

## Youth/Caregiver Survey - Documentation of Question Provenance

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#	Item Name in CAPI	Item Text in CAPI	Data Source	Original Text in Source	Divergence?
1	INTRO_1_cy	ASK IF NEEDED OF EITHER ADULT CAREGIVER OR CHILD: What is your/the child's age?	RTI Developed	N/A	N/A
2	INTRO_2_cy	ASK IF NEEDED OF EITHER ADULT CAREGIVER OR CHILD: What is your/the child's name?	RTI Developed	N/A	N/A
3	INTRO_3_cy	ASK IF NEEDED OF THE ADULT CAREGIVER: What is your name?	RTI Developed	N/A	N/A
4	INTRO_5_cy	IF S.C. >11, SKIP TO INTRO_7_cy. "How are you related to {S.C}?"	RTI Developed	N/A	N/A
5	INTRO_6_cy	[ASK IF {S.C.}AGE<12, ELSE SKIP TO INTRO_7_cy] Are you {S.C}'s legal guardian?	RTI Developed	N/A	N/A
6	INTRO_7_cy	What grade [TEXTFILL IF {S.C.} AGE<11, is {S.C} ELSE "are you"] enrolled in or will be enrolled in during the 2013-2014 school year?	RTI Developed	N/A	N/A
7	PA_INTRO_cy	Let's begin by talking about the biking and walking that [TEXTFILL IF {S.C} AGE<12 "{S.C} did with or without you," ELSE "you did"] this <b>past week</b> either for transportation or leisure.	NHANES 2012: Physical Activity and Physical Fitness Section	The next questions exclude the work and transportation activities that you have already mentioned. Now I would like to ask you about sports, fitness and recreational activities.	Yes
8	PA_01_cy	[ASK ONLY IF {S.C} AGE>5, ELSE SKIP] During the past week, on how many days did [TEXTFILL IF {S.C} AGE<12 "{S.C}" ELSE "you"] walk or bicycle [TEXTFILL IF {S.C} AGE<12", with or without you,"] for at least 10 minutes continuously to get to and from places?	NHANES 2012: Physical Activity and Physical Fitness Section	In a typical week {do you/does SP} walk or use a bicycle for at least 10 minutes continuously to get to and from places?	No

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9	PA_04_cy	[ASK ONLY IF {S.C} AGE>5, ELSE SKIP] Thinking about the past week, not counting any walking that you already mentioned, on how many days did [TEXTFILL IF {S.C} AGE<12 "{S.C}" ELSE "you"] walk or bike for at least 10 minutes continuously for leisure?  IF NEEDED, SAY: (Think about only the walking that [TEXTFILL IF {S.C} AGE<12 "{S.C}" ELSE "you"] did for at least 10 minutes at a time.)	IPAQ	Not counting any walking you have already mentioned, during the last 7 days, on how many days did you walk for at least 10 minutes at a time in your leisure time?	Yes
10	PA_02_cy	Thinking about the last five week days, on a typical week day how much time did [TEXTFILL IF {S.C} AGE<12 "{S.C}" ELSE "you"] spend walking or bicycling for travel? For example, to go to a friend's house or school.  IF NEEDED, PROBE SAYING: How much time did [TEXTFILL IF {S.C} AGE<12 "{S.C}" ELSE "you"] spend walking or biking for travel on Wednesday?)	NHANES 2012: Physical Activity and Physical Fitness Section	In a typical week, on how many days {do you/does SP} walk or bicycle for at least 10 minutes continuously to get to and from places?	Yes
11	PA_03_cy	Thinking about a typical day over the past weekend, how much time did [TEXTFILL IF {S.C} AGE<12 "{S.C}" ELSE "you"] spend walking or bicycling for travel? (For example, to go to a friend's house or school.)  IF NEEDED, PROBE SAYING: ("How much time in total did [TEXTFILL IF {S.C} AGE<12 "{S.C}" ELSE "you"] spend walking or biking for travel on Saturday?")	NHANES 2012: Physical Activity and Physical Fitness Section	In a typical week, on how many days {do you/does SP} walk or bicycle for at least 10 minutes continuously to get to and from places?	Yes
12	PA_05_cy	Thinking about the past week,) on a typical weekday, how much time did [TEXTFILL IF {S.C} AGE<12 "{S.C}" ELSE "you"] spend walking or biking for leisure?  IF NEEDED, PROBE SAYING: ("How much time in total did you spend walking on Wednesday?")	IPAQ	How much time did you usually spend on one of those days walking in your leisure time?	Yes

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13	PA_20_cy	[ASK ONLY IF {S.C} AGE<6, ELSE SKIP] During the past week, how many days did {S.C.} play with other children [TEXTFILL IF VERIFY_3_cy=1 "his" IF VERIFY_3_cy=2 "her"] age?	NSCH 2011	During the past week, how many days did [S.C.] play with other children [his/her] age?	No
14	PA_07_cy	[ASK ONLY IF {S.C} AGE<6, ELSE SKIP] During the past week, how many days did you or any family member take {S.C.} on any kind of outing, such as to the park, library, zoo, shopping, church, restaurants, or family gatherings?	NSCH 2011	During the past week, how many days did you or any family member take [S.C.] on any kind of outing, such as to the park, library, zoo, shopping, church, restaurants, or family gatherings?	Yes
15	PA_08_cy	[ASK ONLY IF {S.C} AGE>5, ELSE SKIP] During the past week, on how many days did [TEXTFILL IF {S.C.} AGE>6 "{S.C.}, ELSE "you"] exercise, play a sport, or participate in physical activity for at least 20 minutes that made [TEXTFILL IF him/her AGE>6 "{S.C.}, ELSE "you"] sweat and breathe hard?  IF NEEDED, SAY: Include active sports such as baseball, softball, basketball, swimming, soccer, tennis, or football: riding a bike or rollerskating; walking or jogging; jumping rope; gymnastics; or active dance such as ballet.	NSCH 2011	During the past week, on how many days did [S.C.] exercise, play a sport, or participate in physical activity for at least 20 minutes that made [him/her] sweat and breathe hard?  READ IF NECESSARY: Include active sports such as baseball, softball, basketball, swimming, soccer, tennis, or football; riding a bike or roller skating; walking or jogging; jumping rope; gymnastics; and active dance such as ballet.	No
16	PA_12_cy	[ASK IF {S.C.} AGE >4, ELSE SKIP TO PA_14_cy]. (During the past week,) on how many days did [TEXTFILL IF {S.C} AGE<12 "{S.C}" ELSE "you"] play active video games such as Wii Sports, Wii Fit, Xbox 360, Xbox Kinect, Playstation 3, or Dance, Dance Revolution?	NHANES 2012: Physical Activity and Physical Fitness Section	During the past 7 days, on how many days did {you/SP} play active video games such as Wii Sports, Wii Fit, Xbox 360, Xbox Kinect, Playstation 3, or Dance, Dance Revolution?	No
17	PA_13_cy.	On average, for how long did [TEXTFILL IF {S.C} AGE<12 "{S.C}" ELSE "you"] play these active video games on a typical day? IF NEEDED, PROBE SAYING: ("How much time in total did [TEXTFILL IF {S.C} AGE<12 "{S.C}" ELSE "you"] spend playing active video games on Wednesday?")	NHANES 2012: Physical Activity and Physical Fitness Section	On average, for how long did {you/SP} play these active video games?	Yes

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18	PA_14_cy	<p>The following questions are about the total time [TEXTFILL IF {S.C} AGE&lt;12 "{S.C} spends" ELSE "you spend"] sitting anywhere, such as at school, [TEXTFILL IF {S.C} AGE&lt;6 "at day care,") [TEXTFILL IF {S.C} AGE&gt;14 "at work,") home, getting to and from places, or with friends, including time spent sitting at a desk, traveling in a car or bus, reading, playing cards, watching television, or using a computer. Do not include time spent sleeping.</p> <p>(Thinking about the past week,) on a typical day how much time [TEXTFILL IF {S.C} AGE&lt;12 "did {S.C}" ELSE "did you"] spend sitting? IF NEEDED, PROBE SAYING: ("How much time in total [TEXTFILL IF {S.C} AGE&lt;12 "did {S.C}" ELSE "did you"] spend sitting on Wednesday?")</p>	NHANES 2012: Physical Activity and Physical Fitness Section	<p>The following question is about sitting at work, at home, getting to and from places, or with friends, including time spent sitting at a desk, traveling in a car or bus, reading, playing cards, watching television, or using a computer. Do not include time spent sleeping.</p> <p>How much time {do you/does SP} usually spend sitting on a typical day?</p>	Yes
19	PA_18_cy	Let's talk now about your neighborhood and community. Please tell me if the following places and things are available in your neighborhood, even if [TEXTFILL IF {S.C} AGE<12 "{S.C} does" ELSE "you do"] not actually use them.	NSCH 2011	Now, I have a few questions about your neighborhood and community. Please tell me if the following places and things are available to children in your neighborhood, even if [S.C.] does not actually use them.	Yes
20	PA_18a_cy	Sidewalks or walking paths? IF NEEDED, SAY: Do those exist in your neighborhood?	NSCH 2011	Sidewalks or walking paths?	No
21	PA_18b_cy	A park or playground area? IF NEEDED, SAY: Do those exist in your neighborhood?	NSCH 2011	A park or playground area?	No
22	PA_18c_cy	A recreation center, community center, or boys' or girls' club? IF NEEDED, SAY: Do those exist in your neighborhood?	NSCH 2011	A recreation center, community center, or boys' or girls' club?	No

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23	PA_19_cy	How often do you feel [TEXTFILL IF {S.C} AGE<12 "{S.C} is" ] safe in your community or neighborhood? Would you say.... 1. Always 2. Usually 3. Sometimes 4. Never	NSCH 2011	How often do you feel [S.C.] is safe in your community or neighborhood? Would you say never, sometimes, usually, or always?	No
24	N_INTRO_cy	NUTRITION Now I have some questions about [TEXTFILL IF {S.C} AGE<12 "{S.C.'s}" ELSE "your"] eating habits. These questions are about the different kinds of foods [TEXTFILL IF {S.C} AGE<12 "{S.C}" ELSE "you"] ate or drank during the past month, that is, since [FILL IN WITH DAY 30 DAYS AGO]. When answering, please include meals and snacks eaten [TEXTFILL IF {S.C} AGE<12 "by {S.C}" ELSE "by you"] at home, at [TEXTFILL IF {S.C} AGE>14 "at work," ] school, [TEXTFILL IF {S.C} AGE<6 "at day care," ] in restaurants, and anyplace else. Keep in mind there are no right or wrong answers. Your best guess is fine.	NHANES 2010: Dietary Screener Section	These questions are about the different kinds of foods {you/SP} ate or drank during the past month, that is, the past 30 days. When answering, please include meals and snacks eaten at home, at work or school, in restaurants, and anyplace else.	Yes

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25	N_03_cy	<p>(During the past month), since [FILL IN DATE 30 DAYS AGO] how often did [TEXTFILL IF {S.C.} AGE&lt;12 "{S.C.}" ELSE "you"] have milk either to drink or on cereal? You can answer by telling me how often you drank milk on an average day, average week, or for the entire month.</p> <p>IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "Was that per day, per week, or per month?"</p> <p>YOU MAY READ EXAMPLES FROM THE LIST UPON REQUEST.</p> <ul style="list-style-type: none"> <li>• (Include buttermilk, chocolate milk, lactose-free milk, low-fat milk, no-fat milk, other flavored milks, skim milk, whole milk.)</li> <li>• (Do not include cream.)</li> </ul>	NHANES 2010: Dietary Screener Section	(During the past month), how often did {you/SP} have milk {either to drink or on cereal}? Do not include soy milk or small amounts of milk in coffee or tea. (You can tell me per day, per week or per month.)	Yes
26	N_03a_cy	<p>What type of milk was it? IF RESPONDENT CANNOT PROVIDE USUAL TYPE, CODE ALL THAT APPLY.</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"> <li>1. Whole milk</li> <li>2. 2% fat milk</li> <li>3. 1% fat milk</li> <li>4. Skim, nonfat, or ½% fat milk</li> <li>5. Soy milk</li> <li>6. Rice milk</li> <li>7. Raw, unpasteurized milk</li> <li>8. Other</li> </ol>	NHANES 2006: Food Frequency Questionnaire	What kind of milk did you usually drink?	Yes

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27	N_03b_cy	IF NEEDED SAY: (Was the milk [TEXTFILL IF {S.C} AGE<12 "{S.C}" ELSE "you"] usually drank flavored?)	RTI Developed	NA	NA
28	N_04_cy	During the past month, how often did [TEXTFILL IF {S.C} AGE<12 "{S.C}" ELSE "you"] drink regular soda, or pop that contained sugar? Do not include diet soda. (You can tell me per day, per week or per month.) IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "Was that per day, per week, or per month?"  YOU MAY READ EXAMPLES FROM LIST UPON REQUEST. • (Include Manzanita, Penafiel sodas, Coke, and Pepsi) • (Do not include diet fruit drinks, juices in cans, sugar-free fruit drinks, tea in cans, Diet Coke, or Diet Pepsi.)	NHANES 2010: Dietary Screener Section	During the past month, how often did {you/SP} drink regular soda or pop that contains sugar? Do not include diet soda. You can tell me per day, per week or per month.	No
29	N_05_cy	(During the past month), since (POPULATE WITH DATE 30 DAYS AGO) how often did [TEXTFILL IF {S.C} AGE<12 "{S.C}" ELSE "you"] drink 100% pure fruit juice such as orange, mango, apple, grape and pineapple juices? Do not include fruit-flavored drinks with added sugar or fruit juice [TEXTFILL IF {S.C} AGE<12 "{S.C}/you" ELSE "you"] made at home and added sugar to. (You can tell me per day, per week or per month.) IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "Was that per day, per week, or per month?"  YOU MAY READ EXAMPLES FROM LIST UPON REQUEST. • (Include only 100% pure juices.) • (Do not include fruit-flavored drinks with added sugar, cranberry cocktail, Gatorade, Hi-C, Kook-Aid, lemonade, Sunndy Delight, Tampico)	NHANES 2010: Dietary Screener Section	(During the past month), how often did {you/SP} drink 100% pure fruit juice such as orange, mango, apple, grape and pineapple juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. (You can tell me per day, per week or per month.)	No

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30	N_06_cy	<p>Now we are going to ask about fruit-flavored drinks with added sugar. (During the past month), how often did [TEXTFILL IF {S.C} AGE&lt;12 "{S.C}" ELSE "you"] drink sweetened fruit drinks, sports or energy drinks, such as Kool-aid, lemonade, Hi-C, cranberry drink, Gatorade, Red Bull or Vitamin Water? Include fruit juices you made at home and added sugar to. Do not include diet drinks or artificially sweetened drinks. (You can tell me per day, per week or per month.)</p> <p>IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "Was that per day, per week, or per month?"</p> <p>YOU MAY READ EXAMPLES FROM LIST UPON REQUEST.</p> <ul style="list-style-type: none"> <li>• (Include drinks with added sugar, Tampico, Sunny Delight, and Twister.)</li> <li>• (Do not include, 100% fruit juices or soda, carbonated water, fruit-flavored teas, soda, or yogurt drinks.)</li> </ul>	NHANES 2010: Dietary Screener Section	(During the past month), how often did {you/SP} drink sweetened fruit drinks, sports or energy drinks, such as Kool-aid, lemonade, Hi-C, cranberry drink, Gatorade, Red Bull or Vitamin Water? Include fruit juices you made at home and added sugar to. Do not include diet drinks or artificially sweetened drinks. (You can tell me per day, per week or per month.)	No
31	N_07_cy	<p>(During the past month), how often did [TEXTFILL IF {S.C} AGE&lt;12 "{S.C}" ELSE "you"] eat fruit? Include fresh, frozen or canned fruit. Do not include juices. (You can tell me per day, per week or per month.)</p> <p>IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "Was that per day, per week, or per month?"</p> <p>YOU MAY READ EXAMPLES FROM LIST UPON REQUEST.</p> <ul style="list-style-type: none"> <li>• (Include fruits such as apples, applesauce, bananas, berries, fruit salad, grapes, mangos, melon, oranges, papayas.)</li> <li>• (Do not include dried fruits.)</li> </ul>	NHANES 2010: Dietary Screener Section	(During the past month), how often did {you/SP} eat fruit? Include fresh, frozen or canned fruit. Do not include juices. (You can tell me per day, per week or per month.)	No



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32	N_08_cy	<p>(During the past month), how often did [TEXTFILL IF {S.C} AGE&lt;12 "{S.C}" ELSE "you"] eat vegetables? Include salads, cooked beans, and all types of potatoes, except for fried potatoes such as French fried. (You can tell me per day, per week or per month.)</p> <p>IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "Was that per day, per week, or per month?"</p> <p>YOU MAY READ EAMPLES FROM LIST UPON REQUEST.</p> <ul style="list-style-type: none"> <li>• (Include black beans, black-eyed peas, bean sprouts, broccoli, cow peas, cabbage, carrots, collard greens, corn, garbanzo, green beans, green leafy salad, kidney, lentils, lettuce salad, lima beans, pinto beans, potatoes au gratin, scalloped potatoes, soybeans, spinach salad, tomatoes.)</li> <li>• (Do not include French fried, fried potatoes, hash brown potatoes, home fries.)</li> <li>• (Keep in mind there are no right or wrong answers. Your best estimates are fine.)</li> </ul>	NHANES 2010: Dietary Screener Section	(During the past month), how often did {you/SP} eat a green leafy or lettuce salad, with or without other vegetables? (You can tell me per day, per week or per month.)	No
33	N_13_cy	<p>During the past month, (that is since [FILL IN DATE 30 DAYS AGO],) how many times per day, week or month, did [TEXTFILL IF {S.C} AGE&lt;12 "{S.C}" ELSE "you"] drink water? Include tap, bottled, and unflavored sparkling water.</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>	CPPW BRFSS	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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34	N_14_cy	<p>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 . . . ?</p> <ol style="list-style-type: none"> <li>1. Always</li> <li>2. Most of the time</li> <li>3. Sometimes</li> <li>4. Rarely or</li> <li>5. Never</li> </ol>	NHANES 2010: Consumer Behavior Section	<p>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</p>	No
35	N_15_cy	<p>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 . . . ?</p> <ol style="list-style-type: none"> <li>1. Always</li> <li>2. Most of the time</li> <li>3. Sometimes</li> <li>4. Rarely or</li> <li>5. Never</li> </ol>	NHANES 2010: Consumer Behavior Section	<p>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</p>	Yes
36	N_16_cy	<p>How often do you have fat-free or low-fat (1%) milk at home? (Would you say . . . ?)</p> <ol style="list-style-type: none"> <li>1. Always</li> <li>2. Most of the time</li> <li>3. Sometimes</li> <li>4. Rarely or</li> <li>5. Never)</li> </ol>	NHANES 2010: Consumer Behavior Section	<p>How often {does your family/do you} have 1% fat, skim or fat free milk available at home? Please do not include 2% milk. [Would you say always, most of the time, sometimes, rarely, or never?]</p>	Yes

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37	N_17_cy	How often does your family/do you have soft drinks, fruit-flavored drinks, or fruit punch available at home? Do not include diet drinks, 100 percent juice or sports drinks. (Would you say...?) 1. Always 2. Most of the time 3. Sometimes 4. Rarely or 5. Never)	NHANES 2010: Consumer Behavior Section	How often {does your family/do you} have soft drinks, fruit-flavored drinks, or fruit punch available at home? Please do not include diet drinks, 100 percent juice or sports drinks. [Would you say always, most of the time, sometimes, rarely, or never?]	No
38	N_20_cy	Our next question about food is about whole meals. By meal, I mean breakfast, lunch and dinner. During the past 7 days, how many meals did [TEXTFILL IF {S.C} AGE<12 "{S.C}" ELSE "you"] eat 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.  IF NEEDED, SAY: (Grocery store ready to eat foods include: salads, soups, chicken, sandwiches and cooked vegetables in salad bars and deli counters.)	NHANES 2010: Diet Behavior and Nutrition Section	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.}	No
39	N_20a_cy	How many of those meals did you get from a fast-food or pizza place?	NHANES 2010: Diet Behavior and Nutrition Section	How many of those meals did you get from a fast-food or pizza place?	No

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#	Item Name in CAPI	Item Text in CAPI	Data Source	Original Text in Source	Divergence?
40	N_21_cy	What food or foods did [TEXTFILL IF {S.C.} AGE<12 "{S.C.}" ELSE "you"] eat during [TEXTFILL IF {S.C.'s} AGE<12 "{S.C}'s" ELSE "your"] last meal or snack? Please tell me all the food and drinks [TEXTFILL IF {S.C} AGE<12 "{S.C} had" ELSE "you have had"] during [TEXTFILL IF {S.C} AGE<12 "{S.C}'s" ELSE "your"] last meal or snack.	RTI Developed	N/A	N/A
41	N_22_cy	[TEXTFILL IF {S.C.} AGE<12 "Has your child" ELSE "Have you"] had anything to eat or drink anything within the last 30 minutes?  1. Yes 2. No	RTI Developed	N/A	N/A
42	CG_01_cy	During the past 7 days, on how many days [TEXTFILL IF {S.C} AGE<12 "was your child" ELSE "were you"] in the same room with somebody who was smoking cigarettes?	NYTS 2009	During the past 7 days, on how many days were you in the same room with someone who was smoking cigarettes?	No
43	CG_02_cy	[IF {S.C.} AGE<12, SKIP TO H_INTRO_cy, ELSE CONTINUE]  SHOW RESPONDENT SHOWCARD 1 Have you ever tried cigarette smoking, even one or two puffs? Please just tell me the letter on the showcard that represents your answer.  1. A - YES 2. B - NO -1 DON'T KNOW -2 REFUSED	YRBS 2011	Have you ever tried cigarette smoking, even one or two puffs?	No

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#	Item Name in CAPI	Item Text in CAPI	Data Source	Original Text in Source	Divergence?
44	CG_03_cy	SHOW RESPONDENT SHOWCARD 1B In addition to what you just told me about cigarettes, do you currently smoke cigarillos, cigars or pipes?  1. A - YES 2. B - NO -1. DON'T KNOW -2. REFUSED	YRBS 2011	During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?	Yes
45	CG_04_cy	SHOW RESPONDENT SHOWCARD 2  During the past 30 days, on how many days did you smoke cigarettes? READ ANSWER CATEGORIES ONLY IF NEEDED 1. A - 0 DAYS 2. B - 1 OR 2 DAYS 3. C - 3 TO 5 DAYS 4. D - 6 TO 9 DAYS 5. E - 10 TO 19 DAYS 6. F - 20 TO 29 DAYS 7. G - ALL 30 DAYS	YRBS 2011	During the past 30 days, on how many days did you smoke cigarettes?	No
46	CG_05_cy	SHOW RESPONDENT SHOWCARD 3A Please read the question on this card and tell me a number. THINKING ABOUT [TEXTFILL IF [SKIP IF CG_02_cy=1 (0 DAYS) "CIGARETTES",] CIGARILLOS, CIGARS AND PIPES, PLEASE TELL ME HOW MUCH YOU USUALLY SMOKE PER DAY?	NYTS 2009	During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?	Yes
47	CG_05a_cy	SHOW RESPONDENT SHOWCARD 3  OF CIGARETTES...(HOW MANY DO YOU USUALLY SMOKE PER DAY?)	NYTS 2009	During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?	Yes

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48	CG_05b_cy	SHOW RESPONDENT SHOWCARD 4 OF CIGARILLOS...(HOW MANY DO YOU USUALLY SMOKE PER DAY?)	NYTS 2009	During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?	Yes
49	CG_05c_cy	SHOW RESPONDENT SHOWCARD 5 OF CIGARS...(HOW MANY DO YOU USUALLY SMOKE PER DAY?)	NYTS 2009	During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?	Yes
50	CG_05d_cy	SHOW RESPONDENT SHOWCARD 6 OF PIPES...(HOW MANY DO YOU USUALLY SMOKE PER DAY?)	NYTS 2009	During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?	Yes
51	CG_06_cy	SHOW RESPONDENT SHOWCARD 7 HOW LONG HAS IT BEEN SINCE YOU LAST SMOKED A [TEXT FILL IF [CG_02_cy=1, "CIGARETTE,"] CIGARILLO, CIGAR OR PIPE, EVEN ONE OR TWO PUFFS? YOU CAN TELL ME IN HOURS, DAYS OR MONTHS AGO.	BRFSS 2011	How long has it been since you last smoked a cigarette, even one or two puffs? 0 1 Within the past month (less than 1 month ago) 0 2 Within the past 3 months (1 month but less than 3 months ago) 0 3 Within the past 6 months (3 months but less than 6 months ago) 0 4 Within the past year (6 months but less than 1 year ago) 0 5 Within the past 5 years (1 year but less than 5 years ago) 0 6 Within the past 10 years (5 years but less than 10 years ago) 0 7 10 years or more 7 7 Don't know / Not sure 9 9 Refused	Yes

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52	CG_07_cy	<p>SHOW RESPONDENT SHOWCARD 8</p> <p>Please read the question on this card and tell me the letter that matches your answer. DURING THE PAST 30 DAYS, HOW DID YOU USUALLY GET YOUR OWN CIGARETTES?</p> <p>IF NEEDED, PROBE FOR SINGLE BEST ANSWER THAT MATCHES RESPONSE OPTIONS</p> <ol style="list-style-type: none"> <li>1. A - I DID NOT SMOKE CIGARETTES DURING THE PAST 30 DAYS</li> <li>2. B - I BOUGHT THEM IN A STORE SUCH AS A CONVENIENCE STORE, SUPERMARKET, DISCOUNT STORE, OR GAS STATION</li> <li>3. C - I BOUGHT THEM FROM A VENDING MACHINE</li> <li>4. D - I GAVE SOMEONE ELSE MONEY TO BUY THEM FOR ME</li> <li>5. E - I BORROWED (OR BUMMED) THEM FROM SOMEONE ELSE</li> <li>6. F - A PERSON 18 YEARS OLD OR OLDER GAVE THEM TO ME</li> <li>7. G - I TOOK THEM FROM A STORE OR FAMILY MEMBER</li> <li>8. H - I GOT THEM SOME OTHER WAY</li> </ol>	YRBS 2011	During the past 30 days, how did you usually get your own cigarettes? (Select only one response.)	No
53	CG_08_cy	<p>SHOW RESPONDENT SHOWCARD 9</p> <p>DURING THE PAST 12 MONTHS, DID YOU EVER TRY TO QUIT SMOKING CIGARETTES?</p>	YRBS 2011	During the past 12 months, did you ever try to quit smoking cigarettes?	No
54	CG_09_cy	<p>SHOW RESPONDENT SHOWCARD 9B</p> <p>ARE YOU CURRENTLY USING ANYTHING TO HELP YOU QUIT SMOKING LIKE A NICOTINE PATCH, NICOTINE GUM, NASAL SPRAY OR INHALER?</p>	BRFSS 2011	When you quit smoking...The last time you tried to quit smoking...did you use any of the following medications: a nicotine patch, nicotine gum, nicotine lozenges, nicotine nasal spray, a nicotine inhaler, or pills such as Wellbutrin, Zyban, bupropion, Chantix, or varenicline to help you quit?	Yes

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55	CG_10_cy	SHOW RESPONDENT SHOWCARD 10  WHEN DID YOU LAST USE ANY OF THESE THINGS THAT ARE DESIGNED TO HELP YOU QUIT SMOKING? YOU CAN TELL ME IN HOURS, DAYS OR MONTHS AGO.	RTI Developed	N/A	N/A
56	CG_11_cy	SHOW RESPONDENT SHOWCARD 11  Please read the question on this card and tell me the letter that matches your answer. DO YOU CURRENTLY USE CHEWING TOBACCO, SNUFF, OR DIP SUCH AS REDMAN, SKOAL, OR COPENHAGEN?  1. A - YES 2. B - NO	NYTS 2009	Have you ever used chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?	Yes
57	CG_12_cy	SHOW RESPONDENT SHOWCARD 12  APPROXIMATELY HOW LONG AGO DID YOU LAST USE ANY OF THOSE? YOU CAN TELL ME IN HOURS, DAYS OR MONTHS AGO.	RTI Developed	N/A	N/A
58	H_01_cy	To begin, is there a place that [TEXTFILL IF {S.C} AGE<12 "{S.C} usually goes when he/she is" ELSE "you usually go when you are"] sick or you need advice about [TEXTFILL IF {S.C} AGE<12 "his/her" ELSE "your"] health?	NHIS 2012	The next questions are about health care. Is there a place that [fill1: alias] USUALLY goes when [fill2: he/she] is sick or you need advice about [fill3: his/her] health?	No



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59	H_01a_cy	{TEXT FILL IF H_01_cy=3, "What kind of place [TEXTFILL IF {S.C} AGE<12 "does {S.C}" ELSE "do you"] go to most often" ELSE "What kind of place is it"} - a clinic, doctor's office, emergency room, or some other place?	NHIS 2012	[fill1: What kind of place is it / What kind of place does [fill2: alias] 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 7 Refused 9 Don't know	Yes
60	H_01b_cy	Is that [TEXTFILL IF H_01a_cy=1,2,3,4 "{H_01a_cy}" IF H_01a_cy=5 "other place"] the same place [TEXTFILL IF {S.C} AGE<12 "{S.C}" ELSE "you"] usually [TEXTFILL IF {S.C} AGE<12 "goes" ELSE "go"] when [TEXTFILL IF "he/she needs" AGE<12 "{S.C}" ELSE "you need"] routine or preventive care, such as a physical examination or [IF {S.C.} AGE>12, "(well baby/child)"] check up?	NHIS 2012	Is that [fill1: CPLKIND/CAU.030] the same place [fill2: alias] USUALLY goes when [fill3: he/she] needs routine or preventive care, such as a physical examination or (well baby/child) check-up? 1 Yes 2 No 7 Refused 9 Don't know	Yes

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#	Item Name in CAPI	Item Text in CAPI	Data Source	Original Text in Source	Divergence?
61	H_01c_cy.	<p>What kind of place [TEXTFILL IF {S.C} AGE&lt;12 "Does {S.C}" ELSE "Do you"] usually go to when [TEXTFILL IF "he/she needs" AGE&lt;12 "{S.C}" ELSE "you need"] routine or preventive care, such as a physical examination or [IF {S.C.} AGE&gt;12, "(well baby/child)"] check-up?</p> <p>READ ANSWER OPTIONS ONLY IF NECESSARY:</p> <p>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</p>	NHIS 2012	<p>What kind of place does [fill1: alias] USUALLY go to when [fill2: he/she] needs routine or preventive care, such as a physical examination or (well baby/child) check-up?</p> <p>0 Doesn't get preventive care anywhere            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            7 Refused</p>	Yes

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62	H_01d_cy	<p>Why [IF {S.C.} AGE&gt; 12, “doesn’t {S.C.}” ELSE “don’t you”] have a usual source of medical care? [IF {S.C.} AGE&lt;11, “(My parents and/or I feel....”]</p> <p>CHOOSE ALL THAT APPLY</p> <p>ACCEPT ALL ANSWER AND PROBE UNTIL R INDICATES NO OTHERS APPLY: Any others?</p> <p>READ ANSWER OPTIONS ONLY IF NECESSARY:</p> <p>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</p>	NHIS 2012	<p>Why doesn't [fill: alias] have a usual source of medical care?</p> <p>*Enter all that apply, separate with commas.</p> <p>01 Doesn't need a doctor/Haven't had any problems            02 Doesn't like/trust/believe in doctors            03 Doesn't know where to go            04 Previous doctor is not available/moved            05 Too expensive/no insurance/cost            06 Speak a different language            07 No care available/Care too far away, not convenient            08 Put it off/Didn't get around to it            09 Other            97 Refused</p>	Yes
63	H_02_cy	<p>During the past 12 months did [TEXTFILL IF {S.C} AGE&lt;12 “{S.C}” ELSE “you”] see a doctor, nurse, or other health care professional for any kind of medical care, including sick-child care, well-child check-ups, physical exams, and hospitalizations?</p>	NSCH 2011	<p>[During the past 12 months/Since [his/her] birth], did [S.C.] see a doctor, nurse, or other health care professional for any kind of medical care, including sick-child care, well-child check-ups, physical exams, and hospitalizations?</p>	Yes
64	H_03_cy	<p>During the past 12 months how many times did [TEXTFILL IF {S.C} AGE&lt;12 “{S.C}” ELSE “you”] see a doctor, nurse, or other health care provider for preventive medical care such as a physical exam or well-child checkup?</p>	NSCH 2011	<p>[During the past 12 months/Since [his/her] birth], how many times did [S.C.] see a doctor, nurse, or other health care provider for preventive medical care such as a physical exam or well-child checkup?</p>	No

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65	H_04_cy	[TEXTFILL IF {S.C} AGE<12 "Has {S.C}" ELSE "Have you"] had any colds, flus or other illnesses in the last two weeks?	NHIS 2012	Did [fill: SC name] have a head cold or chest cold that started during the last 2 weeks?	Yes
66	H_05_cy.	Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers. During the past 12 months, [TEXTFILL IF {S.C} AGE<12 "has {S.C}" ELSE "have you"] received any treatment or counseling from a mental health professional in or outside of [IF AGE>12, "day-care or"] school?	NSCH 2011	Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers. During the past 12 months, has [S.C.] received any treatment or counseling from a mental health professional?	Yes
67	H_06_cy	Now I am going to read you a list of health problems, concerns or conditions [TEXTFILL IF {S.C.} AGE>12, "that may affect {S.C.'s} behavior, learning, or growth"]. For each condition, please tell me if a doctor or other health care provider ever told you [TEXTFILL IF AGE<11, "or your parents"] that [TEXTFILL IF {S.C} AGE<12 "{S.C}" ELSE "you"] had the condition, even if [TEXTFILL IF {S.C} AGE<12 "he/she doesn't" ELSE "you don't"] have the condition now.	NSCH 2011	Now I am going to read you a list of conditions. For each condition, please tell me if a doctor or other health care provider ever told you that [S.C.] had the condition, even if [he/she] does not have the condition now.	Yes
68	H_06a_cy.	Has a doctor or other health care provider ever told you [TEXTFILL IF AGE<11, "or your parents"] that [TEXTFILL IF {S.C} AGE<12 "{S.C}" ELSE "you"] had depression?  IF NEEDED, SAY: (Depression is an illness that involves the body, mood, and thoughts. It is marked by persistent sadness or an anxious or empty mood. It affects how a person feels, and the way a person eats, sleeps, and functions.)	NSCH 2011	Depression? HELP SCREEN: Depression is an illness that involves the body, mood, and thoughts. It is marked by persistent sadness or an anxious or empty mood. It affects how a person feels, and the way a person eats, sleeps, and functions.	Yes

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69	H_06b_cy	Has a doctor or other health care provider ever told you [TEXTFILL IF AGE<11, "or your parents"] that [TEXTFILL IF {S.C} AGE<12 "{S.C}" ELSE "you"] had anxiety problems?  IF NEEDED, SAY: (Anxiety is a feeling of constant worrying. Children with severe anxiety problems may be diagnosed as having anxiety disorders. Anxiety disorders include panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder, and phobias.)	NSCH 2011	Anxiety problems? HELP SCREEN: Anxiety is a feeling of constant worrying. Children with severe anxiety problems may be diagnosed as having anxiety disorders. Anxiety disorders include panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder, and phobias.	Yes
70	H_06c_cy	Has a doctor or other health care provider ever told you [TEXTFILL IF AGE<11, "or your parents"] that [TEXTFILL IF {S.C} AGE<12 "{S.C} has" ELSE "you had"] diabetes?  IF NEEDED, SAY: (Diabetes is a disease in which the body does not properly make or use insulin.)	NSCH 2011	Diabetes? HELP SCREEN: Diabetes is a disease in which the body does not properly make or use insulin.	Yes
71	H_06d_cy	Has a doctor or other health care provider ever told you [TEXTFILL IF AGE<11, "or your parents"] that [TEXTFILL IF {S.C} AGE<12 "{S.C} was" ELSE "you were"] overweight?	NHANES 2010: Medical Conditions Section	Has a doctor or other health professional ever told {you/SP} that {you were/s/he/SP was} overweight?	Yes
72	H_06e_cy	[TEXTFILL IF {S.C} AGE<12 "Does {S.C}" ELSE "Do you"] have an impairment or health problem that limits [TEXTFILL IF {S.C} AGE<12 {IF VERIFY_3_cy=1 "his" IF VERIFY_3_cy=2 "her" ELSE "your"} ability to walk, run, or play?	NHIS 2012	Does [fill1: SC name] have an impairment or health problem that limits [fill2: his/her] ability to (crawl), walk, run, or play?	No
73	H_06f_cy	[TEXTFILL IF {S.C} AGE<12 "Is {S.C}" ELSE "Are you"] limited in any way in any activity because of a physical, mental or emotional problem?	NHANES 2010: Physical Functioning Section	{Are you/Is SP} limited in any way in any activity because of a physical, mental or emotional problem?	No

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74	D_01_cy	[TEXTFILL IF {S.C} AGE<12 "Is {S.C}" ELSE "Are you"] Hispanic or Latino?	Adapted from American Community Survey (ACS) to align with the HHS Policy for Improving Race and Ethnicity Data	Is Person 1 of Hispanic, Latino, or Spanish origin?	Yes
75	D_02_cy	<p>What [TEXTFILL, IF {S.C.} AGE&gt;12, "do you consider to be {SP's}" ELSE "do you consider to be your"] race? I am going to read a list. You can select one or more options from the list.</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"> <li>1. White</li> <li>2. Black or African American</li> <li>3. American Indian or Alaskan Native</li> <li>4. Asian</li> <li>5. Pacific Islander</li> <li>6. OTHER</li> </ol>	Adapted from American Community Survey (ACS) to align with the HHS Policy for Improving Race and Ethnicity Data	<p>What is Person 1's race?</p> <p>White</p> <p>American Indian or Alaska Native — Print name of enrolled or principal tribe.</p> <p>Black, African Am., or Negro</p> <p>Asian Indian</p> <p>Chinese</p> <p>Filipino</p> <p>Other Asian — Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</p> <p>Japanese</p> <p>Korean</p> <p>Vietnamese</p> <p>Native Hawaiian</p> <p>Guamanian or Chamorro</p> <p>Samoan</p> <p>Other Pacific Islander — Print race, for example, Fijian, Tongan, and so on.</p>	Yes

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#	Item Name in CAPI	Item Text in CAPI	Data Source	Original Text in Source	Divergence?
76	D_03-ad.	<p>(In the last question), I asked you to [TEXTFILL IF {S.C} AGE&lt;12 "identify {S.C.'s}" ELSE "self-identify your"] race. Now, I want to find out how other people usually classify [TEXTFILL IF {S.C} AGE&lt;12 "{S.C.}" ELSE "you"] in this country.</p> <p>Would you say (other people this country usually classify [TEXTFILL IF {S.C} AGE&lt;12 "{S.C.}" ELSE "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?</p> <p>IF NEEDED, SAY: We want to know how other people usually classify [TEXTFILL IF {S.C} AGE&lt;12 "{S.C.}" ELSE "you"] in this country, which might be different from how you classify [TEXTFILL IF {S.C} AGE&lt;12 "{S.C.}" ELSE "yourself"].</p> <p>ONLY ONE SELECTION ALLOWED.</p> <p>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</p>	BRFSS 2012	<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? INTERVIEWER NOTE: If the respondent requests clarification of this question, say: "We want to know how OTHER people usually classify you in this country, which might be different from how you classify yourself."</p>	Yes