



NYC HANES 2013-4 Questionnaire

LANGUAGE INFORMATION - LAQ

ASK ALL

LAQ.1

INTERVIEWER INSTRUCTION: WHAT LANGUAGE IS BEING USED TO CONDUCT THIS INTERVIEW?

- ENGLISH..... 1
- SPANISH..... 2
- CHINESE..... 3
- RUSSIAN..... 4
- OTHER (SPECIFY) 5

ASK IF LAQ.1 = 5

LAQ.2

INTERVIEWER INSTRUCTION: IS LANGUAGE LINE OR OTHER PROXY BEING USED TO CONDUCT THIS INTERVIEW?

- LANGUAGE LINE 1
- OTHER PROXY 2

DEMOGRAPHICS INFORMATION – DMQ

ASK ALL
DMQ.A

What year {were you/was SP} born?

|_|_|_|_| ENTER 4-DIGIT YEAR

REFUSEDR

DON'T KNOW.....D

ASK ALL
DMQ.Age

Can {you/SP} please confirm {your/his/her} age?

|_|_|_| [ENTER NUMBER]

RANGE = 20-115;

HARD ERROR: IF AGE <20 SP IS NOT ELIGIBLE FOR STUDY]

ASK ALL
DMQ.1 -

What is the **highest** grade or level of school {you have/SP has} **completed** or the **highest degree** {you have/s/he has} **received**?

[DMQ.140]

HAND CARD DMQ1

READ HAND CARD CATEGORIES IF NECESSARY. ENTER HIGHEST LEVEL OF SCHOOL.

- NEVER ATTENDED/KINDERGARTEN ONLY0
- 1ST GRADE1
- 2ND GRADE2
- 3RD GRADE3
- 4TH GRADE4
- 5TH GRADE5
- 6TH GRADE6
- 7TH GRADE7
- 8TH GRADE8
- 9TH GRADE9
- 10TH GRADE10
- 11TH GRADE11
- 12TH GRADE, NO DIPLOMA.....12
- HIGH SCHOOL GRADUATE.....13
- GED OR EQUIVALENT14
- SOME COLLEGE, NO DEGREE15
- ASSOCIATE DEGREE: OCCUPATIONAL, TECHNICAL, OR VOCATIONAL PROGRAM16
- ASSOCIATE DEGREE: ACADEMIC PROGRAM17
- BACHELOR'S DEGREE (EXAMPLE: BA, AB, BS, BBA).....18
- MASTER'S DEGREE (EXAMPLE: MA, MS, MEng, MEd, MBA).....19
- PROFESSIONAL SCHOOL DEGREE (EXAMPLE: MD, DDS, DVM, JD)20
- DOCTORAL DEGREE (EXAMPLE: PhD, EdD).....21
- REFUSEDR
- DON'T KNOW.....D

ASK ALL

DMQ.2 - {Are you/Is SP} **now** married, widowed, divorced, separated, never married or living with a partner?

[SFQ.180]

- MARRIED 1
- WIDOWED 2
- DIVORCED..... 3
- SEPARATED..... 4
- NEVER MARRIED..... 5
- LIVING WITH PARTNER..... 6
- REFUSEDR
- DON'T KNOW..... .D

ASK IF SP IS FEMALE AND DMQ.2 NE 5, ELSE GO TO DMQ.5

DMQ.3 - {Do you/Does SP} have a maiden name?

[DMQ.080]

ASK IF NOT KNOWN

- YES 1
- NO 2
- REFUSEDR
- DON'T KNOW..... .D

ASK IF DMQ.3 = 1, ELSE GO TO DMQ.5

DMQ.4 - What is {your/SP's} **maiden** name?

[DMQ.090]

VERIFY SPELLING

CAPI INSTRUCTION:

DISPLAY "LAST NAME:" AND SP'S CURRENT LAST NAME AS LEFT HEADER.

- ENTER MAIDEN NAME 1
- or
- SAME AS CURRENT LAST NAME 2
- REFUSEDR
- DON'T KNOW..... .D

ASK ALL

DMQ.5 - In what country {were you/was SP} born?

[DMQ.100]

UNITED STATES.....	10
PUERTO RICO	11
DOMINICAN REPUBLIC	12
JAMAICA	13
MEXICO	14
CHINA	15
RUSSIA	16
GUYANA.....	17
ECUADOR.....	18
HAITI.....	19
INDIA	20
KOREA	21
TRINIDAD AND TOBAGO	22
COLOMBIA	23
UNITED KINGDOM	24
PHILIPPINES.....	25
ITALY	26
IRELAND	27
GERMANY.....	27
JAPAN	28
UKRAINE	29
OTHER	66
REFUSED.....	.R
DON'T KNOW.....	.D

IF DMQ.5 = REF OR DK, GO TO DMQ.8

IF DMQ.5 = 66, GO TO DMQ.5a

DMQ.5a

[DMQ.105]

ENTER COUNTRY NAME

REFUSEDR
DON'T KNOW..... .D

CAPI INSTRUCTION:
DISPLAY COUNTRY LIST IN ALPHABETICAL ORDER. INTERVIEWER
SHOULD BE ABLE TO SELECT ONE FROM THE LIST.

ASK IF DMQ.5 = 10

DMQ.6 - In what state {were you/was SP} born?

[DMQ.130]

ENTER STATE NAME

REFUSEDR
DON'T KNOW..... .D

SELECT STATE FROM CAPI STATE LIST.

CAPI INSTRUCTION:
DISPLAY STATE LIST. INTERVIEWER ONLY SHOULD BE ABLE TO SELECT 1 STATE FROM
LIST.

ASK IF DMQ.5 NE [10, REF OR DK], OR IF DMQ.6=PR

DMQ.7 - In what month and year did {you/SP} come to the United States to stay?

[DMQ.161]

CAPI HARD ERROR: DMQ.7YEAR >= DMQ.A

|_|_|
ENTER MONTH NUMBER

REFUSEDR
DON'T KNOW..... .D

|_|_|_|_| ENTER 4-DIGIT YEAR

REFUSEDR
DON'T KNOW..... .D

ASK ALL

DMQ.8 - In what month and year did {you/SP} come to New York City to live?

READ ONLY IF NECESSARY: If {you have/SP has} lived in NYC on more than one occasion, only count {your/her/his} most recent time living here. For example, if {you/SP} lived in NYC 20 years ago and then moved away and came back 3 years ago, only tell me about when {you/SP} came back 3 years ago.

[DMQ.NYC1]

CAPI INSTRUCTION: IF SP RESPONDS S/HE WAS BORN IN NYC, CONFIRM THAT S/HE DID NOT MOVE AWAY AND THEN RETURN, THEN ENTER BIRTH MONTH AND YEAR.

CAPI HARD ERROR:

IF [DMQ.5 = 10, REF OR DK], DMQ.8YEAR >= DMQ.A
IF [DMQ.5 NE 10 OR IF DMQ.6=PR], DMQ.8_YEAR >= DMQ.7_YEAR

|_|_|
ENTER MONTH NUMBER

REFUSEDR
DON'T KNOW..... .D

|_|_|_|_| ENTER 4-DIGIT YEAR

REFUSEDR
DON'T KNOW..... .D

ASK ALL

DMQ.9 -

Now I'd like to ask you a question about {your/SP's} home.
In what month and year did {you/SP} move to this apartment (house)?

[DMQ.NYC2]

CAPI HARD ERROR:

IF [DMQ.5 = 10, REF OR DK], DMQ.9YEAR >= DMQ.A
IF [DMQ.5 NE 10 OR IF DMQ.6=PR], DMQ.9_YEAR >= DMQ.7_YEAR

|_|_|

ENTER MONTH NUMBER

REFUSEDR

DON'T KNOW..... .D

|_|_|_| ENTER 4-DIGIT YEAR

REFUSEDR

DON'T KNOW..... .D

ASK ALL

DMQ.10 -

Next I have a few questions about {your/SP's} ancestry or where {your/SP's} family is from.

In what country was {your/SP's} mother born?

[DMQ.NYC3]

- UNITED STATES..... 10
- PUERTO RICO 11
- DOMINICAN REPUBLIC 12
- JAMAICA 13
- MEXICO 14
- CHINA 15
- RUSSIA 16
- GUYANA..... 17
- ECUADOR 18
- HAITI..... 19
- INDIA 20
- KOREA 21
- TRINIDAD AND TOBAGO 22
- COLOMBIA 23
- UNITED KINGDOM 24
- PHILIPPINES..... 25
- ITALY 26
- IRELAND 27
- GERMANY 27
- JAPAN 28
- UKRAINE 29
- OTHER 66
- REFUSED..... .R
- DON'T KNOW..... .D

ASK IF DMQ.10 = 66
DMQ.10a

[DMQ.NYC3A]

ENTER COUNTRY NAME

REFUSED R
DON'T KNOW..... D

CAPI INSTRUCTION:
DISPLAY COUNTRY LIST IN ALPHABETICAL ORDER. INTERVIEWER
SHOULD BE ABLE TO SELECT ONE FROM THE LIST.

ASK ALL
DMQ.11 -

In what country was {your/SP's} father born?

[DMQ.NYC4]

- UNITED STATES..... 10
- PUERTO RICO 11
- DOMINICAN REPUBLIC 12
- JAMAICA 13
- MEXICO 14
- CHINA 15
- RUSSIA 16
- GUYANA..... 17
- ECUADOR 18
- HAITI..... 19
- INDIA 20
- KOREA 21
- TRINIDAD AND TOBAGO 22
- COLOMBIA 23
- UNITED KINGDOM 24
- PHILIPPINES..... 25
- ITALY 26
- IRELAND 27
- GERMANY 27
- JAPAN 28
- UKRAINE 29
- OTHER 66
- REFUSED..... .R
- DON'T KNOWD

ASK IF DMQ.11 = 66
DMQ.11a

[DMQ.NYC4A]

ENTER COUNTRY NAME

REFUSED R
DON'T KNOW..... D

CAPI INSTRUCTION:
DISPLAY COUNTRY LIST IN ALPHABETICAL ORDER. INTERVIEWER
SHOULD BE ABLE TO SELECT ONE FROM THE LIST.

ASK ALL
DMQ.12 -

{Do you/Does SP} consider {yourself/himself/herself} Hispanic/Latino?

READ IF NECESSARY: [Where did {your/his/her} ancestors come from?]

[DMQ.240]

HAND CARD DMQ4
READ HAND CARD CATEGORIES IF NECESSARY

YES	1
NO	2
REFUSED .....	.R
DON'T KNOW.....	.D

ASK IF DMQ.12 = 1, ELSE GO TO DMQ.14

DMQ.13 - Please give me the number of the group that represents {your/SP's} **Hispanic/Latino** origin or ancestry.

Please select 1 or more of these categories.

PROBE: Where do you/your ancestors come from?

[DMQ.251]

HAND CARD DMQ4
SELECT 1 OR MORE

MEXICAN.....	10
PUERTO RICAN	11
CUBAN.....	12
DOMINICAN REPUBLIC.....	13
CENTRAL AMERICAN:	
COSTA RICAN.....	14
GUATEMALAN	15
HONDURAN	16
NICARAGUAN	17
PANAMANIAN	18
SALVADORAN.....	19
OTHER CENTRAL AMERICAN.....	20
SOUTH AMERICAN:	
ARGENTINEAN	21
BOLIVIAN.....	22
CHILEAN.....	23
COLOMBIAN.....	24
ECUADORIAN	25
PARAGUAYAN	26
PERUVIAN.....	27
URUGUAYAN	28
VENEZUELAN	29
OTHER SOUTH AMERICAN	30
OTHER HISPANIC OR LATINO:	
FILIPINO.....	31
SPANISH	33
OTHER HISPANIC/LATINO (SPECIFY)	40
REFUSED .....	.R
DON'T KNOW .....	.D

ASK ALL
DMQ.14 -

(ONLY IF DMQ.12=1 READ: Some people aside from being Hispanic/Latino also consider themselves to be a member of a racial group.)

What race or races {do you/does SP} consider {yourself/himself/herself} to be? Please select 1 or more of these categories.

[DMQ.265]

HAND CARD DMQ5
SELECT 1 OR MORE

- WHITE 100
- BLACK/AFRICAN AMERICAN 110
- INDIAN (AMERICAN)/ALASKA NATIVE 120
- NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER..... 140
- ASIAN..... 180
- SOME OTHER RACE (SPECIFY)..... 250
- REFUSEDR
- DON'T KNOW..... .D

CAPI:

IF MORE THAN 1 ENTRY (CODE 100-250) IN DMQ.14, GO TO DMQ.15
IF ONLY 1 ENTRY = 180 (ASIAN), GO TO DMQ.16
IF ONLY 1 ENTRY NOT EQUAL TO 180 (ASIAN), GO TO DMQ.17.

ASK IF DMQ.14 = MORE THAN 1 ENTRY (CODE 100-250)

DMQ.15 - Which one of these groups would you say **best** represents {your/SP's} race?

CAPI INSTRUCTION: DISPLAY RACE CODES PREVIOUSLY SELECTED IN DMQ.14.

[DMQ.275]

|_|_|_|
ENTER RACE CODE

- CANNOT CHOOSE 1 RACE 666
- REFUSEDR
- DON'T KNOW..... .D

ASK IF DMQ.14 OR DMQ.15 INCLUDES 180 (ASIAN), GO TO DMQ.16, ELSE GO TO DMQ.17

DMQ.16 - Please give me the number of the group that represents {your/SP's} Asian origin or ancestry.
Please select one or more of these categories.

HAND CARD DMQ6

[DMQ.336]

PROBE: Where do your ancestors come from?

ASIAN INDIAN.....	10
BANGLADESHI	11
BENGALESE.....	12
BHARAT.....	13
BHUTANESE.....	14
BURMESE.....	15
CAMBODIAN.....	16
CANTONESE	17
CHINESE.....	18
DRAVIDIAN.....	19
EAST INDIAN.....	20
FILIPINO	21
GOANESE.....	22
HMONG.....	23
INDOCHINESE.....	24
INDONESIAN	25
IWO JIMAN.....	26
JAPANESE.....	27
KOREAN	28
LAOHMONG.....	29
LAOTIAN.....	30
MADAGASCAR/MALAGASY	31
MALAYSIAN.....	32
MALDIVIAN.....	33
MONG	34
NEPALESE.....	35
NIPPONESE.....	36
OKINAWAN.....	37
PAKISTANI.....	38
SIAMESE.....	39
SINGAPOREAN	40
SRI LANKAN.....	41
TAIWANESE	42
THAI	43
VIETNAMESE	44
OTHER (SPECIFY).....	66
REFUSED.....	.R
DON'T KNOW.....	.D

ASK IF NOT PROXY INTERVIEW

DMQ.17 - We also need {your/SP's} Social Security Number. The City University of New York School of Public Health and the New York City Department of Health and Mental Hygiene may use {your/his/her} Social Security Number to conduct health-related research in the future by linking {your/his/her} survey data with key health registries such as cancer registries or the National Death Index. Except for this purpose, we will not release {your/his/her} SSN to anyone, including any government agency. Providing this information is voluntary. There will be no effect on {your/his/her} benefits if you do not provide it.

[DMQ.280a]

What is {your/SP's} Social Security Number?

INTERVIEWER INSTRUCTION: IF RESPONDENT CANNOT RECALL FROM MEMORY ASK {HIM/HER} TO GET CARD AT THIS TIME.

IF RESPONDENT IS RELUCTANT OR NEEDS MORE INFORMATION, ACCESS THE HELP SCREEN AND FOLLOW THE SCRIPT.

- ENTER SOCIAL SECURITY NUMBER..... 1
- DOES NOT HAVE SOCIAL SECURITY NUMBER 2
- REFUSED R
- DON'T KNOW D

CAPI INSTRUCTION: IF SP REFUSES (CODE 7), DISPLAY THE FOLLOWING SOFT ERROR MESSAGE:

I understand your concern. I do not have access to this information after I type it. Once I complete the interview all the information is sent to a secure facility and stored in an encrypted file on a protected network, separate from all other survey information. The only type of research we are allowed to conduct using this information is health-related, such as the examples I gave you.

HELP TEXT - IF R IS RELUCTANT TO GIVE NUMBER OR IF R ASKS IF THEY MUST GIVE NUMBER –

It is extremely useful to have this information to be able to link to health records such as death certificates and Medicare records in the future. Many years in the future the information you give me can be used to see how health habits and diet at one point in your life influence how healthy you are in the future.

ASK IF DMQ.17 = 1, ELSE GO TO HSQ.1

DMQ.17a

[DMQ.280b/c]

CAPI INSTRUCTION:

REQUIRE DOUBLE ENTRY OF SOCIAL SECURITY NUMBER.

|_|_|_|_| |_|_|_|_|_| |_|_|_|_|_| ENTER SOCIAL SECURITY NUMBER

OR

REFUSED R 77 .R7

DON'T KNOW D 99 .D

ASK IF DMQ.17a NE REF OR DK, ELSE GO TO HSQ.1

DMQ.17b - INTERVIEWER: SELECT CATEGORY FOR REPORTING OF SOCIAL SECURITY NUMBER

[DMQ.300]

SELF REPORTED FROM MEMORY..... 1
SELF REPORTED FROM RECORDS 2

CURRENT HEALTH STATUS AND PHYSICAL FUNCTIONING

ASK ALL
HSQ.1 -

Now I have some general questions about {your/SP's} health.

[HUQ.010]

Would you say {your/SP's} health in general is . . .

- excellent, 1
- very good,..... 2
- good,..... 3
- fair, or 4
- poor? 5
- REFUSEDR
- DON'T KNOW..... .D

ASK ALL
HSQ.2 -

The next questions are about {your/SP's} recent health during the 30 days outlined on the calendar.

Thinking about {your/SP's} physical health, which includes physical illness and injury, for how many days during the **past 30 days** was {your/his/her} physical health not good?

[HUQ.470]

HAND CARD HSQ1
CAPI INSTRUCTION: HARD EDIT VALUES: 0-30.

|_|_|_|
ENTER # OF DAYS

REFUSED..... .R
DON'T KNOW..... .D

ASK ALL
HSQ.3 -

Now thinking about {your/SP's} mental health, which includes stress, depression, and problems with emotions, for how many days during the **past 30 days** was {your/his/her} mental health not good?

[HUQ.480]

HAND CARD HSQ1
CAPI INSTRUCTION: HARD EDIT VALUES: 0-30.

|_|_|_|
ENTER # OF DAYS

REFUSED..... .R
DON'T KNOW..... .D

ASK ALL
HSQ.4 -

During the **past 30 days**, for about how many days did poor physical or mental health keep {you/SP} from doing {your/his/her} usual activities, such as self-care, work, school or recreation?

[HUQ.490]

HAND CARD HSQ1
CAPI INSTRUCTION: HARD EDIT VALUES: 0-30.

|_|_|_|
ENTER # OF DAYS

REFUSED..... .R
DON'T KNOW..... .D

ASK ALL
HSQ.5 -

During the **past 30 days**, for about how many days did pain make it hard for {you/SP} to do {your/his/her} usual activities, such as self-care, work, or recreation?

[HUQ.493]

HAND CARD HSQ1
CAPI INSTRUCTION: HARD EDIT VALUES: 0-30.

____|____|
ENTER # OF DAYS

REFUSED..... .R
DON'T KNOW..... .D

ASK ALL
HSQ.6 -

The next set of questions is about limitations caused by any long-term physical, mental or emotional problem or illness. Please do not include temporary conditions, such as a cold [or pregnancy].

[PFQ.048a]

Does a physical problem **now** keep {you/SP} from working at a job or business?

YES 1
NO 2
REFUSEDR
DON'T KNOW..... .D

ASK ALL
HSQ.7 -

Does a mental or emotional problem **now** keep {you/SP} from working at a job or business?

[PFQ.048b]

YES 1
NO 2
REFUSEDR
DON'T KNOW..... .D

ASK ALL
HSQ.8 -

Because of a health problem, {do you/does SP} have difficulty walking **without** using any **special equipment**?

[PFQ.055]

YES1
NO2
REFUSEDR
DON'T KNOW..... .D

OCCUPATION – OCQ

ASK ALL

OCQ.1 - In this part of the survey I will ask you questions about {your/SP's} work experience. [OCQ.152]

Which of the following {were you/was SP} doing last week . . .

- working at a job or business, 1
with a job or business but not at work, 2
looking for work, or 3
not working at a job or business? 4
REFUSEDR
DON'T KNOW..... .D

CAPI:
IF OCQ.1=1, GO TO OCQ.2
IF OCQ.1=2, GO TO OCQ.3
IF OCQ.1 = 4, GO TO OCQ.9
IF OCQ.1 = 3, .R OR .D, GO TO HIQ.1

ASK IF OCQ.1 = 1

OCQ.2 - How many hours did {you/SP} work last week at all jobs or businesses? [OCQ.180]

CAPI NUMERICAL RANGE:
OCQ.2 MUST BE GREATER THAN 0

ENTER NUMBER OF HOURS

- REFUSEDR
DON'T KNOW..... .D

ASK IF OCQ.1 = 2 OR IF OCQ.2 <=34 [34 HOURS OR LESS], .R OR .D, ELSE GO TO OCQ.4

OCQ.3 - {Do you/Does SP} usually work 35 hours or more per week in total at all jobs or businesses? [OCQ.210]

- YES 1
NO 2
REFUSEDR
DON'T KNOW..... .D

ASK IF OCQ.1 = 1 OR 2

OCQ.4 - What kind of work {were you/was SP} doing at {your/his/her} main job or business? (For example: farming, mail clerk, computer specialist.) [OCQ.240]

IF MORE THAN 1 JOB, PROBE FOR MAIN JOB.

ENTER NAME OF OCCUPATION

- REFUSEDR
DON'T KNOW..... D

ASK IF OCQ.1 = 1 OR 2, ELSE GO TO OCQ.9

OCQ.5- What were {your/SP's} most important activities on this job or business? (For example: sells cars, keeps account books, operates printing press.) [OCQ.250]

ENTER NAME OF DUTIES

REFUSEDR
DON'T KNOW.....D

ASK IF OCQ.1 = 1 OR 2

OCQ.6- Looking at the card, which of these **best** describes this job or work situation? [OCQ.260]
ASK IF NOT CLEAR. HAND CARD OCQ1

AN EMPLOYEE OF A **PRIVATE** COMPANY, BUSINESS, OR
INDIVIDUAL FOR WAGES, SALARY, OR
COMMISSION..... 1
A **FEDERAL** GOVERNMENT EMPLOYEE ... 2
A **STATE** GOVERNMENT EMPLOYEE 3
A **LOCAL** GOVERNMENT EMPLOYEE..... 4
SELF-EMPLOYED IN **OWN** BUSINESS, PROFESSIONAL PRACTICE
OR FARM 5
WORKING **WITHOUT PAY** IN FAMILY
BUSINESS OR FARM6
REFUSEDR
DON'T KNOW..... .D

ASK IF OCQ.1 = 1 OR 2

OCQ.7- Was health insurance offered to {you/SP} through this job or business? [OCQ.280]
YES 1
NO 2
REFUSEDR
DON'T KNOW..... .D

ASK IF OCQ.1 = 1 OR 2

OCQ.8- At this job or business, how many hours per day can {you/SP} smell the smoke from other people's cigarettes, cigars, and/or pipes? [OCQ.290]

|_|_|
ENTER NUMBER OF HOURS

NEVER 00
REFUSEDR
DON'T KNOW..... .D

ASK IF OCQ.1 = 4, ELSE GO TO HIQ.1

OCQ.9- What is the **main** reason {you/SP} did not work **last week**?

[OCQ.380]

- TAKING CARE OF HOUSE OR FAMILY 1
- GOING TO SCHOOL..... 2
- RETIRED..... 3
- UNABLE TO WORK FOR HEALTH REASONS 4
- ON LAYOFF 5
- DISABLED 6
- OTHER 7
- REFUSEDR
- DON'T KNOW..... .D

ASK ALL

OCQ.10 -

During the **past 12 months**, that is since {CURRENT_MONTH} of {DISPLAY LAST YEAR}, about how many days did {you/SP} miss work at a job or business because of an illness or injury you had {do not include maternity leave}?

[MCQ.245]

CAPI INSTRUCTION:

DISPLAY "DO NOT INCLUDE MATERNITY LEAVE" ONLY IF SP IS FEMALE.

|_|_|_|

ENTER NUMBER OF DAYS

- DOES NOT WORK..... 666
- REFUSEDR
- DON'T KNOW..... .D

HEALTH INSURANCE – HIQ

ASK ALL

HIQ.1 - The next questions are about health insurance.

{Are you/Is SP} covered by health insurance or some other kind of health care plan? [Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills.]

[HIQ.012]

YES 1
 NO..... 2
 REFUSEDR
 DON'T KNOW..... .D

ASK IF HIQ.1 = 1, ELSE GO TO HIQ.7

HIQ.2 -

What kind of health insurance or health care coverage {do you/does SP} have? **Include** those that pay for only one type of service (nursing home care, accidents, or dental care). **Exclude** private plans that only provide extra cash while hospitalized. If {you have/s/he has} more than one kind of health insurance, tell me all plans that {you have/s/he has}.

[HIQ.NYC1]

CODE ALL THAT APPLY
 HAND CARD HIQ1

(SEE END OF SECTION FOR HELP SCREENS)

PROBE: IF SP RESPONDS THAT THEY ONLY HAVE ONE TYPE OF INSURANCE ASK: “{Do you/does SP} have any other types of insurance plans, for example, specifically for dental care or vision?” [IF SP RESPONDS YES, SELECT “SINGLE SERVICE PLAN” IN ADDITION TO PLAN ALREADY MENTIONED]

PRIVATE HEALTH INSURANCE..... 14
 MEDICARE..... 15
 MEDI-GAP..... 16
 MEDICAID ({DISPLAY STATE PLAN NAME}) 17
 SCHIP (CHIP/CHILDREN'S HEALTH INSURANCE PROGRAM)..... 18
 MILITARY HEALTH CARE (TRICARE/VA/CHAMP-VA)..... 19
 INDIAN HEALTH SERVICE..... 20
 STATE-SPONSORED HEALTH PLAN ({DISPLAY STATE PLANNAME})..... 21
 OTHER GOVERNMENT PROGRAM 22
 SINGLE SERVICE PLAN (E.G., DENTAL, VISION, PRESCRIPTIONS)..... 23
 REFUSED..... .R
 DON'T KNOW..... .D

CAPI:

IF HIQ.2 = .D GO TO HIQ.3

ELSE GO TO HIQ.4

ASK IF HIQ.2 = .D

HIQ.3 - In order to determine what kind of health insurance or health care coverage {you have/SP has}, may I please see {your/SP's} insurance card? If {you have/s/he has} more than one kind of health insurance, please show me the cards for all plans that {you have/s/he has}. This information will be held in strict confidence and there will be no effect on {your/his/her} benefits.

[HIQ.031]

CODE ALL THAT APPLY

HAND CARD HIQ1

CAPI INSTRUCTION: DO NOT ALLOW MORE THAN ONE ANSWER WHEN 40 (NO COVERAGE OF ANY TYPE) IS CODED.

(SEE END OF SECTION FOR HELP SCREENS)

PRIVATE HEALTH INSURANCE.....	14
MEDICARE.....	15
MEDI-GAP.....	16
MEDICAID ({DISPLAY STATE PLAN NAME})	17
SCHIP (CHIP/CHILDREN'S HEALTH INSURANCE PROGRAM).....	18
MILITARY HEALTH CARE (TRICARE/VA/CHAMP-VA).....	19
INDIAN HEALTH SERVICE.....	20
STATE-SPONSORED HEALTH PLAN ({DISPLAY STATE PLANNAME}).....	21
OTHER GOVERNMENT PROGRAM	22
SINGLE SERVICE PLAN (E.G., DENTAL, VISION, PRESCRIPTIONS).....	23
REFUSED.....	.R
DON'T KNOW/NO CARD AVAILABLE .....	.D

ASK IF HIQ.1 = 1

HIQ.4 - {Does this plan/Do any of these plans} cover some or part of {your/SP's} dental care?

[HIQ.040a]

YES	1
NO.....	2
REFUSED .....	.R
DON'T KNOW.....	.D

ASK IF HIQ.1 = 1

HIQ.5 - {Does this plan/Do any of these plans} cover any part of the cost of prescriptions?

CAPI INSTRUCTION: IF HIQ.2 OR HIQ.3 = 15 DISPLAY: [If you are enrolled in Medicare Part D, also known as the Medicare Prescription Drug Plan, you have some prescription drug coverage.]

[HIQ.270]

YES	1
NO.....	2
REFUSED .....	.R
DON'T KNOW .....	.D

ASK IF HIQ.1 = 1

HIQ.6 - In the **past 12 months**, was there any time when {you/SP} did **not** have **any** health insurance coverage?

[HIQ.210]

- YES 1
- NO..... 2
- REFUSEDR
- DON'T KNOW..... .D

ASK IF HIQ.1 = 2 OR HIQ.6 = 1

HIQ.7 - In the **past 12 months**, for how long did {you/SP} not have any health care coverage?

[HIQ.NYC2]

- Less than one month 1
- 1-3 months 2
- 4-6 months..... 3
- 7-9 months..... 4
- 10-12 months 5
- REFUSEDR
- DON'T KNOW..... .D

INTERVIEWER INSTRUCTION: IF SP RESPONDS '3 AND A HALF MONTHS', ROUND UP TO CATEGORY THAT INCLUDES 4 MONTHS; IF SP RESPONDS '6 AND A HALF MONTHS', ROUND UP TO CATEGORY THAT INCLUDES 7 MONTHS, ETC.

ASK IF HIQ.1 = 2 OR HIQ.6 = 1

HIQ.8 - Which of these are reasons {you/SP} stopped being covered by or {do/does} not have health insurance?

[HIQ.230]

HAND CARD HIQ3
CODE ALL THAT APPLY

- PERSON IN FAMILY WITH HEALTH INSURANCE LOST JOB OR CHANGED EMPLOYERS 10
- GOT DIVORCED OR SEPARATED/DEATH OF SPOUSE OR PARENT..... 11
- BECAME INELIGIBLE BECAUSE OF AGE/LEFT SCHOOL..... 12
- EMPLOYER DOES NOT OFFER COVERAGE/OR NOT ELIGIBLE FOR COVERAGE..... 13
- COST IS TOO HIGH..... 14
- INSURANCE COMPANY REFUSED COVERAGE 15
- MEDICAID/MEDICAL PLAN STOPPED AFTER PREGNANCY 16
- LOST MEDICAID/MEDICAL PLAN BECAUSE OF NEW JOB OR INCREASE IN INCOME..... 17
- LOST MEDICAID (OTHER)..... 18
- OTHER (SPECIFY) _____ 19
- REFUSEDR
- DON'T KNOW..... .D

HELP SCREEN FOR HIQ.2 AND HIQ.3:

Health Insurance: Health benefits coverage which provides persons with health-related benefits. Coverage may include the following; hospitalization, major medical, surgical, prescriptions, dental, and vision.

Private Health Insurance Plan: Any type of health insurance, including HMOs, that is not a public program. Private health insurance plans may be provided in part or full by a person's employer or union, or may be purchased directly by an individual.

Private Health Insurance Plan through a State or Local Government Program or Community Program: A type of

health insurance for which state or local government or community effort pays for part or all of the cost of a private insurance plan, such as Blue Cross/Blue Shield. The individual may also contribute to the cost of the health insurance and may receive a card such as a Blue Cross/Blue Shield card. A community program or effort may include a variety of mechanisms to achieve health insurance for persons who would otherwise be uninsured. An example would be a private company giving a grant to an HMO to pay for health insurance coverage.

Medicare: A Federal health insurance program for people 65 or older and for certain persons under 65 with long-term disabilities. Almost all Social Security recipients are covered by Medicare. It is run by the Center for Medicare and Medicaid Services of the U.S., Department of Health and Human Services. Medicare consists of two parts, A and B:

Part A is called the Hospital Insurance Program. It helps pay for inpatient care in a hospital or in a skilled nursing facility, for home health care, and for hospice care. It is available to nearly everyone 65 or older. Persons who are eligible for either Social Security or Railroad Retirement benefits are not required to pay a monthly premium for Part A of Medicare. However, anyone who is 65 or over and does not qualify for Social Security or Railroad Retirement benefits may pay premiums directly to Social Security to obtain Part A coverage.

Part B is called the Supplementary Medical Insurance Program. It is a voluntary plan that builds upon the hospital insurance protection provided by the basic plan. It helps pay for the doctor and surgeon services, outpatient hospital services, durable medical equipment, and a number of other medical services and supplies that are not already covered under Part A of Medicare.

If a person elects this additional insurance, the monthly premium is deducted from his/her Social Security. Medi-Gap: Refers to private health insurance purchased to supplement Medicare. Medi-Gap will be treated as a private health insurance plan in the detailed questions about health insurance.

Medicaid: Refers to a medical assistance program that provides health care coverage to low-income and disabled persons. The Medicaid program is a joint federal-state program which is administered by the states.

CHIP (Children's Health Insurance Program, also called SCHIP): A joint federal and state program, administered by each state, that offers health care coverage to low-income, uninsured children. This law was passed in 1997. In some states, CHIP programs have distinct names.

Military Health Care/VA: Refers to health care available to active duty personnel and their dependents, in addition, the VA provides medical assistance to veterans of the Armed Forces, particularly those with service-connected ailments.

CHAMPUS/TRICARE/CHAMP-VA: CHAMPUS (Comprehensive Health and Medical Plan for the Uniformed Services) provides health care in private facilities for dependents of military personnel on active duty or retired for reasons other than disability. TRICARE is the "managed care" version of CHAMPUS. CHAMP-VA (Comprehensive Health and Medical Plan of the Veterans Administration) provides health care for the spouse, dependents, or survivors of a veteran who has a total, permanent service-connected disability.

Indian Health Service: The federal health care program for Native Americans.

State-Sponsored Health Plan: Any other health care coverage run by a specific state, including public assistance programs other than "Medicaid" that pay for health care.

Other Government Program: A catch-all category for any public program providing health care coverage other than those programs in specific categories.

Single Service Plan (SSP): Health insurance coverage paid for by an individual that provides for only one type of service or treatment for a specific condition. These plans are usually bought to supplement a more comprehensive health insurance plan. Examples of SSPs are dental care, vision care, prescriptions, nursing home care, hospice care, accidents, catastrophic care, cancer treatment, AIDS care, and/or hospitalization.

HOSPITAL UTILIZATION AND ACCESS TO CARE – HUQ

HUQ.INTRO - The next questions are about where {you go/SP goes} to get health care and about prescription medications {you/SP} take. We want to collect information about the health care you get in order to improve the quality of care that people receive when they visit the doctor.

[READ IF INTERVIEW IS CONDUCTED AT HOME]: Before we begin, could you collect any appointment cards, reminder slips, bills, receipts or other information about {your/SP's} doctors' practice, name and phone number, and could you collect the containers for all the prescription medicines that {you/SP} used or took in the **past 30 days** for both mental or emotional and physical conditions? These are products prescribed by a health professional such as a doctor, dentist or psychiatrist.

[READ IF INTERVIEW IS CONDUCTED AT CLINIC]: Could you take out any appointment cards, reminder slips, bills, receipts or other information about {your/SP's} doctors' practice, name and phone number, and could you take out the containers for all the prescription medicines that {you/SP} used or took in the **past 30 days** for both mental or emotional and physical conditions? These are products prescribed by a health professional such as a doctor, dentist or psychiatrist.

HUQ.1 Is there a place that {you/SP} **usually** {go/goes} when {you are/he/she is} sick or {you/s/he} need{s} advice about {your/his/her} health? [HUQ.030]

- YES..... 1
- THERE IS **NO** PLACE..... 2
- THERE IS **MORE THAN ONE** PLACE..... 3
- REFUSED..... .R
- DON'T KNOWD

ASK IF HUQ.1 = 1 OR 3, ELSE GO TO HUQ.3

HUQ.2 - What kind of place {do you/does SP} go to most often? [HUQ.040]

INTERVIEWER INSTRUCTION: READ RESPONSE CHOICES IF NECESSARY

- CLINIC OR HEALTH CENTER..... 1
- DOCTOR'S OFFICE OR HMO 2
- HOSPITAL EMERGENCY ROOM..... 3
- HOSPITAL OUTPATIENT DEPARTMENT.... 4
- SOME OTHER PLACE 5
- REFUSED..... .R
- DON'T KNOWD

ASK ALL

HUQ.3 - About how long has it been since {you/SP} **last** saw or talked to a doctor or other health care professional about {your/his/her} health? Include doctors seen while {you were} {he/she was} a patient in a hospital. Has it been . . . [HUQ.060]

- 6 months or less, 1
- more than 6 months, but not more than 1 year ago,..... 2
- more than 1 year, but not more than 3 years ago, 3
- more than 3 years, or..... 4
- never?..... 5
- REFUSEDR
- DON'T KNOW..... .D

HELP SCREEN: Doctor: The term refers to both medical doctors (M.D.s) and osteopathic physicians (D.O.s). It includes general practitioners as well as specialists. It does not include persons who do not have an M.D. or D.O. degree, such as dentists, oral surgeons, chiropractors, podiatrists, Christian Science healers, opticians, optometrists, psychologists, etc.

Health Care Professionals (Health Professional): A person entitled by training and experience and possibly licensure to assist a doctor and who works with one or more medical doctors. Examples include: doctor's assistants, nurse practitioners, nurses, lab technicians, technicians who administer shots (i.e., allergy shots), and who work with a doctor. Also include paramedics, medics, and physical therapists working with or in a doctor's office. Do not include: dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists, and psychologists or social workers.

ASK IF HUQ.3=1 OR 2, ELSE GO TO HUQ.9

HUQ.4 - During the **past 12 months**, that is since {DISPLAY CURRENT MONTH} of {DISPLAY LAST YEAR}, how many times {have you/has SP} seen a doctor or other health care professional about {your/his/her} health at a doctor's office, a clinic, hospital emergency room, at home or some other place? **Do not include** times {you were/s/he was} hospitalized overnight.

[HUQ.051]

|_|_|_|

ENTER NUMBER

NONE000
 REFUSED.....R
 DON'T KNOW.....D

ASK IF HUQ.4 NE 000 OR IF HUQ.4 = .R OR .D

HUQ.5 Were any of these visits **in the past 12 months** at a doctor's office or clinic for a check-up, advice about a health problem, or basic care? Examples include care for mild to moderate illnesses such as colds, flu and stomach viruses; treatment of minor injuries; follow-up for chronic illnesses; and prescription refills. **Do not include** visits to an emergency department or urgent care center, or visits to a {gynecologist or to a} mental health professional.

CAPI SPEC: DISPLAY "gynecologist or to a" IF SP = FEMALE

YES 1
 NO 2
 REFUSED.....R
 DON'T KNOW.....D

INTERVIEWER INSTRUCTION:

IF SP NEEDS MORE INFORMATION, READ THE HELP SCREEN.

IF SP ASKS "What about my {e.g. dermatologist}?", REFER TO JOB AIDE.

HELP SCREEN: In this question, we are only asking about care you received from a general practitioner. Specialists are doctors like surgeons, eye doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Do not include visits to a specialist.

JOB AIDE:

Specialties Desired	Locations Desired	Specialties not desired	Locations not desired
Family doctors	Outpatient clinics	Allergists	Emergency rooms
Family practitioners	Health centers	Anesthesiologists	Travel medicine clinics
General Practitioners	Community Health Centers	Cardiologists	Urgent care centers
Geriatricians	Doctor's offices	Dentists	Hospital inpatient departments (surgery, intensive care)
Internists		Dermatologists	
Pediatricians		Ear, nose and throat specialists	
Adolescent Medicine specialists		Endocrinologists	
		Gastroenterologists	
		Gynecologists	
		Hematology	
		Hepatologists	
		Infectious Disease specialists	
		Mental health professionals	
		Nephrologists	
		Neurologists	
		OB/GYNs	
		Obstetricians	
		Oncologists	
		Ophthalmologists	
		Optometrists	
		Orthodontists	
		Orthopedists	
		Podiatrists	
		Psychiatrists	
		Psychologists	
		Pulmonologists	
		Radiologists	
		Rheumatologists	
		Sleep medicine specialists	
		Sports medicine	
		Surgeons	
		Toxicologists	
		Urologists	

IF PROXY INTERVIEW THEN GO TO HUQ.9
IF HUQ.5=2, .R, OR .D THEN GO TO HUQ.9
IF HUQ.5 =1 THEN GO TO HUQ.6

HUQ.6 Did {you/SP} visit more than one doctor's office or clinic in the **past 12 months** for a check-up, advice about a health problem or basic care?

YES 1
 NO 2
 REFUSED..... .R
 DON'T KNOW..... .D

INTERVIEWER INSTRUCTION:
 IF SP IS CONFUSED READ THE HUQ.5 HELP SCREEN.
 IF SP ASKS "What about my (e.g. dermatologist)?", REFER TO HUQ.5 JOB AIDE.

IF HUQ.6 = .R OR .D, GO TO HUQ.9
IF HUQ.6 = 1 ASK HUQ7a2
IF HUQ.6 = 2 ASK HUQ7a1

HUQ.7a1 What is the name of the doctors' office or clinic that {you/SP} visited in the **past 12 months**, for a check-up, advice about a health problem or basic care?

RECORD NAME OF DOCTOR'S OFFICE OR CLINIC _____

REFUSED..... .R
 NO PRACTICE NAME OR PRACTICE NAME UNKNOWN..... .D

HUQ.7a2 Of the doctors' offices and clinics that {you/SP} visited in the **past 12 months**, what is the name of the office or clinic that {you/he/she} usually {go/goes} to for a check-up, advice about a health problem or basic care? If {you do/SP does} not have a usual place, choose the place {you/he/she} went most frequently.

RECORD NAME OF DOCTOR'S OFFICE OR CLINIC _____

REFUSED..... .R
 NO PRACTICE NAME OR PRACTICE NAME UNKNOWN..... .D

INTERVIEWER INSTRUCTION:
 IF PARTICIPANT DOES NOT HAVE A USUAL OR MOST FREQUENT SOURCE OF CARE,
 INSTRUCT THEM TO SELECT THE MOST RECENTLY VISITED DOCTOR'S OFFICE OR CLINIC.

HUQ.7b What is the name of the doctor or other health care professional {you/SP} saw there?

PROVIDER NAME [FREE TEXT TYPE]

REFUSED.....R

DON'T KNOW.....D

INTERVIEWER INSTRUCTION:

IF PARTICIPANT MENTIONS MORE THAN ONE DOCTOR READ: "Start with the one who has the most responsibility for {your/SP's} care."

ASK IF HUQ.7B NE REF OR DK

HUQ7c To confirm we have the right place, what are the names of any other doctors who work in that office or clinic that you know of? Start with the names of other doctors {you have/SP has} seen.

INTERVIEWER: RECORD UP TO 2 NAMES

HUQ.7c1 PROVIDER NAME [FREE TEXT TYPE]

CAPI SPEC:

IF HUQ.7C1 = REF OR DK, SKIP TO HUQ.7D

HUQ.7c2 PROVIDER NAME [FREE TEXT TYPE]

NO OTHER DOCTORS AT PRACTICE..... 000

REFUSED.....R

DON'T KNOW..... D

HUQ.7d What is the telephone number of the office, clinic or doctor? If {you have/SP has} more than one number, choose the one {you call/he/she calls} to make an appointment.

PHONE (xxx)-xxx-xxxx

REFUSED.....R

DON'T KNOW..... D

HUQ.7e What borough is the office or clinic located in? DROP DOWN LIST

OTHER 666

REFUSED.....R

DON'T KNOW..... D

HUQ.7f What neighborhood is the office or clinic located in? DROP DOWN LIST

REFUSED.....R

DON'T KNOW..... D

HUQ.7g INTERVIEWER INSTRUCTION:
ENTER ANY ADDITIONAL LOCATION INFORMATION THAT RESPONDENT VOLUNTEERS

PROGRAMMER SPEC: OPEN TEXT FIELD

INTERVIEWER INSTRUCTION: PRESS F3 IF PARTICIPANT HAS NO ADDITIONAL INFORMATION

IF HUQ.6=2 GO TO HUQ.9
IF HUQ.6=1 GO TO HUQ.8a

HUQ.8a Now I would like to ask about another doctors' office or clinic that {you/SP} visited in the **past 12 months** for a check-up, advice about a health problem or basic care.

What is the name of the office or clinic {you/SP} went to most frequently, not including the place {you have/he/she has} already described?

RECORD NAME OF DOCTOR'S OFFICE OR CLINIC _____

REFUSED.....R
NO PRACTICE NAME OR PRACTICE NAME UNKNOWN.....D

INTERVIEWER INSTRUCTION:

IF NO MOST FREQUENT SECOND OFFICE/CLINIC, THEN RECORD THE ONE VISITED MOST RECENTLY

HUQ.8b What is the name of the doctor or other health care professional {you/SP} saw there?

PROVIDER NAME [FREE TEXT TYPE]

REFUSED.....R
DON'T KNOW.....D

INTERVIEWER INSTRUCTION:

IF PARTICIPANT MENTIONS MORE THAN ONE DOCTOR READ "Start with the one who has the most responsibility for {your/SP's} care."

ASK IF HUQ.8B NE REF OR DK

HUQ8c What are the names of any other doctors who work in that office or clinic that you know of? Start with the names of other doctors {you have/SP has} seen.

INTERVIEWER: RECORD UP TO 2 NAMES

HUQ.8c1 PROVIDER NAME [FREE TEXT TYPE]

CAPI SPEC:

IF HUQ.8C1 = DK OR REF, SKIP TO HUQ.8D

HUQ.8c2 PROVIDER NAME [FREE TEXT TYPE]

NO OTHER DOCTORS AT PRACTICE..... 000
REFUSED.....R
DON'T KNOW.....D

HUQ.8d What is the telephone number of the office, clinic or doctor? If {you have/SP has} more than one number, choose the one {you call/SP calls} to make an appointment.

PHONE (xxx)-xxx-xxxx

REFUSED.....R
DON'T KNOW.....D

HUQ.8e What borough is the office or clinic located in? DROP DOWN LIST

OTHER 666
 REFUSED.....R
 DON'T KNOW.....D

HUQ.8f What neighborhood is the office or clinic located in? DROP DOWN LIST

REFUSED.....R
 DON'T KNOW.....D

HUQ.8g INTERVIEWER INSTRUCTION:
 ENTER ANY ADDITIONAL LOCATION INFORMATION THAT RESPONDENT VOLUNTEERS

PROGRAMMER SPEC: OPEN TEXT FIELD

INTERVIEWER INSTRUCTION: PRESS F3 IF PARTICIPANT HAS NO ADDITIONAL INFORMATION

ASK ALL

HUQ.9 The next few questions are about any mental health care or treatment {you have/SP has} received in the past year.

During the **past 12 months**, , {have you/has SP} seen or talked to a mental health professional such as a psychologist, psychiatrist, psychiatric nurse or clinical social worker about {your/his/her} health?

[HUQ.090]

YES 1
 NO 2
 REFUSEDR
 DON'T KNOW.....D

ASK ALL

HUQ.10 - During the **past 12 months**, {have you/has SP} taken any **prescription medication** that was prescribed to {you/him/her} to treat a **mental or emotional condition**?

[HUQ.095]

YES 1
 NO 2
 REFUSEDR
 DON'T KNOW.....D

ASK ALL

HUQ.11-

Now I'd like to ask about other medications {you have/SP has} been prescribed.

During the **past 12 months**, {have you/has SP} taken any prescription medication that was prescribed to {you/him/her} to treat a **physical condition**? These are products prescribed by a health professional such as a doctor or dentist.

[HUQ.NYC2]

- YES 1
- NO 2
- REFUSEDR
- DON'T KNOW..... .D

ASK IF HUQ.10 = 1 OR HUQ.11 = 1, ELSE GO TO HUQ.14

HUQ.12

How many different prescription medications {have you/has SP} used or taken in the **past 30 days**? Again, these are products prescribed by a health professional such as a doctor, dentist or psychiatrist for mental, emotional or physical conditions.

ENTER NUMBER

- NONE 00
- REFUSED..... .R
- DON'T KNOW..... .D

ASK IF HUQ.12 GT 00 OR IF HUQ.12 = .R OR .D, ELSE GO TO HUQ.14

HUQ.13 -

May I please see the container{s} for the {# FROM HUQ.12/BLANK IF 77, 99} prescription medicine{s} that {you/SP} used or took in the **past 30 days**?

READ IF NECESSARY: Again, these are products prescribed by a health professional such as a doctor, dentist or psychiatrist for mental, emotional or physical conditions.

[DSQ.042/RXQ.231]

INTERVIEWER INSTRUCTION: REFER TO PRODUCT LABEL(S) OR ASK RESPONDENT FOR NAME(S) OF PRESCRIPTION MEDICATIONS USED.

INTERVIEWER INSTRUCTION: IF RESPONDENT DOES NOT KNOW BRAND OR GENERIC NAME, BUT VOLUNTEERS INFORMATION ON TYPE OF DRUG, SEARCH FOR DRUG TYPE (E.G. ANTIBIOTICS) AND SELECT; IF DRUG TYPE NOT FOUND ON LOOK UP, SELECT 'OTHER' AND ENTER AVAILABLE INFORMATION.

ENTER MEDICATION NAME

- OTHER (SPECIFY) 6
- REFUSEDR
- DON'T KNOW..... .D

CAPI INSTRUCTION:

SHOULD ALLOW ENTRY OF PRODUCT NAME TO SAVE THE PRODUCT NAME AS KEYED AND THAT SHOULD BE USED TO START THE LOOKUP.

SYSTEM SHOULD PROMPT FOR MEDICATION INFORMATION THE SAME NUMBER OF TIMES AS RESPONSE IN HUQ.13, AND ALLOW FOR REF AND DK FOR EACH.

ASK IF HUQ.13 NE .R OR .D

HUQ.13a -

[RXQ.240s]

ASK FOR EACH MEDICATION ENTERED IN HUQ.13

HUQ.13b

[RXQ.250]

INTERVIEWER INSTRUCTION:

ENTER 1 RESPONSE

CAPI INSTRUCTION: DISPLAY PRODUCT NAME AS A LEFT HEADER.

CONTAINER SEEN..... 1

CONTAINER NOT SEEN2

ASK ALL

HUQ.14 -

The next questions are about health care {you/SP} may have needed, but did not get.

Was there a time when {you/SP} needed health care, but did not get it during the **last 12 months**?
[HUQ.WTC3]

- YES 1
- NO 2
- REFUSEDR
- DON'T KNOW..... .D

ASK IF HUQ.14 = 1, ELSE GO TO OHQ.1

HUQ.15 -

What type of health care did {you/SP} need, but did not get during the **last 12 months**?
(Check all that apply)

[HUQ.WTC4]

- Routine check-up..... 1
- A specialist (e.g. dermatologist or surgeon)..... 2
- Inpatient care (e.g. hospitalization)..... 3
- Diagnostic services (e.g. radiology)..... 4
- Outpatient care (e.g. seeing a doctor for the flu) 5
- Prescription medicines 6
- Mental health care or counseling..... 7
- Dental care 8
- Eye exam or glasses 9
- Other, please specify: _____10
- REFUSEDR
- DON'T KNOWD

ASK IF HUQ.14 = 1

HUQ.16 - What prevented {you/SP} from getting the health care that you needed in the **last 12 months**?
Check all that apply.

[HUQ.WTC5]

- Lacked money 1
- Lacked insurance 2
- Lacked transportation 3
- Lacked childcare..... 4
- Lacked time to see a provider..... 5
- Long wait for an appointment 6
- Appointment times not convenient or feasible 7
- Other 8
- REFUSED R
- DON'T KNOW D

ORAL HEALTH - OHQ

ASK ALL
OHQ.1

The next questions are about {your/SP's} teeth and gums.

About how long has it been since {you/SP} **last** visited a dentist? Include all types of dentists, such as, orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

[OHQ.030]

- 6 MONTHS OR LESS 1
- MORE THAN 6 MONTHS, BUT NOT MORE THAN 1 YEAR AGO 2
- MORE THAN 1 YEAR, BUT NOT MORE THAN 2 YEARS AGO..... 3
- MORE THAN 2 YEARS, BUT NOT MORE THAN 3 YEARS AGO..... 4
- MORE THAN 3 YEARS, BUT NOT MORE THAN 5 YEARS AGO..... 5
- MORE THAN 5 YEARS AGO 6
- NEVER HAVE/HAS BEEN..... 7
- REFUSEDR
- DON'T KNOWD

HELP SCREEN:

Dentist: Medical persons whose primary occupation is caring for teeth, gums, and jaws. Dental care includes general work such as fillings, cleaning, extractions, and also specialized work such as root canals, fittings for braces, etc.

ASK ALL
OHQ.2

How often {do you/does SP} brush {your/his/her} teeth?

[SAQ.34]

- MORE THAN ONCE A DAY1
- ONCE A DAY 2
- EVERY FEW DAYS 3
- EVERY FEW WEEKS 4
- NEVER 5
- SP HAS NO TEETH OR ONLY DENTURES 6
- REFUSEDR
- DON'T KNOWD

ASK ALL
OHQ.3

The next questions will ask about the condition of {your/SP's} teeth and some factors related to gum health.

Gum disease is a common problem with the mouth. People with gum disease might have swollen gums, receding gums, sore or infected gums or loose teeth. {Do you/Does SP} think {you/s/he} might have gum disease?

[OHQ.835]

- YES 1
- NO 2
- REFUSEDR
- DON'T KNOWD

ASK ALL
OHQ.4

Aside from brushing {your/his/her} teeth with a toothbrush, in the last seven days, how many days did {you/SP} use dental floss or any other device to clean between {your/his/her} teeth?

[OHQ.870]

HARD EDIT 0-7.

INTERVIEWER INSTRUCTION: CODE '0' IF THE SP RESPONDS THAT THEY HAVE NO TEETH OR ONLY DENTURES.

|__|

ENTER NUMBER OF DAYS

REFUSEDR

DON'T KNOWD

ASK ALL
OHQ.5

Aside from brushing {your/his/her} teeth with a toothbrush, in the last seven days, how many days did {you/SP} use mouthwash or other dental rinse product that {you use/s/he uses} to treat dental disease or dental problems?

[OHQ.875]

HARD EDIT 0-7.

INTERVIEWER INSTRUCTION: REPEAT THE FOLLOWING PORTION OF THE QUESTION IF THE SP RESPONDS THAT THEY HAVE NO TEETH OR ONLY DENTURES: "how many days did {you/SP} use mouthwash or other dental rinse product that {you use/s/he uses} to treat dental disease or dental problems?"

|__|

ENTER NUMBER OF DAYS

REFUSEDR

DON'T KNOWD

ASK IF OHQ.2 NE 6, OHQ.4 NE 0 OR OHQ.5 NE 0, ELSE GO TO BPQ.1

OHQ.6 -

{Do you/does SP} have teeth with silver-colored fillings?

[OHQ.NYC2]

YES 1

NO 2

REFUSEDR

DON'T KNOWD

ASK IF OHQ.6 = 1

OHQ.7 -

How many of {your/SP's} teeth have silver-colored fillings in them?

[OHQ.NYC3]

|__|__|

ENTER NUMBER 1

REFUSEDR

DON'T KNOWD

BLOOD PRESSURE - BPQ

ASK ALL

BPQ.1

Now I have some questions about specific health conditions.

About how long has it been since {you/SP} **last** had {your/his/her} blood pressure taken by a doctor or other health professional? Was it . . .

[BPQ.010]

- less than 6 months ago,.....1
- 6 months to 1 year ago,.....2
- more than 1 year to 2 years ago,.....3
- more than 2 years ago, or.....4
- never?.....5
- REFUSEDR
- DON'T KNOW.....D

ASK ALL

BPQ.2-

{Have you/Has SP} **ever** been told by a doctor or other health professional that {you/s/he} had hypertension (hy-per-ten-shun), also called high blood pressure?

[BPQ.020]

IF HIGH BLOOD PRESSURE ONLY DURING PREGNANCY, CODE NO.

INTERVIEWER INSTRUCTION: IF SP SAYS "HIGH NORMAL BLOOD PRESSURE", "BORDERLINE HYPERTENSION" OR "PREHYPERTENSION" CODE NO.

- YES1
- NO2
- REFUSEDR
- DON'T KNOW.....D

HELP SCREEN:

Hypertension (High Blood Pressure): A repeatedly increased blood pressure with the first number 140 or higher and the second number 90 or higher.

ASK IF BPQ.2 = 1, ELSE GO TO BPQ.14

BPQ.3 -

{Were you/Was SP} told on 2 or more **different** visits that {you/s/he} had hypertension, also called high blood pressure?

[BPQ.030]

- YES 1
- NO 2
- REFUSEDR
- DON'T KNOW.....D

ASK IF BPQ.2 =1

BPQ.4 -

How old {were you/was SP} when {you were/he/she was} **first** told that {you/he/she} had hypertension or high blood pressure?

[BPQ.035]

CAPI HARD ERROR:
RESPONSE TO BPQ.4 MUST BE <= CURRENT AGE

|_|_|_|
ENTER AGE IN YEARS

REFUSEDR
DON'T KNOWD

ASK IF BPQ.2 = 1

BPQ.5

Because of {your/SP's} (high blood pressure/hypertension), {have you/has s/he} **ever** been told to **take prescription medicine**?

[BPQ.041A]

YES 1
NO..... 2
REFUSEDR
DON'T KNOW.....D

HELP SCREEN:

Prescription Medicine: Prescription medicines are those ordered by a doctor or other health provider through a written or verbal prescription for a pharmacist to fill. Prescription medicines can also be given by a medical provider directly to a patient to take home, such as free samples.

ASK IF BPQ.5 = 1

BPQ.6 -

{Have you/has SP} been told to **take or to continue taking prescription medicine** because of {your/SP's} (high blood pressure/hypertension) **in the past 12 months**?

[BPQ.PCIP1]

YES 1
NO..... 2
REFUSEDR
DON'T KNOW.....D

ASK IF BPQ.5 = 1, ELSE GO TO BPQ.8

BPQ.7

{Are you/Is SP} **now** taking prescription medicine?

[BPQ.051A]

YES 1
NO..... 2
REFUSEDR
DON'T KNOW.....D

ASK IF BPQ.2=1

BPQ.8

Because of {your/SP's} (high blood pressure/hypertension), {have you/has s/he} **ever** been told to **control {your/his/her} weight or lose weight**?

[BPQ.041B]

YES 1
NO 2
REFUSEDR
DON'T KNOWD

ASK IF BPQ.8=1, ELSE GO TO BPQ.10

BPQ.9 {Are you/Is SP} **now** controlling {your/his/her} weight or losing weight?

[BPQ.051B]

YES 1
NO 2
REFUSEDR
DON'T KNOWD

ASK IF BPQ.2=1

BPQ.10 Because of {your/SP's} (high blood pressure/hypertension), {have you/has s/he} **ever** been told to **cut down on salt or sodium in {your/his/her} diet?**

[BPQ.041C]

YES 1
NO 2
REFUSEDR
DON'T KNOWD

ASK IF BPQ.10=1, ELSE GO TO BPQ.12

BPQ.11 {Are you/Is SP} **now** cutting down on salt or sodium in {your/his/her} diet?

[BPQ.051C]

YES 1
NO 2
REFUSEDR
DON'T KNOWD

ASK IF BPQ.2=1

BPQ.12 Because of {your/SP's} (high blood pressure/hypertension), {have you/has s/he} **ever** been told to **exercise more?**

[BPQ.041D]

YES 1
NO 2
REFUSEDR
DON'T KNOW 9

ASK IF BPQ.12=1, ELSE GO TO BPQ.14

BPQ.13 {Are you/Is SP} **now** exercising more?

[BPQ.051D]

YES 1
NO 2
REFUSEDR
DON'T KNOWD

ASK ALL

BPQ.14 {Have you/Has SP} **ever** had {your/his/her} blood cholesterol checked?

[BPQ.060]

- YES1
- NO2
- REFUSEDR
- DON'T KNOW.....D

HELP SCREEN:

Cholesterol: Cholesterol is a type of fat in the bloodstream and is measured with a blood test, usually done in the morning before you've eaten. High levels of cholesterol are a major risk factor for heart disease, which leads to heart attack.

ASK IF BPQ.14 = 1, ELSE GO TO BPQ.16

BPQ.15 About how long has it been since {you/SP} **last** had {your/his/her} blood cholesterol checked? Has it been...

[BPQ.070]

- less than 1 year ago, 1
- 1 year but less than 2 years ago,..... 2
- 2 years but less than 5 years ago, or..... 3
- 5 years or more?..... 4
- REFUSEDR
- DON'T KNOW.....D

ASK ALL

BPQ.16 {Have you/Has SP} **ever** been told by a doctor or other health professional that {your/his/her} blood cholesterol level was high?

[BPQ.080]

- YES1
- NO2
- REFUSEDR
- DON'T KNOW.....D

BPQ.16 = 1, ELSE GO TO DIQ.1

BPQ.17 To lower {your/his/her} blood cholesterol, {have you/has SP} **ever** been told by a doctor or other health professional **to take prescription medicine?**

[BPQ.090D]

- YES1
- NO2
- REFUSEDR
- DON'T KNOW.....D

ASK IF BPQ.17 = 1

BPQ.18 To lower {your/his/her} blood cholesterol, **in the past 12 months** {have you/has SP} been told by a doctor or other health professional **to take or continue taking prescription medicine?**

[BPQ.PCIP2]

- YES.....1
- NO2
- REFUSED.....R
- DON'T KNOW9

ASK IF BPQ.17=1 OR BPQ.18=1

BPQ.19 {Are you/Is SP} **now** following this advice to take prescription medicine?

[BPQ.100D]

- YES..... 1
- NO 2
- REFUSED..... .R
- DON'T KNOW 9

BPQ.16 = 1

BPQ.20 To lower {your/his/her} blood cholesterol, {have you/has SP} **ever** been told by a doctor or other health professional **to eat fewer high fat or high cholesterol foods?**

[BPQ.90A]

- YES1
- NO2
- REFUSEDR
- DON'T KNOW..... .D

ASK IF BPQ.20=1, ELSE GO TO BPQ.22

BPQ.21 {Are you/Is SP} **now** following this advice to eat fewer high fat or high cholesterol foods?

[BPQ.100A]

- YES 1
- NO 2
- REFUSEDR
- DON'T KNOW..... .D

BPQ.16 = 1

BPQ.22 To lower {your/his/her} blood cholesterol, {have you/has SP} **ever** been told by a doctor or other health professional **to control {your/his/her} weight or lose weight?**

[BPQ.90B]

- YES1
- NO2
- REFUSEDR
- DON'T KNOW..... .D

ASK IF BPQ.22=1, ELSE GO TO BPQ.24

BPQ.23 {Are you/Is SP} **now** following this advice to control {your/his/her} weight or lose weight?

[BPQ.100B]

- YES 1
- NO 2
- REFUSEDR
- DON'T KNOW..... .D

BPQ.16 = 1

BPQ.24 To lower {your/his/her} blood cholesterol, {have you/has SP} **ever** been told by a doctor or other health professional **to increase {your/his/her} physical activity or exercise?**

[BPQ.90C]

- YES1
- NO2
- REFUSEDR
- DON'T KNOW..... .D

ASK IF BPQ.24=1, ELSE GO TO DIQ.1

BPQ.25 {Are you/Is SP} **now** following this advice to increase {your/his/her} physical activity or exercise?
[BPQ.100C]

- YES 1
- NO 2
- REFUSEDR
- DON'T KNOW..... .D

DIABETES - DIQ

ASK ALL

DIQ.1 - {Other than during pregnancy, {have you/has SP} **ever** been told by a doctor or health professional that {you have/{he/she/SP} has} diabetes or sugar diabetes? [DIQ.010]

CAPI INSTRUCTION:

IF SP IS FEMALE , DISPLAY "OTHER THAN DURING PREGNANCY, {HAVE YOU/HAS SP}".

- YES 1
- NO 2
- BORDERLINE OR PREDIABETES..... 3
- REFUSEDR
- DON'T KNOW..... .D

CAPI:

IF DIQ.1 = 1, GO TO DIQ.2
IF DIQ.1 =2, .R or 9 GO TO DIQ.3
IF DIQ.1 =3, GO TO DIQ.4

ASK IF DIQ.1 = 1

DIQ.2 - How old {was SP/were you} when a doctor or other health professional **first** told {you/him/her} that {you/he/she} had diabetes or sugar diabetes? [DIQ.040]

- ENTER AGE IN YEARS 1
- LESS THAN 1 YEAR..... 2
- REFUSEDR
- DON'T KNOW..... .D

ASK IF DIQ.1 = 2, .R OR .D

DIQ.3 - {Have you/Has SP} **ever** been told by a doctor or other health professional that {you have/SP has} any of the following: prediabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes or that {your/her/his} blood sugar is higher than normal but not high enough to be called diabetes or sugar diabetes? [DIQ.160]

HAND CARD DIQ1

- YES 1
- NO..... 2
- REFUSEDR
- DON'T KNOWD

HELP SCREEN: **PREDIABETES, IMPAIRED FASTING GLUCOSE, IMPAIRED GLUCOSE TOLERANCE, OR BORDERLINE DIABETES** OCCURS WHEN BLOOD SUGAR (GLUCOSE) LEVELS ARE HIGHER THAN NORMAL BUT NOT HIGH ENOUGH TO BE DIABETES.

ASK ALL

DIQ.4 -

{Have you/Has SP} had a blood test for high blood sugar or diabetes within the **past three years?**

[DIQ.180]

INTERVIEWER INSTRUCTION: DO NOT INCLUDE URINE TESTS

- YES 1
- NO..... 2
- REFUSEDR
- DON'T KNOWD

CAPI:

IF DIQ.1 = 1 OR 3 OR DIQ.3 = 1 GO TO DIQ.5, ELSE GO TO MCQ.1

ASK IF DIQ.1 = 1

DIQ.5 - {Is SP/Are you} **now** taking insulin?

[DIQ.050]

- YES 1
- NO 2
- REFUSEDR
- DON'T KNOW.....D

HELP SCREEN: Insulin: A chemical used by some people in the treatment of diabetes. It is injected under the skin.

ASK IF DIQ.5 = 1, ELSE GO TO DIQ.7

DIQ.6 - For how long {have you/has SP} been taking insulin?

[DIQ.060]

CAPI HARD EDIT:
DIQ.6_YEAR <= CURRENT AGE;
RANGE FOR DIQ.6_MO: 1-99

|_|_|_|

ENTER NUMBER (OF MONTHS OR YEARS)

- LESS THAN 1 MONTH..... 222
- REFUSEDR
- DON'T KNOW.....D

ENTER UNIT

- MONTHS 1
- YEARS 2
- REFUSEDR
- DON'T KNOW.....D

ASK IF DIQ.1 = 1 OR 3 OR DIQ.3 = 1

DIQ.7 - {Is SP/Are you} **now** taking diabetic pills to lower {{his/her}/your} blood sugar? These are sometimes called oral agents or oral hypoglycemic agents.

[DIQ.070]

- YES 1
- NO 2
- REFUSEDR
- DON'T KNOW..... .D

ASK IF DIQ.7 = 1, ELSE GO TO DIQ.9

DIQ.8 - For how long {have you/has SP} been taking diabetic pills?

[DIQ.NYC1]

CAPI HARD EDIT:
DIQ.8_YEAR <= CURRENT AGE
RANGE FOR DIQ.8_MO: 1-99

|_|_|_|_|
ENTER NUMBER (OF MONTHS OR YEARS)

- LESS THAN 1 MONTH..... 222
- REFUSEDR
- DON'T KNOW..... .D

ENTER UNIT

- MONTHS 1
- YEARS2
- REFUSEDR
- DON'T KNOW..... .D

ASK IF DIQ.1 = 1 OR 3 OR DIQ.3 = 1

DIQ.9 - {Is SP/Are you} **now** taking injectable drugs other than insulin to lower {his/her}/your} blood sugar?

[DIQ.NYC2]

- YES 1
- NO 2
- REFUSEDR
- DON'T KNOW..... .D

ASK IF DIQ.9 = 1, ELSE GO TO DIQ.11

DIQ.10 For how long {have you/has SP} been taking injectable drugs other than insulin?

[DIQ.NYC3]

CAPIT HARD EDIT:
DIQ.10_YEAR <= CURRENT AGE
RANGE FOR DIQ.10_MO: 1-99

____|____|____|____|
ENTER NUMBER (OF MONTHS OR YEARS)

LESS THAN 1 MONTH..... 222
REFUSEDR
DON'T KNOW..... .D

ENTER UNIT

MONTHS 1
YEARS2
REFUSEDR
DON'T KNOW..... .D

ASK IF DIQ.1 = 1, ELSE GO TO MCQ.1

DIQ.11 Has a doctor **ever** told {you/SP} that diabetes has affected {your/his/her} eyes or that {you/s/he} had retinopathy?

[DIQ.080]

YES 1
NO 2
REFUSEDR
DON'T KNOW..... .D

ASK IF DIQ.1 = 1

DIQ.12 Has a doctor **ever** told {you/SP} that diabetes has affected {your/his/her} kidneys or that {you/s/he} had **renal** or **kidney disease**?

[DIQ.082]

YES 1
NO 2
REFUSEDR
DON'T KNOW..... .D

ASK IF DIQ.1 = 1

DIQ.13 -

When was the **last time** {you/SP} saw either a diabetes nurse educator or dietitian or nutritionist for {your/his/her} diabetes? Do not include doctors or other health professionals.

[DIQ.230]

INTERVIEWER INSTRUCTION: IF RESPONDENT ANSWERS "TODAY" OR A PERIOD LESS THAN A MONTH, CODE 1 – 1 YEAR AGO OR LESS.

- 1 YEAR AGO OR LESS 1
- MORE THAN 1 YEAR AGO BUT NO MORE THAN 2 YEARS AGO 2
- MORE THAN 2 YEARS AGO BUT NO MORE THAN 5 YEARS AGO 3
- MORE THAN 5 YEARS AGO..... 4
- NEVER 5
- REFUSEDR
- DON'T KNOWD

HELP SCREEN: A diabetes nurse educator is a nurse who teaches people with diabetes and who is knowledgeable about the day-to-day aspects of diabetes self-care, such as, use of diabetes medications, checking and controlling blood glucose levels, managing weight through diet and physical activity, and maintaining a healthy pregnancy if diabetes is present.

ASK IF DIQ.1 = 1

DIQ.14 -

When was the **last time** {you/SP} had an eye exam in which the pupils were dilated? This would have made {you/SP} temporarily sensitive to bright light.

[DIQ.360]

- LESS THAN 1 MONTH 1
- 1-12 MONTHS..... 2
- 13-24 MONTHS..... 3
- GREATER THAN 2 YEARS 4
- NEVER 5
- REFUSEDR
- DON'T KNOWD

MEDICAL CONDITIONS – MCQ

ASK ALL

MCQ.1 -

The following questions are about additional medical conditions.

Has a doctor or other health professional **ever** told {you/SP} that {you have/s/he/SP has} asthma (az-ma)?

[MCQ.010]

YES 1
NO..... 2
REFUSEDR
DON'T KNOW..... .D

INTERVIEWER: DO NOT ACCEPT SELF-DIAGNOSED OR DIAGNOSED BY A PERSON WHO IS NOT A DOCTOR OR OTHER HEALTH PROFESSIONAL.

HELP SCREEN:

Asthma: Is a disease of the airways that carry air in and out of your lungs. It causes wheezing or whistling sounds when you breathe and can make you short of breath.

ASK IF MCQ.1 = 1, ELSE GO TO MCQ.7

MCQ.2 -

How old {were you/was SP} when {you were/s/he was} **first** told {you/s/he} had asthma (az-ma)?

[MCQ.021]

|_|_|_|_|
ENTER AGE IN YEARS

REFUSEDR
DON'T KNOW..... .D

ASK IF MCQ.1 = 1

MCQ.3 -

{Do you/Does SP} still have asthma (az-ma)?

[MCQ.035]

YES 1
NO..... 2
REFUSEDR
DON'T KNOW..... .D

ASK IF MCQ.3 = 1, ELSE GO TO MCQ.7

MCQ.4 -

During the **past 12 months**, {have you/has SP} had an episode of asthma (az-ma) or an asthma attack?

[MCQ.040]

YES 1
NO..... 2
REFUSEDR
DON'T KNOW..... .D

HELP SCREEN: Episode/attack: When your asthma symptoms become worse than usual it is called an asthma episode or attack.

ASK IF MCQ.3 = 1

MCQ.5 - [During the **past 12 months**], {have you/has SP} had to visit an emergency room or urgent care center because of asthma (**az**-ma)?

[MCQ.050]

- YES 1
- NO..... 2
- REFUSEDR
- DON'T KNOW..... .D

ASK IF MCQ.3 = 1

MCQ.6 - **During the past 3 months**, {have you/has SP} taken medication prescribed by a doctor or other health professionals for asthma?

[MCQ.051]

- YES 1
- NO..... 2
- REFUSEDR
- DON'T KNOWD

ASK ALL

MCQ.7 - {Have you/Has SP} **ever** received a blood transfusion?

[MCQ.092]

- YES 1
- NO..... 2
- REFUSEDR
- DON'T KNOW..... .D

ASK IF MCQ.7 = 1, ELSE GO TO MCQ.9a

MCQ.8 - In what year did {you/SP} receive {your/his/her} **first** transfusion?

[MCQ.093]

CAPI HARD EDIT:
MCQ.8 >= DMQ.A

|_|_|_|_|
ENTER 4-DIGIT YEAR

- REFUSEDR
- DON'T KNOW..... .D

ASK ALL (START WITH MCQ.9a: proceed to MCQ.10a if MCQ.9a = 1, ELSE SKIP TO MCQ.9b, etc.)

CAPI SPEC:

MCQ.10A-MCQ.10M <= CURRENT AGE, BUT NE 0

MCQ.9 Has a doctor or other health professional ever told {you/SP} that {you/s/he} . . . CAPI INSTRUCTION: TEXT OF QUESTION SHOULD BE OPTIONAL AFTER FIRST ITEM IS READ. [MCQ.160]	MCQ.10 How old {were you/was SP} when {you were/s/he was} first told {you/s/he} . . . [MCQ.180]	MCQ.11
<p>a. had arthritis (ar-thry-tis)?</p> <p>YES..... 1→MCQ.10a NO..... 2 (b) REFUSED..... .R (b) DON'T KNOW..... .D (b)</p>	<p>a. had arthritis?</p> <p>|_|_|_| ENTER AGE IN YEARS →MCQ.11a</p> <p>REFUSED..... .R → DON'T KNOW..... .D →</p>	<p>a. Which type of arthritis was it?</p> <p>Osteoarthritis or degenerative arthritis.....1 Rheumatoid arthritis.....2 Psoriatic arthritis.....3 Other.....4 REFUSED.....R DON'T KNOW..... .D</p>
<p>b. had congestive heart failure?</p> <p>YES..... 1→ NO..... 2 (c) REFUSED..... .R (c) DON'T KNOW..... .D (c)</p>	<p>b. had congestive heart failure?</p> <p>|_|_|_| ENTER AGE IN YEARS</p> <p>REFUSED..... .R DON'T KNOW..... .D</p>	
<p>c. had coronary (kor-o-nare-ee) heart disease?</p> <p>YES..... 1→ NO..... 2 (d) REFUSED..... .R (d) DON'T KNOW..... .D (d)</p>	<p>c. had coronary heart disease?</p> <p>|_|_|_| ENTER AGE IN YEARS</p> <p>REFUSED..... .R DON'T KNOW..... .D</p>	
<p>d. had angina (an-gī-na), also called angina pectoris?</p> <p>YES..... 1→ NO..... 2 (e) REFUSED..... .R (e) DON'T KNOW..... .D (e)</p>	<p>d. had angina, also called angina pectoris?</p> <p>|_|_|_| ENTER AGE IN YEARS</p> <p>REFUSED..... .R DON'T KNOW..... .D</p>	
<p>e. had a heart attack (also called myocardial infarction (my-O- car-dee-al in-fark-shun))?</p> <p>YES..... 1→ NO..... 2 (f) REFUSED..... .R (f) DON'T KNOW..... .D (f)</p>	<p>e. had a heart attack (also called myocardial infarction)?</p> <p>|_|_|_| ENTER AGE IN YEARS</p> <p>REFUSED..... .R DON'T KNOW..... .D</p>	
<p>f. had a stroke?</p> <p>YES..... 1→ NO..... 2 (g) REFUSED..... .R (g) DON'T KNOW..... .D (g)</p>	<p>f. had a stroke?</p> <p>|_|_|_| ENTER AGE IN YEARS</p> <p>REFUSED..... .R DON'T KNOW..... .D</p>	

<p>g. had emphysema (emph-phi-see-ma)?</p> <p>YES..... 1→ NO..... 2 (h) REFUSED..... .R (h) DON'T KNOW..... .D (h)</p>	<p>g. had emphysema?</p> <p>|_|_|_| ENTER AGE IN YEARS</p> <p>REFUSED..... .R DON'T KNOW..... .D</p>	
<p>h. had chronic bronchitis?</p> <p>YES..... 1→ NO..... 2 (i) REFUSED..... .R (i) DON'T KNOW..... .D (i)</p>	<p>h. had chronic bronchitis?</p> <p>|_|_|_| ENTER AGE IN YEARS</p> <p>REFUSED..... .R DON'T KNOW..... .D</p>	
<p>i. had osteoporosis?</p> <p>YES..... 1→ NO..... 2 (j) REFUSED..... .R (j) DON'T KNOW..... .D (j)</p>	<p>i. had osteoporosis?</p> <p>|_|_|_| ENTER AGE IN YEARS</p> <p>REFUSED..... .R DON'T KNOW..... .D</p>	
<p>j. {were/was} overweight?</p> <p>YES..... 1 (k) NO..... 2 (k) REFUSED..... .R (k) DON'T KNOW..... .D (k)</p>		
<p>k. {were/was} depressed?</p> <p>YES..... 1→ NO..... 2 (l) REFUSED..... .R (l) DON'T KNOW..... .D (l)</p>	<p>k. {were/was} depressed?</p> <p>|_|_|_| ENTER AGE IN YEARS</p> <p>REFUSED..... .R DON'T KNOW..... .D</p>	
<p>l. had anxiety?</p> <p>YES..... 1→ NO..... 2 (m) REFUSED..... .R (m) DON'T KNOW..... .D (m)</p>	<p>l. had anxiety?</p> <p>|_|_|_| ENTER AGE IN YEARS</p> <p>REFUSED..... .R DON'T KNOW..... .D</p>	
<p>m. had post-traumatic stress disorder, or PTSD?</p> <p>YES..... 1→ NO..... 2 (MCQ.12) REFUSED..... .R (MCQ.12) DON'T KNOW..... .D (MCQ.12)</p>	<p>m. had post-traumatic stress disorder, or PTSD?</p> <p>|_|_|_| ENTER AGE IN YEARS →MCQ.11m</p> <p>REFUSED..... .R → DON'T KNOW..... .D →</p>	<p>m. Was {your/SP's} PTSD <u>initially</u> caused by...?</p> <p>World Trade Center attacks (9/11).....1 (MCQ.12) Hurricane Sandy.....2 (MCQ.12) Military or combat exposure, or.....3 (MCQ.12) Other.....4 (MCQ.12) REFUSED..... .R (MCQ.12) DON'T KNOW.....D (MCQ.12)</p>

HELP SCREENS FOR MCQ.9-11 a through m

MCQ.9a **Arthritis:** Is a disease that causes pain, swelling or stiffness in joints, for example the hand, the knee, or neck. Common kinds of arthritis are osteoarthritis and rheumatoid arthritis.

MCQ.11a **Osteoarthritis:** Is the most common kind of arthritis older persons. It is also called degenerative joint disease. Most often, it affects the knees, the hips, the hands, the feet, and the spine. There is usually bony joint enlargement. There can be joint deformity or pain.

Rheumatoid Arthritis: Causes inflammation, redness and swelling of both hands and knees, but it can affect joints anywhere in the body. You may feel sick and tired, and sometimes there are fevers.

Psoriatic Arthritis: Is arthritis caused by the skin rash Psoriasis. Most often it causes redness and swelling of joints such as the spine, knees, hips and hands.

Arthritis: Is a disease that causes pain, swelling or stiffness in joints, for example the hand, the knee, or neck. Common kinds of arthritis are osteoarthritis and rheumatoid arthritis.

MCQ.9b **Congestive Heart Failure:** Heart failure is a condition where the heart cannot pump enough blood throughout the body. Blood and fluid "back up" into the lungs which causes shortness of breath. The heart failure causes a buildup of fluid in the feet, ankles, and legs.

INTERVIEWER: DO NOT COUNT HEART MURMURS, IRREGULAR HEART BEATS, CHEST PAIN OR HEART ATTACKS.

MCQ.9c **Coronary Heart Disease:** Is when the blood vessels that bring blood to the heart muscle become narrow and hardened due to plaque (plak). Plaque buildup is called atherosclerosis (ATH-er-o-skler-O-sis). Blocked blood vessels to the heart can cause chest pain or a heart attack.

MCQ.9d **Angina (Angina Pectoris):** (AN-ji-na or an-JI-na). Angina is chest pain or discomfort that occurs when the heart does not get enough blood.

MCQ.9e **Heart Attack (Myocardial Infarction):** A heart attack happens when there is narrowing of a blood vessel that supplies the heart. A blood clot can form and suddenly cut off the blood supply to the heart muscle. This damage causes crushing chest pain that may also be felt in the arms or neck. There can also be nausea, sweating, or shortness of breath.

MCQ.9f **Stroke:** Is when the blood supply to a part of the brain is suddenly cut off by a blood clot or a burst blood vessel in the brain. The part of the brain affected can no longer do its job. There can be numbness or weakness on one side of the body; trouble speaking or understanding speech; loss of eyesight; trouble with walking, dizziness, loss of balance or coordination; or severe headache.

MCQ.9g **Emphysema:** Is a disease where the tiny air sacs in the lungs become damaged so less air goes in and out. As a result, the body does not get the oxygen it needs. Emphysema makes it hard to catch your breath. It is often due to smoking.

MCQ.9h **Chronic Bronchitis:** Is a long lasting breathing problem where you constantly cough up phlegm. Often there is a daily cough with phlegm for several months at a time for two or more years and you are short of breath. It is often due to smoking.

MCQ.9i **Osteoporosis** causes bones to become weak and brittle, so brittle that a fall or even mild stresses like bending over or coughing can cause a fracture.

MCQ.9k **Depression:** Depressive disorders are not the normal ups and downs that everyone experiences. They are illnesses that affect mood, body, behavior, and mind. Depressive disorders interfere with individual and family functioning. The person with a depressive disorder is often unable to fulfill the responsibilities of spouse or parent, and may be unable to carry out usual job responsibilities..

MCQ.9l **Anxiety** happens as a normal part of life, but for some people, anxiety persistently interferes with daily activities such as work, school or sleep. This type of anxiety can disrupt relationships and enjoyment of life, and over time it can lead to health concerns and other problems.

MCQ.9m **Post-traumatic stress disorder (PTSD)** is a mental health condition that is triggered by a terrifying event. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event.

ASK ALL

MCQ.12 -

{Have you/Has SP} **ever** been told by a doctor or other health professional that {you/s/he} had weak or failing kidneys? Do not include kidney stones, bladder (**bladd-er**) infections, or incontinence (in-**kon-ti-nens**).

[KIQ.022]

YES 1
 NO..... 2
 REFUSEDR
 DON'T KNOWD

ASK IF MCQ.12 = 1, ELSE GO TO MCQ.14

MCQ.13 -

In the **past 12 months**, {have you/has SP} received dialysis (either hemodialysis (heemo-di-al-isis) or peritoneal dialysis (pare-i-ton-nee-al di-al-i-sis))?

[KIQ.025]

YES 1
 NO..... 2
 REFUSEDR
 DON'T KNOWD

ASK ALL

MCQ.14 -

{Have you/Has SP} **ever** been told by a doctor or other health professional that {you/s/he} had cancer or a malignancy of any kind?

[MCQ.220]

YES 1
 NO..... 2
 REFUSEDR
 DON'T KNOW..... .D

ASK IF MCQ.14 = 1, ELSE GO TO MCQ.17

MCQ.15 -

What kind of cancer was it?

ENTER UP TO 3 KINDS. IF RESPONDENT OFFERS MORE THAN 3, ENTER 66 AS THE 4TH RESPONSE.

[MCQ.230]

CAPI INSTRUCTIONS:
 ALLOW UP TO 3 ENTRIES.
 ALLOW 'MORE THAN 3 KINDS (CODE 66) ONLY AS 4TH ENTRY.

BLADDER..... 10	LIVER 22	SOFT TISSUE (MUSCLE OR FAT)..... 34
BLOOD 11	LUNG 23	STOMACH..... 35
BONE..... 12	LYMPHOMA/HODGKINS' DISEASE... 24	TESTIS (TESTICULAR) 36
BRAIN..... 13	MELANOMA.....25	THYROID..... 37
BREAST..... 14	MOUTH/TONGUE/LIP 26	UTERUS (UTERINE)..... 38
CERVIX (CERVICAL) 15	NERVOUS SYSTEM..... 27	OTHER 39
COLON 16	OVARY (OVARIAN) 28	MORE THAN 3 KINDS 66
ESOPHAGUS (ESOPHAGEAL) 17	PANCREAS (PANCREATIC) 29	REFUSED..... .R
GALLBLADDER..... 18	PROSTATE 30	DON'T KNOW..... .D
KIDNEY..... 19	RECTUM (RECTAL) 31	
LARYNX/WINDPIPE..... 20	SKIN (NON-MELANOMA) 32	
LEUKEMIA 21	SKIN (DON'T KNOW WHAT KIND)..... 33	

LOOP 1
ASK MCQ.16 FOR EACH TYPE OF CANCER (CODES 10-39 AND CODE 99)
ENTERED IN MCQ.15.

MCQ.16 - How old {were you/was SP} when {TYPE OF CANCER/cancer} was **first** diagnosed?
[MCQ.240]

CAPI INSTRUCTIONS:
DISPLAY TYPE OF CANCER (CODE 10-39) ENTERED IN MCQ.15
DISPLAY "CANCER " IF DON'T KNOW ENTERED IN MCQ.15.

|_|_|_|_|
ENTER AGE IN YEARS

REFUSEDR
DON'T KNOW.....D

END LOOP 1

ASK ALL

MCQ.17 - Including living and deceased, **were any of {SP's/your} close biological** that is, blood **relatives** including father, mother, sisters or brothers, **ever told by a health professional that they had . . .**

diabetes?

[MCQ.400a]

YES 1
NO..... 2
REFUSEDR
DON'T KNOWD

CAPI INSTRUCTION: TEXT OF QUESTION SHOULD BE OPTIONAL, "[]'S, AFTER FIRST TIME.

ASK ALL

MCQ.18- (Including living and deceased, **were any of {SP's/your} close biological** that is, blood **relatives** including father, mother, sisters or brothers, **ever told by a health professional that they had . . .**)

asthma?

[MCQ.420c]

YES 1
NO..... 2
REFUSEDR
DON'T KNOWD

CAPI INSTRUCTION: TEXT OF QUESTION SHOULD BE OPTIONAL, "[]'S, AFTER FIRST TIME.

ASK ALL
MCQ.19 -

(Including living and deceased, **were any of {SP's/your} close biological** that is, blood **relatives** including father, mother, sisters or brothers, **ever told by a health professional that they had . . .**)

heart attack or angina (an-gī-na) before the age of 50?

[MCQ.460g]

- YES 1
- NO..... 2
- REFUSEDR
- DON'T KNOWD

CAPI INSTRUCTION: TEXT OF QUESTION SHOULD BE OPTIONAL, “[]’S, AFTER FIRST TIME.

ASK IF SP >= 50 YRS

MCQ.21 -

Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. {Have you/Has SP} ever had either of these exams?

[MCQ.470]

- YES 1
- NO..... 2
- REFUSEDR
- DON'T KNOW..... .D

ASK IF MCQ.21 = 1, ELSE GO TO MCQ.24

MCQ.22 -

Which examinations did {you/SP} **ever** have performed?

[MCQ.480]

- COLONOSCOPY..... 1
- SIGMOIDOSCOPY..... 2
- BOTH COLONOSCOPY AND
SIGMOIDOSCOPY..... 3
- REFUSEDR
- DON'T KNOW..... .D

ASK IF MCQ.22 = 1 OR 3, ELSE GO TO MCQ.24

MCQ.23 - About how long has it been since (you/SP) **last** had a colonoscopy? Was it...

[MCQ.490]

- up to 1 year ago,..... 1
- more than 1 year to 5 years ago,..... 2
- more than 5 years to 10 years ago, or 3
- more than 10 years ago?..... 4
- REFUSEDR
- DON'T KNOW..... .D

ASK ALL

MCQ.24 -

{Do you/does SP} take aspirin daily or every other day for {your/his/her} heart?

[MCQ.CHS3]

- YES 1
- NO 2
- REFUSEDR
- DON'T KNOW..... .D

ASK ALL

MCQ.25

Have {you/SP} used a cream to lighten {your/his/her} skin in the past 30 days? Please include cream {you have/s/he has} used to lighten dark spots on {your/his/her} skin.

[MCQ.NYC4]

- YES 1
- NO..... 2
- REFUSEDR
- DON'T KNOWD

IMMUNIZATION - IMQ

ASK ALL

IMQ.1 -

The next questions are about vaccinations.
 {Have you/Has SP} **ever** received the 3-dose series of the hepatitis B vaccine? This vaccine is given in three separate doses and has been recommended for all newborn infants since 1991. In 1995, it was recommended that adolescents be given the vaccine. Persons who may be exposed to other people's blood, such as health care workers, also may have received the vaccine.

[IMQ.020]

CODE 'LESS THAN 3 DOSES' ONLY IF MENTIONED BY RESPONDENT

- YES ALL 3 DOSES..... 1
- LESS THAN 3 DOSES 2
- NO DOSES..... 3
- REFUSEDR
- DON'T KNOW..... .D

ASK ALL

IMQ.2 -

{Have you/Has SP} **ever** had a pneumonia vaccination? This shot is usually given only once in a person's lifetime and is different from a flu shot.

[IMQ.030]

- YES 1
- NO 2
- REFUSEDR
- DON'T KNOW..... .D

ASK ALL

IMQ.3 -

During the **past 12 months**, {have you/has SP} had a flu shot in the arm or a flu vaccine that was sprayed in {your/his/her} nose?

[IMQ.040]

- YES 1
- NO 2
- REFUSEDR
- DON'T KNOW..... .D

CAPI:

IF SP IS FEMALE AND AGE < 60 GO TO IMQ.4

IF SP IS MALE AND AGE < 60, GO TO IMQ.5

ELSE IF SP AGE >= 60, GO TO PAQ.1

ASK IF SP IS FEMALE AND AGE < 60 YEARS

IMQ.4 -

Human Papillomavirus (HPV) vaccine is given to prevent cervical cancer in girls and women. There are two HPV vaccines available called Cervarix and Gardasil. It is given in 3 separate doses over a 6 month period. {Have you/Has SP} ever received one or more doses of the HPV vaccine?

[IMQ.060]

- YES 1
- NO..... 2
- REFUSEDR
- DON'T KNOWD

ASK IF SP IS MALE AND AGE < 60 YEARS

IMQ.5 - Human Papillomavirus (HPV) vaccine is given to prevent HPV infection and genital warts in boys and men. It is given in 3 separate doses over a 6 month period. {Have you/Has SP} ever received one or more doses of the HPV vaccine? (The brand name for the vaccine is Gardasil.)

[IMQ.070]

- YES 1
- NO..... 2
- REFUSED R
- DON'T KNOW D

ASK IF IMQ.4 = 1 OR IMQ.5 = 1, ELSE GO TO PAQ.1

IMQ.6 - How many doses of the vaccine {have you/has SP} received?

[IMQ.0100]

- 1 DOSE 1
- 2 DOSES..... 2
- 3 DOSES..... 3
- REFUSED R
- DON'T KNOW D

PHYSICAL ACTIVITY AND PHYSICAL FITNESS - PAQ

ASK ALL

PAQ.1 -

The next few questions are about physical activity.
In general, how physically active are {you/SP}? Would {you/SP} say very active, somewhat active, not very active or not active at all?

[PAQ.PAT1]

- VERY ACTIVE 1
- SOMEWHAT ACTIVE 2
- NOT VERY ACTIVE 3
- NOT ACTIVE AT ALL 4
- REFUSED R
- DON'T KNOW D

ASK ALL

PAQ.2 -

Now I would like to ask {you/SP} about the usual way {you travel/SP travels} to and from places. For example, to work, for shopping, to school.

In a typical week {do you/does SP} walk or use a bicycle for **at least 10 minutes continuously** to get to and from places?

[PAQ.635]

PROMPT: IF SP ANSWERS "YES" ASK: Which one?

- WALK 1
- USE A BICYCLE 2
- BOTH WALK AND USE A BICYCLE 3
- NO 4
- REFUSED R
- DON'T KNOW D

CAPI INSTRUCTION:

IF PAQ.2 = 2, GO TO PAQ.5

IF PAQ.2 = 4, .R OR .D, GO TO PAQ.7

IF PAQ.2 = 1 OR 3, GO TO PAQ.3

ASK IF PAQ.2 = 1 OR 3

PAQ.3 -

In a typical week, on how many days {do you/does SP} walk for **at least 10 minutes continuously** to get to and from places?

[PAQ.640a]

HARD EDIT: 1-7. ERROR MESSAGE: THE NUMBER OF DAYS SHOULD BE BETWEEN 1 AND 7.

|_|_|

- ENTER NUMBER OF DAYS
- REFUSED R
- DON'T KNOW D

ASK IF PAQ.3 NE .R OR .D

PAQ.4 -

How much time {do you/does SP} spend walking for travel on a typical day?

PROBE IF NEEDED: Think about a typical day when {you walk /SP walks} for travel.
[PAQ.645a]

SOFT EDIT: >4 HOURS.
ERROR MESSAGE: INTERVIEWER, YOU HAVE RECORDED THAT THE SP SPENDS MORE THAN 4 HOURS WALKING TO GET TO AND FROM PLACES ON A TYPICAL DAY. PLEASE CONFIRM WITH SP THAT OVER 4 HOURS IS CORRECT.
SOFT EDIT: >240 MINUTES
ERROR MESSAGE: INTERVIEWER, YOU HAVE RECORDED THAT THE SP SPENDS MORE THAN 240 MINUTES WALKING TO GET TO AND FROM PLACES ON A TYPICAL DAY. PLEASE CONFIRM WITH SP THAT OVER 240 HOURS IS CORRECT.
HARD EDIT: >= 24 HOURS.
HARD EDIT: <10 MINUTES.
ERROR MESSAGE: THE TIME SHOULD BE 10 MINUTES OR MORE, BUT LESS THAN 24 HOURS.

|_|_|_|_|
ENTER NUMBER OF MINUTES OR HOURS

REFUSEDR
DON'T KNOWD

ENTER UNIT
MINUTES 1
HOURS 2
REFUSEDR
DON'T KNOWD

ASK IF PAQ.2 = 2 OR 3, ELSE GO TO PAQ.7

PAQ.5 -

In a typical week, on how many days {do you/does SP} ride a bicycle for **at least 10 minutes continuously** to get to and from places?

[PAQ.640b]

HARD EDIT: 1-7. ERROR MESSAGE: THE NUMBER OF DAYS SHOULD BE BETWEEN 1 AND 7.

|_|_|
ENTER NUMBER OF DAYS

REFUSEDR
DON'T KNOWD

ASK IF PAQ.5 NE .R OR .D, ELSE GO TO PAQ.7

PAQ.6 -

How much time {do you/does SP} spend riding a bicycle for travel on a typical day?

PROBE IF NEEDED: Think about a typical day when {you ride a bicycle/SP rides a bicycle} for travel.

[PAQ.645b]

SOFT EDIT: >4 HOURS.

ERROR MESSAGE: INTERVIEWER, YOU HAVE RECORDED THAT THE SP SPENDS MORE THAN 4 HOURS RIDING A BICYCLE TO GET TO AND FROM PLACES ON A TYPICAL DAY. PLEASE CONFIRM WITH SP THAT OVER 4 HOURS IS CORRECT.

SOFT EDIT: >240 MINUTES

ERROR MESSAGE: INTERVIEWER, YOU HAVE RECORDED THAT THE SP SPENDS MORE THAN 240 MINUTES RIDING A BICYCLE TO GET TO AND FROM PLACES ON A TYPICAL DAY. PLEASE CONFIRM WITH SP THAT OVER 240 HOURS IS CORRECT.

HARD EDIT: >= 24 HOURS.

HARD EDIT: <10 MINUTES.

ERROR MESSAGE: THE TIME SHOULD BE 10 MINUTES OR MORE, BUT LESS THAN 24 HOURS.

|_|_|_|_|

ENTER NUMBER OF MINUTES OR HOURS

REFUSEDR
DON'T KNOWD

ENTER UNIT

MINUTES 1
HOURS 2
REFUSEDR
DON'T KNOWD

ASK ALL

PAQ.7 -

Please tell me which of these four sentences **best** describes {your/SP's} usual daily activities? [Daily activities may include {your/his/her} work, housework if {you are/s/he is} a homemaker, going to and attending classes if {you are/s/he is} a student, and what {you/s/he} normally {do/does} throughout a typical day if {you are/he/she is} a retiree or unemployed.] . . .

HAND CARD PAQ1

[PAQ.180]

- {You sit/He/She sits} during the day and {do/does} not walk about very much; 1
- {You stand or walk/He/She stands or walks} about quite a lot during the day, but {do/does} not have to carry or lift things very often; 2
- {You lift or carry/He/She lifts or carries} light loads, or {have/has} to climb stairs or hills often; or 3
- {You do/He/She does} heavy work or {carry/ carries} heavy loads..... 4
- REFUSEDR
- DON'T KNOW.....D

ASK ALL

PAQ.8 -

The next questions are about physical activities including exercise, sports, and physically active hobbies that {you/SP} may have done in {your/his/her} leisure time over the **past 30 days**.

First I will ask about **vigorous** activities that cause **heavy** sweating or **large increases** in breathing or heart rate. Then I will ask about **moderate** activities that cause only **light** sweating or a **slight to moderate increase** in breathing or heart rate.

Over the **past 30 days**, did {you/SP} do any **vigorous** activities for **at least 10 minutes** that caused **heavy** sweating, or **large increases** in breathing or heart rate? Some examples are running, lap swimming, aerobics classes or fast bicycling. Here are some other examples of these types of activities. **Please do not include walking or biking for travel, or house work or yard work, that you have already told me about.**

[PAQ.206]

HAND CARD PAQ2

CODE 'UNABLE TO DO' ONLY IF RESPONDENT VOLUNTEERS

- YES 1
- NO..... 2
- UNABLE TO DO ACTIVITY..... 3
- REFUSEDR
- DON'T KNOW..... .D

ASK IF PAQ.8 = 1, ELSE GO TO PAQ.11

PAQ.9 - [Over the **past 30 days**], how often did {you/SP} do these **vigorous** activities?

PROBE: How many times per day, per week, or per month?

[PAQ.280]

CAPI SPEC: RANGE = 1-30

CAPI INSTRUCTION:

|_|_|_|
ENTER NUMBER OF TIMES (PER DAY, WEEK OR MONTH)

- REFUSEDR
- DON'T KNOW..... .D

ENTER UNIT

- DAY 1
- WEEK..... 2
- MONTH 3

ASK IF PAQ.9 NE .R OR .D, ELSE GO TO PAQ.11

PAQ.10 - [Over the **past 30 days**], on average about how long did {you/SP} do these **vigorous** activities **each time**?

[PAQ.300]

|_|_|_|
ENTER NUMBER (OF MINUTES OR HOURS)

- REFUSEDR
- DON'T KNOW..... .D

ENTER UNIT

- MINUTES 1
- HOURS..... 2

SOFT EDIT: >4 HOURS.

ERROR MESSAGE: INTERVIEWER, YOU HAVE RECORDED THAT THE SP SPENDS MORE THAN 4 HOURS EACH TIME DOING VIGOROUS ACTIVITIES. PLEASE CONFIRM WITH SP THAT OVER 4 HOURS IS CORRECT.

SOFT EDIT: >240 MINUTES

ERROR MESSAGE: INTERVIEWER, YOU HAVE RECORDED THAT THE SP SPENDS MORE THAN 240 MINUTES EACH TIME DOING VIGOROUS ACTIVITIES. PLEASE CONFIRM WITH SP THAT OVER 240 HOURS IS CORRECT.

HARD EDIT: >= 24 HOURS.

HARD EDIT: <10 MINUTES.

ERROR MESSAGE: THE TIME SHOULD BE 10 MINUTES OR MORE, BUT LESS THAN 24 HOURS.

ASK ALL

PAQ.11 -

[Over the **past 30 days**], did {you/SP} do **moderate** activities for **at least 10 minutes** that cause only **light** sweating or a **slight to moderate increase** in breathing or heart rate? Some examples are brisk walking, bicycling for pleasure, golf, or dancing. Here are some other examples of these types of activities. **Please do not include walking or biking for travel, or house work or yard work, that you have already told me about.**

[PAQ.326]

HAND CARD PAQ3

CODE 'UNABLE TO DO' ONLY IF RESPONDENT VOLUNTEERS

- YES 1
- NO..... 2
- UNABLE TO DO ACTIVITY..... 3
- REFUSEDR
- DON'T KNOW..... .D

ASK IF PAQ.11 = 1, ELSE GO TO PAQ.14

PAQ.12 -

[Over the **past 30 days**], how often did {you/SP} do these **moderate** activities?

PROBE: How many times per day, per week, or per month?

[PAQ.400]

CAPI INSTRUCTION:

|_|_|_|
ENTER NUMBER OF TIMES (PER DAY, WEEK OR MONTH)

- REFUSEDR
- DON'T KNOW..... .D

ENTER UNIT

- DAY 1
- WEEK..... 2
- MONTH 3

ASK IF PAQ.12 NE .R OR .D, ELSE GO TO PAQ.14

PAQ.13 - [Over the **past 30 days**], on average about how long did {you/SP} do these **moderate** activities **each time**?

[PAQ.420]

SOFT EDIT: >4 HOURS.
ERROR MESSAGE: INTERVIEWER, YOU HAVE RECORDED THAT THE SP SPENDS MORE THAN 4 HOURS EACH TIME DOING MODERATE ACTIVITIES. PLEASE CONFIRM WITH SP THAT OVER 4 HOURS IS CORRECT.
SOFT EDIT: >240 MINUTES
ERROR MESSAGE: INTERVIEWER, YOU HAVE RECORDED THAT THE SP SPENDS MORE THAN 240 MINUTES EACH TIME DOING MODERATE ACTIVITIES. PLEASE CONFIRM WITH SP THAT OVER 240 HOURS IS CORRECT.
HARD EDIT: >= 24 HOURS.
HARD EDIT: <10 MINUTES.
ERROR MESSAGE: THE TIME SHOULD BE 10 MINUTES OR MORE, BUT LESS THAN 24 HOURS.

|_|_|_|
ENTER NUMBER (OF MINUTES OR HOURS)

REFUSEDR
DON'T KNOW..... .D

ENTER UNIT

MINUTES 1
HOURS..... 2

ASK ALL

PAQ.14 - Over the **past 30 days**, did {you/SP} do any physical activities specifically designed to **strengthen** {your/his/her} muscles such as lifting weights, push-ups or sit-ups? Include all such activities even if you have mentioned them before.

[PAQ.440]

CODE 'UNABLE TO DO' ONLY IF RESPONDENT VOLUNTEERS

YES 1
NO..... 2
UNABLE TO DO ACTIVITY..... 3
REFUSEDR
DON'T KNOW..... .D

ASK IF PAQ.14 = 1, ELSE GO TO PAQ.16

PAQ.15 - [Over the **past 30 days**], how often did {you/SP} do these physical activities? [Activities designed to strengthen {your/his/her} muscles such as lifting weights, push-ups or sit-ups.]

[PAQ.460]

CAPI SPEC: RANGE = 1-30

|_|_|_|
ENTER NUMBER OF TIMES (PER DAY, WEEK OR MONTH)

REFUSEDR
DON'T KNOW..... .D

ENTER UNIT

DAY 1
WEEK..... 2
MONTH 3

ASK ALL
PAQ.16 -

Now I will ask you about TV watching and computer use.

Over the **past 30 days**, on a typical day how much time altogether did {you/SP} spend sitting and watching TV or videos **outside of work**? Would you say . . .

[PAQ.481]

less than 1 hour, 0
1 hour, 1
2 hours,..... 2
3 hours,..... 3
4 hours, or 4
5 hours or more, or 5
None {you do/SP does} not watch TV or
videos outside of work?6
REFUSEDR
DON'T KNOW..... .D

ASK ALL
PAQ.17 -

Over the **past 30 days**, on a typical day how much time altogether did {you/SP} spend using a computer **outside of work**? Would you say . . .

[PAQ.482]

less than 1 hour, 0
1 hour, 1
2 hours,..... 2
3 hours,..... 3
4 hours, or 4
5 hours or more, or 5
None {you do/SP does} not use a
computer outside of work?..... 6
REFUSEDR
DON'T KNOW..... .D

ASK ALL
PAQ.18 -

How does the amount of activity that you reported {for SP} for the **past 30 days** compare with {your/his/her} physical activity for the **past 12 months**? Over the **past 30 days**, {were you/was he/she}. . .

[PAQ.500]

more active, 1
less active, or..... 2
about the same?..... 3
REFUSEDR
DON'T KNOW..... .D

DIET BEHAVIOR and NUTRITION - DBQ

ASK ALL
DBQ.1 -

Next I have some questions about {your/SP's} eating habits and the kinds of food {you eat/SP eats}.

In general, how healthy is {your/his/her} overall diet? Would you say . . .

[DBQ.700]

- excellent, 1
- very good, 2
- good, 3
- fair, or 4
- poor? 5
- REFUSED R
- DON'T KNOW D

ASK ALL
DBQ.2 -

On average, how many times **per week** {do you/does SP} eat meals that were prepared in a restaurant? Please include eat-in restaurants, carry out restaurants and restaurants that deliver food to your house.

'MEALS' MEAN MORE THAN A BEVERAGE OR SNACK FOOD LIKE CANDY BARS OR BAG OF CHIPS

[DBQ.090]

CAPI SPEC: RANGE = 0-30

INTERVIEWER INSTRUCTION: ZERO FILL

|_|_|_|
ENTER NUMBER OF TIMES

- NEVER 00
- LESS THAN WEEKLY 33
- REFUSED R
- DON'T KNOW D

ASK ALL
DBQ.3 -

During the **past 30 days**, how often per day, per week or per month did {you/SP} eat dark green vegetables, such as the food listed on this card?

[DBQ.102A]

HAND CARD DBQ1

INTERVIEWER INSTRUCTION: ZERO FILL

|_|_|_|
ENTER NUMBER OF TIMES

- NEVER0
- REFUSED R
- DON'T KNOWD

ENTER UNIT

- DAY1
- WEEK2
- MONTH3

ASK ALL

DBQ.4 - During the **past 30 days**, how often per day, per week or per month did {you/SP} eat other types of vegetables (than dark green vegetables), such as those listed on this card?

[DBQ.106A]

HAND CARD DBQ6

INTERVIEWER INSTRUCTION: ZERO FILL

|_|_|_|

ENTER NUMBER OF TIMES

NEVER000

REFUSEDR

DON'T KNOWD

ENTER UNIT

DAY1

WEEK2

MONTH3

ASK ALL

DBQ.5 - During the **past 30 days**, how often per day, per week or per month did {you/SP} eat fresh fruits, such as those listed on this card?

[DBQ.107A]

HAND CARD DBQ7

INTERVIEWER INSTRUCTION: ZERO FILL

|_|_|_|

ENTER NUMBER OF TIMES

NEVER000

REFUSEDR

DON'T KNOWD

ENTER UNIT

DAY1

WEEK2

MONTH3

ASK ALL

DBQ.6 - During the **past 30 days**, how often per day, per week or per month did {you/SP} eat poultry such as chicken and turkey? Please include foods that are made with poultry such as soups, sandwiches, stews and salads.

[DBQ.110A]

INTERVIEWER INSTRUCTION: ZERO FILL

|_|_|_|

ENTER NUMBER OF TIMES

NEVER000

REFUSEDR

DON'T KNOWD

ENTER UNIT

DAY1

WEEK2

MONTH3

ASK ALL

DBQ.7 - During the **past 30 days**, how often per day, per week or per month did {you/SP} eat meat such as beef, pork, lamb and veal? Please include foods that are made with meat such as soups, stews, sandwiches, lunch meats, and casseroles.

[DBQ.130A]

INTERVIEWER INSTRUCTION: ZERO FILL

|_|_|_|
ENTER NUMBER OF TIMES
NEVER000
REFUSEDR
DON'T KNOWD
ENTER UNIT
DAY1
WEEK2
MONTH3

ASK ALL

DBQ.8 - During the **past 30 days**, how often per day, per week or per month did {you/SP} eat any type of fish or shellfish? Include any foods that had fish or shellfish in them such as sandwiches, soups, or salads?

[DBQ.135A]

INTERVIEWER INSTRUCTION: ZERO FILL

|_|_|_|
ENTER NUMBER OF TIMES
NEVER000
REFUSEDR
DON'T KNOWD
ENTER UNIT
DAY1
WEEK2
MONTH3

ASK IF DBQ.8 > 000, BUT NOT .R OR .D

DBQ.9 - During the **past 30 days**, how often per day, per week or per month did {you/SP} eat fresh or frozen tuna steak, swordfish, shark, king mackerel or tilefish? Please include the tuna in sushi.

[DBQ.NYC1]

INTERVIEWER INSTRUCTION: ZERO FILL

|_|_|_|
ENTER NUMBER OF TIMES
NEVER000
REFUSEDR
DON'T KNOWD
ENTER UNIT
DAY 1
WEEK..... 2
MONTH 3

ASK ALL
DBQ.10 -

During the **past 30 days**, how often did {you/SP} drink sugar sweetened soda? Do not include diet soda or seltzer. You can tell me the number of times per day, per week or per month.

READ IF NEEDED: How many sodas do you drink per day, per week or per month?

INTERVIEWER INSTRUCTION:
INCLUDE: MANZANITA AND PEÑAFIEL SODAS.
DO NOT INCLUDE: DIET OR SUGAR-FREE FRUIT DRINKS. DO NOT INCLUDE JUICES OR TEA IN CANS.

[DBQ.CHS1]

INTERVIEWER INSTRUCTION: ZERO FILL

____|____|____|____|
ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

NEVER/RARELY000
REFUSEDR
DON'T KNOWD

ENTER UNIT

DAY..... 1
WEEK..... 2
MONTH 3
REFUSEDR
DON'T KNOWD

ASK IF DBQ.10 NE 000, .R, .D

DBQ.11 When {you drink/SP drinks} sugar sweetened soda, what size {do you/does he/she} usually drink?

[DBQ.CHS2]

12 ounces..... 1
16 ounces..... 2
20 ounces 3
32 ounces 4
REFUSEDR
DON'T KNOWD

ASK ALL
DBQ.12 -

(During the **past 30 days**), how often did {you/SP} drink sweetened fruit drinks, sports or energy drinks, such as Kool-aid, lemonade, Hi-C, cranberry drink, Gatorade, Red Bull or Vitamin Water? Include fruit juices you made at home and added sugar to. Do not include diet drinks or artificially sweetened drinks. (You can tell me per day, per week or per month.)

INTERVIEWER INSTRUCTION:

INCLUDE: DRINKS WITH ADDED SUGAR, TAMPICO, SUNNY DELIGHT, AND TWISTER.
DO NOT INCLUDE: 100% FRUIT JUICES OR SODA, YOGURT DRINKS, CARBONATED WATER OR FRUIT-FLAVORED TEAS.

[DTQ.070]

|_|_|_|_|

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

NEVER 000
REFUSEDR
DON'T KNOWD

ENTER UNIT

DAY..... 1
WEEK..... 2
MONTH 3
REFUSEDR
DON'T KNOWD

SMOKING AND TOBACCO USE - SMQ

ASK ALL

SMQ.1 - The next questions are about cigarette smoking.

{Have you/Has SP} smoked at least 100 **cigarettes** in {your/his/her} entire life? [SMQ.020]

- YES..... 1
- NO.....2
- REFUSED.....R
- DON'T KNOWD

ASK IF SMQ.1 = 1, ELSE GO TO SMQ.12

SMQ.2 - How old {were you/was SP} when {you/s/he} first started to smoke cigarettes fairly regularly?

[SMQ.030]

CAPI HARD EDIT:
RESPONSE IN SMQ.2 <= CURRENT AGE

|_|_|_|_|
ENTER AGE IN YEARS

- NEVER SMOKED CIGARETTES
- REGULARLY..... 666
- REFUSED.....R
- DON'T KNOWD

ASK IF SMQ.1 = 1

SMQ.3 - {Do you/Does SP} **now** smoke cigarettes . . .

[SMQ.040]

- every day, 1
- some days, or 2
- not at all? 3
- REFUSED.....R
- DON'T KNOWD

IF SMQ.3=1, GO TO SMQ.7

IF SMQ.3=2, GO TO SMQ.10

IF SMQ.3=3, GO TO SMQ.4

IF SMQ.3 = .R OR .D, GO TO SMQ.12

SMQ.4 - How long has it been since {you/SP} quit smoking cigarettes?

[SMQ.050]

|_|_|_|_|
ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

- REFUSEDR
- DON'T KNOWD

- ENTER UNIT
- DAYS..... 1
 - WEEKS..... 2
 - MONTHS..... 3

YEARS 4

ASK IF SMQ.4 >= 1 YEAR (365 DAYS, 52 WEEKS, 12 MONTHS, OR 1 YEAR), OR .R, .D, ELSE GO TO SMQ.12
SMQ.5 - How old {were you/was SP} when {you/s/he} **last** smoked cigarettes {fairly regularly}?

[SMQ.055]

CAPI INSTRUCTION:
DISPLAY "FAIRLY REGULARLY" EXCEPT WHEN SMQ.2 = 666 (NEVER SMOKED CIGARETTES
REGULARLY).

CAPI HARD EDIT:
RESPONSE IN SMQ.5 MUST BE >SMQ.2 AND <= CURRENT AGE

|_|_|_|
ENTER AGE IN YEARS

REFUSEDR
DON'T KNOW.....D

ASK IF SMQ.5 NE .R OR .D

SMQ.6 - At that time, about how many cigarettes did {you/SP} **usually** smoke per day?

[SMQ.057]

1 PACK EQUALS 20 CIGARETTES
IF LESS THAN 1 PER DAY, ENTER 001
IF 95 OR MORE PER DAY, ENTER 095
CAPI SPEC: RANGE = 1-95

INTERVIEWER INSTRUCTION: Zero fill if response is not .R or .D. For example, if 5 cigarettes per
day, fill 005. Or if 2 packs a day, fill in 040.

|_|_|_|
ENTER NUMBER OF CIGARETTES

REFUSEDR
DON'T KNOW.....D

ASK IF SMQ.3 = 1

SMQ.7 - On average, how many cigarettes {do you/does SP} **now** smoke per day?

[SMQ.070]

1 PACK EQUALS 20 CIGARETTES
IF LESS THAN 1 PER DAY, ENTER 001
IF 95 OR MORE PER DAY, ENTER 095

CAPI SPEC: RANGE = 1-95

INTERVIEWER INSTRUCTION: Zero fill if response is not .R or .D. For example, if 5 cigarettes per
day, fill 005. Or if 2 packs a day, fill in 040.

|_|_|_|
ENTER NUMBER OF CIGARETTES (PER DAY)

REFUSEDR
DON'T KNOW.....D

ASK IF SMQ.7 NE .R OR .D

SMQ.8 - For about how many years {have you/has SP} smoked this amount?

[SMQ.075]

INTERVIEWER INSTRUCTION: IF LESS THAN 1 YEAR, ENTER 01
Zero fill if response is not .R OR .D. For example, if 3 years, fill 03.
CAPI HARD EDIT: SMQ.8 + SMQ.2 < CURRENT AGE

|_|_|

ENTER NUMBER OF YEARS

REFUSEDR
DON'T KNOW.....D

ASK IF SMQ.3 = 1

SMQ.9 - How soon after {you/SP} wake{s} up {do you/does s/he} smoke? Would you say . . .

[SMQ.077]

within 5 minutes, 1
from 6 to 30 minutes, 2
from more than 30 minutes to 1 hour, or..... 3
more than 1 hour? 4
REFUSEDR
DON'T KNOW.....D

ASK IF SMQ.3 = 2

SMQ.10 - During the past **30 days**, on how many days did {you/SP} smoke cigarettes?

[SMQ.641]

INTERVIEWER INSTRUCTION:
Zero fill if response is not .R OR .D. For example, if 3 days, fill 03.

|_|_|

ENTER NUMBER OF DAYS

REFUSEDR
DON'T KNOW.....D

ASK IF SMQ.10 NE 00, .R OR .D

SMQ.11 - During the **past 30 days**, on the days that {you/SP} smoked, how many cigarettes did {you/s/he} smoke per day?

[SMQ.650]

1 PACK EQUALS 20 CIGARETTES
IF LESS THAN 1 PER DAY, ENTER 1
IF 95 OR MORE PER DAY, ENTER 95

|_|_|_|

ENTER NUMBER OF CIGARETTES (PER DAY)

REFUSEDR
DON'T KNOW.....D

ASK IF SMQ.1=2 OR SMQ.3=2 OR 3

(NON-CIGARETTE SMOKERS, CURRENT INTERMITTENT SMOKERS AND FORMER SMOKERS)

SMQ.12 The following questions ask about use of tobacco or nicotine products in the past **5 days**. During the past **5 days**, did {you/SP} use any product containing nicotine including cigarettes, pipes, cigars, cigarillos, chewing tobacco, snuff, hookah pipe, electronic cigarettes, nicotine patches, nicotine gum, or any other product containing nicotine?

[SMQ.680]

YES 1
NO..... 2
REFUSEDR
DON'T KNOWD

ASK IF SMQ.12=1

SMQ.13.1 Which of these products did {you/he/she} use? (CHECK ALL THAT APPLY)

[SMQ.690]

Cigarettes 1
Pipes 2
Cigars/cigarillos 3
Chewing tobacco..... 4
Snuff 5
Hookah pipe 6
Electronic cigarettes (e-cigarettes) 7
Nicotine patches, gum, or other nicotine
product 8
REFUSEDR
DON'T KNOWD

ASK IF SMQ.3=1 (CURRENT SMOKERS)

SMQ.13.2 The following question asks about use of tobacco or nicotine products in the past **5 days**.

During the past **5 days**, which of the following products did {you/SP} use?
(CHECK ALL THAT APPLY)

[SMQ.690]

- Cigarettes 1
- Pipes 2
- Cigars/cigarillos 3
- Chewing tobacco..... 4
- Snuff 5
- Hookah pipe 6
- Electronic cigarettes (e-cigarettes) 7
- Nicotine patches, gum, or other nicotine product 8
- REFUSEDR
- DON'T KNOWD

ASK ALL

SMQ.14

The next questions are about smoking **inside {your/SP's} home**.

Does **anyone** who lives {in your/SP's home} smoke cigarettes, cigars, or pipes anywhere **inside the home**?

[SMQ.410]

- YES 1
- NO..... 2
- REFUSEDR
- DON'T KNOWD

ASK ALL

SMQ.15 -

Which statement **best** describes the rules about smoking inside {your/SP's} home?

[SMQ.CHS1]

READ IF NECESSARY: Exclude smoking in outside areas such balconies and patios

READ ALL ANSWER CHOICES:

- Smoking is not allowed anywhere inside your home, 1
- Smoking is allowed in some places or at some times, 2
- Smoking is allowed anywhere inside the home, or 3
- There are no rules about smoking inside the home 4
- REFUSED .R
- DON'T KNOW .D

ASK ALL
SMQ.16 -

How often {do you/does SP} smell cigarette smoke in {your/his/her} home that comes from another home or apartment or from outside?

[SMQ.CHS2]

READ ALL ANSWER CHOICES

- Every day..... 1
- A few times per week..... 2
- A few times per month.....3
- A few times per year..... 4
- Never 5
- REFUSEDR
- DON'T KNOW.....D

ALCOHOL USE - ALQ

ASK ALL
ALQ.1 -

The following questions ask about alcohol use. This includes, beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. This does not include drinking a few sips of wine for religious purposes.

[ALQ.120]

In the **past 12 months**, how often did {you/SP} drink any type of alcoholic beverage? By a drink, I mean a 12 oz. beer, a 5 oz. glass of wine, or one and a half ounces of liquor.

PROBE: How many days per week, per month, or per year did {you/SP} drink?

|_|_|_|_|
ENTER QUANTITY

NEVER 000
REFUSEDR
DON'T KNOW..... .D

ENTER UNIT

WEEK 1
MONTH 2
YEAR 3
REFUSEDR
DON'T KNOW..... .D

ASK IF ALQ.1 NE 000, .R OR .D, ELSE GO TO INQ.1

ALQ.2 -

In the **past 12 months**, on those days that {you/SP} drank alcoholic beverages, on the average, how many drinks did {you/he/she} have? (By a drink, I mean a 12 oz. beer, a 5 oz. glass of wine, or one and a half ounces of liquor.)

[ALQ.130]

IF LESS THAN 1 DRINK, ENTER 1. IF 95 DRINKS OR MORE, ENTER 95'.

|_|_|_|_|
ENTER NUMBER OF DRINKS

REFUSEDR
DON'T KNOW..... .D

ASK IF ALQ.1 NE 000, .R OR .D

ALQ.3 - Now I have a question about {your/SP's} alcohol use in the past 30 days.

Considering all types of alcoholic beverages, how many times during the **past 30 days** did {you/SP} have {DISPLAY NUMBER} or more drinks on one occasion?

[ALQ.BRFSS1]

CAPI INSTRUCTION:

IF SP = MALE, DISPLAY = 5

IF SP = FEMALE, DISPLAY = 4

|_|_|
ENTER NUMBER OF TIMES

NONE 88
REFUSED R
DON'T KNOW D

INCOME - INQ

The next questions are about {your/SP's} combined family income in the **last 12 months**. By family, I mean those related by blood, marriage or a marriage like relationship, adopted and foster children and others {you consider/SP considers} to be family. When answering these questions, **please** remember that by "combined family income", I mean {your/SP's} income **plus** the income of all family members living in the household **before taxes**. This would include income sources that {you collect/SP collects} on behalf of children like SSI, WIC, etc.

ASK ALL

INQ.A

First I would like to confirm the number of OTHER people living in {your/SP's} household not including {yourself/himself/herself}. When we completed the screening of {your/his/her} household, we learned that there {is/are} { HH# } other {person/people} living in {your/SP's} home. Is that correct?

CAPI SPEC: HH# = PRELOAD# FROM SCQ TABLE COLUMN A TOTAL MINUS 1
CAPI SPEC: DISPLAY "is" AND "person" ONLY IF HH# = 1, ELSE DISPLAY "are" AND "people"

YES 1
NO 2
REFUSEDR
DON'T KNOW..... .D

IF INQ.A = 2, GO TO INQ.B

IF [INQ.A=1 AND HH# =0], SET FAM# =1 AND GO TO INQ.1

IF [INQ.A=1 AND HH# = 1], GO TO INQ.C1

IF [INQ.A=1 AND HH# >1] GO TO INQ.C2

INQ.B What is the correct number of OTHER people living in {your/SP's} household, not including {yourself/himself/herself}?

[__|__] ENTER NUMBER

CAPI SPEC: RANGE >= 0

REFUSEDR
DON'T KNOW..... .D

IF INQ.B=0, SET FAM# =1 AND GO TO INQ.1

IF INQ.B=1, GO TO INQ.C1

IF INQ.B >1, GO TO INQ.C2

INQ.C1 Is that one other person a member of {your/SP's} family? Again, by family, I mean those related by blood, marriage or a marriage like relationship, adopted and foster children and others {you consider/SP considers} to be family.

YES 1
NO 2
REFUSEDR
DON'T KNOW..... .D

CAPI SPEC: IF INQ.C1=1, SET FAM# =2

IF INQ.C2=2, SET FAM# =1

INQ.C2 Of the {HH# OR INQ.B# } other people living in {your/SP's} household, how many of them are members of {your/SP's} family? Again, by family, I mean those related by blood, marriage or a marriage like relationship, adopted and foster children and others {you consider/SP considers} to be family.

CAPI SPEC: IF INQ.A=1, USE HH#
IF INQ.A=2, USE INQ.B#

[__|__] ENTER NUMBER

REFUSEDR
DON'T KNOW..... .D

PROGRAMMER SPEC: HARD EDIT. RESPONSE IN INQ.C2 CANNOT BE GREATER THAN RESPONSE IN INQ.B OR PRELOAD # MINUS 1 IF INQ.A=1

CAPI SPEC: SET FAM# =INQ.C2

ASK ALL

INQ.1 - Did {you/SP} {you/SP and any family members 16 years old and older} receive income in the last 12 months from wages and salaries, or self-employment including business and farm income?

CAPI SPEC: DISPLAY ONLY "you/SP" IF FAM# =1
DISPLAY ONLY "you/SP and any family members 16 years old and older" IF FAM# >1

[INQ.610]
YES 1
NO 2
REFUSEDR
DON'T KNOW..... .D

ASK ALL

INQ.2 - Did {you/SP} {you/SP and **any** family members} receive income in the **last 12 months** from **Social Security, Railroad Retirement, any disability, retirement or survivor pension, or Supplemental Security Income [SSI]**?

[INQ.620]
CAPI SPEC: DISPLAY ONLY "you/SP" IF FAM# =1
DISPLAY ONLY "you/SP and any family members" IF FAM# >1

YES 1
NO 2
REFUSEDR
DON'T KNOW..... .D

ASK ALL

INQ.3 - At any time in the **last 12 months**, even for 1 month, did {you/SP} {you/SP and **any** family members} receive any **government** payments because {your/SP's} income was low, such as welfare, public assistance, AFDC, or some other program?

[INQ.630]
CAPI SPEC: DISPLAY ONLY "you/SP" IF FAM# =1
DISPLAY ONLY "you/SP and any family members" IF FAM# >1

YES 1
NO 2
REFUSEDR
DON'T KNOW..... .D

ASK ALL

INQ.4 - Now I am going to ask about the **total income** for {you/SP}{you/SP and the { FAM# } other family members in your household} in the **last 12 months**, including income from all sources we have just talked about such as wages, salaries, Social Security or retirement benefits, and so forth. Can you tell me if that amount before taxes in the **last 12 months** was . . .

[INQ.640]

CAPI SPEC: DISPLAY ONLY "you/SP" IF FAM# =1
DISPLAY ONLY "you/SP and the {FAM#} other family members in your household) IF FAM# >1

PROBE: Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical services or have certain conditions more or less often than those in another group.

\$20,000 or more, or..... 1
less than \$20,000? 2
REFUSED R
DON'T KNOW D

HELP SCREEN: Income: Income is an important factor in the analysis of the health information we collect. Access to medical care depends in part on a person or family's financial resources. This information helps us learn if people in one income group use certain types of medical services more or less than people in other income groups. We may also learn if one income group has certain medical conditions more than other income groups.

Household: The entire group of persons who live in one dwelling unit. It may be several persons living together or one person living alone. It includes the household reference person and any of their relatives, as well as roomers, employees, and other non-related persons.

ASK IF INQ.4 = 1 OR 2, ELSE GO TO RHQ.1

INQ.5 - Of these income groups, can you tell me which letter **best** represents {your/SP's} total family income in the **last 12 months**?

[INQ.650]

HAND CARD {INQ2/INQ3}

ENTER LETTER(S) CORRESPONDING TO TOTAL COMBINED FAMILY INCOME. CAPI

INSTRUCTIONS:

IF CODE 1 IN INQ.4, DISPLAY {HAND CARD INQ2} AND DISPLAY ONLY THOSE RESPONSE OPTIONS ASSOCIATED WITH HAND CARD 2.

IF CODE 2 IN INQ.4, DISPLAY {HAND CARD INQ3} AND DISPLAY ONLY THOSE RESPONSE OPTIONS ASSOCIATED WITH HAND CARD 3.

[CODES FROM HAND CARD ARE LISTED BELOW.]

|_|_|

REFUSEDR
DON'T KNOW.....D

A
B
C
D
E
F
G
H
I
J
K
L
M
N
O
P
Q

R
S
T
U
V
W
X
Y
Z
AA
BB
CC
DD
EE
FF
GG
HH

II
JJ
KK
LL
MM
NN
OO
PP
QQ
RR
SS
TT
UU
VV
WW

INQ 3

- | | | | |
|----|-------------------|----|--------------------|
| A. | Less than \$1,000 | K. | \$10,000 - \$10,.D |
| B. | \$1,000 - \$1,.D | L. | \$11,000 - \$11,.D |
| C. | \$2,000 - \$2,.D | M. | \$12,000 - \$12,.D |
| D. | \$3,000 - \$3,.D | N. | \$13,000 - \$13,.D |
| E. | \$4,000 - \$4,.D | O. | \$14,000 - \$14,.D |
| F. | \$5,000 - \$5,.D | P. | \$15,000 - \$15,.D |
| G. | \$6,000 - \$6,.D | Q. | \$16,000 - \$16,.D |
| H. | \$7,000 - \$7,.D | R. | \$17,000 - \$17,.D |
| I. | \$8,000 - \$8,.D | S. | \$18,000 - \$18,.D |
| J. | \$9,000 - \$9,.D | T. | \$19,000 - \$19,.D |

INQ 2

U.	\$20,000 - \$20,.D	II.	\$34,000 - \$34,.D
V.	\$21,000 - \$21,.D	JJ.	\$35,000 - \$39,.D
W.	\$22,000 - \$22,.D	KK.	\$40,000 - \$44,.D
X.	\$23,000 - \$23,.D	LL.	\$45,000 - \$49,.D
Y.	\$24,000 - \$24,.D	MM.	\$50,000 - \$54,.D
Z.	\$25,000 - \$25,.D	NN.	\$55,000 - \$59,.D
AA.	\$26,000 - \$26,.D	OO.	\$60,000 - \$64,.D
BB.	\$27,000 - \$27,.D	PP.	\$65,000 - \$69,.D
CC.	\$28,000 - \$28,.D	QQ.	\$70,000 - \$74,.D
DD.	\$29,000 - \$29,.D	RR.	\$75,000 - \$79,.D
EE.	\$30,000 - \$30,.D	SS.	\$80,000 - \$84,.D
FF.	\$31,000 - \$31,.D	TT.	\$85,000 - \$89,.D
GG.	\$32,000 - \$32,.D	UU.	\$90,000 - \$94,.D
HH.	\$33,000 - \$33,.D	VV.	\$95,000 - \$99,.D
		WW.	\$100,000 and over

REPRODUCTIVE HEALTH – RHQ
Target: Females 20+

CAPI:
IF SP IS FEMALE CONTINUE, ELSE IF SP IS MALE GO TO WHQ.1

ASK IF SP IS FEMALE

RHQ.1 - The next series of questions are about {your/SP's} reproductive history. I will begin by asking some questions about {your/SP's} pregnancy history.

[RHQ.130]

{Have you/Has SP} **ever** been pregnant? Please include (current pregnancy,) live births, miscarriages, stillbirths, tubal pregnancies and abortions.

MARK IF KNOWN. OTHERWISE ASK.

YES1
NO2
REFUSEDR
DON'T KNOW.....D

CAPI:
IF RHQ.1 = 2, .R OR .D, GO TO RHQ.7

ASK IF RHQ.1 = 1 AND SP IS CURRENTLY AGED 20-59, ELSE GO TO RHQ.4

RHQ.2 - {Are you/Is SP} pregnant **now**?

[RHQ.142]

YES1
NO2
REFUSEDR
DON'T KNOW.....D

ASK IF RHQ.2 = 1, ELSE GO TO RHQ.4

RHQ.3 - Which month of pregnancy {are you/is she} in?

[RHQ.150]

CAPI SPEC: RANGE = 1-9

|_|_|
ENTER NUMBER OF MONTHS

REFUSED.....R
DON'T KNOW.....D

ASK IF RHQ.1 = 1, ELSE GO TO RHQ.7

RHQ.4 - How many times {have you/has SP} been pregnant? Again, be sure to count all {your/her} pregnancies including (current pregnancy,) live births, miscarriages, stillbirths, tubal pregnancies, or abortions.)

[RHQ.160]

CAPI SPEC: RANGE = 1-20

|_|_|
ENTER NUMBER OF PREGNANCIES

REFUSED.....R
DON'T KNOW.....D

CAPI:
IF RHQ.2 = 1 AND RHQ.4 = 01 (ONLY HAD ONE PREGNANCY) GO TO RHQ.6

ASK IF RHQ.1 = 1

RHQ.5 - How many of {your/her} pregnancies resulted in a live birth?

[RHQ.170]

COUNT THE NUMBER OF TOTAL PREGNANCIES, NOT NUMBER OF LIVE-BORN CHILDREN.
FOR EXAMPLE, IF SP HAD TWINS OR OTHER MULTIPLE BIRTH, COUNT AS A SINGLE
PREGNANCY .

CAPI HARD EDIT: RESPONSE IN RHQ.5 SHOULD BE <= RHQ.4

|_|_|_|

ENTER NUMBER OF PREGNANCIES

REFUSED.....R

DON'T KNOW.....D

ASK IF RHQ.1=1

RHQ.6 -

During {any/your/SP's} pregnancy, {were you/was SP} **ever** told by a doctor or other health professional that {you/she} had diabetes, sugar diabetes or gestational diabetes? Please do not include diabetes that {you/SP} may have known about before the pregnancy.

[RHQ.162]

CAPI INSTRUCTION:

IF RHQ.4 = 1, DISPLAY {your/SP's}.

OTHERWISE, DISPLAY {any}.

HELP SCREEN: Gestational diabetes is a form of diabetes or high blood sugar found in pregnant women.

YES 1

NO 2

BORDERLINE 3

REFUSEDR

DON'T KNOWD

ASK IF NOT A PROXY INTERVIEW, SP AGE IS CURRENTLY 20-59 YRS AND RHQ.2 NE 1, ELSE GO TO RHQ.8
 RHQ.7 -

In the **past 12 months**, what was the **main** method of contraception {you/SP} used to keep {you/SP} from getting pregnant?

[RHQ.NYC1]

READ ONLY IF NECESSARY: If {you/SP} used more than one method during the past 12 months, please tell me about the method you used most often or the longest.

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 RESPONSE OPTIONS ONLY IF NECESSARY:

Female sterilization (ex. tubal ligation, Essure, Adiana)	10
Male sterilization (vasectomy)	11
Contraceptive implant (ex. Implanon)	12
Levonorgestrel (LNG) or hormonal IUD (ex. Mirena).....	13
Copper-bearing IUD (ex. ParaGard)	14
IUD, type unknown	15
Shots (ex. Depo-Provera)	16
Birth control pills, any kind	17
Contraceptive patch (ex. Ortho Evra)	18
Contraceptive ring (ex. NuvaRing)	19
Male condoms	20
Diaphragm, cervical cap, sponge	21
Female condoms	22
Not having sex at certain times (rhythm or natural family planning).23	
Withdrawal (or pulling out)	24
Foam, jelly, film, or cream	25
Emergency contraception (morning after pill)	26
Other method	27
Menopausal	28
NO METHOD USED.....	66
REFUSED.....	.R
DON'T KNOW.....	.D

ASK IF SP IS FEMALE

RHQ.8 -

A Pap smear is a test for cancer of the cervix. {Have you/has SP} ever had a Pap smear?

[RHQ.CHS2]

YES	1
NO	2
REFUSED .....	.R
DON'T KNOW.....	.D

ASK IF RHQ.8 = 1, ELSE GO TO RHQ.10

RHQ.9 -

How long has it been since {your/SP's} last pap smear?

[RHQ.CHS3]

READ IF NEEDED

- LESS THAN 12 MONTHS AGO1
- 1 YEAR AGO BUT LESS THAN 2 YEARS AGO2
- 2 YEARS AGO BUT LESS THAN 3 YEARS AGO.....3
- 3 YEARS AGO BUT LESS THAN 5 YEARS AGO, OR....4
- 5 OR MORE YEARS AGO?.....5
- REFUSEDR
- DON'T KNOW.....D

ASK IF SP IS FEMALE AND >= 30 YRS

RHQ.10 -

A mammogram is an x-ray of each breast to look for breast cancer. {Have you/has SP} ever had a mammogram?

[RHQ.CHS4]

- YES1
- NO2
- REFUSEDR
- DON'T KNOW.....D

ASK IF RHQ.10 = 1, ELSE GO TO WHQ.1

RHQ.11 -

How long has it been since {your/SP's} last mammogram?

[RHQ.CHS5]

READ IF NEEDED

- LESS THAN 12 MONTHS AGO1
- 1 YEAR AGO BUT LESS THAN 2 YEARS AGO2
- 2 YEARS AGO BUT LESS THAN 3 YEARS AGO.....3
- 3 YEARS AGO BUT LESS THAN 5 YEARS AGO, OR....4
- 5 OR MORE YEARS AGO?.....5
- REFUSEDR
- DON'T KNOW.....D

WEIGHT HISTORY – WHQ

ASK ALL

WHQ.1 -

These next questions ask about {your/SP's} height and weight at different times in {your/his/her} life.

[WHQ.010]

How tall {are you/is SP} without shoes?

ENTER HEIGHT IN FEET AND INCHES OR METERS AND CENTIMETERS

CAPI NUMERICAL RANGE FOR UNITS:

FEET: 3-7; INCHES: 0-11; METERS: 1-2; CENTIMETERS: 0-300

|_|_|
ENTER NUMBER OF FEET

AND

|_|_|
ENTER NUMBER OF INCHES1

OR

|_|_|
ENTER NUMBER OF METERS

AND

|_|_|_|
ENTER NUMBER OF CENTIMETERS2

OR

REFUSEDR
DON'T KNOWD

ASK ALL

WHQ.2 -

How much {do you/does SP} weigh without clothes or shoes? {If {you are/she is} currently pregnant, how much did {you/she} weigh **before** {your/her} pregnancy?}

[WHQ.025]

RECORD **CURRENT** WEIGHT ENTER WEIGHT IN POUNDS OR KILOGRAMS

CAPI INSTRUCTION: DISPLAY OPTIONAL SENTENCE {If {you are/she is} currently pregnant . . .}

ONLY IF SP IS FEMALE **AND** AGE IS 20 THROUGH 59.

CAPI NUMERICAL RANGE FOR UNITS:

POUNDS: 70-550; KILOGRAMS: 30-250

|_|_|_|
ENTER NUMBER OF POUNDS..... 1

OR

|_|_|_|
ENTER NUMBER OF KILOGRAMS2

OR

REFUSEDR
DON'T KNOWD

ASK ALL
WHQ.3 -

{Do you/Does SP} consider {your/his/her} self now to be . . .

[WHQ.030]

overweight, 1
underweight, or 2
about the right weight? 3
REFUSEDR
DON'T KNOWD

ASK ALL
WHQ.4 -

How much did {you/SP} weigh **a year ago**? {If {you were/she was} pregnant a year ago, how much did {you/she} weigh **before** {your/her} pregnancy?}

[WHQ.052]

ENTER WEIGHT IN POUNDS OR KILOGRAMS

CAPI INSTRUCTION: DISPLAY OPTIONAL SENTENCE {If {you were/she was} pregnant . . . }
ONLY IF SP IS FEMALE AND SP AGE IS 20 THROUGH 59.

CAPI NUMERICAL RANGE FOR UNITS:
POUNDS: 70-550; KILOGRAMS: 30-250

|_|_|_|_|
ENTER NUMBER OF POUNDS..... 1

OR

|_|_|_|_|
ENTER NUMBER OF KILOGRAMS2

OR

REFUSEDR
DON'T KNOWD

ASK ALL
WHQ.5 -

During the **past 12 months**, {have you/has SP} tried to lose weight?

[WHQ.070]

YES 1
NO 2
REFUSEDR
DON'T KNOWD

ASK IF WHQ.5 = 1, ELSE GO TO WHQ.7

WHQ.6 - How did {you/SP} try to lose weight?

[WHQ.087]

HAND CARD WHQ1 CODE ALL THAT APPLY

ATE LESS FOOD (AMOUNT)	100
SWITCHED TO FOODS WITH LOWER CALORIES	110
ATE LESS FAT	120
ATE FEWER CARBOHYDRATES	125
EXERCISED	130
SKIPPED MEALS	140
ATE "DIET" FOODS OR PRODUCTS	150
USED A LIQUID DIET FORMULA SUCH AS SLIMFAST OR OPTIFAST	160
JOINED A WEIGHT LOSS PROGRAM SUCH AS WEIGHT WATCHERS, JENNY CRAIG, TOPS, OR OVEREATERS ANONYMOUS	170
FOLLOWED A SPECIAL DIET SUCH AS DR. ATKINS, SOUTH BEACH, OTHER HIGH PROTEIN OR LOW CARBOHYDRATE DIET, CABBAGE SOUP DIET, ORNISH, NUTRISYSTEM, BODY-FOR-LIFE	300
TOOK DIET PILLS PRESCRIBED BY A DOCTOR	310
TOOK OTHER PILLS, MEDICINES, HERBS, OR SUPPLEMENTS NOT NEEDING A PRESCRIPTION.....	320
STARTED TO SMOKE OR BEGAN TO SMOKE AGAIN	325
TOOK LAXATIVES OR VOMITED	330
DRANK A LOT OF WATER	340
ATE MORE FRUITS, VEGETABLES, SALADS	350
ATE LESS SUGAR, CANDY, SWEETS	360
CHANGED EATING HABITS (DIDN'T EAT LATE AT NIGHT, ATE SEVERAL SMALL MEALS A DAY)	370
ATE LESS JUNK FOOD OR FAST FOOD	380
OTHER (SPECIFY).....	400
REFUSED	R
DON'T KNOW	D

ASK ALL

WHQ.7 What is the most {you have/SP has} **ever** weighed? {Do not include any times when {you were/she was} pregnant.}

[WHQ.147]

ENTER WEIGHT IN POUNDS OR KILOGRAMS

CAPI INSTRUCTION: DISPLAY OPTIONAL SENTENCE {Do not include . . .} **ONLY** IF SP IS FEMALE.

CAPI NUMERICAL RANGE FOR UNITS:

POUNDS: 70-550; KILOGRAMS: 30-250

CAPI SPEC: WHQ.7LB/KG >= WHQ.2LB/KG

|_|_|_|_|
ENTER NUMBER OF POUNDS..... 1

OR

|_|_|_|_|
ENTER NUMBER OF KILOGRAMS..... 2

OR

REFUSEDR
DON'T KNOWD

ASK IF WHQ.7 NE .R OR .D, ELSE GO TO SSQ.1

WHQ.8 - How old {were you/was SP} then? [If you don't know {your/his/her} exact age, please make your best guess.]

[WHQ.150]

READ ONLY IF NECESSARY: If you weighed this amount for a period of years, how old were you when you first weighed that amount.

CAPI HARD EDIT: RESPONSE MUST BE <= CURRENT AGE

|_|_|_|_|
ENTER AGE IN YEARS

REFUSEDR
DON'T KNOW.....D

SOCIAL SUPPORT – SSQ

ASK ALL

SSQ.1 -

The following questions are about social support.

[SSQ.100]

Is there someone available to whom {you/SP} can count on to listen to {you/him/her} when {you need/s/he needs} to talk?

- | | |
|----------------------|----|
| None of the time | 1 |
| A little of the time | 2 |
| Some of the time | 3 |
| Most of the time | 4 |
| All of the time | 5 |
| REFUSED | .R |
| DON'T KNOW | .D |

ASK ALL

SSQ.2 -

Is there someone available to {you/SP} to give {you/him/her} good advice about a problem?

[SSQ.200]

- | | |
|----------------------|----|
| None of the time | 1 |
| A little of the time | 2 |
| Some of the time | 3 |
| Most of the time | 4 |
| All of the time | 5 |
| REFUSED | .R |
| DON'T KNOW | .D |

ASK ALL

SSQ.3 -

Is there someone available to {you/SP} who shows {you/him/her} love and affection?

[SSQ.300]

- | | |
|----------------------|----|
| None of the time | 1 |
| A little of the time | 2 |
| Some of the time | 3 |
| Most of the time | 4 |
| All of the time | 5 |
| REFUSED | .R |
| DON'T KNOW | .D |

ASK ALL

SSQ.4 -

Is there someone available to help with daily chores?

[SSQ.400]

- | | |
|----------------------|----|
| None of the time | 1 |
| A little of the time | 2 |
| Some of the time | 3 |
| Most of the time | 4 |
| All of the time | 5 |
| REFUSED | .R |
| DON'T KNOW | .D |

ASK ALL

SSQ.5 -

Can {you/SP} count on anyone to provide {you/him/her} with emotional support (talking over problems or helping you make a difficult decision)?

[SSQ.500]

None of the time	1
A little of the time	2
Some of the time	3
Most of the time	4
All of the time	5
REFUSED	.R
DON'T KNOW	.D

ASK ALL

SSQ.6 -

{Do you/does SP} have as much contact as {you/s/he} would like with someone {you feel/s/he feels} close to, someone in whom {you/SP} can trust and confide in?

[SSQ.600]

None of the time	1
A little of the time	2
Some of the time	3
Most of the time	4
All of the time	5
REFUSED	.R
DON'T KNOW	.D

MENTAL HEALTH
Target: SPs 20+
NOT ADMINISTERED WITH PROXIES

The next few questions are about your mental health.

ASK ALL
 MHQ.1

Now thinking about your mental health, which includes stress, depression and emotional problems, would you say your overall mental health is excellent, very good, good, fair, or poor?

- EXCELLENT 1
- VERY GOOD. 2
- GOOD 3
- FAIR 4
- POOR 5
- REFUSEDR
- DON'T KNOWD

(K6 30d and 12m and WHODAS= MHQ.2-MHQ.27)

ASK ALL
 MHQ.2

Now I would like to ask how you have been feeling during the **past 30 days**.
 {PROG SPEC: ONLY WHEN THIS SECTION IS RANDOMIZED TO OCCUR LAST, THE FOLLOWING SENTENCE SHOULD BE INSERTED HERE: These questions may seem repetitive, but they are a little different.}

During the past 30 days, how often did you feel nervous?

All of the time, most of the time, some of the time, a little of the time, OR none of the time?

- ALL OF THE TIME 1
- MOST OF THE TIME 2
- SOME OF THE TIME 3
- A LITTLE OF THE TIME 4
- NONE OF THE TIME 5
- REFUSED R
- DON'T KNOW D

ASK ALL
 MHQ.3

During the past 30 days, how often did you feel hopeless?

All of the time, most of the time, some of the time, a little of the time, OR none of the time?

- ALL OF THE TIME 1
- MOST OF THE TIME 2
- SOME OF THE TIME 3
- A LITTLE OF THE TIME 4
- NONE OF THE TIME 5
- REFUSED R
- DON'T KNOW D

ASK ALL
MHQ.4

(READ IF NEEDED: During the past 30 days), how often did you feel restless or fidgety?

(READ IF NEEDED: All of the time, most of the time, some of the time, a little of the time, OR none of the time?)

- ALL OF THE TIME 1
- MOST OF THE TIME 2
- SOME OF THE TIME 3
- A LITTLE OF THE TIME 4
- NONE OF THE TIME 5
- REFUSED R
- DON'T KNOW D

ASK ALL
MHQ.5

(READ IF NEEDED: During the past 30 days), how often did you feel so sad or depressed that nothing could cheer you up?

(READ IF NEEDED: All of the time, most of the time, some of the time, a little of the time, OR none of the time?)

- ALL OF THE TIME 1
- MOST OF THE TIME 2
- SOME OF THE TIME 3
- A LITTLE OF THE TIME 4
- NONE OF THE TIME 5
- REFUSED R
- DON'T KNOW D

ASK ALL
MHQ.6

(READ IF NEEDED: During the past 30 days), how often did you feel that everything was an effort?

(READ IF NEEDED: All of the time, most of the time, some of the time, a little of the time, OR none of the time?)

- ALL OF THE TIME 1
- MOST OF THE TIME 2
- SOME OF THE TIME 3
- A LITTLE OF THE TIME 4
- NONE OF THE TIME 5
- REFUSED R
- DON'T KNOW D

ASK ALL
MHQ.7

(READ IF NEEDED: During the past 30 days), how often did you feel down on yourself, no good or worthless?

(READ IF NEEDED: All of the time, most of the time, some of the time, a little of the time, OR none of the time?)

- ALL OF THE TIME 1
- MOST OF THE TIME 2
- SOME OF THE TIME 3
- A LITTLE OF THE TIME..... 4
- NONE OF THE TIME 5
- REFUSED R
- DON'T KNOW D

ASK ALL
MHQ.8

Now think about **the past 12 months** – that is since (YRDATE). Was there a month in the past 12 months when you felt more depressed, anxious, or emotionally stressed than you felt during the past 30 days?

- YES 1
- NO 2
- REFUSED 3
- DON'T KNOW 4

ASK IF MHQ.8 = 1, ELSE SKIP TO DEFINE DISTRESS
MHQ.9

Thinking about that one month in the last 12 months when you were the most depressed, anxious, or emotionally stressed...

During that month, how often did you feel nervous?

All of the time, most of the time, some of the time, a little of the time, OR none of the time?

- ALL OF THE TIME 1
- MOST OF THE TIME 2
- SOME OF THE TIME 3
- A LITTLE OF THE TIME..... 4
- NONE OF THE TIME 5
- REFUSED R
- DON'T KNOW D

ASK IF MHQ.8 = 1
MHQ.10

During that same month, in the last 12 months, when you were at your worst emotionally . . .
how often did you feel hopeless?
All of the time, most of the time, some of the time, a little of the time, OR none of the time?

- ALL OF THE TIME 1
- MOST OF THE TIME 2
- SOME OF THE TIME 3
- A LITTLE OF THE TIME..... 4
- NONE OF THE TIME 5
- REFUSED R
- DON'T KNOW D

ASK IF MHQ.8 = 1
MHQ.11

During that same month when you were at your worst emotionally . . .
how often did you feel restless or fidgety?
(READ IF NEEDED: All of the time, most of the time, some of the time, a little of the time, OR none
of the time?)

- ALL OF THE TIME 1
- MOST OF THE TIME 2
- SOME OF THE TIME 3
- A LITTLE OF THE TIME..... 4
- NONE OF THE TIME 5
- REFUSED R
- DON'T KNOW D

ASK IF MHQ.8 = 1
MHQ.12

During that same month when you were at your worst emotionally . . .
how often did you feel so sad or depressed that nothing could cheer you up?
(READ IF NEEDED: All of the time, most of the time, some of the time, a little of the time, OR none
of the time?)

- ALL OF THE TIME 1
- MOST OF THE TIME 2
- SOME OF THE TIME 3
- A LITTLE OF THE TIME..... 4
- NONE OF THE TIME 5
- REFUSED R
- DON'T KNOW D

ASK IF MHQ.8 = 1

MHQ.13

During that same month when you were at your worst emotionally . . .
how often did you feel that everything was an effort?

(READ IF NEEDED: All of the time, most of the time, some of the time, a little of the time, OR none of the time?)

- ALL OF THE TIME 1
- MOST OF THE TIME 2
- SOME OF THE TIME 3
- A LITTLE OF THE TIME..... 4
- NONE OF THE TIME 5
- REFUSEDR
- DON'T KNOWD

ASK IF MHQ.8 = 1

MHQ.14

During that same month when you were at your worst emotionally . . .
how often did you feel down on yourself, no good, or worthless?

(READ IF NEEDED: All of the time, most of the time, some of the time, a little of the time, OR none of the time?)

- ALL OF THE TIME 1
- MOST OF THE TIME 2
- SOME OF THE TIME 3
- A LITTLE OF THE TIME..... 4
- NONE OF THE TIME 5
- REFUSEDR
- DON'T KNOWD

DEFINE DISTRESS:

**IF MHQ.2 = 1-4 OR MHQ.3 = 1-4 OR MHQ.4 = 1-4 OR MHQ.5 = 1-4 OR MHQ.6 = 1-4
OR MHQ.7 = 1-4 OR MHQ.9 = 1-4 OR MHQ.10 = 1-4, OR MHQ.11 = 1-4 OR MHQ.12= 1-4 OR
MHQ.13 = 1-4, OR MHQ.14 = 1-4 THEN DISTRESS = 1
ELSE, DISTRESS = 2**

(WHODAS)

ASK IF DISTRESS = 1, ELSE GO TO MHQ.

MHQ.15 The next questions are about how much your emotions, nerves, or mental health caused you to have **difficulties in daily activities**.

In answering, think of the **one month** in the past 12 months when your emotions, nerves, or mental health interfered **most** with your daily activities.

During that one month when your emotions, nerves or mental health interfered **most** with your daily activities . . .

how much difficulty did you have **remembering to do things you needed to do**? Would you say no difficulty, mild difficulty, a moderate amount of difficulty, or severe difficulty?

- NO DIFFICULTY 1
- MILD DIFFICULTY 2
- MODERATE DIFFICULTY..... 3
- SEVERE DIFFICULTY 4
- REFUSED R
- DON'T KNOW D

ASK IF DISTRESS = 1

MHQ.16 During that one month when your emotions, nerves or mental health interfered **most** with your daily activities . . .

how much difficulty did you have **concentrating on doing something important when other things were going on around you**? Would you say no difficulty, mild difficulty, a moderate amount of difficulty, or severe difficulty?

- NO DIFFICULTY 1
- MILD DIFFICULTY 2
- MODERATE DIFFICULTY..... 3
- SEVERE DIFFICULTY 4
- REFUSED R
- DON'T KNOW D

ASK IF DISTRESS = 1

MHQ.17 During that one month when your emotions, nerves or mental health interfered **most** with your daily activities . . .

how much difficulty did you have **going out of the house and getting around on your own**? Would you say no difficulty, mild difficulty, a moderate amount of difficulty, or severe difficulty?

- NO DIFFICULTY 1
- MILD DIFFICULTY 2
- MODERATE DIFFICULTY..... 3
- SEVERE DIFFICULTY 4
- YOU DIDN'T LEAVE THE HOUSE ON YOUR OWN 5
- REFUSED R
- DON'T KNOW D

ASK IF MHQ.17=5

MHQ.18

Did problems with your emotions, nerves, or mental health keep you from leaving the house on your own?

- YES 1
- NO 2
- REFUSED R
- DON'T KNOW D

ASK IF DISTRESS = 1

MHQ.19

During that one month when your emotions, nerves or mental health interfered **most** with your daily activities . . .

how much difficulty did you have **dealing with people you did not know well**? Would you say no difficulty, mild difficulty, a moderate amount of difficulty, or severe difficulty?

- NO DIFFICULTY 1
- MILD DIFFICULTY 2
- MODERATE DIFFICULTY 3
- SEVERE DIFFICULTY 4
- YOU DIDN'T DEAL WITH PEOPLE YOU DID NOT KNOW WELL 5
- REFUSED R
- DON'T KNOW D

ASK IF MHQ.19=5

MHQ.20

Did problems with your emotions, nerves, or mental health keep you from dealing with people you did not know well?

- YES 1
- NO 2
- REFUSED R
- DON'T KNOW D

ASK IF DISTRESS = 1

MHQ.21

During that one month when your emotions, nerves or mental health interfered **most** with your daily activities . . .

how much difficulty did you have **participating in social activities, like visiting friends or going to parties**? Would you say no difficulty, mild difficulty, a moderate amount of difficulty, or severe difficulty?

- NO DIFFICULTY 1
- MILD DIFFICULTY 2
- MODERATE DIFFICULTY 3
- SEVERE DIFFICULTY 4
- YOU DIDN'T PARTICIPATE IN SOCIAL ACTIVITIES 5
- REFUSED R
- DON'T KNOW D

ASK IF MHQ.21=5

MHQ.22

Did problems with your emotions, nerves, or mental health keep you from participating in social activities?

- YES 1
- NO 2
- REFUSED R
- DON'T KNOW D

ASK IF DISTRESS = 1

MHQ.23

During that one month when your emotions, nerves or mental health interfered **most** with your daily activities . . .

how much difficulty did you have **taking care of household responsibilities**? Would you say no difficulty, mild difficulty, a moderate amount of difficulty, or severe difficulty?

- NO DIFFICULTY 1
- MILD DIFFICULTY 2
- MODERATE DIFFICULTY 3
- SEVERE DIFFICULTY 4
- YOU DIDN'T TAKE CARE OF HOUSEHOLD RESPONSIBILITIES 5
- REFUSED R
- DON'T KNOW D

ASK IF MHQ.23=5

MHQ.24

Did problems with your emotions, nerves, or mental health keep you from taking care of household responsibilities?

- YES 1
- NO 2
- REFUSED R
- DON'T KNOW D

ASK IF DISTRESS = 1

MHQ.25

During that one month when your emotions, nerves or mental health interfered **most** with your daily activities . . .

how much difficulty did you have **taking care of your daily responsibilities at work or school**? Would you say no difficulty, mild difficulty, a moderate amount of difficulty, or severe difficulty?

- NO DIFFICULTY 1
- MILD DIFFICULTY 2
- MODERATE DIFFICULTY 3
- SEVERE DIFFICULTY 4
- YOU DIDN'T WORK OR GO TO SCHOOL 5
- REFUSED R
- DON'T KNOW D

ASK IF MHQ.25=5

MHQ.26

Did problems with your emotions, nerves, or mental health keep you from working or going to school?

- YES 1
- NO 2
- REFUSEDR
- DON'T KNOWD

ASK IF DISTRESS = 1 AND MHQ.25 NE 5

MHQ.27

During that one month when your emotions, nerves or mental health interfered **most** with your daily activities . . .

how much difficulty did you have **getting your daily work done as quickly as needed**? Would you say no difficulty, mild difficulty, a moderate amount of difficulty, or severe difficulty?

- NO DIFFICULTY 1
- MILD DIFFICULTY2
- MODERATE DIFFICULTY.....3
- SEVERE DIFFICULTY4
- REFUSEDR
- DON'T KNOWD

(PHQ9=MHQ.28-MHQ.36)

ASK ALL

MHQ.28

Now I am going to ask you some questions about the last **two weeks**.

{PROG SPEC: ONLY WHEN THIS SECTION IS RANDOMIZED TO OCCUR LAST, INSERT THE FOLLOWING SENTENCE HERE: These questions may seem repetitive, but they are a little different.}

Over the **last 2 weeks**, how often have you been bothered by the following problems:

Little interest or pleasure in doing things?

Would you say not at all, several days, more than half the days, or nearly every day?

HANDCARD DPQ1

- NOT AT ALL..... 0
- SEVERAL DAYS 1
- MORE THAN HALF THE DAYS..... 2
- NEARLY EVERY DAY..... 3
- REFUSEDR
- DON'T KNOWD

ASK ALL
MHQ.29

Over the **last 2 weeks**, how often have you been bothered by the following problems:

Feeling down, depressed, or hopeless?

Would you say not at all, several days, more than half the days, or nearly every day?

HANDCARD DPQ1

NOT AT ALL.....	0
SEVERAL DAYS	1
MORE THAN HALF THE DAYS.....	2
NEARLY EVERY DAY.....	3
REFUSED .....	.R
DON'T KNOW .....	.D

ASK ALL
MHQ.30

[Over the **last 2 weeks**, how often have you been bothered by the following problems:]

Trouble falling or staying asleep, or sleeping too much?

[Would you say not at all, several days, more than half the days, or nearly every day?]

HANDCARD DPQ1

NOT AT ALL.....	0
SEVERAL DAYS	1
MORE THAN HALF THE DAYS.....	2
NEARLY EVERY DAY.....	3
REFUSED .....	.R
DON'T KNOW .....	.D

ASK ALL
MHQ.31

[Over the **last 2 weeks**, how often have you been bothered by the following problems:]

Feeling tired or having little energy?

[Would you say not at all, several days, more than half the days, or nearly every day?]

HANDCARD DPQ1

NOT AT ALL.....	0
SEVERAL DAYS	1
MORE THAN HALF THE DAYS.....	2
NEARLY EVERY DAY.....	3
REFUSED .....	.R
DON'T KNOW .....	.D

ASK ALL
MHQ.32

[Over the **last 2 weeks**, how often have you been bothered by the following problems:]

Poor appetite or overeating?

[Would you say not at all, several days, more than half the days, or nearly every day?]

HANDCARD DPQ1

NOT AT ALL.....	0
SEVERAL DAYS	1
MORE THAN HALF THE DAYS.....	2
NEARLY EVERY DAY.....	3
REFUSED .....	.R
DON'T KNOW .....	.D

ASK ALL
MHQ.33

[Over the **last 2 weeks**, how often have you been bothered by the following problems:]

Feeling bad about yourself – or that you are a failure or have let yourself or your family down?

[Would you say not at all, several days, more than half the days, or nearly every day?]

HANDCARD DPQ1

NOT AT ALL.....	0
SEVERAL DAYS	1
MORE THAN HALF THE DAYS.....	2
NEARLY EVERY DAY.....	3
REFUSED .....	.R
DON'T KNOW .....	.D

ASK ALL
MHQ.34

[Over the **last 2 weeks**, how often have you been bothered by the following problems:]

Trouble concentrating on things, such as reading the newspaper or watching TV?

[Would you say not at all, several days, more than half the days, or nearly every day?]

HANDCARD DPQ1

NOT AT ALL.....	0
SEVERAL DAYS	1
MORE THAN HALF THE DAYS.....	2
NEARLY EVERY DAY.....	3
REFUSED .....	.R
DON'T KNOW .....	.D

ASK ALL
MHQ.35

[Over the **last 2 weeks**, how often have you been bothered by the following problems:]

Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that have you been moving around a lot more than usual?

[Would you say not at all, several days, more than half the days, or nearly every day?]

HANDCARD DPQ1

NOT AT ALL.....	0
SEVERAL DAYS	1
MORE THAN HALF THE DAYS.....	2
NEARLY EVERY DAY.....	3
REFUSED .....	.R
DON'T KNOW .....	.D

ASK ALL
MHQ.36

Over the **last 2 weeks**, how often have you been bothered by the following problem:

Thoughts that you would be better off dead or of hurting yourself in some way?

[Would you say not at all, several days, more than half the days, or nearly every day?]

HAND CARD DPQ1

NOT AT ALL.....	0
SEVERAL DAYS	1
MORE THAN HALF THE DAYS.....	2
NEARLY EVERY DAY.....	3
REFUSED .....	.R
DON'T KNOW .....	.D

***IF MHQ.36 NE 0: AT THE END OF THE INTERVIEW, FOLLOW THE DISTRESSED RESPONDENT PROTOCOL.

PROG SPEC: FOLLOWING SECTION COMES LAST REGARDLESS OF RANDOMIZATION

IF MHQ.36 NE 0, SKIP TO *DISTRESSED RESPONDENT PROTOCOL (EXHIBIT A), BELOW***

IF MHQ.36 = 0, READ *END OF INTERVIEW SCRIPT:***

That was my last question. Thank you for your time and cooperation in completing this interview.

Sometimes the personal issues we've discussed cause people to become upset and in need of speaking with a counselor. If you would like to talk with someone about your feelings, we suggest you call your doctor, counselor, or other treatment provider if you are currently under someone's care. If not, there is also a national lifeline number you can call where counselors are available to talk at any time of the day or night. The service is free and confidential. They can also give you information about (additional) mental health services in your area. Their toll-free number is 1-800-543-3638.

Thank you again for your time, and have a good (day/afternoon/evening).

Exhibit A Distressed Respondent Protocol

STEPS

A. IF SP IS AN IMMEDIATE DANGER TO HIM/HERSELF OR OTHERS, FOLLOW THE STUDY'S GENERAL DISTRESSED PROTOCOL AND CALL LIFENET OR 911

B. COMPLETE INTERVIEW AND THEN READ TO SP: You told me earlier that you have recently had thoughts that you would be better off dead, or had thoughts of hurting yourself in some way. Do you have a doctor, counselor, or someone you can talk to about how you are feeling now?

IF YES: I strongly suggest that you contact this person so you can talk to him or her about how you have been feeling, especially about the thoughts you've been having about death and dying. Would you be willing to do that?

IF YES: Okay. There is also a national hotline you can call where counselors are available to talk at any time of the day or night. Their service is free and confidential. Their toll-free number is 1-800-543-3638 or 1-800-LIFENET. **THANK SP FOR THEIR PARTICIPATION IN THE STUDY AND END INTERVIEW.**

IF NO: I strongly suggest that you make use of some of the resources that are available. There is a national hotline at 1-800-543-3638 where counselors are available 24-hours a day to talk to you about how you are feeling. They may also help you locate (additional) mental health services in your area. There is also a peer support line at 646-741-HOPE, which is available from 4:00 pm to midnight. I can call either of these numbers for you and then give you the phone, or give you the number to call yourself. If you feel that this is an emergency now or later, you should go to a hospital emergency room right away. If you are not able to get to an emergency room immediately, you should call 911 for assistance. **THANK SP FOR THEIR PARTICIPATION IN THE STUDY AND END INTERVIEW.**

C. WHEN INTERVIEW IS COMPLETED, FILL OUT AN INCIDENT REPORT. CALL YOUR SUPERVISOR IF YOU HAVE QUESTIONS OR WOULD LIKE TO DEBRIEF.

ASK IF NON-PROXY INTERVIEW AND LANGUAGE = ENGLISH OR SPANISH

INTERVIEWER INSTRUCTION: RESPOND TO THE FOLLOWING QUESTION PRIOR TO THE SP BEGINNING THE ACASI TUTORIAL.

ACA.1 IS THE SP PHYSICALLY CAPABLE OF SELF-ADMINISTERING THE ACASI?

YES 1
NO..... 2

IF ACA.1 = 2, SKIP ACASI (GO TO HIPAA CONSENT)

**ACASI
NOT ADMINISTERED WITH PROXIES**

**SEXUAL BEHAVIOR – SXQ (MALES)
Target Group: Males aged 20+ (Audio-CASI)**

The next set of questions is about your sexual history. By sex, we mean vaginal, oral, or anal sex. Please remember that your answers are strictly confidential.

ASK IF SP IS MALE

SXQ.1m

Have you **ever** had vaginal sex, also called sexual intercourse, with a woman? This means your penis in a woman's vagina. [SXQ.800]

INSTRUCTIONS TO SP:
Please select . . .

Yes 1
No..... 2
REFUSED R
DON'T KNOW D

ASK IF SP IS MALE

SXQ.2m

Have you **ever performed** oral sex on a woman? This means putting your mouth on a woman's vagina or genitals. [SXQ.803]

INSTRUCTIONS TO SP:
Please select . . .

Yes 1
No 2
REFUSED R
DON'T KNOW D

ASK IF SP IS MALE

SXQ.3m

Have you **ever** had anal sex with a woman? Anal sex means contact between your penis and a woman's anus or butt. [SXQ.806]

INSTRUCTIONS TO SP:
Please select . . .

Yes 1
No..... 2
REFUSED R
DON'T KNOW D

ASK IF SP IS MALE

SXQ.4m

Have you **ever** had **any** kind of sex with a man, including oral or anal?

[SXQ.809]

INSTRUCTIONS TO SP:

Please select . . .

- Yes 1
- No..... 2
- REFUSED R
- DON'T KNOW D

ASK IF SXQ.1m =1 OR SXQ.2m = 1 OR SXQ.3m = 1 OR SXQ.4m = 1, ELSE GO TO SXQ.21

SXQ.5m

How old were you the first time you had **any** kind of sex, including vaginal, anal, or oral?

[SXQ.618]

INSTRUCTIONS TO SP:

Please enter an age.

|_|_|
ENTER AGE IN YEARS

- REFUSED R
- DON'T KNOW D

[HARD EDIT: SXQ.5m must be equal to or less than current age.

Error message: "Your response is greater than your recorded age. Please press the "Back" button, press "Clear," and try again."]

ASK IF SXQ.1m =1 OR SXQ.2m = 1 OR SXQ.3m = 1, ELSE GO TO SXQ.14m

SXQ.6m

In **your lifetime**, with how many **women** have you had **any** kind of sex?

[SXQ.812]

INSTRUCTIONS TO SP:

Please enter a number.

|_|_|_|_|
ENTER NUMBER

- REFUSED R
- DON'T KNOW D

[HARD EDIT: SXQ.6m must be greater than 0.

Error message: "Your response is not consistent with your previous response about female sex partners. Please press the "Back" button, press "Clear" and try again."]

ASK IF SXQ.1m =1 OR SXQ.2m = 1 OR SXQ.3m = 1, ELSE GO TO SXQ.14m

SXQ.7m

In the **past 12 months**, with how many **women** have you had **any** kind of sex?

[SXQ.818]

INSTRUCTIONS TO SP:

Please enter a number.

|_|_|_|_|
ENTER NUMBER

- REFUSED R
- DON'T KNOW D

[HARD EDIT: SXQ.7m must be equal to or less than SXQ.6m.

Error message: "Your response is greater than your lifetime number of female sex partners. Please press the "Back" button, press "Clear," and try again."]

ASK IF SXQ.1m = 1 AND SXQ.7m NE 0

SXQ.8m

In the **past 12 months**, with how many **women** have you had **vaginal** sex? Vaginal sex means your penis in a woman's vagina.

[SXQ.827]

INSTRUCTIONS TO SP:
Please enter a number.

|_|_|_|_|
ENTER NUMBER

REFUSEDR
DON'T KNOWD

**[HARD EDIT – SXQ.8m must be equal to or less than SXQ.7m,
Error message: “Your response is greater than your total number of female sex partners in the past 12 months. Please press the “Back” button, press “Clear” and try again.”]**

ASK IF SXQ.2m=1 AND SXQ.7m NE 0

SXQ.9m

In the **past 12 months**, on how many **women** have you **performed oral** sex? Performing oral sex means your mouth on a woman's vagina or genitals.

[SXQ.639]

INSTRUCTIONS TO SP:
Please enter a number.

|_|_|_|_|
ENTER NUMBER

REFUSEDR
DON'T KNOWD

**[HARD EDIT – SXQ.9m must be equal to or less than SXQ.7m
Error message, “Your response is greater than your total number of female sex partners in the past 12 months. Please press the “Back” button, press “Clear” and try again.”]**

ASK IF SXQ.3m=1 AND SXQ.7m NE 0

SXQ.10m

In the **past 12 months**, with how many **women** have you had **anal** sex? Anal sex means your penis in a woman's anus or butt

INSTRUCTIONS TO SP:
Please enter a number.

|_|_|_|_|
ENTER NUMBER

REFUSEDR
DON'T KNOWD

**[HARD EDIT – SXQ.10m must be equal to or less than SXQ.7m
Error message, “Your response is greater than your total number of female sex partners in the past 12 months. Please press the “Back” button, press “Clear” and try again.”]**

ASK IF SXQ.8m NE 0

SXQ.11m

In the **past 30 days**, how many **times** have you had **vaginal** sex with a **woman**?

INSTRUCTIONS TO SP:

Please enter a number.

|_|_|_|_|
ENTER NUMBER

REFUSEDR

DON'T KNOWD

ASK IF SXQ.9m NE 0

SXQ.12m

In the **past 30 days**, how many **times** have you **performed oral** sex on a **woman**?

INSTRUCTIONS TO SP:

Please enter a number.

|_|_|_|_|
ENTER NUMBER

REFUSEDR

DON'T KNOWD

ASK IF SXQ.10m NE 0

SXQ.13m

In the **past 30 days**, how many **times** have you had **anal** sex with a **woman**?

INSTRUCTIONS TO SP:

Please enter a number.

|_|_|_|_|
ENTER NUMBER

REFUSEDR

DON'T KNOWD

ASK IF SXQ.4m=1, ELSE GO TO SXQ.20m

SXQ.14m

In your **lifetime**, with how many **men** have you had **any type of sex**?

[SXQ.410]

INSTRUCTIONS TO SP:

Please enter a number.

|_|_|_|_|
ENTER NUMBER

REFUSEDR

DON'T KNOWD

[HARD EDIT: SXQ.14m must be greater than 0.

Error message: "Your response is not consistent with your previous response about male sex partners.

Please press the "Back" button, press "Clear" and try again."]

ASK IF SXQ.4m=1

SXQ.15m

In the **past 12 months**, with how many **men** have you had **any type of sex**? [SXQ.550]

INSTRUCTIONS TO SP:
Please enter a number.

|_|_|_|_|
ENTER NUMBER

REFUSEDR
DON'T KNOWD

**[HARD EDIT: SXQ.15m must be equal to or less than SXQ.14m.
Error message: "Your response is greater than your lifetime number of male sex partners. Please press the "Back" button, press "Clear," and try again.]**

ASK IF SXQ.15m NE 0, ELSE GO TO SXQ.20m

SXQ.16m

In the **past 12 months**, on how many **men** have you **performed oral sex**? Performing oral sex means your mouth on a man's penis or genitals. [SXQ.627]

INSTRUCTIONS TO SP:
Please enter a number.

|_|_|_|_|
ENTER NUMBER

REFUSEDR
DON'T KNOWD

**[HARD EDIT – SXQ.16m must be equal to or less than SXQ.15m
Error message, "Your response is greater than your total number of male sex partners in the past 12 months. Please press the "Back" button, press "Clear" and try again.]**

ASK IF SXQ.16m NE 0, ELSE GO TO SXQ.18m

SXQ.17m

In the **past 30 days**, how many times have you **performed oral sex** on a **man**?

INSTRUCTIONS TO SP:
Please enter a number.

|_|_|_|_|
ENTER NUMBER

REFUSEDR
DON'T KNOWD

ASK IF SXQ.15m NE 0

SXQ.18m

In the **past 12 months** with how many **men** have you had **anal** sex?

[SXQ.841]

INSTRUCTIONS TO SP:
Please enter a number.

|_|_|_|_|
ENTER NUMBER

REFUSEDR
DON'T KNOWD

**[HARD EDIT: SXQ.18m must be equal to or less than SXQ.15m.
Error message, "Your response is greater than your total number of male sex partners in the past 12 months.
Please press the "Back" button, press "Clear" and try again."]**

ASK IF SXQ.18m NE 0, ELSE GO TO 20m

SXQ.19m

In the **past 30 days**, how many **times** have you had **anal** sex with a **man**?

INSTRUCTIONS TO SP:
Please enter a number.

|_|_|_|_|
ENTER NUMBER

REFUSEDR
DON'T KNOWD

ASK IF SXQ.8m NE 0 OR SXQ.10m NE 0 OR SXQ.17m NE 0, ELSE GO TO SXQ.21

SXQ.20m

In the **past 12 months**, about how often have you had {vaginal or anal/vaginal/anal} sex without using a condom? [SXQ.250]

INSTRUCTIONS TO SP:
Please select one of the following choices.

- Never 1
- Less than half the time..... 2
- About half of the time..... 3
- Not always, but more than half of the time.... 4
- Always..... 5
- REFUSED.....R
- DON't KNOWD

PROGRAMMER INSTRUCTIONS:

IF SXQ.8m NE 0 AND SXQ.10m = 0 AND SXQ.17m = 0 display {vaginal}
IF SXQ.8m = 0 AND SXQ.10m NE 0 OR SXQ.17m NE 0 display {anal}
OTHERWISE display {vaginal or anal}

SEXUAL BEHAVIOR – SXQ
Target Group: Female SPs 20+ (Audio-CASI)

The next set of questions is about your sexual history. By sex, we mean vaginal, oral, or anal sex. Please remember that your answers are strictly confidential.

ASK IF SP IS FEMALE

SXQ.1f

(SXQ.700)

Have you **ever** had vaginal sex, also called sexual intercourse, with a man? This means a man's penis in your vagina.

INSTRUCTIONS TO SP:
Please select . . .

Yes 1
No..... 2
REFUSEDR
DON'T KNOWD

ASK IF SP IS FEMALE

SXQ.2f

Have you **ever performed** oral sex on a man? This means putting your mouth on a man's penis or genitals. [SXQ.703]

INSTRUCTIONS TO SP:
Please select . . .

Yes 1
No 2
REFUSEDR
DON'T KNOWD

ASK IF SP IS FEMALE

SXQ.3f

Have you **ever** had anal sex? This means contact between a man's penis and your anus or butt. [SXQ.706]

INSTRUCTIONS TO SP:
Please select . . .

Yes 1
No..... 2
REFUSEDR
DON'T KNOWD

ASK IF SP IS FEMALE

SXQ.4f

Have you **ever** had **any** kind of sex with a woman? By sex, we mean sexual contact with another woman's vagina or genitals. [SXQ.709]

INSTRUCTIONS TO SP:
Please select . . .

Yes 1
No..... 2
REFUSEDR
DON'T KNOWD

ASK IF SXQ.1f = 1 OR SXQ.2f = 1 OR SXQ.3f = 1 OR SXQ.4f = 1, ELSE GO TO SXQ.21

SXQ.5f

How old were you the first time you had **any** kind of sex, including vaginal, anal, or oral?
[SXQ.618]

INSTRUCTIONS TO SP:
Please enter an age

|_|_|
ENTER AGE IN YEARS

REFUSED R
DON'T KNOW D

**[HARD EDIT: SXQ.5f must be equal to or less than current age.
Error message: "Your response is greater than your recorded age. Please press the "Back" button, press "Clear," and try again."]**

ASK IF SXQ.1f = 1 OR SXQ.2f = 1 OR SXQ.3f = 1, ELSE GO TO SXQ.14f

SXQ.6f

In **your lifetime**, with how many **men** have you had **any** kind of sex?
[SXQ.712]

INSTRUCTIONS TO SP:
Please enter a number.

|_|_|_|_|
ENTER NUMBER

REFUSED R
DON'T KNOW D

**[HARD EDIT: SXQ.6f must be greater than 0.
Error message: "Your response is not consistent with your previous response about male sex partners.
Please press the "Back" button, press "Clear" and try again."]**

ASK IF SXQ.1f = 1 OR SXQ.2f = 1 OR SXQ.3f = 1

SXQ.7f

In the **past 12 months**, with how many **men** have you had **any** kind of sex?
[SXQ.718]

INSTRUCTIONS TO SP:
Please enter a number or enter zero for none.

|_|_|_|_|
ENTER NUMBER

REFUSED R
DON'T KNOW D

**[HARD EDIT: SXQ.7f must be equal to or less than SXQ.6f.
Error message: "Your response is greater than your lifetime number of male partners. Please press the "Back" button, press "Clear," and try again."]**

ASK IF SXQ.7f NE 0 AND SXQ.1f = 1

SXQ.8f

In the **past 12 months**, with how many **men** have you had **vaginal** sex? Vaginal sex means a man's penis in your vagina. [SXQ.727]

INSTRUCTIONS TO SP:

Please enter a number or enter zero for none.

|_|_|_|_|
ENTER NUMBER

REFUSEDR
DON'T KNOWD

**[HARD EDIT – SXQ.8f must be equal to or less than SXQ.7f,
Error message: “Your response is greater than your total number of male partners in the past 12 months.
Please press the “Back” button, press “Clear” and try again.”]**

ASK IF SXQ.7f NE 0 AND SXQ.2f = 1

SXQ.9f

In the **past 12 months**, on how many **men** have you **performed oral** sex? Performing oral sex means your mouth on a man's penis or genitals. [SXQ.627]

INSTRUCTIONS TO SP:

Please enter a number or enter zero for none.

|_|_|_|_|
ENTER NUMBER

REFUSEDR
DON'T KNOWD

**[HARD EDIT – SXQ.9f must be equal to or less than SXQ.7f
Error message, “Your response is greater than your total number of male partners in the past 12 months.
Please press the “Back” button, press “Clear” and try again.”]**

ASK IF SXQ.7f NE 0 AND SXQ.3f = 1

SXQ.10f

In the **past 12 months**, with how many **men** have you had **anal** sex? Anal sex means a man's penis in a woman's anus or butt.

INSTRUCTIONS TO SP:

Please enter a number or enter zero for none.

|_|_|_|_|
ENTER NUMBER

REFUSEDR
DON'T KNOWD

**[HARD EDIT – SXQ.10f must be equal to or less than SXQ.7f
Error message, “Your response is greater than your total number of male partners in the past 12 months.
Please press the “Back” button, press “Clear” and try again.”]**

ASK IF SXQ.8f NE 0

SXQ.11f In the **past 30 days**, how many **times** have you had **vaginal** sex with a **man**?

INSTRUCTIONS TO SP:
Please enter a number or enter zero for none.

|_|_|_|_|
ENTER NUMBER

REFUSED R
DON'T KNOW D

ASK IF SXQ.9f NE 0

SXQ.12f In the **past 30 days**, how many **times** have you **performed oral** sex on a **man**?

INSTRUCTIONS TO SP:
Please enter a number or enter zero for none.

|_|_|_|_|
ENTER NUMBER

REFUSED R
DON'T KNOW D

ASK IF SXQ.10f NE 0

SXQ.13f In the **past 30 days**, how many **times** have you had **anal** sex with a **man**?

INSTRUCTIONS TO SP:
Please enter a number or enter zero for none.

|_|_|_|_|
ENTER NUMBER

REFUSED R
DON'T KNOW D

ASK IF SXQ.4f = 1, ELSE GO TO SXQ.18f

SXQ.14f In your **lifetime**, with how many **women** have you had **any type of sex**?

INSTRUCTIONS TO SP:
Please enter a number or enter zero for none.

|_|_|_|_|
ENTER NUMBER

REFUSED R
DON'T KNOW D

**[HARD EDIT: SXQ.14f must be greater than 0.
Error message: "Your response is not consistent with your previous response about female sex partners.
Please press the "Back" button, press "Clear" and try again."]**

ASK IF SXQ.4f = 1

SXQ.15f

In the **past 12 months**, with how many **women** have you had **any type of sex**? [SXQ.739]

INSTRUCTIONS TO SP:

Please enter a number or enter zero for none.

|_|_|_|_|
ENTER NUMBER

REFUSED R
DON'T KNOW D

[HARD EDIT: SXQ.15f must be equal to or less than SXQ.14f.

Error message: "Your response is greater than your lifetime number of female partners. Please press the "Back" button, press "Clear," and try again."]

ASK IF SXQ.15f NE 0

SXQ.16f

In the **past 12 months**, on how many **women** have you **performed oral sex**? Performing oral sex means your mouth on a woman's vagina or genitals. [SXQ.639]

INSTRUCTIONS TO SP:

Please enter a number or enter zero for none.

|_|_|_|_|
ENTER NUMBER

REFUSED R
DON'T KNOW D

[HARD EDIT: SXQ.16f must be equal to or less than SXQ.15f

Error message: "Your response is greater than your total number of female partners in the past 12 months. Please press the "Back" button, press "Clear" and try again."]

ASK IF SXQ.16f NE 0

SXQ.17f

In the **past 30 days**, how many times have you **performed oral sex** on a **woman**?

INSTRUCTIONS TO SP:

Please enter a number or enter zero for none.

|_|_|_|_|
ENTER NUMBER

REFUSED R
DON'T KNOW D

ASK IF SXQ.8f NE 0 OR SXQ.10f NE 0

SXQ.18f

In the **past 12 months**, about how often have you had {vaginal or anal/vaginal/anal} sex without using a condom? [SXQ.250]

INSTRUCTIONS TO SP:
Please select one of the following choices.

- Never1
- Less than half the time.....2
- About half of the time.....3
- Not always, but more than half of the time.....4
- Always.....5
- REFUSED.....R
- DON'T KNOWD

PROGRAMMER INSTRUCTIONS:

IF SXQ.8f NE 0 AND SXQ.10f = 0 display {vaginal}

IF SXQ.8f = 0 AND SXQ.10f NE 0 display {anal}

OTHERWISE display {vaginal or anal}

ASK ALL (MALE AND FEMALE SPS)

SXQ.21

Has a doctor or other health care professional **ever** told you that you had genital warts? [SXQ.265]

INSTRUCTIONS TO SP:
Please select ...

- Yes 1
- No..... 2
- REFUSEDR
- DON'T KNOWD

ASK IF MALE, ELSE GO TO SXQ.23f

SXQ.22m

Are you circumcised or uncircumcised?

[SXQ.280]

INSTRUCTIONS TO SP:
Please select

CASI INSTRUCTIONS:

Display the sketches below each selection. Sketch should display by default.

ACASI FIGURE SXQ1 – CLINICAL SKETCH OF CIRCUMCISED PENIS

ACASI FIGURE SXQ2 – CLINICAL SKETCH OF UNCIRCUMCISED PENIS

- CIRCUMCISED 1
- UNCIRCUMCISED 2
- REFUSEDR
- DON'T KNOWD

ASK IF SP IS MALE

SXQ.23m

Do you think of yourself as...

[SXQ.294]

- Heterosexual or straight (that is, sexually attracted only to women) 1
- Homosexual or gay (that is, sexually attracted only to men) 2
- Bisexual (that is, sexually attracted to men and women) 3
- Something else. 4
- You're not sure. 5
- Refused.R
- Don't know.D

ASK IF SP IS FEMALE

SXQ.23f

Do you think of yourself as...

[SXQ.292]

- Heterosexual or straight (that is, sexually attracted only to men) 1
- Homosexual or lesbian (that is, sexually attracted only to women) 2
- Bisexual (that is, sexually attracted to men and women) 3
- Something else. 4
- You're not sure. 5
- Refused.R
- Don't know.D

DRUG USE – DUQ
Target group: SPs 20+

ASK ALL
DUQ.1

The next few questions are about medications that require a prescription. Do not include over the counter medications. First there are questions about prescription pain relievers and then there are questions about prescription tranquilizers.

Have you **ever** had a prescription pain reliever such as oxycodone or hydrocodone prescribed to you?

Do not count 'over the counter' medications such as aspirin, Tylenol or Advil which can be bought in drug stores without a doctor's prescription.

INSTRUCTIONS TO SP:
Please select . . .

YES 1
NO 2
REFUSEDR
DON'T KNOWD

ASK IF DUQ.1 = 1, ELSE SKIP TO DUQ.4
DUQ.2

In the **past 12 months**, have you taken any of the prescription pain relievers that had been prescribed to you, even once?

INSTRUCTIONS TO SP:
Please select . . .

YES 1
NO 2
REFUSEDR
DON'T KNOWD

ASK IF DUQ.2 = 1, ELSE SKIP TO DUQ.4
DUQ.3

When you took prescription pain relievers in the **past 12 months**, did you ever, even once, take more than was prescribed for you? This includes taking a higher dosage or taking it more often than directed.

INSTRUCTIONS TO SP:
Please select . . .

YES 1
NO 2
REFUSEDR
DON'T KNOWD

ASK ALL
DUQ.4

In the **past 12 months** have you ever, even once, taken a prescription pain reliever such as oxycodone or hydrocodone that was not prescribed for you?

Do not count 'over the counter' medications such as aspirin, Tylenol or Advil which can be bought in drug stores without a doctor's prescription.

INSTRUCTIONS TO SP:
Please select . . .

- YES 1
- NO 2
- REFUSEDR
- DON'T KNOWD

ASK IF DUQ.3 = 1 AND DUQ.4 NE 1
DUQ.5

In the **past 12 months**, how often did you take a prescription pain reliever that was prescribed for you, but that you took at a higher dosage or took more often than was directed? You can answer with the number of days per week, days per month or days per year.

INSTRUCTIONS TO SP: Please enter the number of days, weeks, months, or years, then select the unit of time.

CAPI INSTRUCTIONS: HARD EDIT: If DUQ.5 equal to 0 days, display error message. Error message: "Your response is not consistent with your previous response about taking prescription pain relievers in the past 12 months. Please press the "Back" button, press "Clear," and try again.

|_|_|_|
ENTER NUMBER OF DAYS

- REFUSEDR
- DON'T KNOWD

ENTER UNIT

- WEEK 1
- MONTH..... 2
- YEAR 3

ASK IF DUQ.3 NE 1 AND DUQ.4 = 1

DUQ.6

In the **past 12 months**, how often did you take a prescription pain reliever that was not prescribed for you? You can answer with the number of days per week, days per month or days per year.

INSTRUCTIONS TO SP: Please enter the number of days, weeks, months, or years, then select the unit of time.

CAPI INSTRUCTIONS: HARD EDIT: If DUQ.5 equal to 0 days, display error message. Error message: "Your response is not consistent with your previous response about taking prescription pain relievers in the past 12 months. Please press the "Back" button, press "Clear," and try again.

|_|_|_|_|
ENTER NUMBER OF DAYS

REFUSED R
DON'T KNOW D

ENTER UNIT

WEEK 1
MONTH..... 2
YEAR 3

ASK IF DUQ.3 = 1 AND DUQ.4 = 1

DUQ.7

In the **past 12 months**, how often did you take a prescription pain reliever that was either not prescribed for you, or that was prescribed for you but that you took at a higher dosage or more often than was directed? You can answer with the number of days per week, days per month or days per year.

INSTRUCTIONS TO SP: Please enter the number of days, weeks, months, or years, then select the unit of time.

CAPI INSTRUCTIONS: HARD EDIT: If DUQ.5 equal to 0 days, display error message. Error message: "Your response is not consistent with your previous response about taking prescription pain relievers in the past 12 months. Please press the "Back" button, press "Clear," and try again.

|_|_|_|_|
ENTER NUMBER OF DAYS

REFUSED R
DON'T KNOW D

ENTER UNIT

WEEK 1
MONTH..... 2
YEAR 3

ASK IF DUQ.4 = 1
DUQ.8

How did you get these prescription pain relievers?

INSTRUCTIONS TO SP: Please check all the ways you got them in the past 12 months.

- FROM ONE DOCTOR 1
- FROM MORE THAN ONE DOCTOR..... 2
- I WROTE FAKE PRESCRIPTIONS 3
- I STOLE THEM FROM DOCTOR'S OFFICE, CLINIC, HOSPITAL, OR PHARMACY..... 4
- FREE FROM FAMILY/FRIEND..... 5
- BOUGHT FROM FAMILY/FRIEND..... 6
- TOOK FROM FAMILY/FRIEND WITHOUT ASKING...7
- BOUGHT ON INTERNET 8
- DRUG DEALER OR OTHER STRANGER 9
- OTHER (SPECIFY)..... 10
- REFUSED.....R
- DON'T KNOWD

ASK ALL
DUQ.9

The next questions are about prescription tranquilizers.

Have you **ever** had a prescription tranquilizer such as Xanax or Valium prescribed to you? Tranquilizers are usually prescribed to relax people or calm them down. Some people call tranquilizers 'nerve pills'.

INSTRUCTIONS TO SP:
Please select . . .

- YES1
- NO2
- REFUSEDR
- DON'T KNOWD

ASK IF DUQ.9 = 1, ELSE SKIP TO DUQ.12
DUQ.10

In the **past 12 months**, have you taken any of the prescription tranquilizers that had been prescribed to you, even once?

INSTRUCTIONS TO SP:
Please select . . .

- YES1
- NO2
- REFUSEDR
- DON'T KNOWD

ASK IF DUQ.10 = 1

DUQ.11

When you took prescription tranquilizers in the **past 12 months**, did you ever, even once take more than was prescribed for you? This includes taking a higher dosage or taking it more often than directed?

INSTRUCTIONS TO SP:

Please select . . .

- YES 1
- NO 2
- REFUSEDR
- DON'T KNOWD

ASK ALL

DUQ.12

In the **past 12 months** have you ever, even once, taken a prescription tranquilizer such as Xanax or Valium that was not prescribed for you?

INSTRUCTIONS TO SP:

Please select . . .

- YES 1
- NO 2
- REFUSEDR
- DON'T KNOWD

ASK ALL

DUQ.13

The following question is about cocaine, including all the different forms of cocaine such as powder, 'crack', 'free base', and coca paste.

In the **past 12 months**, have you ever, even once, used cocaine in any form?

INSTRUCTIONS TO SP:

Please select . .

- YES 1
- NO 2
- REFUSEDR
- DON'T KNOWD

ASK ALL

DUQ.14 The next question is about heroin.

In the **past 12 months**, have you ever, even once, used heroin?

INSTRUCTIONS TO SP:

Please select . . .

- YES 1
- NO 2
- REFUSEDR
- DON'T KNOWD

ASK ALL

DUQ.15

The following question is about methamphetamine, also known as crank, crystal, ice or speed.

In the **past 12 months**, have you ever, even once, used methamphetamine?

INSTRUCTIONS TO SP:

Please select . . .

- YES 1
- NO 2
- REFUSEDR
- DON'T KNOWD

ASK ALL

DUQ.16

The next questions are about the different ways that certain drugs can be used.

Have you **ever**, even once, used a needle to inject a drug that was **not prescribed** to you?

INSTRUCTIONS TO SP:

Please select . . .

- YES 1
- NO 2
- REFUSEDR
- DON'T KNOWD

ASK IF DUQ.16=1

DUQ.17

When was the **last** time you used a needle to inject a drug that was **not prescribed** to you?

INSTRUCTIONS TO SP:

Please select . . .

- WITHIN THE PAST 12 MONTHS1
- MORE THAN 12 MONTHS AGO2
- REFUSEDR
- DON'T KNOWD

ASK ALL

DUQ.18

Now I'm going to ask you about your experiences in institutions such as jails, prison, correctional facilities or detention centers. Have you ever spent any time in a correctional facility, jail, prison, or detention center as an adult, that is, 18 years or older?

[DUQ.570]

INSTRUCTIONS TO SP:

Please select . . .

- YES 1
- NO 2
- REFUSEDR
- DON'T KNOWD

HIPAA CONSENT:

DISPLAY IF NOT PROXY INTERVIEW, CHART REVIEW CONSENT = YES, HUQ.5 = 1, AND [HUQ.7a1 OR HUQ.7a2] AND HUQ.7b AND HUQ.7c AND HUQ.7d NE REF OR DK

INTERVIEWER INSTRUCTION: PROCEED TO COMPLETION OF HIPAA AUTHORIZATION FORMS.

SP MUST COMPLETE ONE FORM FOR EACH MEDICAL PRACTICE/DOCTOR PROVIDED IN THE HUQ SECTION (THEY WILL COMPLETE A MAXIMUM OF 2 HIPAA FORMS).

THERE MUST BE SOME PRACTICE/PROVIDER INFORMATION ON THE FORM. IF THE SP CANNOT REMEMBER THE PRACTICE NAME OR NAMES OF ANY PROVIDERS SEEN AT THAT PRACTICE, USE PROBES TO ASSIST.

PROBE: If you cannot remember the name of the doctor's office or clinic that you went to, or the names of any doctors you have seen there, please write in the names of any other doctors who work in that office or clinic that you know of.

PROBE: If you do not know the address of the doctor's office or clinic, please write in whatever location information you know, such as part of the address or cross streets