



2012

**CT Behavioral Risk Factor Surveillance System
Questionnaire**

January 6, 2012

Behavioral Risk Factor Surveillance System 2012 Connecticut Questionnaire

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Landline Interviewer's Script

Answering Machine message text [TO BE LEFT ON 1ST, 4TH, AND 9TH ATTEMPT RESULTING IN AN ANSWERING MACHINE]:

Hello, my name is _____. I am calling on behalf of the **Connecticut Department of Public Health** to conduct an important study on the health of Connecticut residents. Please call us at 1-877-364-0913 at your convenience. Thanks."

Privacy Manager Message "(NAME) Calling on behalf of the Connecticut Department of Public Health"

ask of all

Intro1

HELLO, I am calling for the **Connecticut Department of Public Health**. My name is _____ (**name**). We are gathering information about the health of **Connecticut** residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices. This call may be monitored and recorded for quality assurance purposes.

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

If "No"

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

ask if Yes

HS1. Is this a private residence in **Connecticut**?

- | | | |
|---|-----|--|
| 1 | Yes | [Go to HS3 cellular phone question] |
| 2 | No | [Go to HS2 college housing] |

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

HS2 College Housing

Do you live in college housing?

Read only if necessary: "By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangements provided by a college or university"

if No

X2 Thank you very much, but we are only interviewing private residences or college housing in **Connecticut** at this time. **STOP**

if Yes

HS3 Is this a cellular telephone?

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

- | | |
|---|-------------------------------|
| 1 | No - Not a Cellular Telephone |
| 2 | Yes |

if Yes

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

STOP

if No, Not a cellular telephone, and College Housing = Yes

Adult

Are you 18 years of age or older?

- | | | |
|---|---------------------------|--------------------------|
| 1 | Yes, respondent is male | [Go to NEWADULT] |
| 2 | Yes, respondent is female | [Go to NEWADULT] |
| 3 | No | |

If "No",

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

STOP

if No, Not a cellular telephone, and College Housing = No

ADULTS

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

___ Number of adults [RANGE 0-18]

if ADULTS = 0

X3 I'm sorry we are only interviewing adult residents who are 18 years of age or older. Thank you."

STOP

ask if One Adult

ONEADULT Are you the adult?

- | | |
|----|----------------------------------|
| 21 | Yes and the respondent is Male |
| 22 | Yes and the respondent is Female |
| 03 | No |

If Yes

Then you are the person I need to speak with. (Ask gender if necessary).

Go to YOURETHE1.

if No

ASKGENDR Is the adult a man or a woman?

- | | |
|----|--------|
| 21 | Male |
| 22 | Female |

if ONEADULT= NO

GETADULT May I speak with [fill in (him/her) from previous question]?

- 1 Yes, Adult coming to the phone. [GO TO NEWADULT]
- 2 No, not here (interview will terminate) [INTERVIEWER SET APPOINTMENT FOR BEST TIME TO REACH ADULT]

ASK IF more than one Adult

MEN How many of these adults are men?
 ___ Number of men [RANGE 0-18]

WOMEN ... and how many are women?
 ___ Number of women [RANGE 0-18]

PROGRAM WILL RANDOMLY SELECT ADULT; Assign selected value:

ASK IF more than one Adult

ASFKOR The person in your household that I need to speak with is the [INSERT RANDOM SELECTED]

Are you the person?

- 1 Yes
- 2 No

if NO

GETNEWAD May I speak with him or her?

- 1 Yes, Adult coming to the phone.[GO TO NEWADULT]
- 2 No, not here (interview will terminate) [INTERVIEWER SET APPOINTMENT FOR BEST TIME TO REACH ADULT]
- 3 Go back to Adults question. Warning: A new respondent may be selected. \n& (You need Supervisor's permission to use this option.)

NEWADULT

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

ask all

YOURETHE1

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. The interview takes approximately 21 minutes to complete. If you have any questions about the survey, please call 1-877-364-0913.

- 001 Person Interested, continue.
- 171 Requested callback
- 173 Selected person unable to complete - language barrier

015	Selected person unable to complete – impairment
175	Selected person refuses – Before Intro
176	Selected person refuses - After Intro
002	Go back to Adults question. A new respondent will be selected.

Cell Phone Interviewer's Introduction and Screener Script

Voicemail message text [TO BE LEFT ON 1ST, 4TH, AND 9TH ATTEMPT RESULTING IN AN ANSWERING MACHINE]:

"Hello, the Connecticut Department of Public Health and the Centers for Disease Control and Prevention are conducting a study about the health of Connecticut residents.

Please call us, toll-free, at 1-877-364-0913. For most people, the study will be very brief and we would be glad to answer any questions you have. The toll free number again is 1-877-364-0913. Thank you."

Intro1

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

Is this a safe time to talk with you?

- 1 Yes **[Go to CTENUM1]**
- 2 No

If "No",

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

INTERVIEWER NOTE: If respondent reports that they do not live in the state mentioned, tell them that they may still be eligible to participate.

"The interview may be monitored and recorded for quality control purposes. I have just a few questions to find out if you are eligible for the study."

- 01 Continue
- 02 No Answer
- 03 Normal Busy
- 04 Answering Machine
- 06 Respondent Says – They Do Not Live in this State
- 08 Termination Screen
- 09 Not a safe time, driving.
- 14 CONTINUE IN SPANISH

if Respondent does not live in CT

intro 2 You may still be eligible to participate.

- 01 Continue to next question
- 07 Termination screen
- 09 Not a safe time/driving

ask of all

CTELNUM1 Is this (phone number) ?

- 1 YES [Go to CELLFON2]
- 2 NO
- 4 NOT A SAFE TIME/DRIVING [CB call back]
- 7 DON'T KNOW / NOT SURE [Go to CELLFON2]
- 9 REFUSED [Go to CELLFON2]

If "no,"

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

STOP

CELLFON2 Is this a cellular telephone?

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

- 1 YES [Go to CADULT]
- 2 NO
- 3 NOT A SAFE TIME/DRIVING [CB call back]
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

/if YES go to CADULT/

IF NO

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

If "Don't Know", "Refused"

Thank you for your time.

STOP

CADULT Are you 18 years of age or older?

- 1 YES, Male Respondent [Go to PVTRES2D2]
- 2 YES, Female Respondent [Go to PVTRES2D2]
- 3 NO
- 4 NOT A SAFE TIME/DRIVING [CB call back]
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

IF "Don't Know", "Refused"

Thank you very much for your time. **STOP**

Ask IF "No"

CADULT2 Is there an adult that also uses this cell phone?

- 1 YES [GO TO CADULT3]
- 2 NO

If No (no adult uses cell phone)

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

STOP

If Yes

CADULT3 May I speak with him or her?

- 1 SWITCHING TO RESPONDENT
- 2 RESPONDENT NOT AVAILABLE/CALLBACK

if CADULT3=1 go to INTRO1

if CADULT3= callback

PVTRES2

Do you live in a private residence, or college housing, and not in any type of group living situation?

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

- 1 YES **[Go to CSTATE]**
- 2 NO
- 3 NOT A SAFE TIME/DRIVING **[GO TO CB]**
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

if NO "Thank you very much for your time, but we are only interviewing persons who live in a private residence at this time."

STOP

IF "Don't Know", "Refused"

Thank you very much for your time.

STOP

If YES

CSTATE Are you a resident of **Connecticut**?

- 1 YES **[Go to LANDLINE]**
- 2 NO **[Go to STATE]**
- 3 NOT A SAFE TIME/DRIVING **[CB call back]**
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

IF "Don't Know", "Refused" Thank you very much for your time.

STOP

If NO

RSPSTATE In what state do you live?

- _____ ENTER STATE
- 99 REFUSED

If Refused:

I'm sorry, but our data is compiled by state. In order to qualify for the interview we need to know which state you live in. Thank you for your time.

STOP

LANDLINE

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

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

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

- 1 YES
- 2 NO //Go to INTRO2//
- 7 DON'T KNOW / NOT SURE **STOP**
- 9 REFUSED **STOP**

If LANDLINE=YES

PCTCELL Thinking about all the phone calls that you receive on your landline or cell phone, what percent, between 0 and 100, are received on your cell phone?

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

If PCTCELL <90%

STOP

Thank you very much. Those are all the questions that I have for you today.

svintro

Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions, I will provide a telephone number for you to call to get more information.

Is this a safe time to talk with you now or are you driving?

- 1 SAFE TIME/NOT DRIVING [Go to Svintro2]
- 2 DRIVING/NOT A SAFE TIME **[CB call back]**
- 9 REFUSED

CB call back

What would be the best time to try to call back?

And what is the first name or other identifier, such as a nickname or initials that we should ask for?"

- 01 ENTER NEW NAME
- 02 RETAIN CURRENT NAME

77 DON'T KNOW
99 REFUSED

svintro2

I will not ask for your last name, address, or other personal information that can identify you. The survey will take approximately 21 minutes and the call may be monitored or recorded for quality assurance purposes. If you have any questions about the survey, please call 877-364-0913.

Core Sections

Section 1: Health Status (land and cell)

ask of all

s1q1 Would you say that in general your health is—

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

Or

- 5 Poor

Do not read:

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

Section 2: Healthy Days — Health-Related Quality of Life (land and cell)

ask of all

s2q1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

- — Number of days [RANGE = 1-30]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

s2q2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

- — Number of days[RANGE = 1-30]
- 8 8 None **[If Q2.1 and Q2.2 = 88 (None), go to next section]**
- 7 7 Don't know / Not sure
- 9 9 Refused

s2q3 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

- — Number of days[RANGE = 1-30]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 3: Health Care Access (land and cell)

ask of all

- s3q1** Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service?
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- s3q2** Do you have one person you think of as your personal doctor or health care provider?
If "No," ask: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"
- 1 Yes, only one
 - 2 More than one
 - 3 No
 - 7 Don't know / Not sure
 - 9 Refused
- s3q3** Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- s3q4** About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.
- 1 Within the past year (anytime less than 12 months ago)
 - 2 Within the past 2 years (1 year but less than 2 years ago)
 - 3 Within the past 5 years (2 years but less than 5 years ago)
 - 4 5 or more years ago
 - 7 Don't know / Not sure
 - 8 Never
 - 9 Refused

Section 4: Exercise (land and cell)

ask of all

- s4q1** During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 5: Chronic Health Conditions (land and cell)

ask of all

s5q1t Now I would like to ask you some questions about general health conditions.
Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure."

s5q1 (Ever told) you that you had a heart attack also called a myocardial infarction?

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

s5q2 (Ever told) you had angina or coronary heart disease?

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

s5q3 (Ever told) you had a stroke?

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

s5q4 (Ever told) you had asthma?

1	Yes	
2	No	[Go to s5q6]
7	Don't know / Not sure	[Go to s5q6]
9	Refused	[Go to s5q6]

ask if YES

s5q5 Do you still have asthma?

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

s5q6 (Ever told) you had skin cancer?

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

S5q7 (Ever told) you had any other types of cancer?

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

s5q8 (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis?

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

s5q9 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

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

s5q10 (Ever told) you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?

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

s5q11 (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence. **INTERVIEWER NOTE:** Incontinence is not being able to control urine flow.

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

s5q12 Do you have any trouble seeing, even when wearing glasses or contact lenses?

- 1 Yes
- 2 No
- 3 Not applicable (blind)
- 7 Don't know / Not sure
- 9 Refused

s5q13 (Ever told) you have diabetes?

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

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

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

If Yes, go to Module 2: Diabetes. If any other response, go to Module 1: Pre-Diabetes.

Module 1: Pre-Diabetes (land and cell)

NOTE: Only asked of those not responding “Yes” (code = 1) to Core s5q13 (Diabetes awareness question).

Mod1_1. Have you had a test for high blood sugar or diabetes within the past three years?

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

Mod1_2. Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

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

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

Module 2: Diabetes (land and cell)

Mod2_1. How old were you when you were told you have diabetes?

- — Code age in years [RANGE 1-97] [97 = 97 and older]
- 9 8 Don't know / Not sure
- 9 9 Refused

Mod2_2. Are you now taking insulin?

- 1 Yes
- 2 No
- 9 Refused

Mod2_3. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

- 1 — — Times per day [RANGE 101-199]
- 2 — — Times per week [RANGE 201-299]
- 3 — — Times per month [RANGE 301-399]
- 4 — — Times per year [RANGE 401-499]
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Mod2_4. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

- 1 _ _ Times per day [RANGE 101-199]
- 2 _ _ Times per week [RANGE 201-299]
- 3 _ _ Times per month [RANGE 301-399]
- 4 _ _ Times per year [RANGE 401-499]
- 5 5 5 No feet [skip to MOD2_8]
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Mod2_5. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

- _ _ Number of times [RANGE=1-76] **[76 = 76 or more]**
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

Mod2_6. A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?

- _ _ Number of times [RANGE 1=76] **[76 = 76 or more]**
- 8 8 None
- 9 8 Never heard of "A one C" test
- 7 7 Don't know / Not sure
- 9 9 Refused

Mod2_7. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

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

Mod2_8. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

Read only if necessary:

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

Do not read:

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

Mod2_9. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

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

Mod2_10. Have you ever taken a course or class in how to manage your diabetes yourself?

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

Section 6: Oral Health (land and cell)

ask of all

s6q1 How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.

Read only if necessary:

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

Do not read:

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

s6q2 How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics. **NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.**

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

Section 7: Demographics

ask of all

s7q1 What is your age?

Code age in years [RANGE 18-99]
 0 7 Don't know / Not sure
 0 9 Refused

s7q2 Are you Hispanic or Latino?

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

s7q3 Which one or more of the following would you say is your race?

(Check all that apply) Please read:

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

Or

6 Other [specify] _____

Do not read:

7 Don't know / Not sure
 9 Refused

if "other"

S7q3o ENTER OTHER [open end]: _____

If multiple response/

s7q4 Which one of these groups would you say **best** represents your race?

Please read:

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

Or

6 [fill in other from s7q3o]

Do not read:

7 Don't know / Not sure
 9 Refused

**ask of all
s7q5**

Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

- 1 Yes
- 2 No

Do not read:

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

s7q6

Are you...?

Please read:

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

Or

- 6 A member of an unmarried couple

Do not read:

- 9 Refused

s7q7

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

- — Number of children [RANGE 1-15]
- 8 8 None
- 9 9 Refused

s7q8

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

Read only if necessary:

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

Do not read:

- 9 Refused

s7q9

Are you currently...?

Please read:

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

Or
 8 Unable to work
Do not read:
 9 Refused

s7q10 Is your annual household income from all sources—
If respondent refuses at ANY income level, code '99' (Refused)
Read only if necessary:

S7q10A [04] Less than \$25,000 (\$20,000 to less than \$25,000)
 1 Yes
 2 No
 7 Don't Know
 9 Refused

[If "no," ask 05; if "yes," ask 03]

S7q10B [03] Less than \$20,000 (\$15,000 to less than \$20,000)
 1 Yes
 2 No
 7 Don't Know
 9 Refused

[If "no," code 04; if "yes," ask 02]

S7q10C [02] Less than \$15,000 (\$10,000 to less than \$15,000)
 1 Yes
 2 No
 7 Don't Know
 9 Refused

[If "no," code 03; if "yes," ask 01]

S7q10D [01] Less than \$10,000
 1 Yes
 2 No
 7 Don't Know
 9 Refused

[If "no," code 02]

S7q10E [05] Less than \$35,000 (\$25,000 to less than \$35,000)
 1 Yes
 2 No
 7 Don't Know
 9 Refused

[If "no," ask 06]

S7q10F [06] Less than \$50,000 (\$35,000 to less than \$50,000)
 1 Yes
 2 No
 7 Don't Know
 9 Refused

[If "no," ask 07]

S7q10G [07] Less than \$75,000 (\$50,000 to less than \$75,000)
 1 Yes
 2 No
 7 Don't know
 9 Refused

[If "no," ask CT4_1]

State-Added 4: Income (land and cell)

CT4_1 less than \$100,000
 (\$75,000 to less than \$100,000)
 1 Yes
 2 No
 7 Don't Know
 9 Refused

[If "no," ask CT4_2]

CT4_2 \$100,000 or more
 1 Yes
 2 No
 7 Don't Know
 9 Refused

S7q10AA Your Annual Household Income is [enter range from above]

Is This Correct?

1 No, [re-ask questions **[GO TO S7Q10A]**

2 Yes, correct as is. **[CONTINUE]**

Do not read:

7 7 Don't know / Not sure

9 9 Refused

ask of all

S7q11 About how much do you weigh without shoes?

____ Weight
 (pounds) [Range 50-776,]

S7q12 About how tall are you without shoes?

Round fractions down

[Enter height in Feet and Inches]

__ / __ Height [Range 300-311, 400-411, 500-511, 600-611, 700-711]

State-Added 5: Demographics – CT TOWN

**ask of all
CT_town.**

What town do you live in?
 _ _ _ _ _ Enter Town Code

S7q14

What is the ZIP Code where you live?

_ _ _ _ _ ZIP Code[RANGE = (add per state)]
 7 7 7 7 7 Don't know / Not sure
 9 9 9 9 9 Refused

ask of all landline sample only

S7q15

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

1 Yes
 2 No [Skip to s7q17]
 7 Don't know / Not sure [Skip to s7q17]
 9 Refused [Skip to s7q17]

If Yes

S7q16

How many of these telephone numbers are residential numbers?

_ Residential telephone numbers
 7 Don't know / Not sure
 9 Refused

S7q17

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

1 Yes
 2 No [Go to s7q19]
 7 Don't know / Not sure [Go to s7q19]
 9 Refused [Go to s7q19]

s7q18

Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone?

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

S7q19

Do you own or rent your home?

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

S7q20 **Indicate sex of respondent. Ask only if necessary.**

- | | | |
|---|--------|---|
| 1 | Male | [Go to next section] |
| 2 | Female | [If respondent is 45 years old or older, go to next section] |

ask if FEMALE AND YOUNGER than 45yrs

S7q21 To your knowledge, are you now pregnant?

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

Language Indicator (land and cell)

Lang1. INTERVIEWER: DO NOT ASK QUESTION:

IN WHAT LANGUAGE WAS THIS INTERVIEW COMPLETED?

- | | |
|----|---------|
| 01 | ENGLISH |
| 02 | SPANISH |

Section 8: Disability (land and cell)

ask of all

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

S8q1 Are you limited in any way in any activities because of physical, mental, or emotional problems?

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

S8q2 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?
Include occasional use or use in certain circumstances.

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

Section 9: Tobacco Use (land and cell)

ask of all

s9q1 Have you smoked at least 100 cigarettes in your entire life?
NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No [Go to s9q5]
- 7 Don't know / Not sure [Go to s9q5]
- 9 Refused [Go to s9q5]

ask if YES

s9q2 Do you now smoke cigarettes every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all [Go to s9q4]
- 7 Don't know / Not sure [Go to s9q5]
- 9 Refused [Go to s9q5]

ask if every day or some days

s9q3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- 1 Yes [Go to s9q5]
- 2 No [Go to s9q5]
- 7 Don't know / Not sure [Go to s9q5]
- 9 Refused [Go to s9q5]

s9q4 How long has it been since you last smoked a cigarette, even one or two puffs? (149)

- 0 1 Within the past month (less than 1 month ago)
- 0 2 Within the past 3 months (1 month but less than 3 months ago)
- 0 3 Within the past 6 months (3 months but less than 6 months ago)
- 0 4 Within the past year (6 months but less than 1 year ago)
- 0 5 Within the past 5 years (1 year but less than 5 years ago)
- 0 6 Within the past 10 years (5 years but less than 10 years ago)
- 0 7 10 years or more
- 7 7 Don't know / Not sure
- 9 9 Refused

s9q5 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?
NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.

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

Do not read:

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

Section 10: Alcohol Consumption (land and cell)

ask of all

s10q1 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

- 1 _ _ Days per week [RANGE = 101-107]
- 2 _ _ Days in past 30 days [RANGE = 201-230]
- 8 8 8 No drinks in past 30 days **[Go to next section]**
- 7 7 7 Don't know / Not sure **[Go to next section]**
- 9 9 9 Refused **[Go to next section]**

ask if at least one drink

s10q2 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? **NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.**

- _ _ Number of drinks [Range 1-76]
- 7 7 Don't know / Not sure
- 9 9 Refused

s10q3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X** [**X = 5 for men, X = 4 for women**] or more drinks on an occasion?

- | | |
|-----|------------------------------|
| — — | Number of times [Range 1-76] |
| 8 8 | None |
| 7 7 | Don't know / Not sure |
| 9 9 | Refused |

s10q4 During the past 30 days, what is the largest number of drinks you had on any occasion?

- | | |
|-----|---------------------------------|
| — — | Number of drinks [Range = 1-76] |
| 7 7 | Don't know / Not sure |
| 9 9 | Refused |

Section 11: Immunization (land and cell)

ask of all

s11q1 Now I will ask you questions about seasonal flu vaccine. There are two ways to get the seasonal flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™. During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?

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

- | | | |
|---|-----------------------|----------------------|
| 1 | Yes | |
| 2 | No | [Go to s11q4] |
| 7 | Don't know / Not sure | [Go to s11q4] |
| 9 | Refused | [Go to s11q4] |

ask if Yes

s11q2m During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?

- | | |
|---------|------------------------|
| — — | Month [RANGE 01-12] |
| — — — — | Year [RANGE 2011-2012] |
| 7 7 | Don't know / Not sure |
| 9 9 | Refused |

s11q3 At what kind of place did you get your last flu shot/vaccine?

- | | |
|-----|--|
| 0 1 | A doctor's office or health maintenance organization (HMO) |
| 0 2 | A health department |
| 0 3 | Another type of clinic or health center (Example: a community health center) |
| 0 4 | A senior, recreation, or community center |
| 0 5 | A store (Examples: supermarket, drug store) |
| 0 6 | A hospital (Example: inpatient) |
| 0 7 | An emergency room |
| 0 8 | Workplace |
| 0 9 | Some other kind of place |
| 1 0 | Received vaccination in Canada/Mexico (Volunteered – Do not read) |
| 1 1 | A school |

Do not read:

- 7 7 Don't know / Not sure (**Probe:** "How would you describe the place where you went to get your most recent flu vaccine?")
- 9 9 Refused

s11q4 A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

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

Section 12: Falls (land and cell)

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

S12q1t Next, I will ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

s12q1 In the past 12 months, how many times have you fallen?

- — Number of times [RANGE = 1-76] [76 = 76 or more]
- 8 8 None [Go to next section]
- 7 7 Don't know / Not sure [Go to next section]
- 9 9 Refused [Go to next section]

If Yes

s12q2a "Did this fall cause an injury?"

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

If No

S12q2 How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

- — Number of falls [range = 1-76] [76 = 76 or more]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 13: Seatbelt Use (land and cell)

ask of all

s13q1 How often do you use seat belts when you drive or ride in a car? Would you say—

Please read:

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never

Do not read:

- 7 Don't know / Not sure
- 8 Never drive or ride in a car (Skip to Section 15)
- 9 Refused

Section 14: Drinking and Driving (land and cell)

The next question is about drinking and driving.

s14q1 During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

- — Number of times [RANGE 1-76]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 15: Breast and Cervical Cancer Screening (land and cell)

If respondent is male, go to the next section.

The next questions are about breast and cervical cancer.

s15q1 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

- 1 Yes
- 2 No **[Go to s15q3]**
- 7 Don't know / Not sure **[Go to s15q3]**
- 9 Refused **[Go to s15q3]**

ask if YES

s15q2 How long has it been since you had your last mammogram?

Read only if necessary:

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

Do not read:

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

s15q3 A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam?

- 1 Yes
- 2 No **[Go to s15q5]**
- 7 Don't know / Not sure **[Go to s15q5]**
- 9 Refused **[Go to s15q5]**

ask if YES

s15q4 How long has it been since your last breast exam?

Read only if necessary:

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

Do not read:

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

s15q5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?

- 1 Yes
- 2 No **[Go to s15q7]**
- 7 Don't know / Not sure **[Go to s15q7]**
- 9 Refused **[Go to s15q7]**

Ask if YES

s15q6 How long has it been since you had your last Pap test?

Read only if necessary:

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

Do not read:

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

If respondent is is pregnant; then go to next section.

ask if Female, Not Pregnant,

s15q7 Have you had a hysterectomy? **Read only if necessary:** A hysterectomy is an operation to remove the uterus (womb).

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

Section 16: Prostate Cancer Screening (land and cell)

If respondent is ≤39 years of age, or is female, go to next section

ask if respondent is male and age > 39

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

s16q1 A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the PSA test?

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

s16q2 Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test?

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

s16q3 Has a doctor, nurse, or other health professional EVER recommended that you have a PSA test?

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

s16q4 Have you EVER HAD a PSA test?

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

ask if Yes

s16q5 How long has it been since you had your last PSA test?

Read only if necessary:

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

Do not read:

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

s16q6 What was the MAIN reason you had this PSA test – was it ...?

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

Do Not Read:

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

Section 17: Colorectal Cancer Screening (land and cell)

If respondent is ≤ 49 years of age, go to next section

ask if respondent age>49

The next questions are about colorectal cancer screening.

s17q1 A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

- 1 Yes
- 2 No **[Skip to s17q3]**
- 7 Don't know / Not sure **[Skip to s17q3]**
- 9 Refused **[Skip to s17q3]**

ask if Yes

S17q2 How long has it been since you had your last blood stool test using a home kit?

Read only if necessary:

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

Do not read:

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

s17q3 Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

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

ask if Yes

s17q4 For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy?

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

s17q5 How long has it been since you had your last sigmoidoscopy or colonoscopy?

Read only if necessary:

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

Do not read:

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

Section 18: HIV/AIDS (land and cell)

ask of all

S18q1t The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

s18q1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.

- | | | |
|---|-----------------------|----------------------|
| 1 | Yes | |
| 2 | No | [Go to s18q3] |
| 7 | Don't know / Not sure | [Go to s18q3] |
| 9 | Refused | [Go to s18q3] |

ask if Yes

s18q2m Not including blood donations, in what month and year was your last HIV test?

__	Code month [RANGE 01-12]
7 7	Don't know / Not sure
9 9	Refused / Not sure

s18q2y

----	Code year [RANGE 1985-2012]
7 7 7 7	Don't know / Not sure
9 9 9 9	Refused / Not sure

s18q3

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

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

Do any of these situations apply to you?

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

Transition to Modules and/or State-Added Questions

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

Optional Modules

Module 11: Shingles (Zostavax or ZOS) (land and cell)

If respondent is ≤ 49 years of age, go to next module

ask if respondent age >49

The next question is about the Shingles vaccine.

Mod11_1. Shingles is caused by the chicken pox virus. It is an outbreak of rash or blisters on the skin that may be associated with severe pain. A vaccine for shingles has been available since May 2006; it is called Zostavax[®], the zoster vaccine, or the shingles vaccine. Have you had this vaccine?

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

Module 13: Adult Human Papilloma Virus (HPV) (land and cell)

To be asked of respondents between the ages of 18 and 49 years

Mod13_1. A vaccine to prevent the human papilloma virus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, **[Fill: if female "GARDASIL or CERVARIX"; if male " or GARDASIL"]**. Have you EVER had an HPV vaccination?

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

ask if Yes

Mod13_2. How many HPV shots did you receive?

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

Module 21: Chronic Obstructive Pulmonary Disease (COPD) (land and cell)

If respondent previously answered Yes, has been diagnosed with COPD, then continue, otherwise, go to next module.

- Mod21_1** Earlier you said that you had been diagnosed with Chronic Obstructive Pulmonary Disease or COPD. Have you ever been given a breathing test to diagnose your COPD, chronic bronchitis, or emphysema?
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- Mod21_2** Would you say that shortness of breath affects the quality of your life?
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- Mod21_3** Other than a routine visit, have you had to see a doctor in the past 12 months for symptoms related to shortness of breath, bronchitis, or other COPD, or emphysema flare?
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- Mod21_4** Did you have to visit an emergency room or be admitted to the hospital in the past 12 months because of your COPD, chronic bronchitis, or emphysema?
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- Mod21_5** How many different medications do you currently take each day to help with your COPD, chronic bronchitis, or emphysema?
- Number (01-76)
 - 7 7 Don't know / Not sure
 - 8 8 None
 - 9 9 Refused

Module 23: Random Child Selection (land and cell)

If Respondent indicates No children under age 18 in the household, then skip to the next module.

Mod23t1 Previously, you indicated there [was one child] / [were **[number]** children] age 17 or younger in your household. I would like to ask you some questions about that child.

Ask if more than one child:

Think about those **[number]** children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.

Mod23t2

I have some additional questions about one specific child. The child I will be referring to is the “Xth” child in your household. All following questions about children will be about the “Xth” child.

What is the birth month and year of the “Xth” child?

Mod23_1m1. / Code 2-Digit month [Range 01-12]
 7 7 Don't know / Not sure
 9 9 Refused

Mod23_1y / Code 4-Digit year [Range 1994-2012]
 7 7 7 7 Don't know / Not sure
 9 9 9 9 Refused

ask if child's age<18

Mod23_2. Is the child a boy or a girl?

- 1 Boy
- 2 Girl
- 9 Refused

Mod23_3. Is the child Hispanic or Latino?

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

Mod23_4. Which one or more of the following would you say is the race of the child?

[Check all that apply] Please read:

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

Or

- 6 Other [specify] _____

Do not read:

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

ask if mod23_4=Other

Mod23_4o Enter Response _____

ask if more than one response to Mod23_4, Otherwise, go to Q6.

Mod23_5. Which one of these groups would you say best represents the child's race?

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

Mod23_6. How are you related to the child?

Please read:

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

Do not read:

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

Module 24: Childhood Asthma Prevalence (land and cell)

ask if respondent household has child age2<18

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

Mod24_1. Has a doctor, nurse or other health professional EVER said that the child has asthma?

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

ask if Yes

Mod24_2. Does the child still have asthma?

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

Module 25: Childhood Immunization (land and cell)

Ask if household has child/children, and selected child's age is ≥ 6 months. Otherwise, skip to next module.

Now I will you questions about seasonal flu vaccination

Mod25_1 During the past 12 months, has [Fill: he/she] had a seasonal flu. There are two types of seasonal flu vaccinations. One is a shot and the other is a spray in the nose. During the past 12 months, has [Fill: he/she] had a seasonal flu vaccination?

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

ask if Yes

Mod25_2 The flu vaccination may have been either the flu shot or the flu spray. The flu spray is the flu vaccination that is sprayed in the nose. During what month and year did [Fill: he/she] receive [Fill: his/her] most recent seasonal flu vaccination?

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

State Added 1: Child Questions (land and cell)

Xth=selected child from Mod23 selection

ask if child age $2 < 18$

CT1_1 (CHILD5) Was this child breastfed?

1	Yes	
2	No	{Go to CT1_3}
7	Don't know / Not sure	{Go to CT1_3}
9	Refused	{Go to CT1_3}

ask if Yes

CT1_2 (CHILD6) For about how many months was this child breastfed?

- | | |
|----|--------------------------------|
| -- | Number of Months [RANGE 01-60] |
| 77 | Don't know / Not sure |
| 99 | Refused |

CT1_3 (CHILD7) About how much does this child weigh without shoes?

- | | | |
|-------|-------------|----------------------|
| ___ | P Pounds | Weight Range = 5-776 |
| ___ | K Kilograms | |
| 7 7 7 | Don't Know | |
| 9 9 9 | Refused | |

CT1_4 (CHILD8) About how tall is this child without shoes?

__ / __ __ Height [Range = 015-805]
 (f t / inches/)
 9 9 7 Don't know / Not sure
 9 9 9 Refused

CT1_5 (CHILD9) On an average day, not including time on the computer, about how many hours did this child watch television, videos or DVDs?

__ Enter number of hours [1-24]
 33 Less than one, but more than none
 88 None
 77 Don't know
 99 Refused

CT1_6 (CHILD10) On an average day, about how many hours did this child spend playing video games or on the computer? Please include time spent on the Internet or playing computer games, but not doing schoolwork on the computer.

__ Enter number of hours [01-24]
 33 Less than one, but more than none
 88 None
 77 Don't know
 99 Refused

CT1_7 (CHILD11) On an average day, how many glasses, bottles or cans of soda, such as Coke or Sprite, or other sweetened drinks, such as fruit punch or Sunny Delight, did this child drink. Do not include diet or sugar free drinks. [NOTE: That would be a large glass or a 12 oz. can or bottle. The average juice pack is 6 oz or ½ a can]

[DO NOT READ. THIS ALSO INCLUDES DRINKS SUCH AS, HAWAIIAN PUNCH, HI-C, SNAPPLE, GATORADE, OTHER SPORTS DRINKS WITH ADDED SUGAR, AND SUGAR SWEETENED MILK – E.G. COFFEE MILK, CHOCOLATE MILK]

__ [range 1-15] glasses, cans or bottles
 88 None
 77 Don't know
 99 Refused

CT1_8 (CHILD12) In the past week, how many times did the child eat fast food or pizza at school, at home, or at fast-food restaurants, carryout or drive thru. [Read if Necessary: "Such as food you get at McDonald's, Burger King, Taco Bell, KFC, or Pizza Hut."]

[IF STRONGLY NEEDED, SAY "Foods from American-style fast food restaurants."]

1__ PER DAY [101-115]
 2__ PER WEEK [201-284]
 888 None
 777 Don't know
 999 Refused

CT1_9 (CHILD13) In the past 12 months has that child seen a dental provider?

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

Module 26: HIV/AIDS (land and cell)

ask if s18q1= Yes, been tested for HIV/AIDS

Mod26_1 Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?

- 0 1 Private doctor or HMO office
- 0 2 Counseling and testing site
- 0 3 Hospital
- 0 4 Clinic
- 0 5 Jail or prison (or other correctional facility)
- 0 6 Drug treatment facility
- 0 7 At home
- 0 8 Somewhere else
- 7 7 Don't know / Not sure
- 9 9 Refused

ask if test was after [previous month to this month] in 2011

Mod26_2 Was it a rapid test where you could get your results within a couple of hours?

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

State Added Questions

State Added 2: Fish Advisory Questions (land and cell)

ask of all

CT2_1

The Connecticut Department of Health has issued guidelines for the consumption of fish due to the presence of metals and other chemicals. Have you read, seen or heard any official advice about eating sport-caught or store-bought fish?

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

ask if Yes

CT2_2 Do you follow the advice you have read, seen or heard?

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

State Added 3: Carbon Monoxide Detector Questions (land and cell)

ask of all

CT3_1

A carbon monoxide detector or CO detector checks the level of carbon monoxide in your home. It is not a smoke detector. Do you have a carbon monoxide detector in your home?

- 1. Yes
- 2. No
- 7. Don't Know
- 9. Refused

CT3_2

In the past year, has anyone in your household used a gasoline or diesel-powered generator to provide electric power to your home when the power went out?

- 1. Yes
- 2. No
- 7. Don't Know
- 9. Refused

ask if Yes

CT3_3

Where is the generator usually placed when it is running?

Please Read:

- 1. Outdoors, less than 20 feet from the house
- 2. Outdoors, 20 feet or more from the house
- 3. Inside the living space
- 4. Inside an attached garage or on an enclosed porch
- 5. In a detached garage, shed, or outbuilding
- 6. In another location
- 7. Don't Know/Not Sure
- 9. Refused

CT3_4 Do you own, rent, or borrow the generator that you usually use to provide electric power to your home when the power goes out?

1. Own
2. Rent
3. Borrow
7. Don't Know/Not Sure
9. Refused

State Added 6: Genetics – Colorectal Cancer [all ages] (land and cell)

ask of all

CT6_1

Next, I'm going to ask several questions about colorectal cancer. This is a cancer of the large intestine or rectum. Have you ever been told by a doctor, nurse or other health care provider at any time during the last three years that you have colorectal cancer?

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

CT6_2

Have you ever had genetic testing for a type of inherited colorectal cancer known as Lynch syndrome?

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

State Added 7: Tobacco (land and cell)

ask of all

CT7_1

Have you ever tried electronic cigarettes or E-cigarettes, such as Ruyan or NJOY, even just one time in your entire life?

- 1 Yes
- 2 No **Go To CT7_3**
- 7 Don't know/Not sure **Go To CT7_3**
- 9 Refused **Go To CT7_3**

ask if Yes

CT7_2 During the past 30 days, on how many days did you use electronic cigarettes or E-cigarettes?

- __ Number of days [range 1-30]
88. None
 77. Don't know/not sure
 99. Refused

CT7_3. The next question asks you about smoking tobacco in a water pipe. A water pipe is also called a hookah. Have you ever tried smoking tobacco in a water pipe in your entire life, even one or two puffs?

- | | | |
|---|---------------------|--------------------|
| 1 | Yes | |
| 2 | No | Go To CT7_5 |
| 7 | Don't know/Not sure | Go To CT7_5 |
| 9 | Refused | Go To CT7_5 |

ask if Yes

CT7_4 During the past 30 days, on how many days did you smoke tobacco in a water pipe?

- __ Number of days [range 1-30]
 88. None
 77. Don't know/not sure
 99. Refused

CT7_5 "Snus" is moist, smokeless tobacco, usually sold in individual or pre-packaged small pouches that are placed under the lip against the gum. Have you ever tried snus, even just one time in your entire life?

- | | | |
|---|---------------------|--------------------|
| 1 | Yes | |
| 2 | No | Go To CT7_7 |
| 7 | Don't know/Not sure | Go To CT7_7 |
| 9 | Refused | Go To CT7_7 |

ask if Yes

CT7_6 During the past 30 days, on how many days did you use snus?

- __ Number of days [range=1-30]
 88. None
 77. Don't know/not sure
 99. Refused

CT7_7 Have you ever tried dissolvable tobacco products, such as Ariva, Stonewall, Camel orbs, Camel sticks, or Camel strips, even just one time in your entire life?

- | | | |
|---|---------------------|--------------------|
| 1 | Yes | |
| 2 | No | Go To CT7_9 |
| 7 | Don't know/Not sure | Go To CT7_9 |
| 9 | Refused | Go To CT7_9 |

ask if Yes

CT7_8 During the past 30 days, on how many days did you use dissolvable tobacco products?

- __ Number of days [range=1-30]
 88. None
 77. Don't know/not sure
 99. Refused

State-Added 8: Cognitive Impairment (land and cell with exceptions of q2 and q3)

ask of all

The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This **does not refer** to occasionally forgetting your keys or the name of someone you recently met. This **refers to** things like confusion or memory loss that are happening more often or getting worse. We want to know how these difficulties impact you or someone in your household.

- CT8_1** During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

If 1 adult in household and CT8_1 = Yes, go to CT8_4; otherwise, go to next module.

If number of adults > 1, and sample is landline, go to CT8_2.

- CT8_2.** Not including yourself, how many adults 18 or older in your household experienced confusion or memory loss that is happening more often or is getting worse during the past 12 months?
- Number of people [6 = 6 or more]
 - 8 NONE
 - 7 Don't know / Not sure
 - 9 Refused

If number of adults > 1; and sample is landline, continue. Otherwise, go to next module.

- CT8_3** Of these people, please select the person who had the most recent birthday. How old is this person? **Read only if necessary:**

- 0 1 Age 18-29
- 0 2 Age 30-39
- 0 3 Age 40-49
- 0 4 Age 50-59
- 0 5 Age 60-69
- 0 6 Age 70-79
- 0 7 Age 80-89
- 0 8 Age 90 +

Do not read:

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

ask if ct8_1=1 or ct8_2=1-6

If CT8_1 ≠ 1 (Yes); read: "For the next set of questions we will refer to the person you identified as 'this person'."

INTERVIEWER NOTE: Repeat definition only as needed: "For these questions, please think about confusion or memory loss that is happening more often or getting worse."

- CT8_4.** During the past 12 months, how often ["have you;" / "has this person"] given up household activities or chores ["you;" / "they"] used to do, because of confusion or memory loss that is happening more often or is getting worse?

Please read:

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

Do not read:

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

ask if ct8_1=1 or ct8_2=1-6

CT8_5 As a result of ["your;" / "this person's"] confusion or memory loss, in which of the following four areas ["do you;" / "does this person"] need the MOST assistance?

- 1 Safety **[read only if necessary:** such as forgetting to turn off the stove or falling]
- 2 Transportation **[read only if necessary:** such as getting to doctor's appointments]
- 3 Household activities **[read only if necessary:** such as managing money/housekeeping]
- 4 Personal care **[read only if necessary:** such as eating or bathing]

Do not read:

- 5 Needs assistance, but not in those areas
- 6 Doesn't need assistance in any area
- 7 Don't know / Not sure
- 9 Refused

//ask if ct8_1=1 or ct8_2=1-6//

CT8_6 During the past 12 months, how often has confusion or memory loss interfered with ["your;" / "this person's"] ability to work, volunteer, or engage in social activities?

Please read:

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

Do not read:

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

ask if ct8_1=1 or ct8_2=1-6

CT8_7 During the past 30 days, how often ["has;" / "have you,"] a family member or friend provided any care or assistance for ["you;" / "this person"] because of confusion or memory loss?

Please read:

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

Do not read:

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

ask if ct8_1=1 or ct8_2=1-6

CT8_8 Has anyone discussed with a health care professional, increases in ["your;" / "this person's"] confusion or memory loss?

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

ask if Yes

CT8_9 Have ["you;" / "this person"] received treatment such as therapy or medications for confusion or memory loss?

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

CT8_10 Has a health care professional ever said that ["you have;" / "this person has"] Alzheimer's disease or some other form of dementia?

- 1 Yes, Alzheimer's Disease
- 2 Yes, some other form of dementia but not Alzheimer's Disease
- 3 No diagnosis has been given
- 7 Don't know / Not sure
- 9 Refused

State Added 9: Asthma Call-Back Permission Script (land only)

ask if respondent indicates adult asthma OR (child asthma; and landline sample

Ast1. We would like to call you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in Connecticut. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

- 1 Yes
- 2 No

AST2 Can I please have either (your/your child's) first name or initials, so we will know who to ask for when we call back?

_____ Enter first name or initials

Asthma Call-Back Selection

ACFLAG Which person in the household was selected as the focus of the asthma call-back?

- 1 adult with asthma
- 2 adult had asthma
- 3 child with asthma
- 4 child had asthma

Closing statement (land and cell)

Please read to all:

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