 2 Less than \$15,000 **If no, code 03; if yes, ask 01**
(\$10,000 to less than \$15,000)
- 0 1 Less than \$10,000 **If no, code 02**
- 0 5 Less than \$35,000 **If no, ask 06**
(\$25,000 to less than \$35,000)
- 0 6 Less than \$50,000 **If no, ask 07**
(\$35,000 to less than \$50,000)
- 0 7 Less than \$75,000 **If no, code 08**
(\$50,000 to less than \$75,000)
- 0 8 \$75,000 or more

Do not read:

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

8.18 About how much do you weigh without shoes?

Round fractions up

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

8.19 About how tall are you without shoes? [# UWSC has interviewer enter units, then value]

Round fractions down

__ / __ Height
(f t / inches/meters/centimeters)
77/ 77 Don't know / Not sure
99/ 99 Refused

If male, go to 8.21, if female respondent is 45 years old or older, go to Q8.21

8.20 To your knowledge, are you now pregnant?

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

8.21 Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone.

Are you deaf or do you have serious difficulty hearing?

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

8.22 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

8.23 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

8.24 Do you have serious difficulty walking or climbing stairs?

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

8.25 Do you have difficulty dressing or bathing?

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

8.26 Because of a physical, mental, or emotional condition, do you have 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

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

INTERVIEWER NOTE: FOR CIGARETTES, DO NOT INCLUDE: ELECTRONIC CIGARETTES (E-CIGARETTES, NJOY, BLUETIP), HERBAL CIGARETTES, CIGARS, CIGARILLOS, LITTLE CIGARS, PIPES, BIDIS, KRETEKS, WATER PIPES (HOOKAHS) OR MARIJUANA.

NOTE: 5 packs = 100 cigarettes

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

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

DO NOT READ

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

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

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

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

READ IF NECESSARY:

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

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

Snus (rhymes with 'goose')

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

DO NOT READ

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

Do not read:

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

Section 10: Alcohol Consumption

10.1 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

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

10.2 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

INTERVIEWER 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

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

- __ Number of times
- 88 None
- 77 Don't know / Not sure
- 99 Refused

10.4 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

Section 11: Immunization

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

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

- 1 Yes
- 2 No [Go to Q11.4]
- 7 Don't know / Not sure [Go to Q11.4]
- 9 Refused [Go to Q11.4]

11.2 During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?

- __ / ____ Month / Year
- 77 / 7777 Don't know / Not sure
- 99 / 9999 Refused

11.3 At what kind of place did you get your last flu shot or 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 (a community health center)
- 04 A senior, recreation, or community center
- 05 A store (supermarket, drug store)
- 06 A hospital (inpatient)
- 07 An emergency room
- 08 Workplace
- 09 Some other kind of place
- 11 A school

Do not read:

- 10 Received vaccination in Canada/Mexico
- 77 Don't know / Not sure (**Probe: How would you describe the place where you went to get your most recent flu vaccine?**)
- 99 Refused

11.4 Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

INTERVIEWER NOTE: IF RESPONDENT IS CONFUSED READ: THERE ARE TWO TYPES OF PNEUMONIA SHOTS: POLYSACCHARIDE, ALSO KNOWN AS PNEUMOVAX, AND CONJUGATE, ALSO KNOWN AS PREVNAR.

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

Section 12: Falls

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

12.1 In the past 12 months, how many times have you fallen?

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

INTERVIEWER NOTE: By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

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

How many of these falls caused an injury that limited your regular activities for at least a day?

INTERVIEWER NOTE: By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

- Number of falls [76 = 76 or more]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 13: Seat Belt Use and Drinking and Driving

13.1 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

Do not read:

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

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

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

13.2 During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

- — Number of times
- 88 None
- 77 Don't know / Not sure
- 99 Refused

Section 14: Breast and Cervical Cancer Screening

CATI NOTE: If male go to the next section.

The next questions are about breast and cervical cancer.

14.1 Have you ever had a mammogram?

INTERVIEWER NOTE: A mammogram is an x-ray of each breast to look for breast cancer.

- | | | |
|---|-----------------------|----------------------|
| 1 | Yes | |
| 2 | No | [Go to Q14.3] |
| 7 | Don't know / Not sure | [Go to Q14.3] |
| 9 | Refused | [Go to Q14.3] |

14.2 How long has it been since you had your last mammogram?

READ IF NECESSARY:

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

14.3 Have you ever had a Pap test?

INTERVIEWER NOTE: A Pap test is a test for cancer of the cervix.

- | | | |
|---|-----------------------|----------------------|
| 1 | Yes | |
| 2 | No | [Go to Q14.5] |
| 7 | Don't know / Not sure | [Go to Q14.5] |
| 9 | Refused | [Go to Q14.5] |

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

READ IF NECESSARY:

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

- 5 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

14.5 An H.P.V. test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an H.P.V. test?

(HPV IS HUMAN PAPILLOMAVIRUS: 'pap-uh-LOH-muh virus')

- 1 Yes
- 2 No [Go to Q14.7]
- 7 Don't know/Not sure [Go to Q14.7]
- 9 Refused [Go to Q14.7]

14.6 How long has it been since you had your last H.P.V. test?

READ IF NECESSARY:

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

CATI NOTE: If response to Core Q8.20 = 1 (is pregnant); then go to next section.

14.7 Have you had a hysterectomy?

INTERVIEWER NOTE: A HYSTERECTOMY IS AN OPERATION TO REMOVE THE UTERUS (WOMB).

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

Section 15: Prostate Cancer Screening

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

15.1 Now, I will ask you some questions about prostate cancer screening. Has a doctor, nurse, or other health professional ever talked with you about the advantages of the Prostate-Specific Antigen or P.S.A. test?

INTERVIEWER NOTE: A PROSTATE-SPECIFIC ANTIGEN TEST, ALSO CALLED A P.S.A. TEST, IS A BLOOD TEST USED TO CHECK MEN FOR PROSTATE CANCER.

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

15.2 Has a doctor, nurse, or other health professional ever talked with you about the disadvantages of the P.S.A. test?

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

15.3 Has a doctor, nurse, or other health professional ever recommended that you have a P.S.A. test?

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

15.4. Have you ever had a P.S.A. test?

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

15.5. How long has it been since you had your last P.S.A. test?

Read only if necessary:

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

Do not read:

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

15.6. What was the main reason you had this P.S.A. test – was it ...?

Please read:

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

Do not read:

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

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

16.1 The next questions are about colorectal cancer screening. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

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

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

Read only if necessary:

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

Do not read:

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

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

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

16.4 For a sigmoidoscopy, a flexible tube is inserted into the rectum to look for problems. A colonoscopy is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your most recent exam a sigmoidoscopy or a colonoscopy?

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

16.5 How long has it been since you had your last sigmoidoscopy or colonoscopy?

Read only if necessary:

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

Do not read:

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

Section 17: HIV/AIDS

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

17.1 Not counting tests you may have had as part of a blood donation, have you ever been tested for HIV?

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

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

NOTE: If response is before January 1985, code Don't know.
CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

- __/____ Code month and year
- 77/ 7777 Don't know / Not sure
- 99/ 9999 Refused / Not sure

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

You have injected any drug other than those prescribed for you in the past year.
You have been treated for a sexually transmitted disease or STD in the past year.

You have given or received money or drugs in exchange for sex in the past year.

You had anal sex without a condom in the past year.

You had four or more sex partners in the past year.

Do any of these situations apply to you?

Do any of these situations apply to you?

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

Optional Modules

Module 1: Pre-Diabetes

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

1. Have you had a test for high blood sugar or diabetes within the past three years?

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

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

2. Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

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

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

CATI note: To be asked following Core Q6.13; if response to Q6.12 is Yes (code = 1)

1. Are you now taking insulin?

- 1 Yes
- 2 No
- 9 Refused

2. About how often do you check your blood for glucose or sugar?

INTERVIEWER NOTE: Include times when checked by a family member or friend, but do not include times when checked by a health professional.

- 1 _ _ Times per day
- 2 _ _ Times per week
- 3 _ _ Times per month
- 4 _ _ Times per year
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

INTERVIEWER NOTE: If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in '98 times per day.'

1. Including times when checked by a family member or friend, about how often do you check your feet for any sores or irritations?

- 1 _ _ Times per day
- 2 _ _ Times per week
- 3 _ _ Times per month
- 4 _ _ Times per year
- 555 No feet
- 888 Never
- 777 Don't know / Not sure
- 999 Refused

2. 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

5. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C? [# new wording]

Interviewer note: A test for A one C measures the average level of blood sugar over the past three months.

__ Number of times [76 = 76 or more]
8 8 None
98 Never heard of A one C test
77 Don't know / Not sure
99 Refused

CATI note: If Q3 = 555 (No feet), go to Q7.

6. 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

7. When was the last time you had an eye exam in which the pupils were dilated, making 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

Do not read:

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

8. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

DO NOT READ:

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

9. Have you ever taken a course or class in how to manage your diabetes yourself?

DO NOT READ:

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

Module 6: E-Cigarettes

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

INTERVIEWER NOTE: THESE QUESTIONS CONCERN ELECTRONIC VAPING PRODUCTS FOR NICOTINE USE. THE USE OF ELECTRONIC VAPING PRODUCTS FOR MARIJUANA USE IS NOT INCLUDED IN THESE QUESTIONS.

1. Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?

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

2. Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?

DO NOT READ:

- | | |
|---|------------------|
| 1 | Every day |
| 2 | Some days |
| 3 | Not at all |
| 7 | Don't know / Not |
| 9 | Refused |

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

Now I am going to ask you about your work.

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

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

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

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

[Record answer] _____
99 Refused

Or

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

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

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

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

[Record answer] _____
99 Refused

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

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

[Record answer] _____
99 Refused

Or

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

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

[Record answer] _____
99 Refused

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

1. Which of the following best represents how you think of yourself?
1 – (lesbian or) gay; 2 – straight, that is, not gay; 3 - bisexual; or 4 - other orientation?

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

- 1 (if Female, "Lesbian or") Gay
- 2 Straight, that is, not gay
- 3 Bisexual
- 4 Something else

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

2. Do you consider yourself to be transgender?

(If yes, ask)

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

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

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

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

INTERVIEWER NOTE: If asked about definition of transgender:

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

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

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

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

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

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

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

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

1. What is the birth month and year of the **Xth** child?
 __/____ Code month and year
 77/ 7777 Don't know / Not sure
 99/ 9999 Refused

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

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

3. Is the child Hispanic, Latino/a, or Spanish origin?

If yes, ask: Are they...

INTERVIEWER NOTE: ONE OR MORE CATEGORIES MAY BE SELECTED

READ

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

Do not read:

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

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

(Select all that apply)

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

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

Do not read:

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

[CATI NOTE: IF MORE THAN ONE RESPONSE TO Q4; CONTINUE. OTHERWISE, GO TO Q6.]

5. 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

Do not read:

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

6. How are you related to the child?

Please read:

- 1 Parent (include biological, step, or adoptive parent)
- 2 Grandparent
- 3 Foster parent or guardian
- 4 Sibling (include biologic, step, and adoptive sibling)

- 5 Other relative
- 6 Not related in any way

Do not read:

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

Module 23: Childhood Asthma Prevalence

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

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

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

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

2. Does the child still have asthma?

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

Field Size	Columns (beginning with 901; not to exceed 1399)	Question	Response Categories (Code = Response)
1	901	<p>>samc01<</p> <p>Do you have health care coverage from Medicaid or BadgerCare?</p> <p>(IF NECESSARY: THESE ARE GOV'T PROGRAMS THAT PAY FOR HEALTH CARE FOR LOW-INCOME PEOPLE AND WORKING FAMILIES. RECIPIENTS HAVE A PLASTIC ID CARD THAT SAYS "FORWARD" ON IT. THESE PROGRAMS ARE CALLED MEDICAID, BADGERCARE, MEDICAL ASSISTANCE, OR TITLE 19.)</p>	<p>1 = Yes 2 = No</p> <p>7 = Don't know 9 = Refused</p>
1	902	<p>>c0805b<</p> <p>[asked only if R chooses Asian as a race category in demographic section]</p> <p>Do you consider yourself Hmong?</p>	<p>1 = Yes 2 = No</p> <p>7 = Don't know 9 = Refused</p>
1	903	<p>>c0809a<</p> <p>[# placed in core08, demographics] [if c0809 county is not Milwaukee, skip this item]</p> <p>Do you live in the city of Milwaukee?</p>	<p>1 = Yes 2 = No</p> <p>7 = Don't know 9 = Refused</p>
3	904-906	(left blank)	

3	907-909	<p>[# STATE-ADDED SUGAR-SWEETENED BEVERAGES]</p> <p>>sasu01</p> <p>During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.</p> <p>You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.</p>	<p>101-176 = Times per day 201-276 = Times per week 301-376 = Times per month</p> <p>777 - Don't know 999 = Refused</p>
3	910-912	<p>>sasu02<</p> <p>During the past 30 days, how often did you drink sugar-sweetened fruit drinks (such as Kool-aid and lemonade), sweet tea, and sports or energy drinks (such as Gatorade™ and Red Bull™)? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks.</p> <p>You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.</p>	<p>101-176 = Times per day 201-276 = Times per week 301-376 = Times per month</p> <p>777 - Don't know 999 = Refused</p>
2	913-914	(left blank)	

1	915	<p>[# PHQ-4 DEPRESSION-ANXIETY SCALE]</p> <p>>saph41<</p> <p>Over the last 2 weeks, how often have you been bothered by the following problems?</p> <p>Feeling nervous, anxious, or on edge</p> <p>Would you say not at all, several days, more than half the days, or nearly every day?</p>	<p>0 = Not at All 1 = Several Days 2 = More Than Half the Days 3 = Nearly Every Day 7 = Don't Know 9 = Refused</p>
1	916	<p>>saph42<</p> <p>(Over the last 2 weeks, how often have you been bothered by the following problems?)</p> <p>Not being able to stop or control worrying</p> <p>Would you say not at all, several days, more than half the days, or nearly every day?</p>	<p>0 = Not at All 1 = Several Days 2 = More Than Half the Days 3 = Nearly Every Day 7 = Don't Know 9 = Refused</p>
1	917	<p>>saph43<</p> <p>(Over the last 2 weeks, how often have you been bothered by the following problems?)</p> <p>Feeling down, depressed, or hopeless</p> <p>(Would you say not at all, several days, more than half the days, or nearly every day?)</p>	<p>0 = Not at All 1 = Several Days 2 = More Than Half the Days 3 = Nearly Every Day 7 = Don't Know 9 = Refused</p>

1	918	<p>>saph44<</p> <p>(Over the last 2 weeks, how often have you been bothered by the following problems?)</p> <p>Little interest or pleasure in doing things</p> <p>(Would you say not at all, several days, more than half the days, or nearly every day?)</p>	<p>0 = Not at All 1 = Several Days 2 = More Than Half the Days 3 = Nearly Every Day 7 = Don't Know 9 = Refused</p>
2	919-920	(left blank)	
1	921	<p>[# MENTAL HEALTH TREATMENT]</p> <p>>samh01<</p> <p>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?</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>
3	922-924	(left blank)	

1	925	<p>[# FISH CONSUMPTION]</p> <p>>safc01<</p> <p>Have you eaten any fish in the last 30 days?</p> <p>(NOTE: THIS INCLUDES ALL TYPES OF FRESHWATER AND SALTWATER FISH, WHETHER FRESH, CANNED, SMOKED, OR FROZEN. DO NOT INCLUDE SHELLFISH SUCH AS CRAB, CLAMS, OR SHRIMP.)</p> <p>[If safc01 NE Yes, goto safc_end]</p>	<p>1 = Yes 2 = No</p> <p>7 = Don't know 9 = Refused</p>
2	926-927	<p>>safc02<</p> <p>Approximately how many times did you eat fish in the last 30 days?</p>	<p>00-76 = Times</p> <p>77 = Don't know 99 = Refused</p>
1	928	<p>>safc03<</p> <p>Were any of the fish you ate caught by you or someone you know? These are sometimes called 'sport-caught' fish.</p> <p>[if safc03 NE Yes, goto safc_end]</p>	<p>1 = Yes 2 = No</p> <p>7 = Don't know 9 = Refused</p>

1	929	>safc04< Are you familiar with the safe-eating guidelines for fish caught in Wisconsin? These are sometimes called 'fish consumption advisories' or 'health advisories' and are published by the Wisconsin Department of Natural Resources and the Wisconsin Department of Health Services.	1 = Yes 2 = No 7 = Don't know 9 = Refused
0		>safc_end<	
2	930-931	(left blank)	

1	932	<pre>[# STATE-ADDED FAMILY PLANNING] >safp01< [if sex = male, skip to sapf_end] [if age > 49, skip to sapf_end] [if R is pregnant, skip to safp_end] The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential. Did you or your partner do anything the last time you had sex to keep you from getting pregnant? [if safp01 = 2, skip to safp03] [if safp01 = 3 or 4, skip to safp_end]</pre>	<p>1 = Yes 2 = No 3 = No partner/not sexually active 4 = Same sex partner 5 = Has had hysterectomy 7 = Don't know 9 = Refused</p>
2	933-934	<pre>>safp02< What did you or your partner do the last time you had sex to keep you from getting pregnant? (IF RESPONDENT REPORTS USING MORE THAN ONE METHOD, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST.) (IF RESPONDENT REPORTS USING "CONDOMS," PROBE TO DETERMINE IF "FEMALE CONDOMS" OR MALE CONDOMS.")</pre>	<p>01 = Female sterilization (ex. Tubal ligation, Essure, Adiana) 02 = Male sterilization (vasectomy) 03 = Contraceptive implant (ex. Implanon) 04 = Levonorgestrel (LEE-voe-nor-JES-trel) (LNG) or hormonal IUD (ex. Mirena)</p>

		<p>(IF RESPONDENT REPORTS USING AN "IUD" PROBE TO DETERMINE IF "LEVONORGESTREL IUD" OR "COPPER-BEARING IUD.")</p> <p>(IF RESPONDENT REPORTS "OTHER METHOD," ASK RESPONDENT TO "PLEASE BE SPECIFIC" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY.)</p>	<p>05 = Copper-bearing IUD (ex. ParaGard) 06 = IUD, type unknown 07 = Shots (ex. Depo-Provera) 08 = Birth control pills, any kind 09 = Contraceptive patch (ex. Ortho Evra) 10 = Contraceptive ring (ex. NuvaRing) 11 = Male condoms 12 = Diaphragm, cervical cap, sponge 13 = Female condoms 14 = Not having sex at certain times (rhythm or natural family planning) 15 = Withdrawal (or pulling out) 16 = Foam, jelly, film, or cream 17 = Emergency contraception (morning after pill) 18 = Other method</p> <p>77 = Don't know/Not sure 99 = Refused</p>
2	935-936	<p>>safp03<</p> <p>Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a</p>	<p>01 = You didn't think you were going to have sex/no regular partner 02 = You just didn't think about it</p>

		<p>pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.</p> <p>What was your main reason for not doing anything the last time you had sex to keep you from getting pregnant?</p> <p>(IF RESPONDENT REPORTS "OTHER REASON," ASK RESPONDENT TO "PLEASE SPECIFY" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY.)</p>	<p>03 = Don't care if you get pregnant</p> <p>04 = You want a pregnancy</p> <p>05 = You or your partner don't want to use birth control</p> <p>06 = You or your partner don't like birth control/side effects</p> <p>07 = You couldn't pay for birth control</p> <p>08 = You had a problem getting birth control when you needed it</p> <p>09 = Religious reasons</p> <p>10 = Lapse in use of a method</p> <p>11 = Don't think you or your partner can get pregnant (infertile or too old)</p> <p>12 = You had tubes tied (sterilization)</p> <p>13 = You had a hysterectomy</p> <p>14 = Your partner had a vasectomy (sterilization)</p> <p>15 = You are currently breast-feeding</p> <p>16 = You just had a baby/postpartum</p> <p>17 = You are pregnant now</p> <p>18 = Same sex partner</p> <p>19 = Other reasons</p>
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			77 = Don't know/Not sure 99 = Refused
0		>safp_end<	
4	937-940	(left blank)	
0		<p>[# ADVERSE CHILDHOOD EXPERIENCES]</p> <p>>saac_int<</p> <p>I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future.</p> <p>This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer.</p> <p>All questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age ...</p>	

1	941	>saac01< Did you live with anyone who was depressed, mentally ill, or suicidal?	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	942	>saac02< Did you live with anyone who was a problem drinker or alcoholic?	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	943	>saac03< Did you live with anyone who used illegal street drugs or who abused prescription medications?	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	944	>saac04< Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	945	>saac05< Were your parents separated or divorced?	1 = Yes 2 = No 8 = Parents were not married 7 = Don't know 9 = Refused

1	946	<p>>saac06<</p> <p>How often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up?</p> <p>Would you say never, once, or more than once?</p>	<p>1 = Never 2 = Once 3 = More than once</p> <p>7 = Don't know 9 = Refused</p>
1	947	<p>>saac07<</p> <p>Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking.</p> <p>Would you say never, once, or more than once?</p>	<p>1 = Never 2 = Once 3 = More than once</p> <p>7 = Don't know 9 = Refused</p>
1	948	<p>>saac08<</p> <p>How often did a parent or adult in your home ever swear at you, insult you, or put you down?</p> <p>Would you say never, once, or more than once?</p>	<p>1 = Never 2 = Once 3 = More than once</p> <p>7 = Don't know 9 = Refused</p>

1	949	<p>>saac09<</p> <p>How often did anyone at least 5 years older than you, or an adult, ever touch you sexually?</p> <p>Would you say never, once, or more than once?</p>	<p>1 = Never 2 = Once 3 = More than once 7 = Don't know 9 = Refused</p>
1	950	<p>>saac10<</p> <p>How often did anyone at least 5 years older than you, or an adult, try to make you touch them sexually?</p> <p>Would you say never, once, or more than once?</p>	<p>1 = Never 2 = Once 3 = More than once 7 = Don't know 9 = Refused</p>
1	951	<p>>saac11<</p> <p>How often did anyone at least 5 years older than you, or an adult, force you to have sex?</p> <p>Would you say never, once, or more than once?</p>	<p>1 = Never 2 = Once 3 = More than once 7 = Don't know 9 = Refused</p>

0		<p>>saac_refer<</p> <p>As I mentioned when we started this section, I will give you a phone number for an organization that can provide information and referral for these issues.</p> <p>You can dial 211 or 1-800-422-4453 to reach a referral service to locate an agency in your area.</p>	
4	952-955	(left blank)	
1	956	<p>[# STATE-ADDED TOBACCO]</p> <p>>satb0100<</p> <p>Our next questions are about tobacco.</p> <p>Are you exposed to other people's tobacco smoke while you are in your home?</p>	<p>1 = Yes 2 = No</p> <p>7 = Don't know 9 = Refused</p>
1	957	<p>>satb0220<</p> <p>How often are you exposed to other people's tobacco smoke while in outdoor public places such as parks, beaches, sporting events, or other outdoor venues?</p>	<p>1 = Often 2 = Sometimes 3 = Rarely 4 = Never</p> <p>7 = Don't know 9 = Refused</p>

1	958	<p>>satb0420<</p> <p>Not counting motorcycles, in the vehicles that you or family members who live with you own or lease, is smoking always allowed in all vehicles, sometimes allowed in at least one vehicle, or never allowed in any vehicle?</p>	<p>1 = Always allowed in all vehicles 2 = Sometimes allowed in at least one vehicle 3 = Never allowed in any vehicle 8 = Respondent's family does not own or lease a vehicle 7 = Don't know 9 = Refused</p>
1	959	<p>>satb0500a<</p> <p>There are a number of services available to help people who want to quit smoking cigarettes or quit using other tobacco products.</p> <p>Are you aware of the Wisconsin Tobacco Quitline?</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>

1	960	<p>[if c0901 smoking status is not 1, skip to ctri01]</p> <p>[if c0902 smoke-now status is 3 "not at all", skip to satb0800, used-quitline]</p> <p>[if c0903 "quit in last 12 months?" is yes, skip to satb0800, used-quitline]</p> <p>>satb0700<</p> <p>Have you ever stopped smoking for one day or longer because you were trying to quit smoking?</p>	<p>1 = Yes 2 = No</p> <p>7 = Don't know 9 = Refused</p>
1	961	<p>[If R never quit smoking so satb0700 GT 1, skip to satb1300]</p> <p>[if satb0500a (aware of WTQL) is NE 1, skip to satb1000]</p> <p>>satb0800<</p> <p>[If R is current smoker] You mentioned earlier that you have stopped smoking for one day or longer during the past 12 months.</p> <p>Please think about ...</p> <p>[if R is current smoker and has quit previously]</p> <p>... your last quit attempt that lasted one day or longer. ...</p> <p>[if R is former smoker and has quit]</p>	<p>1 = Yes 2 = No</p> <p>7 = Don't know 9 = Refused</p>

		<p>... the time you quit smoking. ...</p> <p>Did you use the Wisconsin Tobacco Quit Line service ...</p> <p>[if R is current smoker and has quit previously]</p> <p>... to help you in your quit attempt?</p> <p>[if R is former smoker and has quit]</p> <p>... to help you quit?</p>	
1	962	<pre>>satb1000< [if (c0904 LE <6>) or (c0903 EQ <1>) or (satb0700 EQ <1>)] continue [else][skip to satb1300][endif] [if c0904 LE <6>] When you quit smoking ... [if (c0903 EQ <1>) or (satb0700 EQ <1>)] The last time you tried to quit smoking Did you use a class or program to help you quit?</pre>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>
99	963-1061	<pre>>satb1100< [if satb1000 NE 1, skip to satb1300] What program did you use?</pre>	[99-character text string?]

1	1062	(left blank)	
3	1063-1065	[If R is current or former smoker] >satb1300< How old were you when you started smoking cigarettes regularly?	000-120 = Years 777 = Don't know 999 = Refused
1	1066	>ctri01< In the past 12 months, have you seen a doctor, nurse or other healthcare professional to get any kind of care for yourself?	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1067	[if R is not current smoker, skip to satb2200 smokeless-status] >ctri02< In the past 12 months, were you advised to quit smoking by a doctor or other health provider?	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1068	[if R did not get dental care in past 12 months, skip to satb2200 smokeless-status] >ctri05< In the past 12 months, were you advised to quit smoking by a dentist or dental hygienist?	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1069	(left blank)	

1	1070	<p>[If R does currently use SLT, skip to satb2500; else ask satb2200]</p> <p>>satb2200<</p> <p>Have you ever used any smokeless tobacco product, such as chewing tobacco, snuff, snus, dip, orbs, sticks or strips?</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>
3	1071-1073	<p>[If R is current or former smokeless tobacco user]</p> <p>>satb2300<</p> <p>How old were you when you first tried a smokeless tobacco product such as chewing tobacco, snuff, snus, dip, orbs, sticks or strips?</p>	<p>000-120 = Years 777 = Don't know 999 = Refused</p>
1	1074	(left blank)	
1	1075	<p>>satb2500< [for all Rs]</p> <p>Has a doctor, nurse or other health care provider ever asked you whether you use any type of smokeless tobacco product such as chewing tobacco, snuff, snus, dip, orbs, sticks or strips?</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>

1	1076	>satb2600< [for all Rs] Has a dentist or dental hygienist ever asked you whether you use any type of smokeless tobacco product such as chewing tobacco, snuff, snus, dip, orbs, sticks or strips?	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1077	(left blank)	

2	1078-1079	<p>>satb2800<</p> <p>[# asked in 2-part structure: favor/oppose, then intensity, and combined into 7-point scale]</p> <p>Would you be in favor of, or opposed to, a law that prohibits smoking in public outdoor places such as parks, beaches, sporting events, or other outdoor venues? Would you be in favor of this law, opposed to this law, or neither in favor nor opposed to it?</p> <p>[If favor] Would you be slightly in favor of the law, somewhat in favor of it, or strongly in favor of it?</p> <p>[If opposed] Would you be slightly opposed to the law, somewhat opposed to it, or strongly opposed to it?</p> <p>[Answers will be combined into a single 7-point scale]</p>	<p>01 = Strongly opposed</p> <p>02 = Somewhat opposed</p> <p>03 = Slightly opposed</p> <p>04 = Neither favor or oppose</p> <p>05 = Slightly in favor</p> <p>06 = Somewhat in favor</p> <p>07 = Strongly in favor</p> <p>77 = Don't know</p> <p>99 = Refused</p>
1	1080	(left blank)	

1	1081	<p>>cig01<</p> <p>[to be placed after satb2800] [this is for Rs that are not current smokers or former smokers, so, c0901 NE 1]</p> <p>Have you ever tried cigarette smoking, even one or two puffs?</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>
1	1082	<p>>ecig0110<</p> <p>[to be placed after cig01] [to be asked of Rs who have ever tried cigarette smoking (cig01=1 or c0901=1), and who have ever tried e-cigarettes (m0601=1)]</p> <p>Which of the following statements best applies to your use of regular cigarettes and e-cigarettes or other electronic vaping products?</p> <p>I tried regular cigarettes before I ever tried electronic cigarettes or other electronic vaping" products</p> <p>I tried electronic cigarettes or other electronic vaping products before I ever tried regular cigarettes</p>	<p>1 = I tried regular cigarettes before I ever tried electronic cigarettes or other electronic vaping products 2 = I tried electronic cigarettes or other electronic vaping products before I ever tried regular cigarettes 7 = Don't know 9 = Refused</p>
1	1083	(left blank)	

1	1084	<p>>satb3200<</p> <p>Do you think electronic cigarettes are <u>less</u> harmful to your health than regular cigarettes?</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>
1	1085	<p>>satb3220<</p> <p>[NEW_2018_3]</p> <p>How often are you exposed to the vapor from other people's e-cigarettes or other electronic vaping devices while in indoor public places?</p>	<p>1 = Often 2 = Sometimes 3 = Rarely 4 = Never 7 = Don't know 9 = Refused</p>
0		<p>[if e-cig use is not Yes, skip to next section]</p> <p>>satb3300_int<</p> <p>Next I'll read a list of reasons why you may have used electronic cigarettes or other electronic vaping products. For each one, please tell me yes or no.</p>	
1	1086	<p>>satb3300a<</p> <p>Because they are in style, they are fun, or they are cool?</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>
1	1087	<p>>satb3300b<</p> <p>Because you like the flavors they come in?</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>

1	1088	>satb3300c< Because you can use them indoors where you can't smoke other tobacco products?	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1089	>satb3300d< Because you can use them at outdoor events where you can't smoke other tobacco products?	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1090	>satb3300e< To help you try to quit smoking regular tobacco products?	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1091	>satb3300f< Because they are less harmful to your health than regular tobacco products?	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1092	>satb3300g< Because the vapor is less harmful to the people around you than regular tobacco products?	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1093	>satb3300h< Because you like the effect you get from the nicotine in them?	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1094	(left blank)	

1	1095	<p>>satb5010<</p> <p>[to be asked of Rs who have children less than 18 years of age (Core 8.16 GE 1 and Core 8.16 NE 88 or 99)]</p> <p>Have you ever talked to your children about tobacco products?</p>	<p>1 = Yes 2 = No 3 = No, my children are too young to understand (if R volunteers) \$ = R has no children (if volunteered)</p> <p>7 = Don't know 9 = Refused</p>
0		<p>> satb5020_int<</p> <p>[to be asked if satb5010 = 1]</p> <p>What kinds of tobacco products have you talked to your children about?</p>	
1	1096	<p>>satb5020a<</p> <p>... regular cigarettes?</p>	<p>1 = Yes 2 = No</p> <p>7 = Don't know 9 = Refused</p>
1	1097	<p>>satb5020b<</p> <p>... electronic cigarettes, e-cigarettes, or other electronic vaping devices?</p>	<p>1 = Yes 2 = No</p> <p>7 = Don't know 9 = Refused</p>
1	1098	<p>>satb5020c<</p> <p>... cigars or cigarillos?</p>	<p>1 = Yes 2 = No</p> <p>7 = Don't know 9 = Refused</p>
1	1099	<p>>satb5020d<</p> <p>... pipes or hookahs?</p>	<p>1 = Yes 2 = No</p> <p>7 = Don't know 9 = Refused</p>

1	1100	>satb5020e< ... smokeless tobacco, such as chewing tobacco, snuff, snus, or dip?	1 = Yes 2 = No 7 = Don't know 9 = Refused
5	1101-1105	(left blank)	

1	1106	<pre>[# PRESCRIPTION DRUG] >sapd01< In the past year, did you use any pain medications that were prescribed to you by a doctor? [if sapd01 NE 1, goto sapd05]</pre>	<pre>1 = Yes 2 = No 7 = Don't know 9 = Refused</pre>
1	1107	<pre>>sapd01b< Was the pain medication that was prescribed for you one that contained an opioid pain reliever, such as hydrocodone, or was it some other kind of pain reliever? ("OH-pee-oyd", "hye- droh-COH-dohn") (OPIOIDS INCLUDE HYDROCODONE & OXYCODONE. NON-OPIOIDS INCLUDE NON-STEROIDAL ANTI- INFLAMMATORY DRUGS (NSAIDS), IBUPROFEN, NAPROXEN, & ASPIRIN. ENTER YES FOR COMBINATION DRUGS CONTAINING OPIOIDS.) [if sapd01b ne <1> goto sapd05]</pre>	<pre>1 = Yes, contained opioid 2 = No, did not contain opioid 7 = Don't know 9 = Refused</pre>

2	1108-1109	<p>>sapd01c<</p> <p>The last time that an opioid pain medication was prescribed for you, what was the main reason it was prescribed? I'll read a list of reasons, and please tell me which was the main one. Was it for ...</p> <p>(IF REASON IS VOLUNTEERED, DO NOT READ THE LIST; OTHERWISE STOP WHEN THE CORRECT REASON IS REACHED.)</p> <p>pain related to cancer, post-surgical care, for an orthopedic problem, post-surgical care, for a non-orthopedic problem, back pain, joint pain or arthritis, dental pain including procedures, carpal tunnel syndrome, an injury causing short term pain, an injury causing long term pain, other physical conditions causing pain, to prevent or relieve withdrawal symptoms, or another reason?</p>	<p>01 = Pain related to cancer 02 = Post-surgical care, for an orthopedic problem (bone or tendon; includes joint replacement) 03 = Post-surgical care, for a non-orthopedic problem 04 = Back pain (chronic or recurring acute pain) 05 = Joint pain or arthritis 06 = Dental pain including procedures 07 = Carpal tunnel syndrome 08 = An injury causing short term pain 09 = An injury causing long term pain 10 = Other physical conditions causing pain 11 = To prevent or relieve withdrawal symptoms 12 = Another reason (specify)</p> <p>77 = Don't know 99 = Refused</p>
99	1110-1208	<p>[specify reason from sapd01c]</p> <p>>sapd01d<</p>	<p>[# 99-char text string]</p>

1	1209	>sapd02< The last time you filled a prescription for pain medication, did you use any of the pain medication more frequently or in higher doses than directed by a doctor?	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1210	>sapd03< The last time you filled a prescription for pain medication was there any medication left over?	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1211	>sapd04< [if sapd03 NE 1, skip to sapd05] What did you do with the leftover prescription pain medication? (NOTE: DO NOT READ RESPONSES WITH QUESTION, BUT IT'S OK TO READ THEM FOR PROBING) [all answers here go to sapd05]	1 = Kept it 2 = Disposed of it 3 = Gave it to someone else 4 = Sold it 5 = Other 7 = Don't know 9 = Refused

1	1212	<p>>sapd05<</p> <p>Now I would like to ask you some questions about prescription pain medication that was NOT prescribed specifically to you by a doctor.</p> <p>In the past year, did you use prescription pain medication that was NOT prescribed specifically to you by a doctor? We only want to know about prescription medication, NOT medication that is available over the counter.</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>
1	1213	<p>>sapd06<</p> <p>[if sapd05 NE 1, skip to next section]</p> <p>How did you obtain the prescription pain medication?</p> <p>(NOTE: This refers to the last time you used prescription pain medication not prescribed for you.)</p> <p>(NOTE: DO NOT READ RESPONSES WITH QUESTION, BUT IT'S OK TO READ THEM FOR PROBING)</p>	<p>1 = Given to me for free from a friend or relative 2 = Taken from owner without his or her knowledge 3 = Purchased from friend or relative 4 = Purchased from street dealer 5 = Purchased online 6 = Other 7 = Don't know 9 = Refused</p>
2	1214-1215	(left blank)	

1	1216	[# FOLIC ACID] >safa01< Do you currently take any vitamin pills or supplements? Include liquid supplements. [if safa01 NE 1, skip to safa05]	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1217	>safa02< Are any of these a multivitamin? [# if safa02 EQ 1, skip to safa04]	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1218	>safa03< Do any of the vitamin pills or supplements you take contain folic acid? [if safa03 NE 1, skip to safa05]	1 = Yes 2 = No 7 = Don't know 9 = Refused
3	1219-1221	>safa04< How often do you take this vitamin pill or supplement?	101-176 = Times per day 201-276 = Times per week 301-376 = Times per month 777 - Don't know 999 = Refused

1	1222	<p>>safa05<</p> <p>[if age GE 45, skip safa05]</p> <p>Some health experts recommend that women take 400 micrograms of the B vitamin folic acid, for which one of the following reasons: to make strong bones, to prevent birth defects, to prevent high blood pressure, or some other reason?</p>	<p>1 = To make strong bones 2 = To prevent birth defects 3 = To prevent high blood pressure 4 = Some other reason 7 = Don't know 9 = Refused</p>
17	1223-1239	(left blank)	
0		<p>[# ASTHMA FOLLOW-UP RECRUITING]</p> <p>[Ask only if R or child is asthma-eligible]</p>	
1	1240	<p>[Interviewer-only item]</p> <p>>afu_intcert<</p> <p>INTERVIEWER: ARE YOU CERTIFIED FOR ASTHMA?</p> <p>[if afu_intcert EQ 1, skip to afu_yn2, else go to afu_yn]</p>	<p>1 = Yes 2 = No</p>

1	1241	<p>>afu_yn<</p> <p>We would like to call you again in a few weeks to talk in more detail about {your/your child's} experiences with asthma. The information will be used to help develop and improve the asthma programs in Wisconsin.</p> <p>May we call you back to ask additional asthma-related questions at a later time?</p> <p>[this item is also stored in column *** in main data layout]</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>
1	1242	<p>>afu_yn2<</p> <p>We would like to ask some more detailed questions about {your/your child's} experiences with asthma. The information will be used to help develop and improve the asthma programs in Wisconsin.</p> <p>Would you like to do that interview now, or should we call back another time?</p>	<p>1 = Do interview now 2 = Call back later 3 = Refused asthma interview</p>

0		<p>[if afu_yn EQ 1, use "when we call back" wording below]</p> <p>{if afu_yn2 EQ 2, use "when we call back" wording below}</p> <p>[if afu_yn2 EQ 1, use "if we need to call back" wording below]</p>	
1	1243	<p>>afu < [Asthma follow-up focal person, randomly generated by CATI system, not read to R]</p> <p>[this item is also stored in column *** in main data layout]</p>	<p>1 = Adult 2 = Child</p>
0		<p>>CHILDname< [name not delivered in data]</p> <p>Can I please have your child's first name, initials or nickname so we refer to the right child [when we / if we need to] call back?</p> <p>[if c0816 gt <1>] This is the [fill rkid_age2] year old child which is the [fill rkid_fill] child. [endif]</p>	
0		<p>>ADULTname< [name not delivered in data]</p> <p>Can I please have your first name, initials or nickname so we know who to refer to [when we / if we need to] call back?</p>	

1	1244	<p>>MOSTKNOW<</p> <p>Are you the parent or guardian in the household who knows the most about [fill CHILDDname]'s asthma?</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>
0		<p>>MKPname< [name not delivered in data]</p> <p>Can I please have the first name, initials or nickname of the person who knows the most about [fill CHILDDname]'s asthma so we will know who to ask for [when we / if we need to] call back?</p>	
1	1245	<p>>afu_phone1< [phone number not delivered in data]</p> <p>[When we / If we need to] call back, what's the best phone number for us to call?</p> <p>[Display the current number on screen as a choice]</p>	<p>1 = Same number as this case 2 = Different number</p>
0		<p>>afu_phone2< [phone number not delivered in data]</p> <p>[enter new phone number here]</p>	

0		<p>>afu_time< [time information not delivered]</p> <p>[When / If we need to call back] would be a good time to call back and speak with [you/MKP]?</p> <p>For example, evenings, days, weekends?</p>	[# open-end text answer]
0		<p>>afu_cnf<</p> <p>The information you gave us today and any [you/MKP] give us in the future will be kept confidential. We will keep [your/their/child's] name and phone number [and your child's name] on file, separate from the answers separate from the answers collected today. Even though you agreed today, [you/MKP] may refuse to participate in the future.</p>	

1	1246	<p>>afu_link<</p> <p>Some of the information that you shared with us today could be useful when combined with the information we will ask for during the follow-up interview. If the information from the two interviews is combined, identifying information such as your name, [if afu EQ <2>][fill CHILDname]'s name,[endif] and your phone number will not be included.</p> <p>May we combine your answers from today with the answers from the asthma interview?</p>	<p>1 = Yes</p> <p>2 = No</p> <p>9 = Refused</p>
153	1247-1399	(left blank)	
1	1400	End of record	