



2017

**Behavioral Risk Factor Surveillance System
Questionnaire**

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Form Approved

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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.



Behavioral Risk Factor Surveillance System 2017 Questionnaire

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Interviewer's Script 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="padding-left: 40px;">[# If Yes, go to singsex</p> <p style="padding-left: 40px;">[# 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<</p> <p>How many men, 18 or older, live in your household?</p> <p style="padding-left: 40px;">___ Number of men</p> <p>>q0f<</p> <p>How many women, 18 or older, live in your household?</p> <p style="padding-left: 40px;">___ 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>May I speak with [the Nth oldest/youngest man/woman of the household]?</p> <p style="padding-left: 40px;">[# 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 style="padding-left: 40px;">[# 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 be confidential. If you have any questions about this survey, please call 608-267-9821.</p>	

Interviewer's Script 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: center;"> [# 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: center;"> [# 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: center;"> [# 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: center;">[# 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.)</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: center;">[# If Yes, Go to home_state] [# If No, exit]</p>

>home_state<

Do you currently live in Wisconsin?

[# If Yes, go to landline]

[# If No, goto rspstate]

>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 be confidential. 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.]

Core Sections

[CATI/INTERVIEWER NOTE: ITEMS IN PARENTHESES ANYWHERE THROUGHOUT THE QUESTIONNAIRE DO NOT NEED TO BE READ]

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
- 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? (93-94)

- Number of days

- SECTION] 88 None [CATI NOTE: IF Q2.1 AND Q2.2 = 88 (NONE), GO TO NEXT
- 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?

(95-96)

- 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

m1001. Do you have Medicare?

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

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

m1002. What is the primary source of your health care coverage? Is it...

Please Read

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

Do not read:

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

INTERVIEWER NOTE: If the respondent indicates that they purchased health insurance through the Health Insurance Marketplace, ask if it was a private health insurance plan purchased on their own or by a family member (private) or if they received Medicaid (state plan)? If purchased on their own (or by a family member), select 02, if Medicaid select 04.

[CATI NOTE: Go to Core Q3.2.]

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

m1003. Other than cost, there are many other reasons people delay getting needed medical care.

Have you delayed getting needed medical care for any of the following reasons in the past 12 months? Select the most important reason.

Please read

- 1 You couldn't get through on the telephone.
- 2 You couldn't get an appointment soon enough.
- 3 Once you got there, you had to wait too long to see the doctor.
- 4 The clinic or doctor's office wasn't open when you got there.
- 5 You didn't have transportation.

Do not read:

- 6 Other _____ (specify)
- 8 No, I did not delay getting medical care/did not need medical care
- 7 Don't know/Not sure
- 9 Refused

[CATI NOTE: Go to Core Q3.4.]

[CATI NOTE: If Q3.1 = 1 (Yes) continue, else go to m1004b.]

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

(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 Q3.1 = 1 (Yes) continue, else go to m1004b.]

m1004a. In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage?

- 1 Yes [Go to Q5]
- 2 No [Go to Q5]
- 7 Don't know/Not sure [Go to Q5]
- 9 Refused [Go to Q5]

[CATI Note: If Q3.1 = 2, 7, or 9 continue, else go to next question (m1005).]

m1004b. About how long has it been since you last had health care coverage?

- 1 6 months or less
- 2 More than 6 months, but not more than 1 year ago
- 3 More than 1 year, but not more than 3 years ago
- 4 More than 3 years
- 5 Never
- 7 Don't know/Not sure
- 9 Refused

m1005. How many times have you been to a doctor, nurse, or other health professional in the past 12 months?

- Number of times
- 8 8 None
- 7 7 Don't know/Not sure

9 9 Refused

m1006. Was there a time in the past 12 months when you did not take your medication as prescribed because of cost? Do not include over-the-counter, or OTC medication.

1 Yes
2 No

Do not read:

3 No medication was prescribed.
7 Don' t know/Not sure
9 Refused

m1007. In general, how satisfied are you with the health care you received? Would you say-

Please read:

1 Very satisfied
2 Somewhat satisfied
3 Not at all satisfied

Do not read:

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

m1008. Do you currently have any health care bills that are being paid off over time?

INTERVIEWER NOTE:

This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year.

INTERVIEWER NOTE: Health care bills can include medical, dental, physical therapy and/or chiropractic cost.

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

Section 4: Hypertension Awareness

4.1 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (101)

Read only if necessary: **By “other health professional” we mean a nurse practitioner, a physician’s assistant, or some other licensed health professional.**

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

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

4.2 Are you currently taking medicine for your high blood pressure? (102)

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

Section 5: Cholesterol Awareness

5.1 Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your blood cholesterol checked?

(103)

Read only if necessary:

- 1 Never [GO TO NEXT SECTION]
- 2 Within the past year (anytime less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 Within the past 5 years (2 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused [GO TO NEXT SECTION]

5.2 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?

(104)

- 1 Yes
- 2 No [GO TO NEXT SECTION]
- 7 Don't know / Not sure [GO TO NEXT SECTION]
- 9 Refused [GO TO NEXT SECTION]

5.3 Are you currently taking medicine prescribed by a doctor or other health professional for your blood cholesterol?

(105)

- 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? (106)

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

6.2 (Ever told) you had angina or coronary heart disease? (107)

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

6.3 (Ever told) you had a stroke? (108)

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

6.4 (Ever told) you had asthma? (109)

- 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? (110)

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

6.6 (Ever told) you had skin cancer? (111)

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

6.7 (Ever told) you had any other types of cancer? (112)

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

6.8 (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis? (113)

- 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? (114)

- 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? (115)

- 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. (116)

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? (117)

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

[INTERVIEWER NOTE: 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? (118-119)

- 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: Arthritis Burden

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

Next, I will ask you about your arthritis.

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

7.1 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (120)

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

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

INTERVIEWER NOTE: Q7.2 SHOULD BE ASKED OF ALL RESPONDENTS REGARDLESS OF EMPLOYMENT. STATUS.

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

(121)

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

INTERVIEWER INSTRUCTION: IF RESPONDENT GIVES AN ANSWER TO EACH ISSUE (WHETHER RESPONDENT WORKS, TYPE OF WORK, OR AMOUNT OF WORK), THEN IF ANY ISSUE IS "YES" MARK THE OVERALL RESPONSE AS "YES."

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

7.3 During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings?

(122)

Please read [1-3]:

- 1 A lot**
- 2 A little**
- 3 Not at all**

Do not read:

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

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

7.4 Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. On a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be, DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE?

- – Enter number [00-10] (123-124)
- 77 Don't know / Not sure
- 99 Refused

Section 8: Demographics

8.1 Are you ... (125)

- 1 Male
- 2 Female
- 9 Refused

[#UWSC does not ask this here. We add a male/female Q to the beginning for all Rs.]

8.2 What is your age? (126-127)

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

8.3 Are you Hispanic, Latino/a, or Spanish origin? (128-131)

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? (132-159)

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

(160-161)

- 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

>c0805c<

[# asked only if R chooses American Indian as a race category in demographic section]

What is your main tribe?

("What is your tribal affiliation, or tribal enrollment, or tribe you identify with?")

(PRONOUNCED: "oh-NYE-dah", "men-OMM-in-ee", "lah COOT oh-RAY")

- 1 = Oneida
- 2 = Menominee
- 3 = Lac Court Oreille
- 4 = Bad River
- 5 = Ho-Chunk
- 6 = Other (Specify, allow 20 characters)

- 7 = Don't Know
- 9 = Refused

8.6 Are you...?

(162)

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? (163)

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

8.8 Do you own or rent your home? (164)

Read only if necessary:

- 1 Own
- 2 Rent
- 3 Other arrangement

Do not read:

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

INTERVIEWER NOTE: "OTHER ARRANGEMENT" MAY INCLUDE GROUP HOME, STAYING WITH FRIENDS OR FAMILY WITHOUT PAYING RENT.

INTERVIEWER NOTE: HOME IS DEFINED AS THE PLACE WHERE YOU LIVE MOST OF THE TIME/THE MAJORITY OF THE YEAR.

INTERVIEWER NOTE: WE ASK THIS QUESTION IN ORDER TO COMPARE HEALTH INDICATORS AMONG PEOPLE WITH DIFFERENT HOUSING SITUATIONS.

8.9 In what county do you currently live? (165-167)

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

[#State-added Milwaukee county item appears here. See state-added items at end of document.]

8.10 What is the ZIP Code where you currently live? (168-172)

- — — — ZIP Code
- 77777 Don't know / Not sure
- 99999 Refused

[CATI NOTE: IF CELL 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. (173)

- 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? (174)

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

8.13 Including phones for business and personal use, do you have a cell phone for personal use? (175)

- 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.

(176)

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:

(177)

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

NOTE: Do not code 7 for "don't know" on this question.

Do not read:

9 Refused

[# UWSC asks Mod25 Occupation & Industry here if c0815 = 1, 2, or 4.]

8.16 How many children less than 18 years of age live in your household? (178-179)

__ Number of children

88 None

99 Refused

8.17 Is your annual household income from all sources—

**INTERVIEWER NOTE: IF RESPONDENT REFUSES AT ANY INCOME LEVEL,
CODE ‘99’ (REFUSED) (180-181)**

Read only if necessary:

- 04 Less than \$25,000 **If “no,” ask 05; if “yes,” ask 03**
(\$20,000 to less than \$25,000)
- 03 Less than \$20,000 **If “no,” code 04; if “yes,” ask 02**
(\$15,000 to less than \$20,000)
- 02 Less than \$15,000 **If “no,” code 03; if “yes,” ask 01**
(\$10,000 to less than \$15,000)
- 01 Less than \$10,000 **If “no,” code 02**
- 05 Less than \$35,000 **If “no,” ask 06**
(\$25,000 to less than \$35,000)
- 06 Less than \$50,000 **If “no,” ask 07**
(\$35,000 to less than \$50,000)
- 07 Less than \$75,000 **If “no,” code 08**
(\$50,000 to less than \$75,000)
- 08 \$75,000 or more

Do not read:

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

8.18 Have you used the internet in the past 30 days? (182)

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

8.19 About how much do you weigh without shoes?

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT “9” IN COLUMN 183. ROUND FRACTIONS UP

(183-186)

— — — —	Weight
	<i>(pounds/kilograms)</i>
7777	Don’t know / Not sure
9999	Refused

8.20 About how tall are you without shoes?

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT “9” IN COLUMN 187. ROUND FRACTIONS DOWN

(187-190)

— — / — —	Height
	<i>(ft / inches/meters/centimeters)</i>
77/ 77	Don’t know / Not sure
99/ 99	Refused

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

8.21 To your knowledge, are you now pregnant?

(191)

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? (192)

- 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? (193)

- 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? (194)

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

8.25 Do you have serious difficulty walking or climbing stairs? (195)

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

8.26 Do you have difficulty dressing or bathing? (196)

- 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? (197)

- 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? (198)

INTERVIEWER 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]

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."

9.2 Do you now smoke cigarettes every day, some days, or not at all? (199)

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? (200)

- 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?
(201-202)

Read only if necessary:

- 01 Within the past month (less than 1 month ago)
- 02 Within the past 3 months (1 month but less than 3 months ago)
- 03 Within the past 6 months (3 months but less than 6 months ago)
- 04 Within the past year (6 months but less than 1 year ago)
- 05 Within the past 5 years (1 year but less than 5 years ago)
- 06 Within the past 10 years (5 years but less than 10 years ago)
- 07 10 years or more
- 08 Never smoked regularly

Do not read:

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

9.5 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?
(203)

INTERVIEWER NOTE: SNUS (RHYMES WITH 'GOOSE')/ SNUS (SWEDISH FOR SNUFF) IS A MOIST SMOKELESS TOBACCO, USUALLY SOLD IN SMALL POUCHES THAT ARE PLACED UNDER THE LIP AGAINST THE GUM.

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: E-Cigarettes

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

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.

10.1 Have you ever used an e-cigarette or other electronic “vaping” product, even just one time, in your entire life? (204)

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.**

- 1 Yes
- 2 No [GO TO NEXT SECTION]
- 7 Don't know / Not Sure [GO TO NEXT SECTION]
- 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? (205)

- 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?

(206-208)

- | | | |
|------|---------------------------|----------------------|
| 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] |

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?

INTERVIEWER NOTE: A 40 OUNCE BEER WOULD COUNT AS 3 DRINKS, OR A COCKTAIL DRINK WITH 2 SHOTS WOULD COUNT AS 2 DRINKS.

(209-210)

- | | | |
|----|-----------------------|--|
| __ | Number of drinks | |
| 77 | Don't know / Not sure | |
| 99 | Refused | |

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

(211-212)

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

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

(213-214)

- | | | |
|----|-----------------------|--|
| __ | Number of drinks | |
| 77 | Don't know / Not sure | |
| 99 | Refused | |

Section 12: Fruits and Vegetables

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

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

12.1 Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month. (215-217)

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?”

READ IF RESPONDENT ASKS WHAT TO INCLUDE OR SAYS ‘I DON’T KNOW’: INCLUDE FRESH, FROZEN OR CANNED FRUIT. DO NOT INCLUDE DRIED FRUITS.

1_ _	Day
2_ _	Week
3_ _	Month
300	Less than once a month
555	Never
777	Don’t Know
999	Refused

12.2 Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice? (218-220)

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?”

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

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

12.3 How often did you eat a green leafy or lettuce salad, with or without other vegetables?
(221-223)

INTERVIEWER NOTE: ENTER QUANTITY IN IN TIMES PER DAY, WEEK, OR MONTH.

INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"

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

- 1_ _ Day
- 2_ _ Week
- 3_ _ Month
- 300 Less than once a month
- 555 Never
- 777 Don't Know
- 999 Refused

12.4 How often did you eat any kind of fried potatoes, including french fries, home fries, or hash browns? ?
(224-226)

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"

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

- 1_ _ Day
- 2_ _ Week
- 3_ _ Month
- 300 Less than once a month
- 555 Never
- 777 Don't Know
- 999 Refused

12.5 How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad? (227-229)

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?”

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

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

12.6 Not including lettuce salads and potatoes, how often did you eat other vegetables? (230-232)

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?”

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

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

Section 13: Exercise (Physical Activity)

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

INTERVIEWER INSTRUCTION: If respondent does not have a “regular job duty” or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.

13.1 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (233)

- | | | |
|---|-----------------------|---------------|
| 1 | Yes | |
| 2 | No | [GO TO Q13.8] |
| 7 | Don't know / Not sure | [GO TO Q13.8] |
| 9 | Refused | [GO TO Q13.8] |

13.2 What type of physical activity or exercise did you spend the most time doing during the past month? (234-235)

- | | | |
|----|-----------------------|-------------------------------------|
| -- | (Specify) | [See Physical Activity Coding List] |
| 77 | Don't know / Not Sure | [GO TO Q13.8] |
| 99 | Refused | [GO TO Q13.8] |

INTERVIEWER INSTRUCTION: IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED IN THE PHYSICAL ACTIVITY CODING LIST, CHOOSE THE OPTION LISTED AS “OTHER”.

13.3 How many times per week or per month did you take part in this activity during the past month? (236-238)

- | | |
|-----|-----------------------|
| 1__ | Times per week |
| 2__ | Times per month |
| 777 | Don't know / Not sure |
| 999 | Refused |

13.4 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (239-241)

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

13.5 What other type of physical activity gave you the next most exercise during the past month? (242-243)

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

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

13.6 How many times per week or per month did you take part in this activity during the past month? (244-246)

- 1_ _ Times per week
- 2_ _ Times per month
- 777 Don't know / Not sure
- 999 Refused

13.7 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (247-249)

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

13.8 During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.

(250-252)

- 1_ _ Times per week
- 2_ _ Times per month
- 888 Never
- 777 Don't know / Not sure
- 999 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 — (253)

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**

Section 15: Immunization

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

15.1 During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose? (254)

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

- 1 Yes**
- 2 No [GO TO Q15.3]**
- 7 Don't know / Not sure [GO TO Q15.3]**
- 9 Refused [GO TO Q15.3]**

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

(255-260)

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

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

(261)

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

[CATI NOTE: IF RESPONDENT IS Less than 50 YEARS OF AGE, GO TO NEXT SECTION.]

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

(262)

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

INTERVIEWER NOTE (READ IF NECESSARY): SHINGLES IS CAUSED BY THE CHICKEN POX VIRUS. IT IS AN OUTBREAK OF RASH OR BLISTERS ON THE SKIN THAT MAY BE ASSOCIATED WITH SEVERE PAIN. A VACCINE FOR SHINGLES HAS BEEN AVAILABLE SINCE MAY 2006; IT IS CALLED ZOSTAVAX®, THE ZOSTER VACCINE, OR THE SHINGLES VACCINE.

Section 16: HIV/AIDS

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

16.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (263)

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

INTERVIEWER INSTRUCTIONS: IF RESPONSE IS BEFORE JANUARY 1985, CODE "DON'T KNOW." IF THE RESPONDENT REMEMBERS THE YEAR BUT CANNOT REMEMBER THE MONTH, CODE THE FIRST TWO DIGITS 77 AND THE LAST FOUR DIGITS FOR THE YEAR.

(264-269)

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

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

(270)

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

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

Closing Statement

(Continue to module(s) and/or state-added questions)

Optional Modules

Module 1: Pre-Diabetes

[CATI 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? (290)

- 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?

INTERVIEWER INSTRUCTIONS: IF “YES” AND RESPONDENT IS FEMALE, ASK: “WAS THIS ONLY WHEN YOU WERE PREGNANT?” (291)

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

Module 2: Diabetes

[CATI NOTE: TO BE ASKED FOLLOWING CORE Q6.13; IF RESPONSE TO Q6.12 IS "YES" (CODE = 1).]

1. Are you now taking insulin? (292)

- 1 Yes
- 2 No
- 9 Refused

2. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (293-295)

INTERVIEWER NOTE: ENTER QUANTITY PER DAY, WEEK, OR MONTH

- 1 __ Times per day
- 2 __ Times per week
- 3 __ Times per month
- 4 __ Times per year
- 888 Never
- 777 Don't know / Not sure
- 999 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.')

3. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

(296-298)

INTERVIEWER NOTE: ENTER QUANTITY PER DAY, WEEK, OR MONTH

- 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

4. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (299-300)

--	Number of times [76 = 76 or more]
88	None
77	Don't know / Not sure
99	Refused

5. A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"? (301-302)

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

[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? (303-304)

--	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? This would have made you temporarily sensitive to bright light. (305)

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? (306)

- 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? (307)

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

Module 3: Respiratory Health (COPD Symptoms)

[# excluded for WI 2017]

Module 4: Cardiovascular Health

[# excluded for WI 2017]

Module 5: Actions to Control High Blood Pressure

[# excluded for WI 2017]

Module 6: Arthritis Management

[# excluded for WI 2017]

Module 7: Adult Asthma History

[# excluded for WI 2017]

Module 8: Healthy Days (Symptoms)

[# excluded for WI 2017]

Module 9: Sleep Disorder

[# excluded for WI 2017]

Module 10: Health Care Access

1. Do you have Medicare? (367)

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

INTERVIEWER NOTE: MEDICARE IS A COVERAGE PLAN FOR PEOPLE AGE 65 OR OVER AND FOR CERTAIN DISABLED PEOPLE.

2. What is the primary source of your health care coverage? Is it... (368-369)

Please read:

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

Do not read:

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

INTERVIEWER NOTE: IF THE RESPONDENT INDICATES THAT THEY PURCHASED HEALTH INSURANCE THROUGH THE HEALTH INSURANCE MARKETPLACE (NAME OF STATE MARKETPLACE), ASK IF IT WAS A PRIVATE HEALTH INSURANCE PLAN PURCHASED ON THEIR OWN OR BY A FAMILY MEMBER (PRIVATE) OR IF THEY RECEIVED MEDICAID (STATE PLAN)? IF PURCHASED ON THEIR OWN (OR BY A FAMILY MEMBER), SELECT 02, IF MEDICAID SELECT 04.

[CATI NOTE: GO TO CORE Q3.2.]

3. Other than cost, there are many other reasons people delay getting needed medical care. Have you delayed getting needed medical care for any of the following reasons in the past 12 months? Select the most important reason.

Please read: (370)

- 1 You couldn't get through on the telephone.
- 2 You couldn't get an appointment soon enough.
- 3 Once you got there, you had to wait too long to see the doctor.
- 4 The (clinic/doctor's) office wasn't open when you got there.
- 5 You didn't have transportation.

Do not read:

- 6 Other _____ (specify) (371-395)
- 8 No, I did not delay getting medical care/did not need medical care
- 7 Don't know/Not sure
- 9 Refused

[CATI NOTE: GO TO CORE Q3.4; IF Q3.1 = 1 (YES) CONTINUE, ELSE GO TO Q4B.]

4a. In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage? (396)

- 1 Yes [GO TO Q5]
- 2 No [GO TO Q5]
- 7 Don't know/Not sure [GO TO Q5]
- 9 Refused [GO TO Q5]

[CATI NOTE: IF Q3.1 = 2, 7, OR 9 CONTINUE, ELSE GO TO NEXT QUESTION (Q5).]

4b. About how long has it been since you last had health care coverage? (397)

Read only if necessary.

- 1 6 months or less
- 2 More than 6 months, but not more than 1 year ago
- 3 More than 1 year, but not more than 3 years ago
- 4 More than 3 years
- 5 Never

Do not read:

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

5. How many times have you been to a doctor, nurse, or other health professional in the past 12 months? (398-399)

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

6. Not including over-the-counter (OTC) medications, was there a time in the past 12 months when you did not take your medication as prescribed because of cost?

(400)

- 1 Yes
- 2 No

Do not read:

- 3 No medication was prescribed.
- 7 Don't know/Not sure
- 9 Refused

7. In general, how satisfied are you with the health care you received? Would you say— (401)

Please read:

- 1 Very satisfied**
- 2 Somewhat satisfied**
- 3 Not at all satisfied**

Do not read:

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

8. Do you currently have any health care bills that are being paid off over time? (402)

INTERVIEWER NOTE: THIS COULD INCLUDE MEDICAL BILLS BEING PAID OFF WITH A CREDIT CARD, THROUGH PERSONAL LOANS, OR BILL PAYING ARRANGEMENTS WITH HOSPITALS OR OTHER PROVIDERS. THE BILLS CAN BE FROM EARLIER YEARS AS WELL AS THIS YEAR.

INTERVIEWER NOTE: HEALTH CARE BILLS CAN INCLUDE MEDICAL, DENTAL, PHYSICAL THERAPY AND/OR CHIROPRACTIC COST.

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

[CATI NOTE: GO TO CORE SECTION 4.]

Module 11: Alcohol Screening & Brief Intervention (ASBI)

CATI NOTE: IF CORE Q3.4 = 1, OR 2 (HAD A CHECKUP WITHIN THE PAST 2 YEARS) CONTINUE, ELSE GO TO NEXT MODULE.

Healthcare providers may ask during routine checkups about behaviors like alcohol use, whether you drink or not. We want to know about their questions.

1. You told me earlier that your last routine checkup was [within the past year/within the past 2 years]. At that checkup, were you asked in person or on a form if you drink alcohol? (403)

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

2. Did the health care provider ask you in person or on a form how much you drink? (404)

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

3. Did the healthcare provider specifically ask whether you drank [5 FOR MEN /4 FOR WOMEN] or more alcoholic drinks on an occasion? (405)

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

4. Were you offered advice about what level of drinking is harmful or risky for your health? (406)

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

[CATI NOTE: IF QUESTION 1, 2, OR 3 = 1 (YES) CONTINUE, ELSE GO TO NEXT MODULE.]

5. Healthcare providers may also advise patients to drink less for various reasons. At your last routine checkup, were you advised to reduce or quit your drinking? (407)

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

Module 12: Cancer Survivorship

[# excluded for WI 2017]

Module 13: Sugar Sweetened Beverages

1. During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop. (424-426)

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

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

Do not read:

- 888 None
- 777 Don't know / Not sure
- 999 Refused

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

(427-429)

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

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

Do not read:

- 888 None
- 777 Don't know / Not sure
- 999 Refused

Module 14: Sodium or Salt-Related Behavior

[# excluded for WI 2017]

Module 15: Marijuana

[# excluded for WI 2017]

Module 16: Preconception Health/Family Planning

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

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

1. Did you or your partner do anything the last time you had sex to keep you from getting pregnant? (436)

- 1 Yes
- 2 No [GO TO Q3]
- 3 No partner/not sexually active [GO TO NEXT MODULE]
- 4 Same sex partner [GO TO NEXT MODULE]
- 5 Has had a Hysterectomy [GO TO NEXT MODULE]
- 7 Don't know/Not sure [GO TO Q3]
- 9 Refused [GO TO Q3].

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

INTERVIEWER NOTE: IF RESPONDENT REPORTS USING MORE THAN ONE METHOD, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST.

INTERVIEWER NOTE: IF RESPONDENT REPORTS USING “CONDOMS,” PROBE TO DETERMINE IF “FEMALE CONDOMS” OR MALE CONDOMS.”

INTERVIEWER NOTE: IF RESPONDENT REPORTS USING AN “IUD” PROBE TO DETERMINE IF “LEVONORGESTREL IUD” OR “COPPER-BEARING IUD.”

INTERVIEWER NOTE: IF RESPONDENT REPORTS “OTHER METHOD,” ASK RESPONDENT TO “PLEASE BE SPECIFIC” AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.

Read only if necessary:

(437-438)

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

Do not read:

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

Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.

3. What was your main reason for not doing anything the last time you had sex to keep you from getting pregnant? (439-440)

INTERVIEWER NOTE: IF RESPONDENT REPORTS “OTHER REASON,” ASK RESPONDENT TO “PLEASE SPECIFY” AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.

Read only if necessary:

- 01 You didn't think you were going to have sex/no regular partner
- 02 You just didn't think about it
- 03 Don't care if you get pregnant
- 04 You want a pregnancy
- 05 You or your partner don't want to use birth control
- 06 You or your partner don't like birth control/side effects
- 07 You couldn't pay for birth control
- 08 You had a problem getting birth control when you needed it
- 09 Religious reasons
- 10 Lapse in use of a method
- 11 Don't think you or your partner can get pregnant (infertile or too old)
- 12 You had tubes tied (sterilization)
- 13 You had a hysterectomy
- 14 Your partner had a vasectomy (sterilization)
- 15 You are currently breast-feeding
- 16 You just had a baby/postpartum
- 17 You are pregnant now
- 18 Same sex partner
- 19 Other reasons

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

Module 17: Influenza

[# excluded for WI 2017]

Module 18: Adult Human Papillomavirus (HPV)

[# excluded for WI 2017]

Module 19: Tetanus, Diphtheria, and Acellular Pertussis (Tdap) (Adults)

[# excluded for WI 2017]

Module 20: Lung Cancer Screening

[# excluded for WI 2017]

Module 21: Caregiving

[# excluded for WI 2017]

Module 22: Cognitive Decline

[# excluded for WI 2017]

Module 23: Emotional Support and Life Satisfaction

The next two questions are about emotional support and your satisfaction with life.

1. How often do you get the social and emotional support you need? (474)

INTERVIEWER NOTE: IF ASKED, SAY "PLEASE INCLUDE SUPPORT FROM ANY SOURCE."

Please read:

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

Do not read:

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

2. In general, how satisfied are you with your life? (475)

Please read:

- 1 Very satisfied**
- 2 Satisfied**
- 3 Dissatisfied**
- 4 Very dissatisfied**

Do not read:

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

Module 24: Social Determinants of Health

1. During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills? (476)

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

2. In the last 12 months, how many times have you moved from one home to another? (477-478)

- ___ ___ Number of moves in past 12 months [01-52]
- 88 None (Did not move in past 12 months)
- 77 Don't know/Not sure
- 99 Refused

3. How safe from crime do you consider your neighborhood to be? Would you say... (479)

Please read:

- 1 Extremely safe**
- 2 Safe**
- 3 Unsafe**
- 4 Extremely unsafe**

Do not read:

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

4. For the next two statements, please tell me whether the statement was often true, sometimes true, or never true for you in the last 12 months (that is, since last [CATI NOTE: NAME OF CURRENT MONTH]). The first statement is, "The food that I bought just didn't last, and I didn't have money to get more."

Was that often, sometimes, or never true for you in the last 12 months? (480)

- 1 Often true,**
- 2 Sometimes true, or**
- 3 Never true**

Do not read:

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

5. "I couldn't afford to eat balanced meals." Was that often, sometimes, or never true for you in the last 12 months? (481)

- 1 Often true,**
- 2 Sometimes true, or**
- 3 Never true**

Do not read:

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

6. In general, how do your finances usually work out at the end of the month? Do you find that you usually: (482)

Please read:

- 1 End up with some money left over,**
- 2 Have just enough money to make ends meet, or**
- 3 Do not have enough money to make ends meet**

Do not read:

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

7. Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because his/her mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress? (483)

Please read:

- 1 None of the time,**
- 2 A little of the time,**
- 3 Some of the time,**
- 4 Most of the time, or**
- 5 All of the time**

Do not read:

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

Module 25: Industry and Occupation

IF CORE Q8.15 = 1 OR 4 (EMPLOYED FOR WAGES OR OUT OF WORK FOR LESS THAN 1 YEAR) OR 2 (SELF-EMPLOYED), CONTINUE ELSE GO TO NEXT MODULE.

Now I am going to ask you about your work.

[CATI NOTE: IF CORE Q8.15 = 1 (EMPLOYED FOR WAGES) OR 2 (SELF-EMPLOYED) ASK,]

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

INTERVIEWER NOTE: IF RESPONDENT IS UNCLEAR, ASK “WHAT IS YOUR JOB TITLE?”

INTERVIEWER NOTE: IF RESPONDENT HAS MORE THAN ONE JOB THEN ASK, “WHAT IS YOUR MAIN JOB?” (484-583)

[Record answer] _____
99 Refused

[IF CORE Q8.15 = 4 (OUT OF WORK FOR LESS THAN 1 YEAR) ASK,]

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

INTERVIEWER NOTE: IF RESPONDENT IS UNCLEAR, ASK “WHAT WAS YOUR JOB TITLE?”

INTERVIEWER NOTE: IF RESPONDENT HAS MORE THAN ONE JOB THEN ASK, “WHAT WAS YOUR MAIN JOB?”

[Record answer] _____
99 Refused

[IF CORE Q8.15 = 1 (EMPLOYED FOR WAGES) OR 2 (SELF-EMPLOYED) ASK,]

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

(584-683)

[Record answer] _____
99 Refused

[CATI NOTE: IF CORE Q8.15 = 4 (OUT OF WORK FOR LESS THAN 1 YEAR) ASK,]

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

[Record answer] _____
99 Refused

Module 26: Sexual Orientation and Gender Identity

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

INTERVIEWER NOTE: WE ASK THIS QUESTION IN ORDER TO BETTER UNDERSTAND THE HEALTH AND HEALTH CARE NEEDS OF PEOPLE WITH DIFFERENT SEXUAL ORIENTATIONS.

INTERVIEWER NOTE: PLEASE SAY THE NUMBER BEFORE THE TEXT RESPONSE. RESPONDENT CAN ANSWER WITH EITHER THE NUMBER OR THE TEXT/WORD.

1. Do you consider yourself to be: (684)

Please read:

- 1 1 - Straight
- 2 2 - Lesbian or gay
- 3 3 - Bisexual

Do not read:

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

2. Do you consider yourself to be transgender? (685)

IF YES, ASK "DO YOU CONSIDER YOURSELF TO BE 1 MALE-TO-FEMALE, 2. FEMALE-TO-MALE, OR 3. GENDER NON-CONFORMING?"

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

Please read:

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

Do not read:

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

INTERVIEWER NOTE: IF ASKED ABOUT DEFINITION OF TRANSGENDER: SOME PEOPLE DESCRIBE THEMSELVES AS TRANSGENDER WHEN THEY EXPERIENCE A DIFFERENT GENDER IDENTITY FROM THEIR SEX AT BIRTH. FOR EXAMPLE, A PERSON BORN INTO A MALE BODY, BUT WHO FEELS FEMALE OR LIVES AS A WOMAN WOULD BE TRANSGENDER. SOME TRANSGENDER PEOPLE CHANGE THEIR PHYSICAL APPEARANCE SO THAT IT MATCHES THEIR INTERNAL GENDER IDENTITY. SOME TRANSGENDER PEOPLE TAKE HORMONES AND SOME HAVE SURGERY. A TRANSGENDER PERSON MAY BE OF ANY SEXUAL ORIENTATION - STRAIGHT, GAY, LESBIAN, OR BISEXUAL.

INTERVIEWER NOTE: IF ASKED ABOUT DEFINITION OF GENDER NON-CONFORMING: SOME PEOPLE THINK OF THEMSELVES AS GENDER NON-CONFORMING WHEN THEY DO NOT IDENTIFY ONLY AS A MAN OR ONLY AS A WOMAN.

Module 27: Firearm Safety

[# excluded for WI 2017]

Module 28: 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.]

CATI NOTE: 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]

[CATI NOTE: 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 NOTE: RANDOMLY SELECT ONE OF THE CHILDREN. THIS IS THE “XTH” CHILD. PLEASE SUBSTITUTE “XTH” CHILD’S NUMBER IN ALL QUESTIONS BELOW.]

Please read:

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

1. What is the birth month and year of the “Xth” child? (689-694)

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

CATI NOTE: 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 \geq 12 MONTHS ENTER THE CALCULATED MONTHS IN CHLDAGE1 AND SET CHLDAGE2=TRUNCATE (CHLDAGE1/12).

2. Is the child a boy or a girl? (695)

- 1 Boy
- 2 Girl
- 9 Refused

3. Is the child Hispanic, Latino/a, or Spanish origin? (696-699)

INTERVIEWER INSTRUCTION: IF YES, ASK: “ARE THEY...

INTERVIEWER NOTE: SELECT ALL THAT APPLY

Please 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? (700-727)

INTERVIEWER NOTE: 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? (728-729)

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? (730)

Please read:

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

Do not read:

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

Module 29: 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 NOTE: PLEASE FILL IN CORRECT NUMBER] child.

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

(731)

- 1 Yes
- 2 No [GO TO NEXT MODULE]
- 7 Don't know / Not sure [GO TO NEXT MODULE]
- 9 Refused [GO TO NEXT MODULE]

1. Does the child still have asthma?

(732)

- 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	>samc01< Do you have health care coverage from Medicaid or BadgerCare? (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.)	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	902	>c0805b< [asked only if R chooses Asian as a race category in demographic section] Do you consider yourself Hmong?	1 = Yes 2 = No 7 = Don't know 9 = Refused

1	903	>c0809a< [placed in core08, demographics] [if c0809 county is not Milwaukee, skip this item] Do you live in the city of Milwaukee?	1 = Yes 2 = No 7 = Don't know 9 = Refused
2	904-905	(left blank)	
1	906	[# ORAL HEALTH] >saoh01< 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.	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 8 = Never 7 = Don't know 9 = Refused

1	907	<p>>saoh02<</p> <p>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.</p> <p>(IF WISDOM TEETH ARE REMOVED BECAUSE OF TOOTH DECAY OR GUM DISEASE, THEY SHOULD BE INCLUDED IN THE COUNT FOR LOST TEETH)</p>	<p>1 = 1 to 5 2 = 6 or more but not all 3 = All 8 = None = 7 = Don't know 9 = Refused</p>
1	908	<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>
1	909	(left blank)	

1	910	<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 7 = Don't know 9 = Refused</p>
2	911-912	<p>>safc02<</p> <p>Approximately how many times did you eat fish in the last 30 days?</p>	<p>00-76 = Times 77 = Don't know 99 = Refused</p>
1	913	<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 7 = Don't know 9 = Refused</p>

1	914	>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<	
1	915	(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>	
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1	916	>saac01< Did you live with anyone who was depressed, mentally ill, or suicidal?	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	917	>saac02< Did you live with anyone who was a problem drinker or alcoholic?	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	918	>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	919	>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	920	>saac05< Were your parents separated or divorced?	1 = Yes 2 = No 8 = Parents were not married 7 = Don't know 9 = Refused

1	921	>saac06< How often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up? Never, once, or more than once?	1 = Never 2 = Once 3 = More than once 7 = Don't know 9 = Refused
1	922	>saac07< 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. Never, once, or more than once?	1 = Never 2 = Once 3 = More than once 7 = Don't know 9 = Refused
1	923	>saac08< How often did a parent or adult in your home ever swear at you, insult you, or put you down? Never, once, or more than once?	1 = Never 2 = Once 3 = More than once 7 = Don't know 9 = Refused

1	924	>saac09< How often did anyone at least 5 years older than you, or an adult, touch you sexually? Never, once, or more than once?	1 = Never 2 = Once 3 = More than once 7 = Don't know 9 = Refused
1	925	>saac10< How often did anyone at least 5 years older than you, or an adult, try to make you touch them sexually? Never, once, or more than once?	1 = Never 2 = Once 3 = More than once 7 = Don't know 9 = Refused
1	926	>saac11< How often did anyone at least 5 years older than you, or an adult, force you to have sex? Never, once, or more than once?	1 = Never 2 = Once 3 = More than once 7 = Don't know 9 = Refused

0		<p>>saac_end<</p> <p>As I mentioned when we started this section, I would give you a phone number for an organization that can provide information and referral for these issues.</p> <p>You can dial 211 or 1-800-422-4453 to reach a referral service to locate an agency in your area.</p>	
3	927-929	(left blank)	
1	930	<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 7 = Don't know 9 = Refused</p>
1	931	<p>>satb0200< {# new for 2017}</p> <p>Thinking about your friends and family members, of the four people you spend the most time with, how many smoke cigarettes?</p>	<p>0 = None 1 = One 2 = Two 3 = Three 4 = Four 7 = Don't know 9 = Refused</p>

1	932	<p>>satb0300<</p> <p>Not counting decks, porches, or garages, which statement best describes the rules about smoking inside your home: smoking is not allowed anywhere inside your home, smoking is allowed in some places or at some times, smoking is allowed anywhere inside your home, or there are no rules about smoking inside your home?</p>	<p>1 = Smoking is not allowed anywhere inside your home</p> <p>2 = Smoking is allowed in some places or at some times</p> <p>3 = Smoking is allowed anywhere inside your home</p> <p>4 = There are no rules about smoking inside your home</p> <p>7 = Don't know</p> <p>9 = Refused</p>
2	933-934	<p>>satb0400<</p> <p>During the past seven days, on how many days did you ride in a car with someone who was smoking cigarettes?</p>	<p>00-07 = Days</p> <p>77 = Don't know</p> <p>99 = Refused</p>

1	935	<p>>satb0420< {# new for 2017}</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	936	<p>[If R is current or former smoker]</p> <p>>satb0450< [# from 2015]</p> <p>[If R is current smoker] Do you</p> <p>[if R is former smoker] Did you</p> <p>smoke menthol cigarettes?</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>
3	937-939	<p>[If R is current smoker]</p> <p>>satb0470< [# from 2015]</p> <p>On average, about how many cigarettes a day do you now smoke?</p>	<p>001-200 = Cigarettes per day 777 = Don't Know 999 = Refused</p>

0		<p>>satb0500_int<</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 any of the following services available to help people quit using tobacco?</p>	
1	940	<p>>satb0500a<</p> <p>The Wisconsin Tobacco Quitline</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>
1	941	<p>>satb0500b<</p> <p>The First Breath Program for Pregnant Women</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>
1	942	<p>>satb0500c<</p> <p>Freedom from Smoking</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>
1	943	<p>>satb0500d<</p> <p>Any other cessation programs in your community or at local clinics?</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>

1	944	<p>[if c0901 smoking status is not 1, skip to satb1300]</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 7 = Don't know 9 = Refused</p>
1	945	<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. Please think about ...</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</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>... 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>	
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1	946	<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>	1 = Yes 2 = No 7 = Don't know 9 = Refused
0		<pre>>satb1100< [if satb1000 NE 1, skip to satb1300] What program did you use?</pre>	[# open-end text answer]
1	947	(left blank)	

1	948	<p>>ctri01<</p> <p>In the past 12 months, have you seen a doctor, nurse or other health professional to get any kind of care for yourself?</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>
1	949	<p>[if R is not current smoker, skip to satb21 smokeless-status]</p> <p>>ctri02<</p> <p>In the past 12 months, were you advised to quit smoking by a doctor or other health provider?</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>
1	950	(left blank)	
1	951	<p>[If R does currently use SLT, skip to satb2400a; 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>
1	952	(left blank)	

1	953	<p>[if R currently uses SLT, ask satb2400 series, else skip to satb2700]</p> <p>>satb2400@a<</p> <p>In which of the following places do you use smokeless tobacco: At home?</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>
1	954	<p>>satb2400@b<</p> <p>At work?</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>
1	955	<p>>satb2400@c<</p> <p>In bars?</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>
1	956	<p>>satb2400@d<</p> <p>In restaurants?</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>
1	957	<p>>satb2400@e<</p> <p>In other INDOOR places or events?</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>

1	958	>satb2400@f< In other OUTDOOR places or events?	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	959	(left blank)	

2	960-961	<p>>satb2700<</p> <p>The State of Wisconsin has passed a law that prohibits smoking in most public places, including all workplaces, public buildings, offices, restaurants, and bars. Are you in favor of this law, opposed to this law, or are you neither in favor nor opposed to it?</p> <p>[If favor] Are you slightly in favor of the law, somewhat in favor of it, or strongly in favor of it?</p> <p>[If opposed] Are you 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 02 = Somewhat opposed 03 = Slightly opposed 04 = Neither favor or oppose 05 = Slightly in favor 06 = Somewhat in favor 07 = Strongly in favor</p> <p>77 = Don't know 99 = Refused</p>
1	962	(left blank)	

1	963	<p>>samu01<</p> <p>Do any members of your household [IF R SMOKES: other than you] currently smoke?</p> <p>(NOTE: INCLUDE CIGARETTES, CIGARS, OR PIPE SMOKING)</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>
1	964	<p>>samu02<</p> <p>In the next few questions, when we refer to a multi-unit building, we mean a building with more than one individual housing unit.</p> <p>Do you live a multi-unit building?</p> <p>(NOTE: ELIGIBLE BUILDINGS CAN INCLUDE APARTMENTS, CONDOS, TOWNHOMES, DORMS, OR OTHER SIMILAR BUILDINGS. RENTING/OWNING DOESN'T MATTER.)</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>

1	965	<p>[If samu02 is not Yes, skip to next section]</p> <p>>samu03<</p> <p>Does your building prohibit smoking in individual housing units?</p> <p>(THIS MEANS WITHIN SOMEONE'S OWN APARTMENT/CONDO/ETC., NOT IN OUTDOOR OR COMMON AREAS.)</p>	<p>1 = Yes 2 = No</p> <p>7 = Don't know 9 = Refused</p>
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2	966-967	<p>>samu04< [randomize the order of the choices read aloud]</p> <p>Which of the following kinds of buildings would you prefer to live in: one that prohibits smoking in the individual housing units OR one that allows/permits smoking in the individual housing units?</p> <p>(NOTE: ACCEPT EITHER "would prefer" OR "do prefer" ANSWERS HERE)</p> <p>[if R prefers one or the other]</p> <p>Would you say you slightly prefer it, somewhat prefer it, or strongly prefer it?</p>	<p>01 = Strongly prefer allows 02 = Somewhat prefer allows 03 = Slightly prefer allows 04 = Neither 05 = Slightly prefer prohibits 06 = Somewhat prefer prohibits 07 = Strongly prefer prohibits</p> <p>77 = Don't know 99 = Refused</p>
1	968	(left blank)	

1	969	<p>>cig01<</p> <p>[to be placed after samu04] [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>
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1	970	<p>>ecig01<</p> <p>[to be placed after cig01]</p> <p>[to be asked of Rs who have ever tried cigarette smoking (cig01=1 or c0901=1), and who have ever tried e-cigarettes (c1001=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>1 = I tried regular cigarettes before I ever tried electronic cigarettes or other electronic vaping" products</p> <p>2 = 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</p> <p>2 = I tried electronic cigarettes or other electronic vaping products before I ever tried regular cigarettes</p> <p>7 = Don't know</p> <p>9 = Refused</p>
1	971	(left blank)	

1	972	<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>
0		<p>[if c1001 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	973	<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	974	<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	975	>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	976	>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	977	>satb3300e< To help you try to quit smoking regular tobacco products?	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	978	>satb3300f< Because they are less harmful to your health than regular tobacco products?	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	979	>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	980	(left blank)	

1	981	<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>
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1	982	<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] [# F8 help screen text is below] (PRESCRIPTION OPIOID PAIN RELIEVERS INCLUDE DRUGS LIKE HYDROCODONE, OXYCODONE, METHADONE, TRAMADOL, ULTRAM, MORPHINE, FENTANYL, CODEINE, & HYDROMORPHONE. </pre>	<pre> 1 = Yes, contained opioid 2 = No, did not contain opioid 7 = Don't know 9 = Refused </pre>
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		<p>OPIOIDS ARE ALSO CALLED NARCOTICS.</p> <p>NON-OPIOID PRESCRIPTION PAIN RELIEVERS INCLUDE ANTI-INFLAMMATORY DRUGS (NSAIDS) LIKE IBUPROFEN, ASPIRIN, CELECOXIB, CELEBREX, & NAPROXEN.</p> <p>COMBINATION DRUGS MAY CONTAIN OPIOIDS ALONG WITH ANOTHER PAIN RELIEVER SUCH AS ACETAMINOPHEN ("ah-see-toh-MIN-oh-fen"). EXAMPLES INCLUDE VICODIN, NORCO, LORTAB, & PERCOET. FOR COMBINATION DRUGS, ENTER "YES".)</p>	
1	983	<p>>sapd02<</p> <p>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?</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>
1	984	<p>>sapd03<</p> <p>The last time you filled a prescription for pain medication was there any medication left over?</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>

1	985	<p>>sapd04<</p> <p>[# if sapd03 NE 1, skip to sapd05]</p> <p>What did you do with the leftover prescription pain medication?</p> <p>(NOTE: DO NOT READ RESPONSES WITH QUESTION, BUT IT'S OK TO READ THEM FOR PROBING)</p>	<p>1 = Kept it 2 = Disposed of it 3 = Gave it to someone else 4 = Sold it 5 = Other 7 = Don't know 9 = Refused</p>
1	986	<p>[if sapd04 EQ 1, go to sapd04b, else go to sapd05]</p> <p>>sapd04b<</p> <p>After you kept the leftover prescription pain medication that was prescribed to you, did you take any of it?</p> <p>(NOTE: THIS REFERS TO AFTER R KEPT LEFTOVER PRESCRIPTION PAIN MEDICATION FROM THE LAST TIME IT WAS PRESCRIBED IN THE PAST YEAR.)</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>

1	987	<p>[if sapd04b EQ 1, go to sapd04c, else go to sapd05]</p> <p>>sapd04c<</p> <p>When you took the leftover prescription pain medication, did you take it for the reason it was originally prescribed for you, or for some other reason?</p> <p>(NOTE: THIS REFERS TO AFTER R KEPT LEFTOVER PRESCRIPTION PAIN MEDICATION FROM THE LAST TIME IT WAS PRESCRIBED IN THE PAST YEAR.)</p>	<p>1 = Originally prescribed reason 2 = Other reason 3 = Some for original reason, some for other reason</p> <p>7 = Don't know 9 = Refused</p>
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1	988	<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>
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1	989	<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: referring 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</p> <p>2 = Taken from owner without his or her knowledge</p> <p>3 = Purchased from friend or relative</p> <p>4 = Purchased from street dealer</p> <p>5 = Purchased online</p> <p>6 = Other</p> <p>7 = Don't know</p> <p>9 = Refused</p>
1	990	<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</p> <p>1 = Several Days</p> <p>2 = More Than Half the Days</p> <p>3 = Nearly Every Day</p> <p>7 = Don't Know</p> <p>9 = Refused</p>

1	991	<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	992	<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	993	<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>
6	994-999	(left blank)	
0		<p>[# ASTHMA FOLLOW-UP RECRUITING]</p> <p>[Ask only if R or child is asthma-eligible]</p>	
1	1000	<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	1001	<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	1002	<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	1003	<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 can ask about 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		>ADULTname< [name not delivered in data] 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?	
1	1004	>MOSTKNOW< Are you the parent or guardian in the household who knows the most about [fill CHILDDname]'s asthma?	1 = Yes 2 = No 7 = Don't know 9 = Refused
0		>MKPname< [name not delivered in data] 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?	

1	1005	<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>	<p>[# open-end text answer]</p>

0		<p>>afu_cnfd<</p> <p>The information you gave us today and any [you/MKP] give us in the future will be kept confidential. If you agree to this, we will keep [your/their/child's] first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, [you/MKP] may refuse to participate in the future.</p>	
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1	1006	<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 that later interview?</p>	<p>1 = Yes</p> <p>2 = No</p> <p>9 = Refused</p>
	1007-1399	(left blank)	
1	1400	End of record	

Activity List for Common Leisure Activities

(To be used for Section 13: Physical Activity)

Code Description (Physical Activity, Questions 13.2 and 13.5 above)

- | | |
|---|--|
| <ul style="list-style-type: none"> 01 Active Gaming Devices (Wii Fit, Dance, Dance revolution) 02 Aerobics video or class 03 Backpacking 04 Badminton 05 Basketball 06 Bicycling machine exercise 07 Bicycling 08 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping) 09 Bowling 10 Boxing 11 Calisthenics 12 Canoeing/rowing in competition 13 Carpentry 14 Dancing-ballet, ballroom, Latin, hip hop, Zumba, etc. 15 Elliptical/EFX machine exercise 16 Fishing from river bank or boat 17 Frisbee 18 Gardening (spading, weeding, digging, filling) 19 Golf (with motorized cart) 20 Golf (without motorized cart) 21 Handball 22 Hiking – cross-country 23 Hockey 24 Horseback riding 25 Hunting large game – deer, elk 26 Hunting small game – quail 27 Inline Skating 28 Jogging 29 Lacrosse 30 Mountain climbing 31 Mowing lawn 32 Paddleball 33 Painting/papering house 34 Pilates 35 Racquetball 36 Raking lawn/trimming hedges 37 Running 38 Rock climbing 39 Rope skipping | <ul style="list-style-type: none"> 40 Rowing machine exercises 41 Rugby 42 Scuba diving 43 Skateboarding 44 Skating - ice or roller 45 Sledding, tobogganing 46 Snorkeling 47 Snow blowing 48 Snow shoveling by hand 49 Snow skiing 50 Snowshoeing 51 Soccer 52 Softball/Baseball 53 Squash 54 Stair climbing/Stair master 55 Stream fishing in waders 56 Surfing 57 Swimming 58 Swimming in laps 59 Table tennis 60 Tai Chi 61 Tennis 62 Touch football 63 Volleyball 64 Walking 66 Waterskiing 67 Weight lifting 68 Wrestling 69 Yoga 71 Childcare 72 Farm/Ranch Work (caring for livestock, stacking hay, etc.) 73 Household Activities (vacuuming, dusting, home repair, etc.) 74 Karate/Martial Arts 75 Upper Body Cycle (wheelchair sports, ergometer) 76 Yard work (cutting/gathering wood, trimming, etc.) 98 Other_____ 99 Refused |
|---|--|