

Adult Targeted Surveillance Survey - Documentation of Question Provenance

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CPPW BRFSS = Communities Putting Prevention to Work BRFSS Module
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		1	Is today's date on or before February 1, 2014?	RTI Developed	N/A	N/A
		2	Is the address printed on this survey's envelope your current home address or main mailing address for personal mail?	RTI Developed	N/A	N/A
		3	Are you an adult, at least 18 years of age or older?	RTI Developed	N/A	N/A
		4	Thinking about the adults living in this household, whose birthday is coming up next? (Please do not include anyone who is away at school or away in the military, or anyone who is visiting temporarily. Just include adults who currently live in your household.)	RTI Developed	N/A	N/A
		5	Thank you for completing this selection checklist. Please give this survey booklet to the adult household member with the birthday that's coming up next and let that person know he or she should fill out the rest of the survey.	RTI Developed	N/A	N/A
		6	Has the "Selection Checklist" (page 3) been completed?	RTI Developed	N/A	N/A
		7	What is today's date?	RTI Developed	N/A	N/A
INTRO_1	What is your age?	8	What is your age?	BRFSS 2012 Section 7: Demographics	What is your age?	No
INTRO_2	INTERVIEWER INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY. IF NECESSARY, SAY: (For survey purposes, I need to confirm, are you male or female?)	9	What is your sex?	BRFSS 2012 Section 7: Demographics	Indicate sex of respondent. Ask only if necessary.	Yes

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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	10	What is your current relationship status? (Please select only one response)	BRFSS 2012 Section 7: Demographics	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:	Yes
INTRO_4	How many children less than 18 years of age live in your household?	11	How many children live in your household that are less than 18 years of age?	BRFSS 2012 Section 7: Demographics	How many children less than 18 years of age live in your household?	No
		12	Do any children who are 3 to 17 years old live in your household? (Only include children that live in your household half or more of the time.)	RTI Developed	N/A	N/A
		13	Including yourself, how many adults live in your household that are 18 years of age or older? (Please do not include anyone who is away at school or away in the military, or anyone who is visiting temporarily. Just include adults who currently live in your household.)	RTI Developed	N/A	N/A

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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)	14	What is the highest grade or year of school you completed? (Please select only one response)	BRFSS 2012 Section 7: Demographics	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	No
D_01	Are you Hispanic or Latino?	15	Are you Hispanic or Latino? (Please answer both Question 15 about ethnicity and Question 16 about race.)	Adapted from ACS to align with the HHS Policy for Improving Race and Ethnicity Data	Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races. Is Person 1 of Hispanic, Latino, or Spanish origin? -No, not of Hispanic, Latino, or Spanish origin -Yes, Mexican, Mexican Am., Chicano -Yes, Puerto Rican -Yes, Cuban -Yes, another Hispanic, Latino, or Spanish origin - Print: _____	Yes

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D_02	<p>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...</p> <p>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.</p> <p>{ONE OR MORE CATEGORIES MAY BE SELECTED}</p> <ol style="list-style-type: none"> 1. White 2. Black or African American 3. American Indian or Alaska Native 4. Asian 5. Native Hawaiian or Other Pacific Islander 6. OTHER 	16	<p>What is your race? Do you consider yourself...(Feel free to select all that apply.)</p> <p>White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander</p>	Adapted from ACS to align with the HHS Policy for Improving Race and Ethnicity Data	<p>What is Person 1's race? Mark (X) one or more boxes.</p> <p>-White -Black, African Am., or Negro -American Indian or Alaska Native - Print: _____ -Asian Indian -Chinese -Filipino -Other Asian - Print: _____ -Japanese -Korean -Vietnamese -Native Hawaiian -Guamanian or Chamorro -Samoan -Other Pacific Islander - Print: _____ -Some other race - Print: _____</p>	Yes
INTRO_6	<p>Are you currently....?</p> <p>IF NEEDED, SAY: (Which one of these would you say is your main status now?)</p> <ol style="list-style-type: none"> 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 	17	<p>What is your current employment status? (Please select only one response, your main status now.)</p>	BRFSS 2012 Section 7: Demographics	<p>Are you currently...?</p> <p>Please read:</p> <ol style="list-style-type: none"> 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 <p>Or</p> <ol style="list-style-type: none"> 8 Unable to work <p>Do not read:</p>	Yes

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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?	18	During the past 30 days, other than your regular job (if applicable), did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?	BRFSS 2012, Section 4: Exercise	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?	No
PA01	What type of physical activity or exercise did you spend the most time doing during the past month?	19	What type of physical activity or exercise did you spend the most time doing during the past month? (Please write your answer in the space provided below. If needed, refer to FAQ guide, page 4, for examples.)	BRFSS 2011 Section 10: Exercise	What type of physical activity or exercise did you spend the most time doing during the past month?	No
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?”	20	How many times per week or per month did you take part in this activity during the past 30 days?	BRFSS 2011 Section 10: Exercise	How many times per week or per month did you take part in this activity during the past month?	Yes
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?”	21	And when you took part in this activity, for how many minutes or hours did you usually keep at it?	BRFSS 2011 Section 10: Exercise	And when you took part in this activity, for how many minutes or hours did you usually keep at it?	Yes
pa05	In a typical week, how many days do you walk or cycle for at least 10 minutes? Include walking or cycling for leisure, transportation or for exercise.	22	In a typical week, how many days do you walk or cycle for at least 10 minutes? Include walking or cycling for leisure, transportation or for exercise.	GPAQ	In a typical week, on how many days do you walk or bicycle for at least 10 minutes continuously to get to and from places?	Yes
pa05a	What is the main reason that you walk or bicycle? Is it for leisure, transportation or exercise?	23	What is the main reason that you walk or bicycle? (Please select only one response)	RTI Developed	N/A	N/A

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pa04	Now, I would like to talk about the neighborhood where you live as a place for walking and cycling. In thinking about the neighborhood where you live as a place to walk and bicycle, please tell me if you strongly disagree, somewhat disagree, somewhat agree or strongly agree with the following statements.		In thinking about the neighborhood where you live as a place to walk and bicycle, please respond if you strongly agree, somewhat agree, somewhat disagree or strongly disagree with the following statements.	NEWS	Please circle the answer that best applies to you and your neighborhood	Yes
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	24	There are sidewalks on most of the streets in my neighborhood.	NEWS	There are sidewalks on most of the streets in my neighborhood.	No
pa04b	Most of 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	25	Most of the sidewalks in my neighborhood are well maintained (paved, even, and not a lot of cracks).	NEWS	The sidewalks in my neighborhood are well maintained (paved, even, and not a lot of cracks).	No
pa04d	When I am walking on a sidewalk in my neighborhood, there are parked cars between me and the road. (Would you say... READ OPTIONS IF NEEDED	26	When I am walking on a sidewalk in my neighborhood, there are parked cars between me and the road.	NEWS	Sidewalks are separated from the road/traffic in my neighborhood by parked cars.	No
PA04e	There is a grass/dirt strip that separates the streets from the sidewalks in my neighborhood. (Would you say... READ OPTIONS IF NEEDED	27	There is a grass or dirt strip that separates the streets from the sidewalks in my neighborhood.	NEWS	There is a grass/dirt strip that separates the streets from the sidewalks in my neighborhood.	No
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	28	There are bicycle or pedestrian trails in or near my neighborhood that are easy to get to.	NEWS	There are bicycle or pedestrian trails in or near my neighborhood that are easy to get to.	No

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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?	29	Besides what you already indicated about the sidewalks and trails in your neighborhood, why don't you walk or cycle more often in your neighborhood? (Feel free to select all that apply.)	CPPW BRFSS MODULE	What is the number one reason that you did not walk more frequently in your neighborhood?	Yes
N_05	<p>During the past month, that is since {FILL IN DATE 30 DAYS AGO: MONTH DAY, YEAR}, 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?</p> <p>IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "Was that per day, per week, or per month?"</p> <p>IF RESPONDENT RESPONDS LESS THAN ONCE PER MONTH, SELECT NEVER.</p> <p>IF NEEDED, SAY: • (Fruit drinks are sweetened beverages that often contain some fruit juice or flavoring.)</p> <p>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.</p> <p>YOU MAY READ EXAMPLES FROM LIST UPON REQUEST. • Do Include sweetened fruit drinks that they mixed with alcohol.</p>	30	During the past 30 days, 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 needed, refer to FAQ page 5.)	BRFSS 2012 Module 5: Sugar sweetened beverages	<p>During the past 30 days, how often did you drink sweetened fruit drinks, such as Kool-aid, cranberry juice cocktail, and lemonade? Include fruit drinks you made at home and added sugar to.</p> <p>Interviewer note: Fruit drinks are sweetened beverages that often contain some fruit juice or flavoring. Do not include 100% fruit juice, sweet tea, coffee drinks, sports drinks, or energy drinks.</p> <p>1 __ Times per day 2 __ Times per week 3 __ Times per month</p> <p>Do not read:</p> <p>8 8 8 None 7 7 7 Don't know / Not sure 9 9 9 Refused</p>	Yes

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N_01	<p>During the past month, (that is since {FILL IN DATE 30 DAYS AGO: MONTH DAY, YEAR},) 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.</p> <p>IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "Was that per day, per week, or per month?"</p> <p>IF RESPONDENT RESPONDS LESS THAN ONCE PER MONTH, SELECT NEVER.</p> <p>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.)</p> <p>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.</p> <ul style="list-style-type: none"> • Do include 100% pure juices including apple, grapefruit, orange-pineapple, papaya, grape, mango, orange-tangerine, pineapple. • Do not include cranberry cocktail, Fruitopia, Kool- 	31	<p>During the past 30 days, 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 needed, refer to FAQ page 5.)</p>	BRFSS 2012 Module 8: Fruits and vegetables	<p>During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice. (265-267)</p> <p>1 __ Per day 2 __ Per week 3 __ Per month 5 5 5 Never 7 7 7 Don't know / Not sure 9 9 9 Refused</p> <p>INTERVIEWER NOTE: Do not include fruit drinks with added sugar or other added sweeteners like Kool-aid, Hi-C, lemonade, cranberry cocktail, Tampico, Sunny Delight, Snapple, Fruitopia, Gatorade, Power-Ade, or yogurt drinks.</p> <p>Do not include fruit juice drinks that provide 100% daily vitamin C but include added sugar.</p> <p>Do not include vegetable juices such as tomato and V8 if respondent provides but include in "other vegetables" question 6.</p>	Yes

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N_02	<p>During the past month,(that is since [FILL IN DAY 30 DAYS AGO: MONTH DAY, YEAR],) 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?"</p> <p>IF RESPONDENT RESPONDS LESS THAN ONCE PER MONTH, SELECT NEVER.</p> <p>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.)</p> <p>IF RESPONDENT ASKS WHETHER TO COUNT A SPECIFIC FOOD, SAY YES IF IT IS ON THE 'DO INCLUDE' LIST AND NO IF IT IS ON THE 'DO NOT INCLUDE' LIST. IF THE SPECIFIC FOOD IS NOT IN ANY LIST, RE-READ QUESTION.</p> <p>YOU MAY READ EXAMPLES FROM LIST UPON REQUEST.</p> <ul style="list-style-type: none"> Do include apples, applesauce, akee, bananas, blueberries, bread fruit, cantaloupe, carambola, figs, genip, grapefruit, grapes, fruit salad, longans, lychees, mangos, must, melon, oranges, papaya, pomegranates, rambutan, sea grapes, soursop, 	32	<p>During the past 30 days, how often did you eat fruit, including fresh, frozen, or canned fruit? (Do <u>not</u> count juice or sweetened fruit drinks.) (If needed, refer to FAQ page 5.)</p>	BRFSS 2012 Module 8: Fruits and vegetables	<p>During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit (268-270)</p> <p>1 __ Per day 2 __ Per week 3 __ Per month 5 5 5 Never 7 7 7 Don't know / Not sure 9 9 9 Refused</p> <p>Read only if necessary: "Your best guess is fine. Include apples, bananas, applesauce, oranges, grape fruit, fruit salad, watermelon, cantaloupe or musk melon, papaya, lychees, star fruit, pomegranates, mangos, grapes, and berries such as blueberries and strawberries."</p> <p>INTERVIEWER NOTE: Do not count fruit jam, jelly, or fruit preserves.</p> <p>Do not include dried fruit in ready-to-eat cereals.</p> <p>Do include dried raisins, cran-raisins if respondent tells you - but due to their small serving size they are not included in the prompt.</p> <p>Do include cut up fresh, frozen, or canned fruit</p>	Yes

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N_13	<p>During the past month, (that is since [FILL IN DAY 30 DAYS AGO: MONTH DAY, YEAR]) 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.</p> <p>IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "Was that per day, per week, or per month?"</p> <p>IF RESPONDENT RESPONDS LESS THAN ONCE PER MONTH, SELECT NEVER.</p> <p>IF NEEDED, SAY:</p> <ul style="list-style-type: none"> (Include round or oval beans, soybeans, and bean burgers. Do not include long green beans.) <p>IF RESPONDENT ASKS WHETHER TO COUNT A SPECIFIC FOOD, SAY YES IF IT IS ON THE 'DO INCLUDE' LIST AND NO IF IT IS ON THE 'DO NOT INCLUDE' LIST. IF THE SPECIFIC FOOD IS NOT IN ANY LIST, RE-READ QUESTION.</p> <p>YOU MAY READ EXAMPLES FROM LIST UPON REQUEST.</p> <ul style="list-style-type: none"> Do include black-eyed peas, cow peas, edamame, falafel, garden burgers, hummus, lentils, lima beans, kidney beans, navy beans, pinto beans, soy beans, split peas, tempeh, tofu, veggie bugers and white beans. 	33	<p>During the past 30 days, how often did you eat <u>cooked or canned beans</u>, such as refried beans, baked beans, black beans, garbanzo beans, beans in soup, soybeans, edamame, tofu, or lentils? (If needed, refer to FAQ page 6.)</p>	BRFSS 2012	<p>During the past month, 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. (271-273)</p> <p>1 __ Per day 2 __ Per week 3 __ Per month 5 5 5 Never 7 7 7 Don't know / Not sure 9 9 9 Refused</p> <p>Read only if necessary: "Include round or oval beans or peas such as navy, pinto, split peas, cow peas, hummus, lentils, soy beans and tofu. Do NOT include long green beans such as string beans, broad or winged beans, or pole beans."</p> <p>INTERVIEWER NOTE: Include soybeans also called edamame, TOFU (BEAN CURD MADE FROM SOYBEANS), kidney, pinto, hummus, lentils, black, black-eyed peas, cow peas, lima beans and white beans.</p> <p>Include bean burgers including garden burgers and veggie burgers.</p>	Yes

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N_14	<p>During the past month, (that is since [FILL IN DAY 30 DAYS AGO: MONTH DAY, YEAR],) 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?</p> <p>IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "Was that per day, per week, or per month?"</p> <p>IF RESPONDENT RESPONDS LESS THAN ONCE PER MONTH, SELECT NEVER.</p> <p>IF NEEDED, SAY</p> <ul style="list-style-type: none"> • (Include all raw leafy green salads and cooked greens, but do not include iceberg lettuce.) <p>IF RESPONDENT ASKS WHETHER TO COUNT A SPECIFIC FOOD, SAY YES IF IT IS ON THE 'DO INCLUDE' LIST AND NO IF IT IS ON THE 'DO NOT INCLUDE' LIST. IF THE SPECIFIC FOOD IS NOT IN ANY LIST, RE-READ QUESTION. YOU MAY READ EXAMPLES FROM LIST UPON REQUEST.</p> <ul style="list-style-type: none"> • Do include arugula, bok choy, choys, collard greens, dandelions, kale, komatsuna, mesclun, mustard greens, romaine lettuce, spinach, turnip greens, watercress • Do not include iceberg lettuce 	34	<p>During the past 30 days, how often did you eat dark green vegetables, for example, broccoli or dark leafy greens including romaine, chard, collard greens or spinach? (If needed, refer to FAQ page 6.)</p>	BRFSS 2012	<p>During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach? (274-276)</p> <p>1 __ Per day 2 __ Per week 3 __ Per month 5 5 5 Never 7 7 7 Don't know / Not sure 9 9 9 Refused</p> <p>INTERVIEWER NOTE: Each time a vegetable is eaten it counts as one time.</p> <p>INTERVIEWER NOTE: Include all raw leafy green salads including spinach, mesclun, romaine lettuce, bok choy, dark green leafy lettuce, dandelions, komatsuna, watercress, and arugula.</p> <p>Do not include iceberg (head) lettuce if specifically told type of lettuce. Include all cooked greens including kale, collard greens, choys, turnip greens, mustard greens.</p>	Yes

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N_15	<p>During the past month, (that is since [FILL IN DAY 30 DAYS AGO: MONTH DAY, YEAR],) how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?</p> <p>IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "Was that per day, per week, or per month?"</p> <p>IF RESPONDENT RESPONDS LESS THAN ONCE PER MONTH, SELECT NEVER.</p> <p>IF NEEDED, SAY: (Include all forms of carrots and winter squash and all forms of sweet potatoes, including in soups. Also include all forms of pumpkin, but do not include grain-based dessert-type food containing pumpkin.)</p> <p>IF RESPONDENT ASKS WHETHER TO COUNT A SPECIFIC FOOD, SAY YES IF IT IS ON THE 'DO INCLUDE' LIST AND NO IF IT IS ON THE 'DO NOT INCLUDE' LIST. IF THE SPECIFIC FOOD IS NOT IN ANY LIST, RE-READ QUESTION.</p> <p>YOU MAY READ EXAMPLES FROM LIST UPON REQUEST.</p> <ul style="list-style-type: none"> Do include acorn squash, autumn cup squash, bab-cut carrots, baked sweet potato, banana squash, buttercup squash, butternut squash, carrot-slaw, delicata squash, hubbard squash, kabocha squash, long carrots, mashed sweet 	35	<p>During the past 30 days, how often did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots? (If needed, refer to FAQ page 6.)</p>	BRFSS 2012	<p>During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots? (277-279)</p> <p>1 __ Per day 2 __ Per week 3 __ Per month 5 5 5 Never 7 7 7 Don't know / Not sure 9 9 9 Refused</p> <p>Read only if needed: "Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash."</p> <p>FOR INTERVIEWER: Include all forms of carrots including long or baby-cut.</p> <p>Include carrot-slaw (e.g. shredded carrots with or without other vegetables or fruit).</p> <p>Include all forms of sweet potatoes including baked, mashed, casserole, pie, or sweet potatoes fries.</p> <p>Include all hard-winter squash varieties</p>	

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N_16	<p>Not counting what you just told me about (beans and dark green or orange-colored vegetables), during the past month, (that is since [FILL IN DAY 30 DAYS AGO: MONTH DAY, YEAR],) 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?</p> <p>IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "Was that per day, per week, or per month?"</p> <p>IF SAYS LESS THAN ONCE PER MONTH, SELECT NEVER.</p> <p>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.)</p> <p>IF RESPONDENT ASKS WHETHER TO COUNT A SPECIFIC FOOD, SAY YES IF IT IS ON THE 'DO INCLUDE' LIST AND NO IF IT IS ON THE 'DO NOT INCLUDE' LIST. IF THE SPECIFIC FOOD IS NOT IN ANY LIST, RE-READ QUESTION.</p> <p>YOU MAY READ EXAMPLES FROM LIST UPON REQUEST</p> <ul style="list-style-type: none"> Do include american-style cole-slaw, avocado, 	36	<p>During the past 30 days, how often 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? (Do not count the dark green vegetables and orange-colored vegetables that you counted in the previous questions.) (If needed, refer to FAQ page 7.)</p>	BRFSS 2012	<p>Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.</p> <p>(280-282)</p> <p>1 __ Per day 2 __ Per week 3 __ Per month 5 5 5 Never 7 7 7 Don't know / Not sure 9 9 9 Refused</p> <p>Read only if needed: "Do not count vegetables you have already counted and do not include fried potatoes."</p> <p>INTERVIEWER NOTE: Include corn, peas, tomatoes, okra, beets, cauliflower, bean sprouts, avocado, cucumber, onions, peppers (red, green, yellow, orange); all cabbage including American-style cole-slaw; mushrooms, snow peas, snap peas, broad beans, string, wax-, or pole-beans.</p>	Yes
N_11	<p>Thinking now about buying, preparing, and eating fruits and vegetables, please say if you strongly disagree, somewhat disagree, somewhat agree or strongly agree with each statement.</p>		<p>Thinking now about buying, preparing, and eating fruits and vegetables, please indicate if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with each statement.</p>	HBS	<p>Indicate how strongly you agree with each item using the following scale:</p>	Yes

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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	37	There is a wide variety of fruits and vegetables where I shop.	HBS	There is a wide variety of fresh fruits and vegetables where I shop.	Yes
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	38	The fruits and vegetables where I shop are at good prices.	HBS	The fruits and vegetables where I shop are at good prices.	No
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	39	The fruits and vegetables where I shop are of good quality.	HBS	The fruits and vegetables where I shop are of good quality.	No
N_11d	Fruits and vegetables take too much time to prepare. (Would you say... 1 Strongly Agree 2 Somewhat Agree 3 Somewhat Disagree 4 Strongly Disagree	40	Fruits and vegetables take too much time to prepare.	HBS	It takes too much time to prepare fruits and vegetables.	Yes
N_11e	I do not like the taste of fruits. (Would you say... 1 Strongly Agree 2 Somewhat Agree 3 Somewhat Disagree 4 Strongly Disagree	41	I do not like the taste of fruits.	HBS	I enjoy eating fresh fruits.	Yes
N_11f	I do not like the taste of vegetables. (Would you say... 1 Strongly Agree 2 Somewhat Agree 3 Somewhat Disagree 4 Strongly Disagree	42	I do not like the taste of vegetables.	HBS	I enjoy eating fresh raw and cooked vegetables.	Yes

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N_17	<p>Now, let's talk about non-fruit drinks that you may have recently drunk.</p> <p>During the past month, (that is since [FILL IN DATE 30 DAYS AGO: month day, year],) 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.</p> <p>IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "Was that per day, per week, or per month?"</p> <p>IF SAYS LESS THAN ONCE PER MONTH, SELECT NEVER.</p> <p>IF NEEDED, SAY: (Include all types of milk, including whole milk, 2% milk, soy milk, rice milk, etc)</p>	43	<p>During the past 30 days, how many times per day, week or month did you drink milk as a beverage (not in coffee, not in cereal)? In your answer, please include chocolate milk and hot chocolate.</p>	NHANES 2006: Food Frequency Questionnaire	<p>In the past 30 days, how often did {you/SP} have milk to drink or on {your/his/her} cereal? Please include chocolate and other flavored milks as well as hot cocoa made with milk. Do not count small amounts of milk added to coffee or tea. Would you say...</p>	Yes
N_17a	<p>What kind of milk did you drink most of the time?</p> <p>IF RESPONDENT INDICATES A FLAVORED MILK, SUCH AS "CHOCOLATE MILK," PROBE FOR A BEST GUESS THAT FITS ANSWER OPTIONS BEFORE CODING AS OTHER</p> <p>READ ANSWER OPTIONS ONLY IF NECESSARY:</p> <ol style="list-style-type: none"> 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 	44	<p>What kind of milk did you drink most of the time? (Please select only one response.) (Mark if the milk was flavored in Question 45.)</p>	NHANES 2006: Food Frequency Questionnaire	<p>What type of milk was it? Was it usually...</p>	Yes

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N_17b	[SKIP IF N_17 = 0] IF NECESSARY SAY: (Was the [FILL FROM N17a; IF N_17a=DK/RF FILL= "milk"] you drank usually flavored, such as a chocolate, vanilla, strawberry, or other flavored milk?) IF RESPONDENT GAVE A RESPONSE SUCH AS "CHOCOLATE MILK" IN THE PREVIOUS QUESTION SELECT YES AND CONTINUE, ELSE ASK QUESTION	45	Was the <u>milk</u> you drank usually flavored, such as chocolate, vanilla, strawberry, or other flavored milk?	RTI Developed	N/A	N/A
N_04	During the past 30 days, (that is since [FILL IN DAY 30 DAYS AGO: MONTH, DAY YEAR],) 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, SELECT NEVER. IF NEEDED, SAY: (Please include regular soda that was mixed with alcohol.)	46	During the past 30 days, how often did you drink <u>regular soda or pop that contains sugar</u> , not including diet soda or diet pop? (Please include regular soda that was mixed with alcohol.)	BRFSS 2012 Module 5: Sugar sweetened beverages	Interviewer note: Please remind respondents to include regular soda that they mixed with alcohol. During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.	Yes
N_03	During the past month, (that is since [FILL IN DATE 30 DAYS AGO: MONTH DAY, YEAR],) how many times per day, week or month, did you drink plain 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, SELECT NEVER.	47	During the past 30 days, how many times per day, week or month, did you drink <u>plain water</u> ? Include tap, bottled, and unflavored sparkling water. (If needed, refer to FAQ guide, page 7.)	CPPW BRFSS MODULE	During the past 7 days, how many times did you drink an 8 ounce bottle or glass of plain water? Count tap, bottled, and unflavored sparkling water.	Yes

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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 5. Never	48	Now, consider the foods you keep at home. How often do you have fruits available at home? This includes fresh, dried, canned and frozen fruits.	NHANES 2010: Consumer Behavior	How often {does your family/do you} have fruits available at home? This includes fresh, dried, canned and frozen fruits. Would you say always, most of the time, sometimes, rarely, or never? HAND CARD CBQ1	Yes
N_09	How often do you have any of these dark green vegetables available at home? Broccoli; spinach and other greens like collard, mustard, and turnip greens, and dark green leafy lettuce like romaine. Would you say . . . ? 1. Always 2. Most of the time 3. Sometimes 4. Rarely 5. Never	49	How often do you have any of these dark green vegetables available at home? Broccoli; spinach and other greens like collard, mustard, and turnip greens; and dark green leafy lettuce like romaine.	NHANES 2010: Consumer Behavior	How often {does your family/do you} have any of these dark green vegetables available at home? This includes fresh, dried, canned, and frozen vegetables. [Would you say always, most of the time, sometimes, rarely, or never?] HAND CARD CBQ2 and HAND CARD CBQ3. INTERVIEWER INSTRUCTION: DO NOT INCLUDE ICEBERG, BUTTERHEAD, BOSTON, AND MANOA LETTUCE	Yes

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N_06	<p>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? Please do not include meals provided as part of community programs.</p> <p>IF NEEDED, SAY: (Grocery store ready to eat foods include: salads, soups, chicken, sandwiches and cooked vegetables in salad bars and deli counters.)</p> <p>IF NEEDED, SAY: (Community program meals include those that are delivered to your home such as "Meals on Wheels" or meals prepared by a senior center, community-kitchen, or faith-related organization.)</p>	50	<p>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? (Please do not include meals provided as part of community programs.)</p>	NHANES 2010: Diet Behavior and Nutrition	<p>During the past 7 days, how many meals {did you/did SP} get that were prepared away from home in places such as restaurants, fast food places, food stands, grocery stores, or from vending machines? {Please do not include meals provided as part of the school lunch or school breakfast./Please do not include meals provided as part of the community programs you reported earlier.}</p>	No

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N_07	How many of those meals did you get from a fast-food or pizza place?	51	How many of those meals did you get from a fast-food or pizza place?	NHANES 2010: Diet Behavior and Nutrition	How many of those meals {did you/did SP} get from a fast-food or pizza place?	No
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?	52	Are you currently on any kind of diet, either to lose weight or for some other health reason?	NHANES 2010: Dietary Interview	{Are you/Is NAME} on any kind of diet, either to lose weight or for some other health-related reason?	Yes
N_12a	What kind of diet are you on? ACCEPT ALL ANSWERS AND PROBE UNTIL R INDICATES NO OTHERS APPLY: Any others? [ALLOW MORE THAN ONE ANSWER]	53	What kind of diet are you on? (Feel free to select all that apply.)	NHANES 2010: Dietary Interview	What kind of diet {are you/is NAME} on? [READ AS NEEDED: Is it a weight loss or low calorie diet; low fat or low cholesterol diet; low salt or sodium diet; diabetic diet; or another type of diet?]	N/A
CG01	To begin, have you smoked at least 100 cigarettes in your entire life? IF NEEDED, SAY: (5 packs = 100 cigarettes)	54	Have you smoked at least 100 cigarettes in your entire life? (5 packs = 100 cigarettes)	BRFSS 2012 Section 9: Tobacco Use	Have you smoked at least 100 cigarettes in your entire life? NOTE: 5 packs = 100 cigarettes	No
CG02	Do you now smoke cigarettes every day, some days, or not at all?	55	Do you now smoke cigarettes every day, some days, or not at all?	BRFSS 2012 Section 9: Tobacco Use	Do you now smoke cigarettes every day, some days, or not at all?	No

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CG03	How long has it been since you last smoked a cigarette, even one or two puffs? READ ANSWER CATEGORIES ONLY IF NEEDED	56	How long has it been since you last smoked a cigarette, even one or two puffs?	BRFSS 2012 Section 9: Tobacco Use	How long has it been since you last smoked a cigarette, even one or two puffs?	No
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	57	Not counting decks, porches, or garages, inside your home, is smoking ...? (Please select only one.)	BRFSS 2011 Module 16: Secondhand Smoke	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	No
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.)	58	During the past 7 days, 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? (Examples of indoor public places are the indoor areas of stores, restaurants, bars, casinos, clubs, and sports arenas.)	BRFSS 2011 Module 16: Secondhand Smoke	The next question asks about tobacco use in indoor public places. Examples of indoor public places are the indoor areas of stores, restaurants, bars, casinos, clubs, and sports arenas. 4. [If Q8.9 = 1 (Employed) or Q8.9 = 2 (Self-employed); say "Not counting times while you were at work,] during the past 7 days, that is, since last [TODAY'S DAY OF WEEK], on how many days did you breathe the smoke from someone else who was smoking in	Yes
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	59	At workplaces, do you think smoking indoors should be...? (Please select only one)	NATS 2009-2010	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	No
CG08	Would you favor a policy in that bans smoking in all areas of multi-unit housing, including personal living spaces, such as balconies and patios?	60	Would you favor a policy that bans smoking in all areas of multi-unit housing, including personal living spaces, such as balconies and patios?	NY-ATS 2009	Would you be in favor of a policy in your residential building that bans smoking in all area, including personal living spaces such as balconies and patios?	Yes
H_01	To begin, is there a place that you usually go to when you are sick or need advice about your health?	61	Is there a place that you usually go to when you are sick or need advice about your health?	NHIS 2012	Is there a place that you USUALLY go to when you are sick or need advice about your health?	Yes

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H_01a	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?	62	What kind of place do you go to most often?	NHIS 2012	[Fill1: What kind of place is it - a clinic, doctor's office, emergency room, or some other place? [Fill2: What kind of place do you go to most often - 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	Yes
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?	63	Is that the same place you usually go to when you need routine or preventive care, such as a physical examination or check up?	NHIS 2012	Is that {fill: place from (APLKIND)} the same place you USUALLY go when you need routine or preventive care, such as a physical examination or check up?	No
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	64	What kind of place do you usually go to when you need routine or preventive care, such as a physical examination or check-up?	NHIS 2012	What kind of place do you USUALLY go to when you need routine or preventive care, such as a physical examination or check-up?	No

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H_01d	<p>Why don't you have a usual source of medical care?</p> <p>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</p>	65	<p>Why don't you have a usual source of medical care? (Feel free to select all that apply.)</p>	NHIS 2012	<p>Why don't you have a usual source of medical care?</p>	No
H_17	<p>About how long has it been since you last visited a doctor for a routine checkup?</p> <p>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</p>	66	<p>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.)</p>	BRFSS 2012 Section 3: Health Care Access	<p>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.</p>	Yes
H_02	<p>Has a doctor or other health professional ever advised you to reduce sodium or salt intake?</p>	67	<p>Has a doctor or other health professional ever advised you to reduce sodium or salt intake?</p>	BRFSS 2011 Module 10: Actions to Control High BP	<p>Has a doctor or other health professional ever advised you to do any of the following to help lower or control your high blood pressure? (Ever advised you to) cut down on salt (to help lower or control your high blood pressure)?</p>	Yes

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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.)	68	Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (By "other health professional" we mean a nurse practitioner, a physician's assistant, or some other licensed health professional.)	BRFSS 2011 Section 4: Hypertension Awareness	Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (84) Read only if necessary: By —other health professional we mean a nurse practitioner, a physician's assistant, or some other licensed health professional	Yes
H_03a	Was this only when you were pregnant?	69	Was this only when you were pregnant?	BRFSS 2011 Section 4: Hypertension Awareness	"Was this only when you were pregnant?"	No
H_05	Are you exercising to help lower or control your high blood pressure?	70	Are you exercising to help lower or control your high blood pressure?	BRFSS 2011 Module 10: Actions to Control High BP	(Are you) exercising (to help lower or control your high blood pressure)?	No
H_06	Are you currently taking medicine for your high blood pressure?	71	Are you currently taking medicine for your high blood pressure?	BRFSS 2011 Module 4: Hypertension Awareness	Are you currently taking medicine for your high blood pressure?	No
H_07	Are you cutting down on salt (to help lower or control your high blood pressure)?	72	Are you cutting down on salt to help lower or control your high blood pressure?	BRFSS 2011 Module 10: Actions to control High BP	(Are you) cutting down on salt (to help lower or control your high blood pressure)?	No
H_08	Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?	73	Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?	BRFSS 2011 Section 5: Cholesterol Awareness	Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked?	No

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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	74	About how long has it been since you last had your blood cholesterol checked?	BRFSS 2011 Section 5: Cholesterol Awareness	About how long has it been since you last had your blood cholesterol checked?	No
H_10	Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high?	75	Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high?	Adapted from BRFSS 2011 Section 5: Cholesterol Awareness	Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?	
H_05	Are you exercising to help lower your cholesterol?	76	Are you exercising to help lower your cholesterol?	Adapted from BRFSS 2011 Section 10: Actions to Control High Blood Pressure	(Are you) exercising (to help lower or control your high blood pressure)?	Yes
H_06	Are you currently taking medicine to lower your cholesterol?	77	Are you currently taking medicine to lower your cholesterol?	Adapted from BRFSS 2011 Section 4: Hypertension Awareness	Are you currently taking medicine for your high blood pressure?	Yes
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?	78	Thinking about your overall physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?	BRFSS 2012 Section 2: Healthy Days	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?	Yes

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H_18a	During the past 30 days, (that is since [FILL IN DATE30 DAYS AGO],) for about how many days did poor physical health keep you from doing your usual activities, such as self-care, work, or recreation?	79	During the past 30 days, for about how many days did poor physical health keep you from doing your usual activities, such as self-care, work, or recreation?	BRFSS 2012 Section 2: Healthy Days	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?	Yes
H_19	Now, turning to your mental health, have you ever been told by a doctor or other health professional that you had depression?	80	Now, turning to your mental health, have you ever been told by a doctor or other health professional that you had depression?	Adapted from NHIS 2012	Have you EVER been told by a doctor or other health professional that you had ...Depression?	Yes
H_20	Have you ever been told by a doctor or other health professional that you had anxiety?	81	Have you ever been told by a doctor or other health professional that you had anxiety?	Adapted from NHIS 2012	Have you EVER been told by a doctor or other health professional that you had ...Depression?	Yes
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 or 5 Never	82	How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent/mortgage?	BRFSS 2012 Module 18: Social Context	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--- Please read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never	Yes

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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	83	And how often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals?	BRFSS 2012 Module 18: Social Context	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--- Please read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never	Yes
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?	84	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?	BRFSS 2012 Module 17: Mental Illness and Stigma	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?	No
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?	85	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 was your mental health not good?	BRFSS 2012 Section 2: Healthy Days	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?	Yes
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?	86	During the past 30 days, for about how many days did poor mental health keep you from doing your usual activities, such as self-care, work, or recreation?	BRFSS 2012 Section 2: Healthy Days	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?	Yes

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H19	<p>How often do you get the social and emotional support you need?</p> <p>IF NEEDED , SAY: "Please include support from any source."</p> <p>1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never</p>	87	<p>How often do you get the social and emotional support you need? (Please include support from any source.)</p>	BRFSS 2012 Module 27: Emotional Support and Life Satisfaction	<p>How often do you get the social and emotional support you need?</p> <p>INTERVIEWER NOTE: If asked, say "please include support from any source." (420)</p> <p>Please read:</p> <p>1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never</p>	No
D_09	<p>Earlier in the survey I asked you to self-identify your race. Now, I want to find out how other people usually identify you in this country. How do other people usually classify you in this country? Would you say: White, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or some other group?</p> <p>IF NEEDED, SAY: We want to know how other people usually classify you in this country, which might be different from how ou classify yourself. ONLY ONE SELECTION ALLOWED.</p> <p>IF NEEDED, SAY: "How do other people usually classsify you in this country?"</p>	88	<p>Earlier in this survey, you were asked to self-identify your race. Now, we want to find out how <u>other</u> people usually identify you in this country? (Please select only one response option. If needed, refer to FAQ guide, page 6.)</p>	BRFSS 2012 Reactions to Race	<p>Earlier I asked you to self-identify your race. Now I will ask you how other people identify you and treat you.</p> <p>How do other people usually classify you in this country? Would you say: White, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or some other group?</p>	Yes
D_10	<p>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?</p>	89	<p>How often do you think about your race?</p>	BRFSS 2012 Reactions to Race	<p>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?</p>	No
D_06	<p>To your knowledge, are you now pregnant?</p>	90	<p>To your knowledge, are you now pregnant?</p>	BRFSS 2012 Section 7: Demographics	<p>To your knowledge, are you now pregnant?</p>	No

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D_07	About how much do you weigh without shoes? RECORD WEIGHT IN EITHER POUNDS *OR* KILOGRAMS (NOT BOTH) IF NEEDED, CLARIFY: Is that ___ pounds or ___ kilograms?	91	About how much do you weigh without shoes? (You may record your weight in earlier pounds or kilograms.)	BRFSS 2012 Section 7: Demographics	About how much do you weigh without shoes?	No
D_08	About how tall are you without shoes? RECORD HEIGHT IN EITHER FEET AND INCHES OR IN METERS AND CENTIMETERS	92	About how tall are you without shoes? (You may record your height in either feet and inches or meters and centimeters.)	BRFSS 2012 Section 7: Demographics	About how tall are you without shoes?	No

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INTRO_7	INTRO_7. What is your annual household income from all sources - INTRO_7_04 - (What is your annual household income from all sources?) Is it less than \$25,000? INTRO_7_03 - (What is your annual household income from all sources?) Is it less than \$20,000 INTRO_7_02 - (What is your annual household income from all sources?) Is it less than \$15,000 INTRO_7_01 - (What is your annual household income from all sources?) Is it less than \$10,000 INTRO_7_05 - (What is your annual household income from all sources?) Is it less than \$35,000 INTRO_7_06 - (What is your annual household income from all sources?) Is it less than \$50,000 INTRO_7_07 - (What is your annual household income from all sources?) Is it less than \$75,000	93	What is your annual household income from all sources? (Please select only one response.) ○ Less than \$10,000 ○ \$10,000 to \$14,999 ○ \$15,000 to \$19,999 ○ \$20,000 to \$24,999 ○ \$25,000 to \$34,999 ○ \$35,000 to \$49,999 ○ \$50,000 to \$74,999 ○ \$75,000 or more	BRFSS 2012 Section 7: Demographics	Is your annual household income from all sources— If respondent refuses at ANY income level, code '99' (Refused) Read only if necessary: 0 4 Less than \$25,000 If "no," ask 05; if "yes," ask 03 (\$20,000 to less than \$25,000) 0 3 Less than \$20,000 If "no," code 04; if "yes," ask 02 (\$15,000 to less than \$20,000) 0 2 Less than \$15,000 If "no," code 03; if "yes," ask 01 (\$10,000 to less than \$15,000) 0 1 Less than \$10,000 If "no," code 02 0 5 Less than \$35,000 If "no," ask 06 (\$25,000 to less than \$35,000) 0 6 Less than \$50,000 If "no," ask 07 (\$35,000 to less than \$50,000) 0 7 Less than \$75,000 If "no," code 08 (\$50,000 to less than \$75,000)	Yes

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D_11a D_11b	Which of the following best represents how you think of yourself? 1. [For men] Gay [For women] Lesbian or gay 2. [For men] Straight, that is, not gay [For women] Straight, that is, not lesbian or gay 3. Bisexual 4. Something Else 5. I don't know the answer -2.REFUSED	94	Which of the following best represents how you think of yourself? Lesbian or gay Straight, that is, not lesbian or gay Bisexual Something Else I don't know the answer	NHIS 2013	Which of the following best represents how you think of yourself? 1 [For men] Gay [For women] Lesbian or gay 2 [For men] Straight, that is, not gay [For women] Straight, that is, not lesbian or gay 3 Bisexual 4 Something Else 5 I don't know the answer 7 Refused	No
D_12.	What do you mean by something else? 1. You are not straight, but identify with another label such as queer, trisexual, omnisexual or pan-sexual. 2. You are transgender, transsexual or gender variant. 3. You have not figured out, or are in the process of figuring out your sexuality. 4. You do not think of yourself as having sexuality. 5. You do not use labels to identify yourself. 6. You mean something else -1. DON'T KNOW -2. REFUSED	95	What do you mean by something else? 1. You are not straight, but identify with another label such as queer, trisexual, omnisexual or pan-sexual 2. You are transgender, transsexual or gender variant 3. You have not figured out, or are in the process of figuring out your sexuality 4. You do not think of yourself as having sexuality 5. You do not use labels to identify yourself 6. You mean something else	NHIS 2013	What do you mean by something else? 1 You are not straight, but identify with another label such as queer, trisexual, omnisexual or pansexual 2 You are transgender, transsexual or gender variant 3 You have not figured out or are in the process of figuring out your sexuality 4 You do not think of yourself as having sexuality 5 You do not use labels to identify yourself 6 You mean something else 7 Refused 9 Don't know	No
D_13	What do you mean by don't know? 1. You don't understand the words 2. You understand the words, but you have not figured out, or are in the process of figuring out your sexuality 3. You mean something else -1. DON'T KNOW -2. REFUSED	96	What do you mean by don't know? You don't understand the words You understand the words, but you have not figured out, or are in the process of figuring out your sexuality You mean something else	NHIS 2013	What do you mean by don't know? 1 You don't understand the words 2 You understand the words, but you have not figured out or are in the process of figuring out your sexuality 3 You mean something else 7 Refused 9 Don't know	No

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D_14	What do you mean by something else?	97	What do you mean by something else?	NHIS 2013	What do you mean by something else?	No