

## **Adult Targeted Surveillance Survey**

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### **Adult Targeted Surveillance Survey**

[INTERVIEWER SHOULD ONLY READ STATEMENTS IN lower case.]

[INSTRUCTIONS TO INTERVIEWERS ARE IN UPPER CASE]

[INTRODUCTION]

INTRO. I'd like to start by finding out about you and the people in your household.

{SELECT NEXT}

INTRO\_1. What is your age?

\_\_ {RANGE 0 - 99}

-1 DON'T KNOW / NOT SURE

-2 REFUSED

[ASK INTRO\_1\_CONF IF (INTRO\_1<18), ELSE GO TO INTRO\_2]

INTRO\_1\_CONF. IN A NEUTRAL TONE, ASK: You said that you were {fill number from INTRO\_1 } years old, is that correct?

1 YES

2 NO

-1 DON'T KNOW / NOT SURE

-2 REFUSED

[IF NO, DK OR RF, GO BACK TO INTRO\_1, IF YES GO TO AGE\_INELIG]

AGE\_INELIG. Unfortunately this survey can only be administered to an adult resident of the household who is 18 years or older. Those are all the questions that I have for you today. Thank you.

END INTERVIEW AND SUBMIT A PROBLEM SHEET AND

[END]

INTRO\_2 IF NECESSARY, SAY: (For survey purposes, I need to confirm, are you male or female?)

1 MALE

2 FEMALE

INTRO\_3 Are you currently ....?

IF NEEDED, SAY: (Please choose the category that describes your current situation the best.)

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married, or
- 6 A member of an unmarried couple
- 1 DON'T KNOW
- 2 REFUSED

INTRO\_4 How many children less than 18 years of age live in your household?

- \_\_ NUMBER OF CHILDREN {RANGE 0 - 20}
- 1 DON'T KNOW
  - 2 REFUSED

INTRO\_5. 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)
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

INTRO\_6. Are you currently....?

IF NEEDED, SAY: (Which one of these would you say is your main status now?)

- 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
- 8 Unable to work

- 1 DON'T KNOW
- 2 REFUSED

INTRO\_7. What is your annual **household** income from all sources -

IF RESPONDENT HESITATES OR REFUSES AT INCOME LEVEL, CODE REFUSED

\_\_\_\_\_ {RANGE: 0-1,000,000}

[IF INTRO\_7=-1 (DK) OR -2 (RF), GO TO INTRO\_7\_04, ELSE GO TO P\_INTRO]

INTRO\_7\_04 - (What is your annual **household** income from all sources?) Is it less than \$25,000?

- 1 YES
- 2 NO
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

[IF INTRO\_7\_04="NO," ASK 05; IF "YES," ASK INTRO\_7\_03; IF -1 OR -2, SKIP TO P\_INTRO]

INTRO\_7\_03 - - (What is your annual **household** income from all sources?) Is it less than \$20,000

- 1 YES
- 2 NO
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

[IF INTRO\_7\_03="NO," GO TO P\_INTRO; IF "YES," ASK INTRO\_7\_02; IF -1 OR -2, SKIP TO P\_INTRO]

INTRO\_7\_02 - - (What is your annual **household** income from all sources?) Is it less than \$15,000

- 1 YES
- 2 NO
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

[IF INTRO\_7\_02="NO," GO TO P\_INTRO; IF "YES," ASK INTRO\_7\_01; IF -1 OR -2, SKIP TO P\_INTRO]

INTRO\_7\_01 - - (What is your annual **household** income from all sources?) Is it less than \$10,000

- 1 YES
- 2 NO
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

[AFTER PRESENTING INTRO\_7\_01, GO TO P\_INTRO]

INTRO\_7\_05 - - (What is your annual **household** income from all sources?) Is it less than \$35,000

- 1 YES
- 2 NO
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

[IF INTRO\_7\_05=YES, GO TO P\_INTRO; IF "NO," ASK INTRO\_7\_06; IF -1 OR -2, SKIP TO P\_INTRO]

INTRO\_7\_06 - - (What is your annual **household** income from all sources?) Is it less than \$50,000

- 1 YES
- 2 NO
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

[IF INTRO\_7\_06=YES, GO TO P\_INTRO; IF "NO," ASK INTRO\_7\_07; IF -1 OR -2, SKIP TO P\_INTRO]

INTRO\_7\_07 - - (What is your annual **household** income from all sources?) Is it less than \$75,000

- 1 YES
- 2 NO
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

[AFTER PRESENTING 07, GO TO P\_INTRO]

- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

[PHYSICAL ACTIVITY]

P\_INTRO. Now, I am going to ask you a few questions about your physical activity habits. For these questions, think about the exercise, recreation, or physical activities you perform{TEXT FILL IF INTRO\_6=1, 2 (EMPLOYED) “, other than your regular job duties.”}

{SELECT NEXT}

PA00. During the past month, {TEXT FILL IF INTRO\_6=1, 2 (EMPLOYED) “, 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 {GO TO PA04}
- 1 DON'T KNOW
- 2 REFUSED

PA01. What type of physical activity or exercise did you spend the **most** time doing during the past month?

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

HOUSEWORK MAY BE INCLUDED AS A PHYSICAL ACTIVITY OR EXERCISE SPENT AND CAN BE CODED AS "OTHER".

01 ACTIVE GAMING DEVICES (WII FIT, DANCE DANCE REVOLUTION)  
02 AEROBICS VIDEO OR CLASS  
03 BACKPACKING  
04 BADMINTON  
05 BASKETBALL  
06 BICYCLING MACHINE EXERCISE  
07 BICYCLING  
08 BOATING (CANOEING, ROWING, KAYAKING, SAILING FOR PLEASURE OR CAMPING)  
09 BOWLING  
10 BOXING  
11 CALISTHENICS  
12 CANOEING/ROWING IN COMPETITION  
13 CARPENTRY  
14 DANCING-BALLET, BALLROOM, LATIN, HIP HOP, ETC  
15 ELLIPTICAL/EFX MACHINE EXERCISE  
16 FISHING FROM RIVER BANK OR BOAT  
17 FRISBEE  
18 GARDENING (SPADING, WEEDING, DIGGING, FILLING)  
19 GOLF (WITH MOTORIZED CART)  
20 GOLF (WITHOUT MOTORIZED CART)  
21 HANDBALL  
22 HIKING - CROSS-COUNTRY  
23 HOCKEY  
24 HORSEBACK RIDING  
25 HUNTING LARGE GAME - DEER, ELK  
26 HUNTING SMALL GAME - QUAIL  
27 INLINE SKATING  
28 JOGGING  
29 LACROSSE  
30 MOUNTAIN CLIMBING  
31 MOWING LAWN  
32 PADDLEBALL  
33 PAINTING/PAPERING HOUSE  
34 PILATES  
35 RACQUETBALL  
36 RAKING LAWN  
37 RUNNING  
38 ROCK CLIMBING  
39 ROPE SKIPPING  
40 ROWING MACHINE EXERCISE  
41 RUGBY  
42 SCUBA DIVING  
43 SKATEBOARDING  
44 SKATING - ICE OR ROLLER  
45 SLEDDING, TOBOGGANING  
46 SNORKELING  
47 SNOW BLOWING  
48 SNOW SHOVELING BY HAND

- 49 SNOW SKIING
- 50 SNOWSHOEING
- 51 SOCCER
- 52 SOFTBALL/BASEBALL
- 53 SQUASH
- 54 STAIR CLIMBING/STAIR MASTER
- 55 STREAM FISHING IN WADERS
- 56 SURFING
- 57 SWIMMING
- 58 SWIMMING IN LAPS
- 59 TABLE TENNIS
- 60 TAI CHI
- 61 TENNIS
- 62 TOUCH FOOTBALL
- 63 VOLLEYBALL
- 64 WALKING
- 66 WATERSKIING
- 67 WEIGHT LIFTING
- 68 WRESTLING
- 69 YOGA
- 70 OTHER

- 1 DON'T KNOW / NOT SURE [GO TO PA04]
- 2 REFUSED [GO TO PA04]

[IF PA01=70, PRESENT PA01\_OTH; ELSE GO TO PA02]

PA01\_OTH. PLEASE SPECIFY "OTHER" \_\_\_\_\_ [ACCEPT UP TO 500 CHARACTERS]

PA02. How many times per week or per month did you take part in this activity during the past month?

IF NEEDED, ASK: "Is that \_\_\_ times per week or \_\_\_ times per month?"

- \_\_\_\_TIMES PER WEEK \_\_\_\_TIMES PER MONTH{ NEVER
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

{HARD CHECK TEXT: BOTH NUMBER OF TIMES AND UNIT (WEEK OR MONTH) MUST BE REPORTED, UNLESS NEVER, DK/RF}

[ASK PA02\_CONF IF (TIMES PER WEEK > 5) OR (TIMES PER MONTH >15)]



PA02\_CONF. IN A NEUTRAL TONE, ASK: You said {fill number from PA02} times per {fill unit from PA02}, is that correct?

- 1 YES
- 2 NO
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

[IF YES, CONTINUE; IF NO, DK OR RF, GO BACK]

PA03. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

IF NEEDED, ASK: "Is that \_\_\_ hours or \_\_\_ minutes?"

- \_\_ HOURS {RANGE 0 - 24} \_\_ MINUTES {RANGE 0 - 60}
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

{ALLOW ENTRIES IN BOTH HOURS AND/OR MINUTES}

{HARD CHECK TEXT: PLEASE MAKE SURE THAT YOU HAVE ENTERED BOTH A NUMERICAL AMOUNT IN THE TEXT FIELD FOR HOURS THAT IS LESS THAN 24 AND/OR AN AMOUNT LESS THAN 60 IN THE MINUTES TEXT FIELD.

ALSO VERIFY THAT YOU HAVE SELECTED A REPORTING PERIOD, BY HOUR AND/OR BY MINUTES}

[ASK PA03\_CONF IF (PA03 SUM OF HOURS AND (MINUTES/60))>=2 HOURS]

PA03\_CONF. IN A NEUTRAL TONE, ASK: You said {FILL HOURS NUMBER FROM PA03} hours and {FILL MINUTES NUMBER FROM PA03}, is that correct?

- 1 YES
- 2 NO
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

[IF YES, CONTINUE; IF NO, DK OR RF, GO BACK]

PA05. In a typical week, how many days do you walk or cycle for at least 30 minutes? Include walking or cycling for leisure, transportation or for exercise.

- 1. NONE {GO TO PA04}
- 2. \_1 DAY
- 3. \_2 DAYS
- 4. \_3 DAYS

- 5. \_4 DAYS
- 6. \_5 DAYS
- 7. \_6 DAYS
- 8. \_7 DAYS
- 1\_\_DON'T KNOW/NOT SURE
- 2\_\_REFUSED

PA05a [SKIP IF PA05=1]. What is the main reason that you walk or bicycle? Is it for leisure, transportation or exercise?

- \_\_1. LEISURE
- \_\_2. TRANSPORTATION
- \_\_3. EXERCISE
- \_\_-1. DON'T KNOW/NOT SURE
- \_\_-2. REFUSED

PA04. Now, I would like to talk about your neighborhood as a place for walking and cycling.

In thinking about your neighborhood as a place to walk and bicycle, please tell me if you strongly agree, somewhat agree, somewhat disagree or strongly disagree with the following statements.

{SELECT NEXT}

PA04a. There are sidewalks on most of the streets in my neighborhood. Would you say....

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat Disagree
- 4 Strongly Disagree
- 5 THERE ARE NO SIDEWALKS IN MY NEIGHBORHOOD
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

[IF PA04A=5 (NO SIDEWALKS IN NEIGHBORHOOD), THEN SKIP TO PA04C]

PA04b. The sidewalks in my neighborhood are well maintained (paved, even, and not a lot of cracks). Would you say....

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree
- 5 THERE ARE NO SIDEWALKS IN MY NEIGHBORHOOD

- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

[IF PA04A=5 OR PA04B=5 (NO SIDEWALKS IN NEIGHBORHOOD), THEN SKIP TO PA04C]

PA04d. When I am walking on a sidewalk in my neighborhood, there are parked cars between and me and the road. (Would you say....

READ OPTIONS IF NEEDED

- 1 STRONGLY AGREE
- 2 SOMEWHAT AGREE
- 3 SOMEWHAT DISAGREE
- 4 STRONGLY DISAGREE
- 5 THERE ARE NO SIDEWALKS IN MY NEIGHBORHOOD
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

[IF PA04A=5 OR PA04B=5 OR PA04D=5 (NO SIDEWALKS IN NEIGHBORHOOD), THEN SKIP TO PA04C]

PA04e. There is a grass or dirt strip that separates the streets from the sidewalks in my neighborhood. (Would you say....

READ OPTIONS IF NEEDED

- 1 STRONGLY AGREE
- 2 SOMEWHAT AGREE
- 3 SOMEWHAT DISAGREE
- 4 STRONGLY DISAGREE
- 5 THERE ARE NO SIDEWALKS IN MY NEIGHBORHOOD
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

PA04c. There are bicycle or pedestrian trails in or near my neighborhood that are easy to get to. (Would you say....

READ OPTIONS IF NEEDED

- 1 STRONGLY AGREE
- 2 SOMEWHAT AGREE
- 3 SOMEWHAT DISAGREE
- 4 STRONGLY DISAGREE
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

PA06. Besides what you already told me about the sidewalks and trails in your neighborhood, why don't you walk or cycle **more often** in your neighborhood?

ACCEPT ALL ANSWERS AND PROBE UNTIL R INDICATES NO OTHERS APPLY: Any others?

{ALLOW MULTIPLE RESPONSES}

- 1 WEATHER
- 2 LACK OF TIME
- 3 NOWHERE TO GO
- 4 NO SIDEWALKS
- 5 TOO MUCH TRAFFIC
- 6 MEDICAL CONDITIONS
- 7 LACK OF ENERGY / MOTIVATION
- 8 EXERCISE ELSEWHERE
- 9 SAFETY (CRIME)
- 10 I WALK OR CYCLE AS MUCH AS I WANT TO
- 11 OTHER
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

[NUTRITION]

N\_INTRO. Now I'd like to ask you about foods and drinks you have recently eaten. Let's start by talking about the fruits and vegetables **you** ate or drank during the past 30 days.

Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home. I will be asking how often **you** ate or drank each one: for example, once a day, twice a week, three times a month, and so forth.

{SELECT NEXT}

N\_05. During the past month, that is since {FILL IN DATE 30 DAYS AGO}, how often did you drink sweetened fruit drinks, such as Kool-aid, cranberry juice cocktail, and lemonade, including fruit drinks you made at home and added sugar to?

IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "Was that per day, per week, or per month?"

IF SAYS LESS THAN ONCE PER MONTH, PUT "0" TIMES PER MONTH.

IF NEEDED, SAY: (We know it may be hard to remember, so your best estimate is fine.)

HELP POP-UP:

IF NEEDED, SAY: (Fruit drinks are sweetened beverages that often contain some fruit juice or flavoring.)

IF RESPONDENT ASKS WHETHER TO COUNT A SPECIFIC DRINK, SAY YES IF IT IS ON THE 'DO INCLUDE' LIST AND NO IF IT IS ON THE 'DO NOT INCLUDE' LIST. IF THE SPECIFIC DRINK IS NOT IN ANY LIST, RE-READ QUESTION.

YOU MAY READ EXAMPLES FROM LIST UPON REQUEST.

Do Include	Do <b>not</b> Include	
Sweetened Fruit Drinks mixed with Alcohol	100% Fruit Juice Coffee Drinks Sweet Tea	Energy drinks Sports drinks

- 1 \_\_ TIMES PER DAY
- 2 \_\_ TIMES PER WEEK
- 3 \_\_ TIMES PER MONTH
- 4 NEVER
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

[HARD CHECK TEXT: BOTH NUMBER OF TIMES AND UNIT (DAY, WEEK OR MONTH) MUST BE REPORTED, UNLESS NEVER, DK/RF]

[ASK N\_05\_CONF. IF (TIMES PER DAY > 2) OR (TIMES PER WEEK > 14 OR < 3) OR (TIMES PER MONTH > 60 OR < 14)]

N\_05\_CONF. IN A NEUTRAL TONE, ASK: You said you drink sweetened fruit drinks {fill number from N\_05} times per {fill unit from N\_05}, is that correct?

- 1 YES
- 2 NO
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

[IF YES, CONTINUE; IF NO, DK OR RF, GO BACK]

N\_01. During the past month, (that is since {FILL IN DATE30 DAYS AGO},) how many times per day, week or month did you drink 100% PURE fruit juices that were **not** fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to.

IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "Was that per day, per week, or per month?"

IF SAYS LESS THAN ONCE PER MONTH, PUT "0" TIMES PER MONTH.

IF NEEDED, SAY: (We know it may be hard to remember, so your best estimate is fine.)

HELP POP-UP:

IF NEEDED, SAY: (Only include 100% Pure Fruit Juices, 100% Pure Juice from Concentrate and 100% Juice Blends. Do not include Vegetable Juices or Fruit Juices with added sugar. Some examples, but not all, of what to include and what not to include are listed below.)

IF RESPONDENT ASKS WHETHER TO COUNT A SPECIFIC DRINK, SAY YES IF IT IS ON THE 'DO INCLUDE' LIST AND NO IF IT IS ON THE 'DO NOT INCLUDE' LIST. IF THE SPECIFIC DRINK IS NOT IN ANY LIST, RE-READ QUESTION.

YOU MAY READ EXAMPLES FROM LIST UPON REQUEST.

Do Include		Do <b>not</b> Include	
Apple	Grape	Cranberry Cocktail	Gatorade
Grapefruit	Mango	Fruitopia	Hi-C
Orange-Pineapple	Orange-Tangerine	Kool-Aid	Lemonade
Papaya	Pineapple	Power-Ade	Snapple
		Sunny Delight	Tampico
		V8	Yogurt Drinks

- 1 \_\_ PER DAY
- 2 \_\_ PER WEEK
- 3 \_\_ PER MONTH
- 4 NEVER
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

[HARD CHECK TEXT: BOTH NUMBER OF TIMES AND UNIT (DAY, WEEK OR MONTH) MUST BE REPORTED, UNLESS NEVER, DK/RF]

[ASK N\_01\_CONF. IF (TIMES PER DAY > 2) OR (TIMES PER WEEK>14 OR <3) OR (TIMES PER MONTH >60 OR <14)]

N\_01\_CONF. IN A NEUTRAL TONE, ASK: You said {fill number from N\_01} times per {fill unit from N\_01}, is that correct?

- 1 YES
- 2 NO
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

[IF YES, CONTINUE, NO, DK OR RF, GO BACK]

N\_02. During the past month,(that is since [FILL IN DAY 30 DAYS AGO],) not counting juice or sweetened fruit drinks, how many times per day, week, or month did you **eat fruit**, including fresh, frozen, or canned fruit?

IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "Was that per day, per week, or per month?"

IF SAYS LESS THAN ONCE PER MONTH, PUT "0" TIMES PER MONTH.

IF NEEDED, SAY: (We know it may be hard to remember, so your best estimate is fine.)

HELP POP-UP:

IF NEEDED, SAY: (Include cut up fresh, frozen, or canned fruit. Do **not** include dried fruit in ready-to-eat cereals. Do **not** include fruit jams and similar products. Some examples, but not all, of what to include and what not to include are listed below.)

IF RESPONDENT ASKS WHETHER TO COUNT A SPECIFIC DRINK, SAY YES IF IT IS ON THE 'DO INCLUDE' LIST AND NO IF IT IS ON THE 'DO NOT INCLUDE' LIST. IF THE SPECIFIC DRINK IS NOT IN ANY LIST, RE-READ QUESTION.

YOU MAY READ EXAMPLES FROM LIST UPON REQUEST.

Do Include			Do not Include	
Apples	Applesauce	Akee	Fruit Jam	Jelly
Bananas	Blueberries	Bread Fruit	Fruit added to Cereal	

Cantaloupe	Carambola	Figs	Fruit added to Jell-o
Genip	Grape fruit	Grapes	Fruit added to Yogurt
Fruit salad	Longans	Lychees	Fruit Preserves
Mangos	Musk Melon	Oranges	
Papaya	Pomegranates	Rambutan	
Sea Grapes	Soursop	Star Fruit	
Strawberries	Sugar Apple	Tamarind	
Watermelon			

- 1 \_\_ PER DAY
- 2 \_\_ PER WEEK
- 3 \_\_ PER MONTH
- 4 NEVER
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

[HARD CHECK TEXT: BOTH NUMBER OF TIMES AND UNIT (DAY, WEEK OR MONTH) MUST BE REPORTED, UNLESS NEVER, DK/RF]

[ASK N\_02\_CONF. IF (TIMES PER DAY > 4) OR (TIMES PER WEEK>18 OR <6) OR (TIMES PER MONTH >60 OR <21)]

N\_02\_CONF. IN A NEUTRAL TONE, ASK: You said {fill number from N\_02} times per {fill unit from N\_02}, is that correct?

- 1 YES
- 2 NO
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

[IF YES, CONTINUE; IF NO, DK OR RF, GO BACK]

N\_13 During the past month, (that is since [FILL IN DAY 30 DAYS AGO]) how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do **not** include long green beans.

IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "Was that per day, per week, or per month?"

IF RESPONDENT RESPONDS LESS THAN ONCE PER MONTH, PUT "0" TIMES PER MONTH.

IF NEEDED, SAY: (We know it may be hard to remember, so your best estimate is fine.)



HELP POP-UP:

IF NEEDED, SAY: (Include round or oval beans, soybeans, and bean burgers. Do **not** include long green beans. Some examples, but not all, of what to include and what not to include are listed below.)

IF RESPONDENT ASKS WHETHER TO COUNT A SPECIFIC DRINK, SAY YES IF IT IS ON THE 'DO INCLUDE' LIST AND NO IF IT IS ON THE 'DO NOT INCLUDE' LIST. IF THE SPECIFIC DRINK IS NOT IN ANY LIST, RE-READ QUESTION.

YOU MAY READ EXAMPLES FROM LIST UPON REQUEST.

Do Include		Do not Include	
Black-eyed Peas	Cow Peas	Broad Beans	Pole Beans
Edamame	Falafel	String Beans	Winged Beans
Garden Burgers	Hummus		
Lentils	Lima beans		
Kidney Beans	Navy Beans		
Pinto Beans	Soy Beans		
Split Peas	Tempeh		
Tofu	Veggie Burgers		
White beans			

- 1 \_ PER DAY
- 2 \_ PER WEEK
- 3 \_ PER MONTH
- 4 NEVER
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

[HARD CHECK TEXT: BOTH NUMBER OF TIMES AND UNIT (DAY, WEEK OR MONTH) MUST BE REPORTED, UNLESS NEVER, DK/RF]

[ASK N\_13\_CONF. IF (TIMES PER DAY > 4) OR (TIMES PER WEEK > 18 OR < 6) OR (TIMES PER MONTH > 60 OR < 21)]

N\_13\_CONF. IN A NEUTRAL TONE, ASK: You said {fill number from N\_13} times per {fill unit from N\_13}, is that correct?

- 1 YES
- 2 NO
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

[IF YES, CONTINUE; NO, DK OR RF, GO BACK]

N\_14 During the past month, (that is since [FILL IN DAY 30 DAYS AGO],) how many times per day, week, or month did you eat **dark green vegetables**, for example, broccoli or dark leafy greens including romaine, chard, collard greens or spinach?

IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "Was that per day, per week, or per month?"

IF RESPONDENT RESPONDS LESS THAN ONCE PER MONTH, PUT "0" TIMES PER MONTH.

IF NEEDED, SAY: (We know it may be hard to remember, so your best estimate is fine.)

HELP POP-UP:

IF NEEDED, SAY: (Include all raw leafy green salads and cooked greens, but do **not** include iceberg lettuce. Some examples, but not all, of what to include and what not to include are listed below.)

IF RESPONDENT ASKS WHETHER TO COUNT A SPECIFIC DRINK, SAY YES IF IT IS ON THE 'DO INCLUDE' LIST AND NO IF IT IS ON THE 'DO NOT INCLUDE' LIST. IF THE SPECIFIC DRINK IS NOT IN ANY LIST, RE-READ QUESTION.

YOU MAY READ EXAMPLES FROM LIST UPON REQUEST.

Do Include		Do <b>not</b> Include
Arugula	Bok Choy	Iceberg Lettuce
Choys	Collard Greens	
Dandelions	Kale	
Komatsuna	Mesclun	
Mustard Greens	Romaine Lettuce	
Spinach	Turnip greens	

## Watercress

- 1 \_ PER DAY
- 2 \_ PER WEEK
- 3 \_ PER MONTH
- 4 NEVER
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

[HARD CHECK TEXT: BOTH NUMBER OF TIMES AND UNIT (DAY, WEEK OR MONTH) MUST BE REPORTED, UNLESS NEVER, DK/RF]

[ASK N\_14\_CONF. IF (TIMES PER DAY > 4) OR (TIMES PER WEEK>18 OR <6) OR (TIMES PER MONTH >60 OR <21)]

N\_14\_CONF. IN A NEUTRAL TONE, ASK: You said {fill number from N\_14} times per {fill unit from N\_14}, is that correct?

- 1 YES
- 2 NO
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

[IF YES, CONTINUE; IF NO, DK OR RF, GO BACK]

N\_15 During the past month, (that is since [FILL IN DAY 30 DAYS AGO],) how many times per day, week, or month did you eat **orange-colored vegetables** such as sweet potatoes, pumpkin, winter squash, or carrots?

IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "Was that per day, per week, or per month?"

IF RESPONDENT RESPONDS LESS THAN ONCE PER MONTH, PUT "0" TIMES PER MONTH.

IF NEEDED, SAY: (We know it may be hard to remember, so your best estimate is fine.)

HELP POP-UP:

IF NEEDED, SAY: (Include all forms of carrots and winter squash and all forms of sweet potatoes. Also include all forms of pumpkin, but do **not** include grain-based dessert-type food containing pumpkin. Some examples, but not all, of what to include and what not to include are listed below.)

IF RESPONDENT ASKS WHETHER TO COUNT A SPECIFIC DRINK, SAY YES IF IT IS ON THE 'DO INCLUDE' LIST AND NO IF IT IS ON THE 'DO NOT INCLUDE' LIST. IF THE SPECIFIC DRINK IS NOT IN ANY LIST, RE-READ QUESTION.

YOU MAY READ EXAMPLES FROM LIST UPON REQUEST.

Do Include		Do <b>not</b> Include	
Acorn Squash	Autumn Cup Squash	Pumpkin Bars	Pumpkin
Bread			
Baby-cut Carrots	Baked Sweet Potato	Pumpkin Cake	
Banana Squash	Buttercup Squash		
Butternut Squash	Carrot-Slaw		
Delicata Squash	Hubbard Squash		
Kabocha Squash	Long Carrots		
Mashed Sweet Potato (mashed, casserole, pie)			
Pumpkin	Pumpkin Soup		
Pumpkin Pie	Spaghetti Squash		
Sweet Potatoes Fries			

- 1 \_ PER DAY
- 2 \_ \_ PER WEEK
- 3 \_ \_ PER MONTH
- 4 \_ NEVER
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

[HARD CHECK TEXT: BOTH NUMBER OF TIMES AND UNIT (DAY, WEEK OR MONTH) MUST BE REPORTED, UNLESS NEVER, DK/RF]

[ASK N\_15\_CONF. IF (TIMES PER DAY > 4) OR (TIMES PER WEEK > 18 OR < 6) OR (TIMES PER MONTH > 60 OR < 21)]

N\_15\_CONF. IN A NEUTRAL TONE, ASK: You said {fill number from N\_15} times per {fill unit from N\_15}, is that correct?

- 1 YES
- 2 NO

-1 DON'T KNOW / NOT SURE

-2 REFUSED

[IF YES, CONTINUE; IF NO, DK OR RF, GO BACK]

N\_16 Not counting what you just told me about (dark green vegetables and orange-colored vegetables), during the past month, (that is since [FILL IN DAY 30 DAYS AGO],) about how many times per day, week, or month did you eat **other** vegetables, such as tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are **not** fried such as baked or mashed potatoes?

IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "Was that per day, per week, or per month?"

IF SAYS LESS THAN ONCE PER MONTH, PUT "0" TIMES PER MONTH.

IF NEEDED, SAY: (We know it may be hard to remember, so your best estimate is fine.)

HELP POP-UP:

IF NEEDED, SAY: (Include any form of vegetable (raw, cooked, canned, or frozen) not listed in the examples above. Do **not** include products consumed usually as condiments. Do **not** include rice or other grains. Some examples, but not all, of what to include and what not to include are listed below.)

IF RESPONDENT ASKS WHETHER TO COUNT A SPECIFIC DRINK, SAY YES IF IT IS ON THE 'DO INCLUDE' LIST AND NO IF IT IS ON THE 'DO NOT INCLUDE' LIST. IF THE SPECIFIC DRINK IS NOT IN ANY LIST, RE-READ QUESTION.

YOU MAY READ EXAMPLES FROM LIST UPON REQUEST

Do Include		Do NOT Include	
American-style cole-slaw	Avocado	Catsup	Chutney
Bean Sprouts	Beets	Fried potatoes	Ketchup
Broad Beans	Cabbage	Relish	Salsa
Cauliflower	Corn		
Cucumber	Daikon		
Jicama	Mushrooms		
Okra	Onions		
Oriental cucumber	Peas		
Peppers (red, green, yellow, orange)			
Pole-beans	Snap Peas		

Snow Peas  
Tomatoes  
Wax-beans

String Beans  
Tomato Juice

- 1 \_ PER DAY
- 2 \_ PER WEEK
- 3 \_ PER MONTH
- 4 NEVER
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

[HARD CHECK TEXT: BOTH NUMBER OF TIMES AND UNIT (DAY, WEEK OR MONTH) MUST BE REPORTED, UNLESS NEVER, DK/RF]

[ASK N\_16\_CONF. IF (TIMES PER DAY > 4) OR (TIMES PER WEEK>18 OR <6) OR (TIMES PER MONTH >60 OR <21)]

N\_16\_CONF. IN A NEUTRAL TONE, ASK: You said {fill number from N\_16} times per {fill unit from N\_16}, is that correct?

- 1 YES
- 2 NO
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

[IF YES, CONTINUE; IF NO, DK OR RF, GO BACK]

N\_11 Thinking now about buying, preparing, and eating fruits and vegetables, please say if you strongly agree, somewhat agree, somewhat disagree or strongly disagree with each statement.

{SELECT NEXT}

N\_11a There is a wide variety of fruits and vegetables where I shop. (Would you say....

- 1 Strongly Agree
- 2 Somewhat Agree
- 3 Somewhat Disagree
- 4 Strongly Disagree
- 1 DON'T KNOW/NOT SURE
- 2 REFUSED

N\_11b The fruits and vegetables where I shop are at good prices. (Would you say....

- 1 Strongly Agree
- 2 Somewhat Agree
- 3 Somewhat Disagree
- 4 Strongly Disagree
- 1 DON'T KNOW/NOT SURE
- 2 REFUSED

N\_11c The fruits and vegetables where I shop are of good quality. (Would you say....

- 1 Strongly Agree
- 2 Somewhat Agree
- 3 Somewhat Disagree
- 4 Strongly Disagree
- 1 DON'T KNOW/NOT SURE
- 2 REFUSED

N\_11d Fruits and vegetables take too much time to prepare. (Would you say....

READ OPTIONS IF NEEDED

- 1 STRONGLY AGREE
- 2 SOMEWHAT AGREE
- 3 SOMEWHAT DISAGREE
- 4 STRONGLY DISAGREE
- 1 DON'T KNOW/NOT SURE
- 2 REFUSED

N\_11e I do not like the taste of fruits. (Would you say....

READ OPTIONS IF NEEDED

- 1 STRONGLY AGREE
- 2 SOMEWHAT AGREE
- 3 SOMEWHAT DISAGREE
- 4 STRONGLY DISAGREE
- 1 DON'T KNOW/NOT SURE
- 2 REFUSED

N\_11f I do not like the taste of vegetables. (Would you say....

READ OPTIONS IF NEEDED

- 1 STRONGLY AGREE

- 2 SOMEWHAT AGREE
- 3 SOMEWHAT DISAGREE
- 4 STRONGLY DISAGREE
- 1 DON'T KNOW/NOT SURE
- 2 REFUSED

N\_17 Now, let's talk about non-fruit drinks that you may have recently drunk.

During the past month, (that is since [FILL IN DAY 30 DAYS AGO],) how many times per day, week or month did you drink **milk as a beverage** that was **not** in coffee and **not** in cereal. In your answer, please include chocolate milk and hot chocolate.

IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "Was that per day, per week, or per month?"

IF SAYS LESS THAN ONCE PER MONTH, PUT "0" TIMES PER MONTH.

IF NEEDED, SAY: (We want to know about your what you drank in general. We know it may be hard to remember, so your best estimate is fine.)

- 1 \_\_ PER DAY
- 2 \_\_ PER WEEK
- 3 \_\_ PER MONTH
- 4 NEVER
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

[HARD CHECK TEXT: BOTH NUMBER OF TIMES AND UNIT (DAY, WEEK OR MONTH) MUST BE REPORTED, UNLESS NEVER, DK/RF]

[ASK N\_17\_CONF. IF (TIMES PER DAY > 3) OR (TIMES PER WEEK > 21 OR < 6) OR (TIMES PER MONTH > 90 OR < 28)]

N\_17\_CONF. IN A NEUTRAL TONE, ASK: You said you drink milk as a beverage {fill number from N\_17} times per {fill unit from N\_17}, is that correct?

- 1 YES
- 2 NO
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

[IF YES, CONTINUE; NO, DK OR RF, GO BACK]



N\_17a . [SKIP IF N\_17 = 0] What kind of **milk** did you usually drink?

IF RESPONDENT INDICATES A FLAVORED MILK, SUCH AS "CHOCOLATE MILK," PROBE FOR A BEST GUESS THAT FITS ANSWER OPTIONS BEFORE CODING AS OTHER

READ ANSWER OPTIONS ONLY IF NECESSARY:

- \_\_\_ 1. Whole milk
  - \_\_\_ 2. 2% fat milk
  - \_\_\_ 3. 1% fat milk
  - \_\_\_ 4. Skim, nonfat, or ½% fat milk
  - \_\_\_ 5. Soy milk
  - \_\_\_ 6. Rice milk
  - \_\_\_ 7. Raw, unpasteurized milk
  - \_\_\_ 8. Other
- 1 DON'T KNOW / NOT SURE  
-2 REFUSED

N\_17b . [SKIP IF N\_17 = 0] IF NECESSARY SAY: (Was the [FILL FROM N17a] you drank with flavoring?)

IF RESPONDENT GAVE A RESPONSE SUCH AS "CHOCOLATE MILK" IN THE PREVIOUS QUESTION SELECT YES AND CONTINUE, ELSE ASK QUESTION

- 1 YES
  - 2 NO
- 1 DON'T KNOW / NOT SURE  
-2 REFUSED

N\_04.

During the past 30 days, (that is since [FILL IN DAY 30 DAYS AGO],) how often did you drink regular soda or pop that contains sugar, not including diet soda or diet pop?

IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "Was that per day, per week, or per month?"

IF SAYS LESS THAN ONCE PER MONTH, PUT "0" TIMES PER MONTH.

IF NEEDED, SAY: (Please include regular soda that was mixed with alcohol.)

IF NEEDED, SAY: (We are interested in hearing about your what you drank in general. We know it may be hard to remember, so your best estimate is fine.)

- 1 \_\_ TIMES PER DAY
- 2 \_\_ TIMES PER WEEK
- 3 \_\_ TIMES PER MONTH
- 4 NEVER
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

[HARD CHECK TEXT: BOTH NUMBER OF TIMES AND UNIT (DAY, WEEK OR MONTH) MUST BE REPORTED, UNLESS NEVER, DK/RF]

[ASK N\_04\_CONF. IF (TIMES PER DAY > 2) OR (TIMES PER WEEK>14) OR (TIMES PER MONTH >30)]

N\_04\_CONF. IN A NEUTRAL TONE, ASK: You said {fill number from N\_04} times per {fill unit from N\_04}, is that correct?

- 1 YES
- 2 NO
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

[IF YES, CONTINUE; IF NO, DK OR RF, GO BACK]

N\_03 During the past month, (that is since [FILL IN DATE30 DAYS AGO],) how many times per day, week or month, did you drink water? Include tap, bottled, and unflavored sparkling water.

IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "Was that per day, per week, or per month?"

IF SAYS LESS THAN ONCE PER MONTH, PUT "0" TIMES PER MONTH.

IF NEEDED, SAY: (We are interested in hearing about your what you drank in general. We know it may be hard to remember, so your best estimate is fine.)

- 1 \_\_ TIMES PER DAY
- 2 \_\_ TIMES PER WEEK
- 3 \_\_ TIMES PER MONTH
- 4 NEVER
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

[HARD CHECK TEXT: BOTH NUMBER OF TIMES AND UNIT (DAY, WEEK OR MONTH) MUST BE REPORTED, UNLESS NEVER, DK/RF]

[ASK N\_03\_CONF. IF (TIMES PER DAY > 8) OR (TIMES PER WEEK>56 OR <10) OR (TIMES PER MONTH >240 OR <14)]

N\_03\_CONF. IN A NEUTRAL TONE, ASK: You said you drink water {fill number from N\_03} times per {fill unit from N\_03}, is that correct?

- 1 YES
- 2 NO
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

[IF YES, CONTINUE: IF NO, DK OR RF, GO BACK]

N\_08. Now, let's talk about what foods you keep at home.

How often do you have fruits available at home? This includes fresh, dried, canned and frozen fruits. Would you say . . . ?

- 1. Always
- 2. Most of the time
- 3. Sometimes
- 4. Rarely or never
- 1 DON'T KNOW/ NOT SURE
- 2 REFUSED

N\_09. How often do you have vegetables available at home? This includes fresh, dried, canned, and frozen vegetables. Would you say . . . ?

- 1. Always
- 2. Most of the time
- 3. Sometimes
- 4. Rarely or never
- 1 DON'T KNOW/ NOT SURE
- 2 REFUSED

N\_06. During the past 7 days, how many meals did you get that were prepared away from home in places such as restaurants, fast food places, food stands, grocery stores, or from vending machines?

- \_\_\_\_ NUMBER
- 1 DON'T KNOW/ NOT SURE
- 2 REFUSED

N\_12 Our last question in this section is, are you **currently** on any kind of diet, either to lose weight or for some other health reason?

- 1. YES
- 2. NO
- 1 DON'T KNOW/ NOT SURE
- 2 REFUSED

N\_12a. [SKIP IF N\_12=2, -1 or -2] What kind of diet are you on?

ACCEPT ALL ANSWER AND PROBE UNTIL R INDICATES NO OTHERS APPLY: Any others?

[ALLOW MORE THAN ONE ANSWER]

- \_\_\_ 1. Weight loss or low calorie diet
  - \_\_\_ 2. Low fat or cholesterol diet
  - \_\_\_ 3. Low salt or sodium diet
  - \_\_\_ 4. Sugar free or low sugar diet
  - \_\_\_ 5. Low fiber diet
  - \_\_\_ 6. High fiber diet
  - \_\_\_ 7. Diabetic diet
  - \_\_\_ 8. Low carbohydrate diet
  - \_\_\_ 9. High protein diet
  - \_\_\_ 10. Weight gain diet
  - \_\_\_ 11. Other
- 1 DON'T KNOW/ NOT SURE  
-2 REFUSED

[CIGARETTES]

C\_INTRO. Now, I'd like to ask you some questions about smoking.

{SELECT NEXT}

CG01. To begin, have you smoked at least 100 cigarettes in your entire life?

IF NEEDED, SAY: (5 packs = 100 cigarettes)

- 1. YES
- 2. NO [GO TO CG05]
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

CG02. Do you now smoke cigarettes every day, some days, or not at all?

- 1. EVERY DAY [GO TO CG05]

2. SOME DAYS
3. NOT AT ALL
- 1 - DON'T KNOW / NOT SURE
- 2 - REFUSED

CG03. How long has it been since you last smoked a cigarette, even one or two puffs?

READ ANSWER CATEGORIES ONLY IF NEEDED

1. WITHIN THE PAST MONTH (LESS THAN 1 MONTH AGO)
2. WITHIN THE PAST 3 MONTHS (1 MONTH BUT LESS THAN 3 MONTHS AGO)
3. WITHIN THE PAST 6 MONTHS (3 MONTHS BUT LESS THAN 6 MONTHS AGO)
4. WITHIN THE PAST YEAR (6 MONTHS BUT LESS THAN 1 YEAR AGO)
5. WITHIN THE PAST 5 YEARS (1 YEAR BUT LESS THAN 5 YEARS AGO)
6. WITHIN THE PAST 10 YEARS (5 YEARS BUT LESS THAN 10 YEARS AGO)
07. 10 YEARS OR MORE
- 1. DON'T KNOW / NOT SURE
- 2. REFUSED

CG05. Not counting decks, porches, or garages, inside your home, is smoking ...?

1. Always allowed
2. Allowed only at some times or in some places
3. Never allowed
4. FAMILY DOES NOT HAVE A SMOKING POLICY
- 1 DON'T KNOW/NOT SURE
- 2 REFUSED

CG06. During the past 7 days, that is, since last {TODAY'S DAY OF WEEK},{IF=INTRO\_6 = 1,2 FILL="not counting times while you were at work,"} on how many days did you breathe the smoke from someone else who was smoking in an indoor public place?

IF NEEDED, SAY: (Examples of indoor public places are the indoor areas of stores, restaurants, bars, casinos, clubs, and sports arenas.)

\_\_\_\_ NUMBER OF DAYS {RANGE 0 - 7}  
-1 DON'T KNOW  
-2 REFUSED

{HARD CHECK TEXT: CANNOT ENTER MORE THAN 7 AS VALID RESPONSE}

CG07. At workplaces, do you think smoking indoors should be...?

1. Always allowed
2. Allowed only at some times or in some places
3. Never allowed
- 1. DON'T KNOW/NOT SURE
- 2. REFUSED

CG08. Would you favor a policy that bans smoking in all areas of multi-unit housing, including personal living spaces, such as balconies and patios?

1. YES
- \_2. NO
- 1. DON'T KNOW/NOT SURE
- 2. REFUSED

[HEALTH]

H\_INTRO. Now, I'd like to ask you a few questions about your health and health care.

{SELECT NEXT}

H\_01. To begin, is there a place that you **usually** go to when you are sick or need advice about your health?

- 1 YES
- 2 THERE IS **NO** PLACE {GO TO H\_01c}
- 3 THERE IS **MORE THAN ONE** PLACE
- 1. DON'T KNOW/NOT SURE {GO TO H\_01c}
- 2. REFUSED {GO TO H\_01c}

H\_01a. {TEXT FILL IF H\_01=3, "What kind of place do you go to most often" ELSE "What kind of place"} is it - a clinic, doctor's office, emergency room, or some other place?

- 1 CLINIC OR HEALTH CENTER
- 2 DOCTOR'S OFFICE OR HMO
- 3 HOSPITAL EMERGENCY ROOM
- 4 HOSPITAL OUTPATIENT DEPARTMENT
- 5 (SOME) OTHER PLACE
- 6 DOESN'T GO TO ONE PLACE MOST OFTEN {GO TO H\_01c}
- 1. DON'T KNOW/NOT SURE {GO TO H\_01c}
- 2. REFUSED {GO TO H\_01c}

H\_01b. Is that {fill: H\_01a} the same place you **usually** go when you need routine or preventive care, such as a physical examination or check up?

- 1 YES {GO TO H\_17}

- 2 NO {GO TO H\_01c}
- 1. DON'T KNOW/NOT SURE {GO TO H\_01c}
- 2. REFUSED {GO TO H\_01c}

H\_01c. What kind of place do you **usually** go to when you need routine or preventive care, such as a physical examination or check-up?

READ ANSWER OPTIONS ONLY IF NECESSARY:

- 1 Doesn't get preventive care anywhere
- 2 Clinic or health center
- 3 Doctor's office or HMO
- 4 Hospital emergency room
- 5 Hospital outpatient department
- 6 SOME OTHER PLACE
- 7 DOESN'T GO TO ONE PLACE MOST OFTEN
- 1. DON'T KNOW/NOT SURE
- 2. REFUSED

{IF H\_01=2 (THERE IS NO PLACE USUALLY GOES WHEN SICK) AND H\_01c=(1 or 7OR ) (NO USUAL PLACE FOR PREVENTIVE CARE), GO TO H\_01d, ELSE GO TO H\_17}

H\_01d. Why don't you have a usual source of medical care?

CHOOSE ALL THAT APPLY

ACCEPT ALL ANSWER AND PROBE UNTIL R INDICATES NO OTHERS APPLY: Any others?

READ ANSWER OPTIONS ONLY IF NECESSARY:

- 1 Doesn't need a doctor/haven't had any problems
  - 2 Doesn't like/trust/believe in doctors
  - 3 Doesn't know where to go
  - 4 Previous doctor is not available/moved
  - 5 Too expensive/no insurance/cost
  - 6 Speak a different language
  - 7 No care available/care too far away, not convenient
  - 8 Put it off/didn't get around to it
  - 9 OTHER
  - 1. DON'T KNOW/NOT SURE
  - 2. REFUSED
- {ALLOW MULTIPLE SELECTIONS}

H\_17 About how long has it been since you last visited a doctor for a routine checkup?

READ ONLY IF NECESSARY: (A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.)

READ ANSWER OPTIONS ONLY IF NECESSARY:

- 1 Within past year (anytime less than 12 months ago)
- 2 Within past 2 years (1 year but less than 2 years ago)
- 3 Within past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 5 NEVER
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

H\_02. Has a doctor or other health professional ever advised you to reduce sodium or salt intake?

- 1. YES
- 2. NO
- 1. DON'T KNOW/NOT SURE
- 2. REFUSED

H\_03. Have you **ever** been told by a doctor, nurse, or other health professional that you have high blood pressure?

READ ONLY IF NECESSARY: (By "other health professional" we mean a nurse practitioner, a physician's assistant, or some other licensed health professional.)

- 1 YES {IF H\_03=1 & INTRO\_2=2, GO TO H\_03a}
- 2 NO [GO TO H\_08 ]
- 3 TOLD BORDERLINE HIGH OR PRE-HYPERTENSIVE [GO TO H\_08 ]
- 1 DON'T KNOW / NOT SURE [GO TO H\_08]
- 2 REFUSED [GO TO H\_08]

H\_03a. Was this only when you were pregnant?

- 1 YES [GO TO H\_08]
- 2 NO [GO TO H\_05]

H\_05. Are you exercising (to help lower or control your high blood pressure)?

- 1 YES
- 2 NO
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED



H\_06. Are you currently taking medicine for your high blood pressure?

- 1 YES
- 2 NO
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

H\_07. Are you cutting down on salt (to help lower or control your high blood pressure)?

- 1 YES
- 2 NO
- 3 DO NOT USE SALT
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

H\_08. Blood cholesterol is a fatty substance found in the blood. Have you **ever** had your blood cholesterol checked?

- 1 YES
- 2 NO {GO TO H\_18}
- 1 DON'T KNOW / NOT SURE {GO TO H\_18}
- 2 REFUSED {GO TO H\_18}

H\_09. About how long has it been since you last had your blood cholesterol checked?

READ ANSWER OPTIONS 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

- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

H\_10. Have you **ever** been told by a doctor, nurse or other health professional that your blood cholesterol is high?

- 1 YES
- 2 NO
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

H\_05. Are you exercising to help lower your cholesterol?

- 1 YES
- 2 NO
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

H\_06. Are you currently taking medicine to lower your cholesterol?

- 1 YES
- 2 NO
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

H\_18. Thinking about your overall physical health, which includes physical illness and injury, for how many days during the past 30 days, (that is since [FILL IN DATE30 DAYS AGO],) was your physical health not good?

- \_ \_ Number of days {RANGE 0 - 30}
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

H\_18a. [SKIP IF H\_18=0] During the past 30 days, (that is since [FILL IN DATE30 DAYS AGO],) for about how many days did physical health keep you from doing your usual activities, such as self-care, work, or recreation?

- \_ \_ NUMBER OF DAYS {RANGE 0 - 30}
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

H\_19. Now, turning to your mental health, have you **ever** been told by a doctor or other health professional that you had depression?

- 1 YES
- 2 NO
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

H\_20. Have you **ever** been told by a doctor or other health professional that you had anxiety?

- 1 YES
- 2 NO
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

HF\_01 How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent/mortgage? Would you say you were worried or stressed---

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never
- 6 I DO NOT OWN OR RENT A HOME/APARTMENT
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

HF\_02 And how often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? Would you say you were worried or stressed ....

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never
- 6 NOT APPLICABLE
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

H\_13 Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?

- 1. YES
- 2. NO
- 1. DON'T KNOW / NOT SURE
- 2. REFUSED

H\_11. Now, in thinking about your overall mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days, (that is since [FILL IN DATE30 DAYS AGO],) was your mental health not good?

\_\_ NUMBER OF DAYS {RANGE 0 - 30}

- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

{HARD CHECK TEXT: CANNOT ENTER MORE THAN 30 AS VALID RESPONSE}

H12. During the past 30 days, (that is since [FILL IN DATE30 DAYS AGO],) for about how many days did poor mental health keep you from doing your usual activities, such as self-care, work, or recreation?

\_\_ NUMBER OF DAYS {RANGE 0 - 30}

- 1 DON'T KNOW / NOT SURE

-2 REFUSED

{HARD CHECK TEXT: CANNOT ENTER MORE THAN 30 AS VALID RESPONSE}

H19. How often do you get the social and emotional support you need?

IF NEEDED , SAY: "Please include support from any source."

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

[DEMOGRAPHICS]

D\_INTRO. We are almost done. The last questions are about you.

{SELECT NEXT}

D\_01. Are you Hispanic or Latino?

- 1 YES
- 2 NO
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

D\_02 What is your race? I am going to read a list. You can select one or more options from the list. Do you consider yourself...

RECORD ALL ANSWERS GIVEN BY RESPONDENT, BUT DO NOT PROBE FURTHER. \*OPTION #6, "OTHER," MAY BE USED AS A RECORDING OPTION FOR NON-CONFORMING RESPONSES. OPTION #6 SHOULD NOT BE PRESENTED AS A RESPONSE OPTION.

{ONE OR MORE CATEGORIES MAY BE SELECTED}

- 1. White
- 2. Black or African American
- 3. American Indian or Alaska Native
- 4. Asian
- 5. Native Hawaiian or Other Pacific Islander
- \*6. OTHER

D\_09. (In the last question), I asked you to self-identify your race. Now, I want to find out how other people usually classify you in this country.

Would you say (other people this country usually classify you as): White, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or some other group?

IF NEEDED, SAY: We want to know how **other** people usually classify you in this country, which might be different from how you classify yourself.||

ONLY ONE SELECTION ALLOWED.

IF NEEDED, SAY: "How do other people **usually** classify you in this country?"

- 1 WHITE
- 2 BLACK OR AFRICAN AMERICAN
- 3 HISPANIC OR LATINO
- 4 ASIAN
- 5 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- 6 AMERICAN INDIAN OR ALASKA NATIVE
- 7 SOME OTHER GROUP
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

D\_10. How often do you think about your race? Would you say never, once a year, once a month, once a week, once a day, once an hour, or constantly?

- 1 NEVER
- 2 ONCE A YEAR
- 3 ONCE A MONTH
- 4 ONCE A WEEK
- 5 ONCE A DAY
- 6 ONCE AN HOUR
- 7 CONSTANTLY
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

D\_06. {ASK IF INTRO\_1<=50 & INTRO\_2=2 (LESS THAN 50 YEARS OLD AND IS FEMALE), ELSE GO TO D\_07}

To your knowledge, are you now pregnant?

- 1 YES
- 2 NO
- 1 DON'T KNOW / NOT SURE
- 2 REFUSED

D\_07. About how much do you weigh without shoes?

RECORD WEIGHT IN EITHER POUNDS OR KILOGRAMS

IF NEEDED, CLARIFY: Is that \_\_\_ pounds or \_\_\_ kilograms?

PROBE FOR CLOSEST WHOLE NUMBER IF NEEDED

- \_\_\_\_ WEIGHT (POUNDS) {RANGE 1 - 800 }
- \_\_\_\_ WEIGHT (KILOGRAMS) {RANGE 1 - 800 }
- 1 DON'T KNOW / NOT SURE
- 2REFUSED

{HARD CHECK: WEIGHT MUST EITHER BE NON-ZERO FOR POUNDS OR KILOGRAMS, UNLESS DK/RF}

{HARD CHECK TEXT: VERIFY WEIGHT WITH RESPONDENT, IF GREATER THAN UPPER BOUND RECORD UPPER BOUND AND MAKE NOTE}

D\_08. About how tall are you without shoes?

RECORD HEIGHT IN EITHER FEET AND INCHES OR IN METERS AND CENTIMETERS

IF HEIGHT IS REPORTED IN AN EXACT FOOT INCREMENT ENTER 0 FOR INCHES

IF HEIGHT IS REPORTED IN CENTIMETERS ONLY ENTER 0 FOR METERS

PROBE FOR CLOSEST WHOLE NUMBER FOR FEET AND INCHES IF NEEDED

- \_\_ FEET {RANGE 2 - 9 }
- \_\_ INCHES {RANGE 0 - 11}
- \_\_ METERS {0 - 2 }
- \_\_ CENTIMETERS {RANGE 0 - 275 }

- 1 DON'T KNOW /NOT SURE
- 2 REFUSED

{ALLOW ENTRIES TO BE MADE IN FEET AND INCHES -OR- METERS AND/OR CENTIMETERS}

{HARD CHECK TEXT: VERIFY THAT YOU HAVE ENTERED A HEIGHT IN BOTH FEET AND INCHES, OR THAT YOU HAVE ENTERED A HEIGHT IN METERS AND/OR CENTIMETERS.}

[PRESENT D08\_CONF IF (FEET + (INCHES/12))>9 OR (FEET + (INCHES/12))<2 OR (METERS+(CENTIMETERS/100))>2.7 OR (METERS+(CENTIMETERS/100))<.6]

D\_08\_CONF. IN A NEUTRAL TONE, ASK: You said {fill first number from D\_08} {fill first unit from D\_08} and {fill second number from D\_08} {fill second unit from D\_08}, is that correct?

1 YES

2 NO

-1 DON'T KNOW / NOT SURE

-2 REFUSED

[IF YES, CONTINUE; NO, DK OR RF, GO BACK]

TRANSITION. "Thank you for your participation in this very important survey. Before we end, I'd like to quickly share with you information about other study opportunities."

{SELECT NEXT TO CONTINUE}