



2011

**Behavioral Risk Factor Surveillance System
Questionnaire**

VIRGINIA

January 4, 2011

Behavioral Risk Factor Surveillance System 2011 Questionnaire – Virginia

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Interviewer's Script

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

CATI NOTE: Don't Know and Refused answer codes should be present only where specified in this script; do not add codes for Don't Know or Refused.

CTELENUM Is this (phone number) ?

- 1. Yes **GO TO PVTRESID**
- 2. No
- 7. (VOL) Don't Know/Not Sure
- 9. (VOL) Refused

If "No", "Don't Know", "Refused"

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

PVTRESID Is this a private residence in Virginia ?

- 1. Yes **GO TO CELLPH**
- 2. No

If "No"

SOPVTRES Thank you very much, but we are only interviewing private residences in Virginia. **STOP**

Qualified Level 1

CELLPH Is this a cellular telephone?

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

- 1. Yes
- 2. No

CATI DUMMY QUESTION: AUTOPUNCH RESPONSE TO 'CELLFON'. IF CELLPH=1 (YES), CELLFON=2 (YES). IF CELLPH=2 (NO), CELLFON=1 (NO).

CELLFON

- 1 No, not a cellular telephone. **SCREEN-OUT**
- 2 Yes **GO TO RESPONDENT SELECTION**

SOCELFON Thank you very much, but we are only interviewing land line telephones and private residences.

1 S/O CELLULAR PHONE

Qualified Level 2

RESPONDENT SELECTION

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

NUMADULT ___ Number of adults

If NUMADULT = 1, ASK:

NMADLT1 Are you the adult?

If "yes,"

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

If "no,"

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

Qualified Level 3

- **IF NUMADULT=2, 3, or 4, GO TO NUMMEN**

- **IF NUMADULT>4, ASK**

PNMADULT

Are they all 18 years of age or older, and all are currently living in the household, and the household is not a group home or institution.

1 Yes

GO TO NUMMEN

2 No

GO BACK TO NUMADULT AND RE-ASK IT

9 (VOL) Refused

GO TO NUMMEN

NUMMEN How many of these adults are men?

___ Number of men

NUMWOMEN How many of these adults are women?

___ Number of women

Qualified Level 4

IF NUMMEN+NUMWOMEN DOES NOT EQUAL NUMADULT, WE NEED TO RE-ASK THE QUESTIONS. DISPLAY THE FOLLOWING TEXT SCREEN, THEN GO BACK TO NUMMEN:

[INTERVIEWER: THE TOTAL NUMBER OF ADULTS IS NOT EQUAL TO NUMBER OF MEN AND WOMEN. PLEASE RE-ASK QUESTIONS.]

1. Continue **GO BACK TO NUMMEN**

- **IF NUMADULT<5 AND NUMWOMEN<3 AND NUMMEN<3, RANDOMLY SELECT ONE OF THE HOUSEHOLD ADULTS, THEN SAY:**



RNAME The person in your household that I need to speak with is the (first/second) (male/female) adult.

[CATI: this should display as a text screen and then go to INTRO1]

- **IF NUMADULT>4 OR NUMMEN>2 OR NUMWOMEN>2, ASK “ALLNA” TO GET THE NAMES OF EACH ADULT IN THE HOUSEHOLD. REFER TO NUMMEN AND NUMWOMEN TO DETERMINE HOW MANY OF EACH SEX TO ASK FOR A NAME (0 TO 10).**

(IF NUMMEN=1-10) ASK FOR THE NAME OF THE “OLDEST MALE”, THEN THE “SECOND OLDEST MALE, THEN “THIRD OLDEST MALE”, ETC.

(IF NUMWOMEN=1-10) ASK FOR THE NAME OF THE “OLDEST FEMALE”, THEN THE “SECOND OLDEST FEMALE, THEN “THIRD OLDEST FEMALE”, ETC.

ALLNA

Could you please name all the (male/female) members of the household from oldest to youngest?

[ENTER NAME OF ___ OLDEST (MALE/FEMALE) ADULT]

AFTER ALL NAMES HAVE BEEN ENTERED, RANDOMLY SELECT ONE OF THE HOUSEHOLD ADULTS, THEN SAY:

RNAME The person in your household that I need to speak with is (display name of selected adult).

[CATI: this should display as a text screen and then go to INTRO1]

INTRO1 May I speak with (him/her)?

- 1 Continue
- 2 Callback
- 3 (VOL) Refused
- 4 Not available duration
- 5 Language barrier / not Spanish
- 6 Physical / Mental incapacity / health / deaf
- 7 Screen out location

To the correct respondent:

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

Core Sections

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call 888-735-0673.

Section 1: Health Status

- GENHLTH** Would you say that in general your health is— (73)
- 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

Qualified Level 5

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

- PHYSHLTH** 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? (74–75)
- – Number of days
 - 8 8 None
 - 7 7 Don't know / Not sure
 - 9 9 Refused

MENTHLTH 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? (76–77)

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

POORHLTH 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? (78-79)

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

Section 3: Health Care Access

HLTHPLAN Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Indian Health Services? (80)

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

PERSDOC2 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?” (81)

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

MEDCOST Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (82)

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

CHECKUP1 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. (83)

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

Section 4: Hypertension Awareness

BPHIGH3 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (94)

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]

BPMEDS Are you currently taking medicine for your high blood pressure? (95)

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

Section 5: Cholesterol Awareness

BLOODCHO Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (96)

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

CHOLCHK About how long has it been since you last had your blood cholesterol checked? (97)

Read only if necessary:

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

Do not read:

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

TOLDHI2 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (98)

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

Section 6: Chronic Health Conditions

Now I would like to ask you some questions about general health conditions.

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me “Yes,” “No,” or you’re “Not sure.”

CVDINFR4 (Ever told) you that you had a heart attack also called a myocardial infarction? (99)

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

CVDCRHD4 (Ever told) you had angina or coronary heart disease? (100)

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

CVDSTRK3 (Ever told) you had a stroke? (101)

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

ASTHMA2 (Ever told) you had asthma? (102)

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

ASTHNOW Do you still have asthma? (103)

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

6.6. (Ever told) you had skin cancer? (104)

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

6.7. (Ever told) you had any other types of cancer? (105)

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

6.8. (Ever told) you have COPD (chronic obstructive pulmonary disease), emphysema or chronic bronchitis? (106)

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

HAVARTH2 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (107)

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)? (108)

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. (109)

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 vision or eye problems? (110)

1	Yes
2	No
3	Respondent is blind
7	Don't know / Not sure
9	Refused

DIABETE2 (Ever told) you have diabetes? (111)

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

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

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

CATI note: If DIABETE2 = 1 (Yes), go to Diabetes Optional Module (if used). If any other response to DIABETE2, go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.

Section 7: Tobacco Use

SMOKE100 Have you smoked at least 100 cigarettes in your entire life? (112)

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No [Go to USENOW3]
- 7 Don't know / Not sure [Go to USENOW3]
- 9 Refused [Go to USENOW3]

SMOKDAY2 Do you now smoke cigarettes every day, some days, or not at all? (113)

- 1 Every day
- 2 Some days
- 3 Not at all [Go to LASTSMK1]
- 7 Don't know / Not sure [Go to USENOW3]
- 9 Refused [Go to USENOW3]

STOPSMK2 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (114)

- 1 Yes [Go to USENOW3]
- 2 No [Go to USENOW3]
- 7 Don't know / Not sure [Go to USENOW3]
- 9 Refused [Go to USENOW3]

LASTSMK1 How long has it been since you last smoked a cigarette, even one or two puffs? (115-116)

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

USENOW3 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

Snus (rhymes with 'goose')

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

(117)

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

Do not read:

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

Section 8: Demographics

AGE What is your age?

(118-119)

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

HISPANC2 Are you Hispanic or Latino?

(120)

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

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

(121-126)

(Check all that apply)

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native

Or

- 6 Other [specify] _____

Do not read:

- 8 No additional choices
- 7 Don't know / Not sure
- 9 Refused

CATI note: If more than one response to MRACE; continue. Otherwise, go to 8.5.

ORACE2 Which one of these groups would you say best represents your race? (127)

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native

Or

- 6 Other [specify] _____

Do not read:

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

8.5 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? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. (128)

- 1 Yes
- 2 No

Do not read:

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

MARITAL Are you...? (129)

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

CHILDREN How many children less than 18 years of age live in your household? (130-131)

— — Number of children
8 8 None
9 9 Refused

EDUCA What is the highest grade or year of school you completed? (132)

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

EMPLOY Are you currently...? (133)

Please read:

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

Or

8 Unable to work

Do not read:

9 Refused

INCOME2 Is your annual household income from all sources—

(134-135)

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

Read only if necessary:

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

Do not read:

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

WEIGHT2 About how much do you weigh without shoes?

(136-139)

NOTE: If respondent answers in metrics, put "9" in column 174.

Round fractions up

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

HEIGHT3 About how tall are you without shoes? (140-143)

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

Round fractions down

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

CTYCODE What county do you live in? (144-146)

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

ZIPCODE What is the ZIP Code where you live? (147-151)

__ __ __ __	ZIP Code [RANGE 20101-20199; 22002-24658]
7 7 7 7 7	Don't know / Not sure
9 9 9 9 9	Refused

NUMHHOL2 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. (152)

1	Yes	
2	No	[Go to CPDEMO1]
7	Don't know / Not sure	[Go to CPDEMO1]
9	Refused	[Go to CPDEMO1]

Qualified Level 6

NUMPHON2 How many of these telephone numbers are residential numbers? (153)

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

CPDEMO1 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (154)

- 1 Yes [CPDEMO3]
- 2 No
- 7 Don't know / Not sure
- 9 Refused

CPDEMO2 Do you share a cell phone for personal use (at least one-third of the time) with other adults? (155)

- 1 Yes [Go to CPDEMO4]
- 2 No [Go to RENTHOM1]
- 7 Don't know / Not sure [Go to RENTHOM1]
- 9 Refused [Go to RENTHOM1]

CPDEMO3 Do you usually share this cell phone (at least one-third of the time) with any other adults? (156)

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

CPDEMO4 Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone? (157-159)

- Enter percent (1 to 100)
- 8 8 8 Zero
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

RENTHOM1 Do you own or rent your home? **FROM 2010 Optional Module 19** (160)

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

INTERVIEWER NOTE: "Other arrangement" may include group home or 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.

SEX **Indicate sex of respondent. Ask only if necessary.** (161)

- 1 Male **[Go to next section]**
 - 2 Female **[If respondent is 46 years old or older, go to next section]**
- *NOTE: Virginia specific.**

PREGNANT To your knowledge, are you now pregnant? (162)

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

Section 9: Fruits and Vegetables

These next questions are about the fruits and vegetables **you** ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home.

I will be asking how often **you** ate or drank each one: for example, once a day, twice a week, three times a month, and so forth.

INTERVIEWER NOTE: If respondent responds less than once per month, put "0" times per month. If respondent gives a number without a time frame, ask: "Was that per day, week, or month?"

FRUITJU2 During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice. (163-165)

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

INTERVIEWER NOTE: Do not include fruit drinks with added sugar or other added sweeteners like Kool-aid, Hi-C, lemonade, cranberry cocktail, Tampico, Sunny Delight, Snapple, Fruitopia, Gatorade, Power-Ade, or yogurt drinks.

Do not include fruit juice drinks that provide 100% daily vitamin C but include added sugar.

Do not include vegetable juices such as tomato and V8 if respondent provides but include in "other vegetables" question, VEGOTHER.

DO include 100% pure juices including orange, mango, papaya, pineapple, apple, grape (white or red), or grapefruit. Only count cranberry juice if the R perception is that it is 100% juice with no sugar or artificial sweetener added. 100% juice blends such as orange-pineapple, orange-tangerine, cranberry-grape are also acceptable as are fruit-vegetable 100% blends. 100% pure juice from concentrate (i.e., reconstituted) is counted.

FRUIT2 During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit (166-168)

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Read only if necessary: “Your best guess is fine. Include apples, bananas, applesauce, oranges, grape fruit, fruit salad, watermelon, cantaloupe or musk melon, papaya, lychees, star fruit, pomegranates, mangos, grapes, and berries such as blueberries and strawberries.”

INTERVIEWER NOTE: Do not count fruit jam, jelly, or fruit preserves.

Do not include dried fruit in ready-to-eat cereals.

Do include dried raisins, cran-raisins if respondent tells you - *but due to their small serving size they are not included in the prompt.*

Do include cut up fresh, frozen, or canned fruit added to yogurt, cereal, jello, and other meal items.

Include culturally and geographically appropriate fruits that are not mentioned (e.g. genip, soursop, sugar apple, figs, tamarind, bread fruit, sea grapes, carambola, longans, lychees, akee, rambutan, etc.).

BEANS During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, and garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans. (169-171)

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Read only if necessary: “Include round or oval beans or peas such as navy, pinto, split peas, cow peas, garbanzo beans, lentils, soy beans and tofu. Do NOT include long green beans such as string beans, broad or winged beans, or pole beans.”

INTERVIEWER NOTE: Include soybeans also called edamame, TOFU (BEAN CURD MADE FROM SOYBEANS), kidney, pinto, garbanzo, hummus, lentils, black, black-eyed peas, cow peas, lima beans and white beans.

Include bean burgers including garden burgers and veggie burgers.

Include falafel and tempeh.

DARKGRNV During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach?

(172-174)

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

INTERVIEWER NOTE: Each time a vegetable is eaten it counts as one time."

INTERVIEWER NOTE: Include all raw leafy green salads including spinach, mesclun, romaine lettuce, bok choy, dark green leafy lettuce, dandelions, komatsuna, watercress, and arugula.

Do not include iceberg (head) lettuce if specifically told type of lettuce. Include all cooked greens including kale, collard greens, choys, turnip greens, mustard greens.

ORANGEV During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?

(175-177)

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Read only if needed: "Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash."

FOR INTERVIEWER: Include all forms of carrots including long or baby-cut.

Include carrot-slaw (e.g. shredded carrots with or without other vegetables or fruit).

Include all forms of sweet potatoes including baked, mashed, casserole, pie, or sweet potatoes fries.

Include all hard-winter squash varieties including acorn, autumn cup, banana, butternut, buttercup, delicate, hubbard, kabocha (Also known as an Ebisu, Delica, Hoka, Hokkaido, or Japanese Pumpkin; blue kuri), and spaghetti squash. Include all forms including soup.

Include pumpkin, including pumpkin soup and pie. Do not include pumpkin bars, cake, bread or other grain-based desert-type food containing pumpkin (i.e. similar to banana bars, zucchini bars we do not include).

VEGOTHER Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.

(178-180)

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Read only if needed: "Do not count vegetables you have already counted and do not include fried potatoes."

INTERVIEWER NOTE: Include corn, peas, tomatoes, okra, beets, cauliflower, bean sprouts, avocado, cucumber, onions, peppers (red, green, yellow, orange); all cabbage including American-style cole-slaw; mushrooms, snow peas, snap peas, broad beans, string, wax-, or pole-beans.

Include any form of the vegetable (raw, cooked, canned, or frozen).

Do not include products consumed usually as condiments including ketchup, catsup, salsa, chutney, relish.

Do include tomato juice if respondent did not count in fruit juice.

Include culturally and geographically appropriate vegetables that are not mentioned (e.g. daikon, jicama, oriental cucumber, etc.).

Do not include rice or other grains.

Section 10: 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.

EXERANY3 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? (181)

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

EXERACT3 What type of physical activity or exercise did you spend the most time doing during the past month? _____ (Specify) [See Coding List A] (182-183)

- 7 7 Don't know / Not Sure [Go to EXOFTSTR]
- 9 9 Refused [Go to EXOFTSTR]

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

INTERVIEWER NOTE: Housework may be included as a physical activity or exercise spent and can be coded as "Other".

EXEROFT1 How many times per week or per month did you take part in this activity during the past month? (184-186)

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

EXERHMM1 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (187-189)

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

EXERACT4 What other type of physical activity gave you the next most exercise during the past month? _____ (Specify) [See Coding List A] (190-191)

- 88 No other activity [Go to EXOFTSTR]
- 77 Don't know / Not sure [Go to EXOFTSTR]
- 99 Refused [Go to EXOFTSTR]

INTERVIEWER INSTRUCTION: If the respondent’s activity is not included in the Coding List A, choose the option listed as “Other”.

INTERVIEWER NOTE: Housework may be included as a physical activity or exercise spent and can be coded as “Other”.

EXEROFT2 How many times per week or per month did you take part in this activity during the past month? (192-194)

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

EXERHMM2 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (195-197)

- __:__ Hours and minutes
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

EXOFTSTR 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. (198-200)

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

Section 11: Disability

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

QLACTLM2 Are you limited in any way in any activities because of physical, mental, or emotional problems? (201)

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

USEEQUIP Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (202)

Include occasional use or use in certain circumstances.

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

Section 12: Arthritis Burden

If HAVARTH2 = 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.

LMTJOIN2 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (203)

- 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: ARTHDIS2 should be asked of all respondents regardless of employment status.

ARTHDIS2 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? (204)

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

INTERVIEWER INSTRUCTION: If respondent gives an answer to each issue (whether works, type 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."

ARTHSOCL 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?

(205)

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."

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

(206-207)

- — Enter number [00-10]
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 13: Seatbelt Use

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

(208)

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 14: Immunization

14.1 Now I will ask you questions about seasonal flu vaccine. There are two ways to get the seasonal flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™. During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose? (84)

- 1 Yes
- 2 No [Go to PNEUVAC3]
- 7 Don't know / Not sure [Go to PNEUVAC3]
- 9 Refused [Go to PNEUVAC3]

14.2 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? (85-90)

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

14.3 At what kind of place did you get your last seasonal flu vaccine? (92-92)
[IF RESPONDENT UNSURE, PROBE: "How would you describe the place where you went to get your most recent flu vaccine?"]

- 01 A doctor's office or health maintenance organization (HMO)
- 02 A health department
- 03 Another type of clinic or health center (Example: a community health center)
- 04 A senior, recreation, or community center
- 05 A store (Examples: supermarket, drug store)
- 06 A hospital (Example: inpatient)
- 07 An emergency room
- 08 Workplace
- 09 Some other kind of place
- 10 Received vaccination in Canada/Mexico (Volunteered – Do not read)
- 11 A school
- 77 Don't know / Not sure
- 99 Refused

PNEUVAC3 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? (93)

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

Section 15: Alcohol Consumption

ALCDAY5 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?
(209-211)

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

AVEDRNK2 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?
(212-213)

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

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

DRNK3GE5 Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [**CATI X = 5 for men, X = 4 for women**] or more drinks on an occasion?
(214-215)

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

MAXDRNKS During the past 30 days, what is the largest number of drinks you had on any occasion?
(216-217)

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

CATI: IF DRNK3GE5=88 AND SEX=1, MAXDRNKS CANNOT BE 5-76. IF DRNK3GE5=88 AND SEX=2, MAXDRNKS CANNOT BE 4-76.

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.

HIVTST5 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. (218)

- 1 Yes
- 2 No [Go to HIVRISK2]
- 7 Don't know / Not sure [Go to HIVRISK2]
- 9 Refused [Go to HIVRISK2]

HIVTSTD2 Not including blood donations, in what month and year was your last HIV test? (219-224)

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

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

HIVRISK2 I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You do not need to tell me which one.

- You have used intravenous drugs in the past year.
- You have been treated for a sexually transmitted or venereal disease in the past year.
- You have given or received money or drugs in exchange for sex in the past year.
- You had anal sex without a condom in the past year.

Do any of these situations apply to you? (225)

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

Section 17: H1N1 ILI (Influenza Like Illness) Adult

TO BE ASKED JAN-MARCH/APRIL (depends on state), OCTOBER-DECEMBER 2011

We would like to ask you some questions about recent respiratory illnesses.

H1N1AQ01 Last month (i.e January [to change to previous month each month of survey]), were you ill with a fever? (919)

- 1 Yes
- 2 No [SKIP TO H1N1AQ08]
- 7 Don't know [SKIP TO H1N1AQ08]
- 9 Refused [SKIP TO H1N1AQ08]

H1N1AQ02 Did you also have a cough and/or sore throat? (920)

- 1 Yes
- 2 No [SKIP TO H1N1AQ08]
- 7 Don't know [SKIP TO H1N1AQ08]
- 9 Refused [SKIP TO H1N1AQ08]

H1N1AQ04 Did you visit a doctor, nurse, or other health professional for this illness? (922)

- 1 Yes
- 2 No [SKIP TO H1N1AQ08]
- 7 Don't know [SKIP TO H1N1AQ08]
- 9 Refused [SKIP TO H1N1AQ08]

H1N1AQN4 When did you visit the doctor, nurse, or other health professional for this illness? [READ LIST; choose the most specific]

- 1 Within two days of getting ill
- 2 Within three to 7 days of getting ill
- 3 More than 7 days of getting ill
- 7 Don't know
- 9 Refused

H1N1AQN5 What did the doctor, nurse, or other health professional tell you? Did they say...[READ LIST]

- 1 You had influenza or the flu
[Interviewer: if respondent says they had either H1N1 or seasonal influenza, please code as '1 = You had influenza or the flu.']
- 2 You had some other illness, but not the flu
- 7 Don't know/not sure
- 9 Refused

H1N1AQ06 Did you have a flu test that was positive for this illness? Usually a swab from your nose or throat is tested. Would you say... (924)

[READ LIST]

[Interviewer: if respondent says they had either a positive H1N1 or seasonal influenza test result, please code as '1 = Had flu test and it was positive.']

- 1 Had flu test and it was positive
- 2 Had flu test and it was negative
- 3 Did not have flu test
- 7 Don't know
- 9 Refused

H1N1AQ07 Did you receive Tamiflu® or oseltamivir [o sel TAM i veer] or an inhaled medicine called Relenza® or zanamivir [za NA mi veer] to treat this illness?

(925)

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

IF (NUMADLT=1 AND CHILDREN=88 AND (H1N1AQ01>1 OR H1N1AQ02>1)), GO TO NEXT SECTION.

IF (NUMADLT=1 AND CHILDREN=88 AND H1N1AQ02=1, SKIP TO H1N1AQ10.

ELSE, ASK H1N1AQ08.

H1N1AQ08 Did any other members of your household have a fever with cough or sore throat last month (i.e January [to change each month of survey])?

(926)

- 1 Yes
- 2 No **[Go to pre-H1N1AQ10]**
- 7 Don't know
- 9 Refused

H1N1AQ09 How many household members, [**CATI IF H1N1AQ02=1, READ-IN:** including you,] were ill last month (i.e January [to change each month of survey])?

(927-928)

- __ __ # persons [**RANGE 1-15, 77, 99**]
- 88 None
- 77 Don't know/Not Sure
- 99 Refused

IF H1N1AQ02=1 (Yes) or H1N1AQ08=1 (Yes) continue to H1N1AQ10; otherwise, go to NEXT SECTION.

H1N1AQ10 How many people in your household, including you, were hospitalized for flu last month (i.e January [to change each month of survey])? [If needed: hospitalized means admitted to a hospital to receive medical treatment.]

(929-930)

- __ __ # persons [**RANGE 1-15, 77, 88, 99**]
- 88 None
- 77 Don't know/Not Sure
- 99 Refused

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

Please read:

Now I have some questions about other health topics.

Optional Modules

Module 5: Preconception Health /Family Planning

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

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

- M5_1** Has a doctor, nurse, or other health care worker ever talked with you about ways to prepare for a healthy pregnancy and baby? (281)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

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

- M5_2** Have you ever been pregnant? (282)

NOTE TO INTERVIEWER: If respondent is currently pregnant, code yes.

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

Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, implants, shots, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy.

- M5_3** Did you or your husband/partner do anything the last time you had sex to keep you from getting pregnant? (283)
- 1 Yes
 - 2 No **[Go to M5_5]**
 - 3 No partner/not sexually active **[Go to M5_6]**
 - 4 Same sex partner **[Go to M5_6]**
 - 7 Don't know / Not sure **[Go to M5_6]**
 - 9 Refused **[Go to M5_6]**

M5_4 What did you or your husband/partner do the last time you had sex to keep you from getting pregnant?

(284-285)

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

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

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

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

Read only if necessary:

01. Female sterilization (ex. tubal ligation, Essure, Adiana) **[Go to M5_7]**
02. Male sterilization (vasectomy) **[Go to M5_7]**
03. Contraceptive implant (ex. Implanon) **[Go to M5_6]**
04. Levonorgestrel (LNG) or hormonal IUD(ex. Mirena) **[Go to M5_6]**
05. Copper-bearing IUD (ex. ParaGard) **[Go to M5_6]**
06. IUD, type unknown **[Go to M5_6]**
07. Shots (ex. Depo-Provera) **[Go to M5_6]**
08. Birth control pills, any kind **[Go to M5_6]**
09. Contraceptive patch (ex. Ortho Evra) **[Go to M5_6]**
10. Contraceptive ring (ex. NuvaRing) **[Go to M5_6]**
11. Male condoms **[Go to M5_6]**
12. Diaphragm, cervical cap, sponge **[Go to M5_6]**
13. Female condoms **[Go to M5_6]**
14. Not having sex at certain times (rhythm or natural family planning) **[Go to M5_6]**
15. Withdrawal (or pulling out) **[Go to M5_6]**
16. Foam, jelly, film, or cream **[Go to M5_6]**
17. Emergency contraception (morning after pill) **[Go to M5_6]**
18. Other method **[Go to M5_6]**

77. Don't know / Not sure **[Go to M5_6]**
99. Refused **[Go to M5_6]**

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.

M5_5

What was your main reason for not doing anything the last time you had sex to keep you from getting pregnant?

(286-287)

NOTE TO INTERVIEWER: 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/don't care if you get pregnant
- 03 You want a pregnancy
- 04 You or your partner don't want to use birth control
- 05 You or your partner don't like birth control/side effects
- 06 You couldn't pay for birth control
- 07 You had a problem getting birth control when you needed it
- 08 Religious reasons
- 09 Lapse in use of a method
- 10 Don't think you or your partner can get pregnant (infertile or too old)
- 11 You had tubes tied (sterilization) [Go to next module]
- 12 You had a hysterectomy [Go to next module]
- 13 Your partner had a vasectomy (sterilization) [Go to next module]
- 14 You are currently breast-feeding
- 15 You just had a baby/postpartum
- 16 You are pregnant now [Go to **M5_7**]
- 17 Same sex partner
- 18 Other reason

Do not read:

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

M5_6 How do you feel about having a child now or sometime in the future? Would you say:

(288)

Please read:

- 1 You don't want to have one
- 2 You do want to have one, less than 12 months from now
- 3 You do want to have one, between 12 months to less than 2 years from now
- 4 You do want to have one, between 2 years to less than 5 years from now
- 5 You do want to have one, 5 or more years from now

Do not read:

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

- M5_7** How many times a week do you currently take a multivitamin, a prenatal vitamin, or a folic acid vitamin? (289)
- 1 Zero times a week
 - 2 One to three times a week
 - 3 Four to six times a week
 - 4 Every day of the week
 - 7 Don't know / Not sure
 - 9 Refused

Module 1: Pre-Diabetes

NOTE: Only asked of those not responding "Yes" (code = 1) to DIABETE2 (Diabetes awareness question). (If DIABETE2= 2, 3, 4, 7, 9)

- PDIABTST** Have you had a test for high blood sugar or diabetes within the past three years? (245)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

CATI note: If DIABETE2 = 4 (No, pre-diabetes or borderline diabetes); answer PREDIAB1 "Yes" (code = 1).

- PREDIAB1** Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

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

- (246)
- 1 Yes
 - 2 Yes, during pregnancy
 - 3 No
 - 7 Don't know / Not sure
 - 9 Refused

Module 10: Actions to Control High Blood Pressure

CATI note: If Core BPHIGH3 = 1 (Yes); continue. Otherwise, go to next module.

Earlier you stated that you had been diagnosed with high blood pressure.

Are you now doing any of the following to help lower or control your high blood pressure?

BPEATHBT (Are you) changing your eating habits (to help lower or control your high blood pressure)? (316)

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

BPSALT (Are you) cutting down on salt (to help lower or control your high blood pressure)? (317)

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't know / Not sure
- 9 Refused

BPALCHOL (Are you) reducing alcohol use (to help lower or control your high blood pressure)? (318)

- 1 Yes
- 2 No
- 3 Do not drink
- 7 Don't know / Not sure
- 9 Refused

BPEXER (Are you) exercising (to help lower or control your high blood pressure)? (319)

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

Has a doctor or other health professional ever advised you to do any of the following to help lower or control your high blood pressure?

BPEATADV (Ever advised you to) change your eating habits (to help lower or control your high blood pressure)? (320)

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

BPSLTADV (Ever advised you to) cut down on salt (to help lower or control your high blood pressure)?

(321)

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't know / Not sure
- 9 Refused

BPALCADV (Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)?

(322)

- 1 Yes
- 2 No
- 3 Do not drink
- 7 Don't know / Not sure
- 9 Refused

BPEXRADV (Ever advised you to) exercise (to help lower or control your high blood pressure)?

(323)

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

BP MEDADV (Ever advised you to) take medication (to help lower or control your high blood pressure)? (324)

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

BPHI2MR Were you told on **two or more different visits** to a doctor or other health professional that you had high blood pressure? (325)

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

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

Module 32: Random Child Selection

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

If CHILDREN = 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 RCSBIRTH]**

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

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

INTERVIEWER PLEASE READ:

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

RCSBIRTH What is the birth month and year of the "Xth" child? (488-493)

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

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

RCSGENDR Is the child a boy or a girl? (494)

- 1 Boy
- 2 Girl
- 9 Refused

RCHISLAT Is the child Hispanic or Latino? (495)

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

RCSRACE Which one or more of the following would you say is the race of the child? (496-501)

[Check all that apply]

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native

Or

- 6 Other [specify] _____

Do not read:

- 8 No additional choices
- 7 Don't know / Not sure
- 9 Refused

CATI note: If more than one response to RCSRACE, continue. Otherwise, go to RCSRLTN2.

RCSBRACE Which one of these groups would you say best represents the child's race? (502)

CATI: List only responses given as part of RCSRACE

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other
- 7 Don't know / Not sure
- 9 Refused

RCSRLTN2 How are you related to the child? (503)

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 35: H1N1 ILI (Influenza Like Illness) Child

TO BE ASKED JAN – MARCH/APRIL (depends on state)

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

The next two questions are about the "Xth" child. .

H1N1CQ01 Last month (i.e January [to change each month of survey]), Did the child have a fever with cough and/or sore throat? (931)

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

H1N1CQ02 Did the child visit a doctor, nurse, or other health professional for this illness? (932)

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

Module 34: Child Immunization (Influenza)

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

CATI note: If selected child's age is \geq 6 months, continue. Otherwise, go to next module.

FLUSHCH2 During the past 12 months, has [Fill: he/she] had a seasonal flu vaccination? There are two types of flu vaccinations. One is a shot and the other is a spray in the nose? (506)

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

RCVFCVCH4 During what month and year did [Fill: he/she] receive his/her most recent seasonal flu vaccination? The seasonal flu vaccination may have been either the flu shot or the flu spray. The flu spray is the flu vaccination that is sprayed in the nose? (507-512)

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

M32_3 At what kind of place did [he/she] get [his/her] last seasonal flu vaccine? (513-514)

- 0 1 A doctor's office or health maintenance organization (HMO)
- 0 2 A health department
- 0 3 Another type of clinic or health center (Example: a community health center)
- 0 4 A senior, recreation, or community center
- 0 5 A store (Examples: supermarket, drug store)
- 0 6 A hospital (Example: inpatient)
- 0 7 An emergency room
- 0 8 Workplace
- 0 9 Some other kind of place
- 1 0 Received vaccination in Canada/Mexico (Volunteered – Do not read)
- 1 1 A school
- 7 7 Don't know / Not sure (**Probe: "How would you describe the place where he/she went to get his/her most recent flu vaccine?"**)
- 9 9 Refused

Module 11: Heart Attack and Stroke

Now I would like to ask you about your knowledge of the signs and symptoms of a heart attack and stroke.

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

HASYMP1 (Do you think) pain or discomfort in the jaw, neck, or back (are symptoms of a heart attack?) (326)

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

HASYMP2 (Do you think) feeling weak, lightheaded, or faint (are symptoms of a heart attack?) (327)

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

HASYMP3 (Do you think) chest pain or discomfort (are symptoms of a heart attack?) (328)

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

HASYMP4 (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a heart attack?) (329)

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

HASYMP5 (Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack?) (330)

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

HASYMP6 (Do you think) shortness of breath (is a symptom of a heart attack?) (331)

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

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

STRSYMP1 (Do you think) sudden confusion or trouble speaking (are symptoms of a stroke?) (332)

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

STRSYMP2 (Do you think) sudden numbness or weakness of face, arm, or leg, especially on one side, (are symptoms of a stroke?) (333)

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

STRSYMP3 (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?) (334)

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

STRSYMP4 (Do you think) sudden chest pain or discomfort (are symptoms of a stroke?) (335)

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

STRSYMP5 (Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?) (336)

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

STRSYMP6 (Do you think) severe headache with no known cause (is a symptom of a stroke?) (337)

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

FIRSTAID If you thought someone was having a heart attack or a stroke, what is the first thing you would do? (338)

Please read:

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

Or

- 5 Do something else

Do not read:

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

VA State-Added 1: Prescription Drug Abuse

VA1.1 In the past 12 months, has any doctor, dentist or other healthcare provider prescribed you any prescription pain relievers, such as Codeine, morphine, Lortab, Vicodin, Tylenol #3, Percocet, or OxyContin, or tranquilizers, like Xanax, Valium or Ativan?

- 1 Yes
- 2 No [GO TO VA1.4]
- 7 Don't know / Not sure [GO TO VA1.4]
- 9 Refused [GO TO VA1.4]

VA1.2 Have you ever, even once, given away or sold any prescription pain relievers or tranquilizers like those mentioned in the previous question to another person including a family member or friend?

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

VA1.3 In the past year, have you traveled either locally or out of state, to more than one health care provider for the primary reason of obtaining prescription pain medications or tranquilizers like those previously named?

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

VA1.4 In the last 12 months, have you ever, even once, taken any prescription pain relievers or tranquilizers including any of those previously mentioned (Codeine, morphine, Lortab, Vicodin, Tylenol #3, Percocet, OxyContin, Xanax, Valium, Ativan) when it was NOT prescribed to you by a doctor, dentist, nurse practitioner, or other healthcare provider?

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

VA1.5 About how often in the past 12 months did you use prescription pain relievers or tranquilizers that were NOT prescribed to you by a doctor, dentist, nurse practitioner, or other healthcare provider?

- 1 Every day or nearly every day
- 2 Several times a week
- 3 Several times a month
- 4 Several times a year
- 7 Don't know / Not sure
- 9 Refused

Section closing text screen

If you or anyone you know is in need, the Substance Abuse and Mental Health Services Administration (SAMHSA) has a toll-free treatment resource locator at 1-800-662-HELP (1-800-662-4357).

VA State-Added 2: Disability

VA2.1 Do you have a disability?

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

VA2.2 What is your main disability? [IF NEEDED, PROBE FOR CLARITY]

- 1 Physical or motor disability (e.g., cerebral palsy, spinal cord injury)
- 2 Learning or intellectual disability
- 3 Memory or other cognitive disability (e.g., traumatic brain injury, Alzheimer's)
- 4 Emotional or mental health condition (e.g., depression, bipolar disorder)
- 5 Deaf or hard of hearing
- 6 Vision loss or blindness
- 7 Communication or speech disability
- 8 More than one of the above
- 9 Other disability, specify _____
- 77 Don't know or not sure
- 99 Refused

VA2.3 Does your disability affect your doing any of the following:
[READ LIST, RECORD EACH "YES"]

- 1 Participating in school or work activities?
- 2 Performing personal care activities including bathing, dressing, grooming, using the toilet, or getting in and out of bed?
- 3 Performing household activities including paying bills, shopping, cooking, or cleaning the house?
- 4 Participating in exercise or physical activity?
- 5 Moving around including walking, using stairs, lifting, or carrying objects?
- 8 (VOL) No to all/None of these
- 9 (VOL) Refused

VA2.4 Given your disability, what kinds of help do you currently need but are not receiving?
[READ LIST, RECORD EACH "YES"]

- 1 Personal care (help with daily living activities like bathing, dressing, shopping)
- 2 Medical care
- 3 Medication information or funding
- 4 Health insurance
- 5 Transportation
- 6 Service coordination or case management (help finding needed services)
- 7 Counseling or therapy
- 8 Socialization (social contact, support group, peer support)
- 9 Housing
- 10 Employment
- 11 Public assistance (e.g., Medicaid, TANF, Food Stamps)
- 12 Other need for assistance (specify) _____
- 77 (VOL) Don't know/Not sure
- 88 (VOL) None, no help needed
- 99 (VOL) Refused

Closing Statement

Please read:

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

Language Indicator

[INTERVIEWER: DO NOT READ THIS TO RESPONDENT]

Lang1. In what language was this interview completed?

- 1 English
- 2 Spanish

Activity List for Common Leisure Activities (To be used for Section 10: Physical Activity)

Code Description (Physical Activity, Questions 10.2 and 10.5 above)

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