2016

South Carolina
Behavioral Risk Factor Surveillance System
Questionnaire

December 14, 2015

Behavioral Risk Factor Surveillance System
2016 Questionnaire

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Interviewer's Script

Landline

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Exp. Date 3/31/2018

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

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

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

Is this **(phone number)** ?

If "No"

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

Is this a private residence?

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

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

No, business phone only

<u>If "No, business phone only".</u>

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

<u>STOP</u>

<u>College Housing</u>

Do you live in college housing?

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

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

If "No",

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

<u>State of Residence</u>

Do you currently live in ____(state)____?

Yes **[Go to <u>Cell(ular) Phone</u>]**
No

<u>If "No"</u>

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

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

Cell(ular) Phone

Is this a cell(ular) telephone?

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

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

If "Yes"

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

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

Are you 18 years of age or older?

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

If "No",

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

Adult Random Selection

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

__ Number of adults

If "1,"
Are you the adult?

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

If "no,"
Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with **[fill in (him/her) from previous question]**? **Go to "correct respondent" on the next page.**

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

__ Number of men

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

So the number of adult women in the household is

__ Number of women

is that correct?

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

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

To the correct respondent:

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

Cell Phone

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

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

Is this a safe time to talk with you?

Yes **[Go to phone]**
No

If "No",

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

Phone

Is this **__(phone number)__** ?

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

If "No",

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

Cell(ular) Phone

Is this a cell(ular) telephone?

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

Yes **[Go to adult]**
No

If "No",

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

Adult

Are you 18 years of age or older?

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

If "No",

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

Private Residence

Do you live in a private residence?

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

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

College Housing

Do you live in college housing?

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

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

If "No",

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

State of Residence

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

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

State

In what state do you currently live?

_____ ENTER FIPS STATE

Landline

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

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

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

Yes
No

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

NUMADULT

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

__ Number of adults

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

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

Core Sections

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

Section 1: Health Status

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

Please read:

1 Excellent
2 Very good
3 Good
4 Fair

Or

5 Poor

Do not read:

7 Don't know / Not sure
9 Refused

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

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

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

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

(93–94)

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

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

(95-96)

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

Section 3: Health Care Access

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

(97)

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

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

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

(98)

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

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

(99)

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

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

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

(100)

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

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

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

Section 4: Exercise

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

(101)

1 Yes
2 No **[GO TO SC 1.7]**
7 Don't know / Not sure
9 Refused

SC1.1 What type of physical activity or exercise did you spend the most time doing during the past month?

INTERVIEWER NOTE: If the respondent's activity is not included in the Physical Activity Coding List, choose the option listed as "Other ".

(901-902)

_ _ Specify (See Physical Activity Coding List)
7 7 Don't know / Not sure **[GO TO SC1.7]**
9 9 Refused **[GO TO SC1.7]**

SC1.2 How many times per week or per month did you take part in this activity during the past month?

(903-905)

1_ _ = Times per week
2_ _ = Times per month
7 7 7 = Don't know / Not sure
9 9 9 = Refused

SC1.3 And when you took part in this activity, for how many minutes or hours did you usually keep at it?

(906-908)

_:_ _ = Hours and minutes
7 7 7 = Don't know / Not sure
9 9 9 = Refused

SC1.4 What other type of physical activity gave you the next most exercise in the past month?

(909-910)

_ _ Specify (See Physical Activity Coding List)
8 8 No other activity **[GO TO SC1.7]**
7 7 Don't know / Not sure **[GO TO SC1.7]**
9 9 Refused **[GO TO SC1.7]**

SC1.5 How many times per week or per month did you take part in this activity during the past month?

(911-913)

1_ _ = Times per week
2_ _ = Times per month
7 7 7 = Don't know / Not sure
9 9 9 = Refused

SC1.6 And when you took part in this activity, for how many minutes or hours did you usually keep at it?

(914-916)

_:_ _ = Hours and minutes
7 7 7 = Don't know / Not sure
9 9 9 = Refused

SC1.7 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.

(917-919)

1_ _ = Times per week
2_ _ = Times per month
8 8 8 = Never
7 7 7 = Don't know / Not sure
9 9 9 = Refused

Section 5: Inadequate Sleep

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

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

(102-103)

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

State 2: Hypertension Awareness

SC2.1 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?

INTERVIWER NOTE: 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?"

(920)

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

SC2.2 Are you currently taking medicine for your high blood pressure?

(921)

1 Yes
2 No
7 Don't know / Not sure
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? (104)

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

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

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

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

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

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

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

6.5 Do you still have asthma? (108)

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

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

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

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

(110)

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

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

(111)

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

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

(112)

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

INTERVIEWER NOTE: Arthritis diagnoses include:

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

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

(113)

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

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

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

(114)

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

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

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

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

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

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

(116-117)

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

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

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?

(300)

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

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

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

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

(301)

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

CATI NOTE: Asked to all participants.

SC3.1 Which of the following family members, if any, have been told by a doctor that they have diabetes? Include only blood relatives. Do not include adoptive or those related by marriage.

(922)

1 = Mother
2 = Father
3 = Brothers [interviewer instruction: include half brother]
4 = Sisters [interviewer instruction: include half sister]
5 = No one
7 = Don't know/not sure
9 = Refused

Section 7: Oral Health

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

(118)

Read only if necessary:

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

Do not read:

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

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

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

(119)

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

Section 8: Demographics

8.1 **Are you …**

(120)

1 Male
2 Female
9 Refused

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

8.2 What is your age?

(121-122)

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

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

If yes, ask: Are you…

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

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

Do not read:

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

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

(127-154)

INTERVIEWER NOTE: Select all that apply.

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

Please read:

10 White

20 Black or African American

30 American Indian or Alaska Native

40 Asian

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

50 Pacific Islander

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

Do not read:

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

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

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

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

(155-156)

10 White

20 Black or African American

30 American Indian or Alaska Native

40 Asian

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

50 Pacific Islander

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

Do not read:

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

8.6 Are you…?

(157)

Please read:

1 Married
2 Divorced
3 Widowed
4 Separated
5 Never married

Or

6 A member of an unmarried couple

Do not read:

9 Refused

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

(158)

Read only if necessary:

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

Do not read:

9 Refused

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

8.8 Do you own or rent your home?

(159)

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

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

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

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

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

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

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

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

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

8.11 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (168)

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

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

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

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

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

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

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

(171)

1 Yes
2 No

Do not read:

7 Don't know / Not sure
9 Refused

8.15 Are you currently…?

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

(172)

Please read:

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

Or

8 Unable to work

Do not read:

9 Refused

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

(173-174)

_ _ Number of children
8 8 None
9 9 Refused

8.17 Is your annual household income from all sources—

(175-176)

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 Have you used the internet in the past 30 days? (177)

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

8.19 About how much do you weigh without shoes?

(178-181)

NOTE: If respondent answers in metrics, put "9" in column 178.

Round fractions up

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

8.20 About how tall are you without shoes?

(182-185)

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

Round fractions down

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

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

8.21 To your knowledge, are you now pregnant?

(186)

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

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

Some people who are deaf or have serious difficulty hearing **may or may not** use equipment to communicate by phone.

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

(187)

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

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

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

9 Refused

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

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

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

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

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

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

8.27 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (192)

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

Module 25: Disability

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

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

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

(701)

NOTE: Include occasional use or use in certain circumstances.

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

Section 9: Tobacco Use

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

(193)

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

NOTE: 5 packs = 100 cigarettes

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

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

(194)

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

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

(195)

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

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

(196-197)

0 1 Within the past month (less than 1 month ago)

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

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

Snus (rhymes with 'goose')

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

1 Every day
2 Some days
3 Not at all

Do not read:

7 Don't know / Not sure
9 Refused

Section 10: E-Cigarettes

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

10.1 Have you ever used an e-cigarette or other electronic "vaping" product, even just one time, in your entire life? (199)

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

10.2 Do you now use e-cigarettes or other electronic "vaping" products every day, some days, or not at all? (200)

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

Section 11: Alcohol Consumption

11.1 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?
(201-203)

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

11.2 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?
(204-205)

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

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

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

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

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

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

Section 12: Immunization

Now I will ask you questions about the flu vaccine. There are two ways to get the flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™.

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

(210)

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

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

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

(211-216)

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

12.3 A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

(217)

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

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

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

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

Module 14: Adult Human Papillomavirus (HPV)

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

NOTE: Human Papillomavirus (Human Pap·uh·loh·muh virus); Gardasil (Gar·duh· seel); Cervarix (Sir·var· icks)

1. A vaccine to prevent the human papillomavirus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, **[Fill: if female "GARDASIL or CERVARIX"; if male " or GARDASIL"].** Have you EVER had an HPV vaccination?

(422)

1	Yes	
2	No	**[Go to next module]**
3	Doctor refused when asked	**[Go to next module]**
7	Don't know / Not sure	**[Go to next module]**
9	Refused	**[Go to next module]**

2. How many HPV shots did you receive?

(423-424)

_ _	Number of shots
0 3	All shots
7 7	Don't know / Not sure
9 9	Refused

Module 15: Shingles

CATI NOTE: If respondent is ≤ 49 years of age go to next module.

1. Shingles is caused by the chicken pox virus. It is an outbreak of rash or blisters on the skin that may be associated with severe pain. A vaccine for shingles has been available since May 2006; it is called Zostavax®, the zoster vaccine, or the shingles vaccine. Have you had this vaccine?

(425)

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

Section 13: Falls

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

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

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

(219–220)

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

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

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

(221–222)

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

Section 14: Seatbelt Use

14.1 How often do you use seat belts when you drive or ride in a car? Would you say—

(223)

Please read:

1 Always
2 Nearly always
3 Sometimes
4 Seldom
5 Never

Do not read:

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

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

Section 15: Drinking and Driving

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

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

(224-225)

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

Section 16: Breast and Cervical Cancer Screening

CATI NOTE: If male go to the next section.

The next questions are about breast and cervical cancer.

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

(226)

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

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

(227)

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

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

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

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

(229)

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

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

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

Have you ever had an HPV test?

(230)

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

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

(231)

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

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

16.7 Have you had a hysterectomy?

(232)

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

1	Yes
2	No

7 Don't know / Not sure
9 Refused

Section 17: Prostate Cancer Screening

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

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

17.1 A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the PSA test? (233)

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

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

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

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

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

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

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

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

Read only if necessary:

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

4 Within the past 5 years (3 years but less than 5 years)
5 5 or more years ago

Do not read:

7 Don't know / Not sure
9 Refused

17.6. What was the MAIN reason you had this PSA test – was it …?

(238)

Please read:

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

Do not read:

7 Don't know / Not sure
9 Refused

Section 18: Colorectal Cancer Screening

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

The next questions are about colorectal cancer screening.

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

(239)

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

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

(240)

Read only if necessary:

1 Within the past year (anytime less than 12 months ago)
2 Within the past 2 years (1 year but less than 2 years ago)

3 Within the past 3 years (2 years but less than 3 years ago)
4 Within the past 5 years (3 years but less than 5 years ago)
5 5 or more years ago

Do not read:

7 Don't know / Not sure
9 Refused

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

(241)

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

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

(242)

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

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

(243)

Read only if necessary:

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

Do not read:

7 Don't know / Not sure
9 Refused

Section 19: HIV/AIDS

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

19.1 Not counting tests you may have had as part of blood donation, have you ever been tested for HIV? Include testing fluid from your mouth. (244)

1	Yes	
2	No	**[Go to Q19.3]**
7	Don't know / Not sure	**[Go to Q19.3]**
9	Refused	**[Go to Q19.3]**

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

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

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

19.3 I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one. (251)

You have used intravenous drugs in the past year.

You have been treated for a sexually transmitted or venereal disease in the past year.

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

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

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

Do any of these situations apply to you?

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

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

Closing statement

Please read:

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

Or

Transition to modules and/or state-added questions

Please read:

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

Optional Modules

State 4: Disability Questions

SC4.1 Do problems with physical access to buildings or medical equipment such as height adjustable exam tables, wheelchair accessible scales or mammography machines limit your access to health care services? (If needed, CATI: Health care services may include going to a doctor, dentist, emergency room, hospital or mental health services).

(923)

Please read:
1 = Yes
2 = No

Do not read:
7 = Don't Know/Not Sure
9 = Refused

SC4.2 **CATI Note: Only individuals that answered positive to either of the disability optional module 25 screener questions.**

The next question is about your involvement in health or wellness programs. These programs include topics such as weight loss, tobacco cessation, and stress education. They do not include alcohol or drug treatment programs.

In the past 12 months have you participated in any health or wellness programs designed for the general population?

(924)

Do not read:
1 = Yes
2 = No
7 = Don't Know/Not Sure
9 = Refused

SC4.3 The next question is about large-scale disaster or emergencies such as hurricanes, tornados, floods, ice storms, explosions, terrorist events, or blackouts. These events may leave you without power, water or access to your home.

In the event of a large-scale disaster or emergency which of the following do you have in place?
Options:
A. Emergency supply kit (including items such as water, flashlight or batteries)
B. Disaster evacuation plan (including how to get out of your house or town and where you would go)

(925)

Do not read:
1 = Yes
2 = No
7 = Don't Know/Not Sure
9 = Refused

State 5: Reactions to Race

Earlier I asked you to self-identify your race. Now I will ask you how other people identify you and treat you.

SC5.1 How do other people usually classify you in this country? Would you say: White, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or some other group?

(926)

1 = White
2 = Black or African American
3 = Hispanic or Latino
4 = Asian
5 = Native Hawaiian or Other Pacific Islander
6 = American Indian or Alaska Native
8 = Some other group (please specify) _____
7 = Don't know / Not sure
9 = Refused

INTERVIEWER NOTE: If the respondent requests clarification of this question, say: "We want to know how OTHER people usually classify you in this country, which might be different from how you classify yourself."

SC5.2 How often do you think about your race? Would you say…

(927)

Please read:
1 = Never
2 = Once a year
3 = Once a month
4 = Once a week
5 = Once a day
6 = Once an hour
8 = Constantly

~~**Do not read:**~~
7 = Don't know/not sure
9 = Refused

INTERVIEWER INSTRUCTION: The responses can be interpreted as meaning "at least" the indicated time frequency. If a respondent cannot decide between two categories, check the response for the lower frequency. For example, if a respondent says that they think about their race between once a week and once a month, check "once a month" as the response. [CATI skip pattern: This question should only be asked of those who are "employed for wages," "self-employed," or "out of work for less than one year."]

SC5.3 Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races?

(928)

Please read:
1 = Worse than other races
2 = The same as other races
3 = Better than other races

Do not read:
4 = Worse than some races, better than others

5 = Only encountered people of the same race
7 = Don't know/not sure
9 = Refused

SC5.4 Within the past 12 months when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races?

(929)

Please read:
1 = Worse than other races
2 = The same as other races
3 = Better than other races

Do not read:
4 = Worse than some races, better than others
5 = Only encountered people of the same race
7 = Don't know/not sure
9 = Refused

INTERVIEWER NOTE: If the respondent indicates that they do not know about other people's experiences when seeking health care, say: "This question is asking about your perceptions when seeking health care. It does not require specific knowledge about other people's experiences."

SC5.5 Within the past 30 days, have you experienced any physical symptoms, for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race? Would you say…

(930)

Please read:
1 = Yes
2 = No
7 = Don't know/not sure
9 = Refused

SC5.6 Within the past 30 days, have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race?

(931)

Please read:
1 = Yes
2 = No
7 = Don't know/not sure
9 = Refused

State 6: Adverse Childhood Experiences

INTERVIEWER INTRODUCTORY SCRIPT:

"I'd like to ask some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is potentially a sensitive topic and some people may feel uncomfortable with these questions. Please keep in mind that you can ask me to skip any question you do not want to answer."

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

SC6.1 Did you live with anyone who was depressed, mentally ill, or suicidal?

(932)

Do not read:
1 = Yes
2 = No
7 = Don't Know/Not Sure
9 = Refused

SC6.2 Did you live with anyone who was a problem drinker or alcoholic?

(933)

Do not read:
1 = Yes
2 = No
7 = Don't Know/Not Sure
9 = Refused

SC6.3 Did you live with anyone who used illegal street drugs or who abused prescription medications?

(934)

Do not read:
1 = Yes
2 = No
7 = Don't Know/Not Sure
9 = Refused

SC6.4 Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

(935)

Do not read:
1 = Yes
2 = No
7 = Don't Know/Not Sure
9 = Refused

SC6.5 Were your parents separated or divorced?

(936)

Do not read:
1 = Yes
2 = No
7 = Don't Know/Not Sure
9 = Refused

SC6.6 How often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up? Would you say…

(937)

Please read:
1 = Never
2 = Once
3 = More Than Once

Do not read:
7 = Don't Know/Not Sure
9 = Refused

SC6.7 Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say…

(938)

Please read:

1 = Never
2 = Once
3 = More Than Once

Do not read:
7 = Don't Know/Not Sure
9 = Refused

SC6.8 How often did a parent or adult in your home ever swear at you, insult you, or put you down? Would you say…

(939)

Please read:
1 = Never
2 = Once
3 = More Than Once

Do not read:
7 = Don't Know/Not Sure
9 = Refused

SC6.9 How often did anyone at least five years older than you or an adult ever touch you sexually? Would you say…

(940)

Please read:
1 = Never
2 = Once
3 = More Than Once

Do not read:
7 = Don't Know/Not Sure
9 = Refused

SC6.10 How often did anyone at least five years older than you or an adult try to make you touch them sexually? Would you say…

(941)

Please read:
1 = Never
2 = Once
3 = More Than Once

Do not read:
7 = Don't Know/Not Sure
9 = Refused

SC6.11 How often did anyone at least five years older than you or an adult force you to have sex? Would you say…

(942)

Please read:
1 = Never
2 = Once
3 = More Than Once

Do not read:
7 = Don't Know/Not Sure
9 = Refused

SC6.12 How often were you hungry because your family could not afford food? Would you say…

[Interviewer note: OK to probe]

(943)

Please read:
1 = NEVER
2 = RARELY
3 = SOMETIMES
4 = OFTEN
5 = VERY OFTEN

Do not read:
7 = DON'T KNOW/NOT SURE
9 = REFUSED

SC6.13 How often were you homeless when you were growing up? By "homeless" we mean that your family could not afford a place to live. Would you say…

[INTERVIEWER NOTE: OK TO PROBE. THIS MEANS HAVING TO STAY SOMEWHERE LIKE A TRANSITIONAL HOUSING PROGRAM, A SHELTER, A HOTEL OR MOTEL PAID BY VOUCHER, SOMEONE ELSE'S HOME, A CAR OR OTHER VEHICLE, AN ABANDONED BUILDING, ANYWHERE OUTSIDE, OR ANYWHERE ELSE NOT MEANT FOR PEOPLE TO LIVE.) (NOTE: R SHOULD REPORT ONLY ON PLACES WHERE THEY HAD TO STAY WHILE HOMELESS, NOT WHILE VACATIONING, CAMPING, OR VISITING RELATIVES.]

(944)

Please read:
1 = NEVER
2 = RARELY
3 = SOMETIMES
4 = OFTEN
5 = VERY OFTEN

Do not read:
7 = DON'T KNOW/NOT SURE
9 = REFUSED

SC6.14 How often did you visit a dentist? Would you say…

[INTERVIEWER NOTE: OK TO PROBE. IF FREQUENCY VARIED, ASK R TO GIVE A ROUGH AVERAGE.]

(945)

Please read:
1 = AT LEAST ONCE EVERY TWO YEARS
2 = AT LEAST ONCE EVERY FIVE YEARS
3 = LESS OFTEN THAN THAT
8 = NEVER

Do not read:
7 = DON'T KNOW/NOT SURE
9 = REFUSED

SC6.15 For how much of your childhood was there an adult in your household who made you feel safe and protected? Would you say…

[INTERVIEWER NOTE: OK TO PROBE. THIS COULD BE ANY ADULT IN THE HOUSEHOLD, NOT JUST A PARENT.]

(946)

Please read:
1 = NEVER
2 = A LITTLE OF THE TIME
3 = SOME OF THE TIME
4 = MOST OF THE TIME
5 = ALL OF THE TIME

Do not read:
7 = DON'T KNOW
9 = REFUSED

SC6.16 Did your mother graduate from high school?

[INTERVIEWER NOTE: OK TO PROBE. IF PARENT HAD GED, ENTER "YES". ONLY ENTER "YES" IF THE PARENT'S GRADUATION/GED OCCURRED BEFORE R'S 18TH BIRTHDAY.]

[INTERVIEWER NOTE: IF R'S PARENTAL SITUATION IS COMPLICATED, SAY "the person you considered your mother when you were growing up".]

(947)

Do not read:
1 = Yes
2 = No
7 = Don't Know/Not Sure
9 = Refused

SC6.17 Did your father graduate from high school?

[INTERVIEWER NOTE: OK TO PROBE. IF PARENT HAD GED, ENTER "YES". ONLY ENTER "YES" IF THE PARENT'S GRADUATION/GED OCCURRED BEFORE R'S 18TH BIRTHDAY.]

[INTERVIEWER NOTE: IF R'S PARENTAL SITUATION IS COMPLICATED, SAY "the person you considered your father when you were growing up".]

(948)

Do not read:
1 = Yes
2 = No
7 = Don't Know/Not Sure
9 = Refused

SC6.18 For how much of your childhood did you live in a single-parent household? Would you say…

[INTERVIEWER NOTE: OK TO PROBE.]

(949)

Please read:
1 = NEVER
2 = A LITTLE OF THE TIME
3 = SOME OF THE TIME
4 = MOST OF THE TIME
5 = ALL OF THE TIME

Do not read:
7 = DON'T KNOW
9 = REFUSED

SC6.19 For how much of your childhood was there an adult in your household who tried hard to make sure your basic needs were met? Would you say…

[INTERVIEWER NOTE: OK TO PROBE. THIS COULD BE ANY ADULT IN THE HOUSEHOLD, NOT JUST A PARENT. BASIC NEEDS ARE FOOD, CLOTHING, HOUSING, & MEDICAL CARE.]

(950)

Please read:
1 = NEVER
2 = A LITTLE OF THE TIME
3 = SOME OF THE TIME
4 = MOST OF THE TIME
5 = ALL OF THE TIME

Do not read:
7 = DON'T KNOW
9 = REFUSED

Module 22: Random Child Selection

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

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

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

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

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

1. What is the birth month and year of the "**Xth**" child?

(652-657)

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

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

2. Is the child a boy or a girl?

(658)

1 Boy
2 Girl
9 Refused

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

(659-662)

If yes, ask: Are they…

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

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

Do not read:

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

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

(663-692)

(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

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

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

10 White

20 Black or African American

30 American Indian or Alaska Native

40 Asian

41 Asian Indian
42 Chinese
43 Filipino
44 Japanese
45 Korean

46 Vietnamese
47 Other Asian

50 Pacific Islander

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

Do not read:

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

6. How are you related to the child?

(695)

Please read:

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

Do not read:

7 Don't know / Not sure
9 Refused

State 7: CHAS Script

"We are assessing the health of children in South Carolina. The information we collect will help us improve child health services in our state. We would like to call
you back within the next two weeks to ask some additional questions about this child."

SC7.1 All of the information we collect will be kept confidential. Would this be OK with you?

(951)

Do not read:
1 = Yes
2 = No

NOTE: If needed say, 'the one we've just been talking about.'

SC7.2 Are YOU well-informed about the child's health and able to answer questions about the health and health practices of this child?

(952)

Do not read:
1 = Yes
2 = No

SC7.3 Who would that person be in your household (the person who knows most about the health of the child)?

[INTERVIEWER NOTE: If respondent says 'Mother' or 'Father' PROBE: 'Would this be his/her biological (real) mother/father?']

(953-954)

Do not read:
01 = Biological Mother
02 = Step Mother
03 = Adoptive Mother
04 = Foster Mother
05 = Biological Father
06 = Step Father
07 = Adoptive Father
08 = Foster Father
09 = Grandmother
10 = Grandfather
11 = Aunt
12 = Uncle
13 = Sister (of any type)
14 = Brother (of any type)
15 = Female Guardian
16 = Male Guardian
17 = Other relative
18 = Mother Type Unknown
19 = Father Type Unknown
20 = Other relationship
77 = DON'T KNOW/NOT SURE
99 = REFUSED

SC7.4 Just to make sure that we are talking about the same child when we call you back, please tell me the first name of this child or his initials.

(955-980)

Child's name:

INTERVIEWER NOTE: If parent refuses name, just ask for the child's initials or a nickname.

SC7.5 When would be the best time to call your household? Would you say…

[INTERVIEWER NOTE: If respondent says no best time to call then select 2 for evenings.]

(981)

Please read:
1 = Daytime
2 = Evenings or
3 = Weekends

Do not read:
7 = DON'T KNOW/NOT SURE
9 = REFUSED

"In our follow-up survey, we will be asking about the CHILD'S HEALTH AND WEIGHT. In the next few days, please be sure to measure the child's height with the child's shoes off and with back against the wall and weigh them on a scale with shoes off. Thank you for your willingness to participate."

Activity List for Common Leisure Activities (To be used for State-Added SC1.1 and SC1.4)

Code Description (Physical Activity, Questions SC1.1 and SC1.4 above)

0 1 Active Gaming Devices (Wii Fit, Dance Dance revolution)
0 2 Aerobics video or class
0 3 Backpacking
0 4 Badminton
0 5 Basketball
0 6 Bicycling machine exercise
0 7 Bicycling
0 8 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)
0 9 Bowling
1 0 Boxing
1 1 Calisthenics
1 2 Canoeing/rowing in competition
1 3 Carpentry
1 4 Dancing-ballet, ballroom, Latin, hip hop, zumba, etc
1 5 Elliptical/EFX machine exercise
1 6 Fishing from river bank or boat
1 7 Frisbee
1 8 Gardening (spading, weeding, digging, filling)
1 9 Golf (with motorized cart)
2 0 Golf (without motorized cart)
2 1 Handball
2 2 Hiking – cross-country
2 3 Hockey
2 4 Horseback riding
2 5 Hunting large game – deer, elk
2 6 Hunting small game – quail
2 7 Inline Skating
2 8 Jogging
2 9 Lacrosse
3 0 Mountain climbing
3 1 Mowing lawn
3 2 Paddleball
3 3 Painting/papering house
3 4 Pilates
3 5 Racquetball
3 6 Raking lawn
3 7 Running
3 8 Rock Climbing
3 9 Rope skipping
4 0 Rowing machine exercise
4 1 Rugby
4 2 Scuba diving
4 3 Skateboarding
4 4 Skating – ice or roller
4 5 Sledding, tobogganing
4 6 Snorkeling
4 7 Snow blowing
4 8 Snow shoveling by hand
4 9 Snow skiing
5 0 Snowshoeing
5 1 Soccer
5 2 Softball/Baseball
5 3 Squash
5 4 Stair climbing/Stair master
5 5 Stream fishing in waders
5 6 Surfing
5 7 Swimming
5 8 Swimming in laps
5 9 Table tennis
6 0 Tai Chi
6 1 Tennis
6 2 Touch football
6 3 Volleyball
6 4 Walking
6 6 Waterskiing
6 7 Weight lifting
6 8 Wrestling
6 9 Yoga

7 1 Childcare
7 2 Farm/Ranch Work (caring for livestock, stacking hay, etc.)
7 3 Household Activities (vacuuming, dusting, home repair, etc.)
7 4 Karate/Martial Arts
7 5 Upper Body Cycle (wheelchair sports, ergometer, etc.)
7 6 Yard work (cutting/gathering wood, trimming hedges etc.)

9 8 Other_____
9 9 Refused