**Attachment 1a: Questions to be cognitively tested – English version**

The Public Health Service Act provides us with the authority to do this research (42 United States Code 242k). All information which would permit identification of any individual, a practice, or an establishment will be held confidential, will be used for statistical purposes only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CDC/ATSDR Information Collection Review Office; 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0222).

Form Approved OMB #0920-0222; Expiration Date: 07/31/2018

|  |  |  |
| --- | --- | --- |
| **E-Cigarettes** | **Electronic nicotine delivery systems, or ENDS, are battery-operated systems that heat a solution containing nicotine and produce a vapor or aerosol instead of smoke.  People use them in a manner that simulates smoking.  Examples of ENDs are e-cigarettes, e-hookahs and vape pens.** | |
| NEW SMQ.1 | During the last 7 days, were you in a place where someone was using an e-cigarette, e-hookah, vape-pen or other similar electronic product indoors? | * Yes * No |
| NEW SMQ.2 | During the last 7 days, did you breathe the vapor from someone else who was using an e-cigarette, e-hookah, vape-pen or other similar electronic product indoors? | * Yes * No |
|  | *INTERVIEWER: “indoors” refers to any public or private space. Questions refer to being around OTHERS using e-cigarettes not use of e-cigarettes by the respondent.* |  |
| **Alcohol** | **The following questions ask about alcohol use. This includes beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey.** | |
| ALQ.NEW1 | [Show hand card ALQ1] In your **entire life**, have you had at least 1 drink of any kind of alcohol, not counting small tastes or sips? By a drink, I mean a 12 oz. beer, a 5 oz. glass of wine, or one and a half ounces of liquor. | * Yes * No |
| ALQ.120 | In the **past 12 months**, how often did you drink any type of alcoholic beverage? | \_\_\_\_\_/Day  \_\_\_\_\_/Week  \_\_\_\_\_/Year |
|  | PROBE: How many days per week, per month, or per year did {you/Sample Person} drink? |
| **Skip** | IF ALQ.120=0, GO TO ALQ.151.  OTHERWISE, CONTINUE WITH ALQ.130. |  |
| ALQ.130 | [Show hand card ALQ1] In the **past 12 months**, on those days that you drank alcoholic beverages, on **average**, how many drinks did {you/he/she} have? (By a drink, I mean a 12 oz. beer, a 5 oz. glass of wine, or one and a half ounces of liquor.) | \_\_\_\_\_\_\_\_# |
| ALQ.141 | In the **past 12 months**, how **often** did {you/Sample Person} have {DISPLAY NUMBER} or more drinks of any alcoholic beverage? | \_\_\_\_\_/Day  \_\_\_\_\_/Week  \_\_\_\_\_/Year |
| **Skip** | IF ALQ.141Q = 0, GO TO ALQ.151.  OTHERWISE, CONTINUE. |  |
| ALQ.NEW2 | [HAND CARD ALQ2] In the **past 12 months**, about how often did {you/Sample Person} have {DISPLAY NUMBER} or more drinks in a period of TWO HOURS OR LESS? | * Every Day * Nearly Every Day * 3-4 Times/week * 2 Times/week * Once a week * 2-3 Times/Month * One/Month * 7-11 times/last year * 3-6 times/last year * 1-2 times/last year * Never/last year |
| ALQ.NEW3 | [HAND CARD ALQ2] In the **past 12 months**, about how often did {you/Sample Person} have **8 or more** drinks in **a single day**? | * Every Day * Nearly Every Day * 3-4 Times/week * 2 Times/week * Once a week * 2-3 Times/Month * One/Month * 7-11 times/last year * 3-6 times/last year * 1-2 times/last year * Never/last year |

|  |  |  |
| --- | --- | --- |
| ALQ.NEW4 | [HAND CARD ALQ2] In the **past 12 months**, about how often did {you/Sample Person} have **12 or more** drinks in **a single day**? | * Every Day * Nearly Every Day * 3-4 Times/week * 2 Times/week * Once a week * 2-3 Times/Month * One/Month * 7-11 times/last year * 3-6 times/last year * 1-2 times/last year * Never/last year |
| ALQ.151 | Was there ever a time or times in {your/Sample Person’s} life when {you/he/she} **drank {DISPLAY NUMBER} or more drinks** of any kind of alcoholic beverage **almost every day**? | * Yes * No |
| NEWALQ.160 | Considering all types of alcoholic beverages, during the **past 30 days**, how many times did {you/Sample Person} have **[4 female/5 male] or more drinks** on an occasion? | \_\_\_\_\_\_\_\_# Times |
| ALCLIFE | In your ENTIRE LIFE, have you had at least 12 drinks of any type of alcoholic beverage? | * Yes * No |
| **Skip** | If ALCLIFE= 1, ask AL06, otherwise, END |  |
| AL06 | During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage? | \_\_\_\_\_\_\_\_# Days |
| **Skip** | If AL06=0, ask ALC12MNO2 |  |
| ALC12MNO2 | In the **past year**, have you had one or more drinks of an alcoholic beverage? | * Yes * No |
| **Skip** | If AL06 is between 1-30, ask AL07 and AL08 |  |
| AL07 | During the past 30 days, on the days that you drank, about how many drinks did you drink on the average? | \_\_\_\_\_\_\_\_# Drinks |
| ALC5UPNO2 | During the past 30 days, on how many days did you have [5 or more/4 or more] drinks? | \_\_\_\_\_\_\_\_# Days |
|  |  |  |

**HAND CARD #ALQ1**

See Attachment 2a - Adobe file

**HAND CARD #ALQ2**

* Every Day
* Nearly Every Day
* 3-4 Times/week
* 2 Times/week
* Once a week
* 2-3 Times/Month
* One/Month
* 7-11 times/last year
* 3-6 times/last year
* 1-2 times/last year

Attachment 1b: Questions to be cognitively tested – Spanish version

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E-Cigarettes - Los sistemas electrónicos de administración de nicotina son sistemas operadas por baterías que calientan una solución conteniendo nicotina y producen un vapor o aerosol en lugar de humo. La gente los usa en manera de simular fumar. Ejemplos de sistemas electrónicos de administración de nicotina son cigarrillos electrónicos, hookahs electrónicas, y pluma estilo de fumar electrónica.

1. Durante los úlimos 7 días, ¿{estuvo usted/estuvo SP} en un lugar donde alguien estaba usando un cigarrillo electrónico, hookah electrónica, pluma estilo de fumar electrónica, u otro producto electrónico parecido?

YES.......................................................................    1

NO.........................................................................    2

REFUSED............................................................     7

DON'T KNOW......................................................    9

1. Durante los últimos 7 días, ¿{estuvo usted/estuvo SP} en un automóvil o vehiculó de motor donde alguien estaba usando un cigarrillo electrónico, hookah electrónica, pluma estilo de fumar electrónica, u otro producto electrónico parecido?

YES.......................................................................    1

NO.........................................................................    2

REFUSED............................................................     7

DON'T KNOW......................................................    9

ALCOHOL

**Las siguientes preguntas son acerca de tomar bebidas alcohólicas. Están incluídos licores (tales como wiskey o ginebra), cerveza, vino, sangría y cualquier otro tipo de bebida alcohólica.**

**Las siguientes preguntas son acerca del consumo de bebidas alcohólicas, las cuales incluyen cerveza, vino, sangría y licores como ron, ginebra, vodka o wiskey.**

ALQ.NEW1 [Show hand card ALQ1]. En **toda su vida**, ¿se ha tomado al menos 1 bebida de cualquier tipo de alcohol, sin incluir probaditas o sorbos? Por bebida, quiero decir una cerveza de 12 onzas, una copa de vino de 5 onzas o una onza y media de licor.

YES 1

NO 2 (END OF SECTION)

REFUSED 7

DON'T KNOW 9

ALQ.120 En los **últimos 12 meses**, ¿con qué frecuencia se tomó {usted/SP} algún tipo de bebida alcohólica?

Q/U

PROBE: ¿Cuántos días por semana, por mes o por año tomó {usted/SP}?

|\_\_\_|\_\_\_|\_\_\_|

ENTER QUANTITY

REFUSED 777

DON'T KNOW 999

ENTER UNIT

WEEK 1

MONTH 2

YEAR 3

ALQ.130 [Show hand card ALQ1]. En los **últimos 12 meses**, en aquellos días en que {usted/SP} se tomó algún tipo de bebida alcohólica, , ¿cuántas bebidas se tomó {usted(SE)/él(MPR)/ella(FPR)} en **promedio?** (Por bebida, quiero decir una cerveza de 12 onzas, una copa de vino de 5 onzas o una onza y media de licor.)

|\_\_\_|\_\_\_|\_\_\_|

ENTER # OF DRINKS

REFUSED 777

DON'T KNOW 999

|  |  |
| --- | --- |
| ALQ.141 Q/U | En los **últimos 12 meses**, ¿con qué **frecuencia** se tomó {usted/SP} {DISPLAY NUMBER} o más bebidas alcohólicas de cualquier tipo? |

PROBE: ¿Cuántos días por semana, por mes o por año tomó {usted/SP} {DISPLAY NUMBER} o más bebidas alcóholicas en un solo día?

Skip: IF QUANTITY CODED ‘0’, GO TO ALQ.151

|\_\_\_|\_\_\_|\_\_\_|

ENTER QUANTITY

REFUSED 777

DON'T KNOW 999

ENTER UNIT

WEEK 1

MONTH 2

YEAR 3

|  |  |
| --- | --- |
| ALQ.NEW2 | [HAND CARD ALQ2]. En los **últimos 12 meses**, ¿aproximadamente con qué frecuencia se tomó {usted/SP} {4/5} o más bebidas en un periodo de DOS HORAS O MENOS? |

|  |  |
| --- | --- |
| ALQ.NEW3 | [HAND CARD ALQ2]. En los **últimos 12 meses**, ¿aproximadamente con qué frecuencia se tomó {usted/SP} **8 o más** bebidas en **un solo día**? |

|  |  |
| --- | --- |
| ALQ.NEW4 | [HAND CARD ALQ2]. En los **últimos 12 meses**, ¿aproximadamente con qué frecuencia se tomó {usted/SP} **12 o más** bebidas en **un solo día**? |

ALQ.151 ¿Hubo alguna vez un tiempo o tiempos en {su vida/la vida de SP} cuando {usted(SE)/él(MPR)/ella(FPR)} **se tomó {4/5} o más bebidas alcóholicas** de cualquier tipo, **casi todos los días**?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

**NEWALQ.160** Piense en todos los tipos de bebidas alcohólicas. En **los últimos 30 días**, ¿cuántas veces **se tomó** {usted/SP} **{4/5} o más bebidas alcóholicas** en una ocasión?

|\_\_\_|\_\_\_|

ENTER QUANTITY

REFUSED 777

DON'T KNOW 999

**ALCLIFE**  In your ENTIRE LIFE, have you had at least 12 drinks of any type of alcoholic beverage?

Durante TODA SU VIDA, ¿ha consumido por lo menos 12 tragos de cualquier tipo de bebida alcohólica?

1 Yes

2 No

DK/REF

If ALCLIFE= 1, ask AL06, otherwise, END:

**AL06** During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?

En los últimos 30 días, ¿cuántos días bebió al menos un trago de cualquier tipo de bebida alcohólica?

# of DAYS \_\_\_\_\_\_ [RANGE: 0-30]

DK/REF

Enter ‘0’ if no drinks in past 30 days (Ningún trago en los últimos 30 días)

If AL06=0, ask ALC12MNO2:

**ALC12MNO2** In the **past year**, have you had one or more drinks of an alcoholic beverage?

En CUALQUIER AÑO, ¿ha consumido por lo menos un trago de cualquier tipo de bebida alcohólica?

1 Yes

2 No

DK/REF

Regardless of answer to ALC12MNO2, go to END.

If AL06 is between 1-30, ask AL07 and AL08:

**AL07** During the past 30 days, on the days that you drank, about how many drinks did you drink on the average?

En los últimos 30 días, en los días que bebió, ¿aproximadamente cuántos tragos tomó en promedio?

# OF DRINKS: \_\_\_\_\_ [RANGE: 1-90]

DK/REF

Enter ‘1’ if part of one drink

**ALC5UPNO2** During the past 30 days, on how many days did you have [fill: 5 or more/4 or more] drinks?

DURANTE LOS ÚLTIMOS 30 DÍAS, ¿cuántas veces tuvo [fill: 5 o más / 4 o más] bebidas?

# DAYS \_\_\_\_\_\_\_\_\_\_ [0-30]

DK/REF

Enter ‘0’ for never

If respondent is male, fill 5 or more

If respondent is female, fill 4 or more

**NEWALQ.160** Considering all types of alcoholic beverages. during the past 30 days, how many times did you have {DISPLAY NUMBER} or more drinks **on an occasion**?

Teniendo en cuenta todos los tipos de bebidas alcohólicas, DURANTE LOS ÚLTIMOS 30 DÍAS, ¿cuántas veces tuvo [fill: 5 o más / 4 o más] bebidas **en una sola ocasión**?

|\_\_\_|\_\_\_|

ENTER QUANTITY

REFUSED 777

DON'T KNOW 999

**HAND CARD #ALQ1**

See Attachment 2a - Adobe file

**HAND CARD #ALQ2**

* Todos los días
* Casi todos los días
* 3 a 4 veces por semana
* 2 veces por semana
* Una vez por semana
* 2 a 3 veces por mes
* Una vez por mes
* 7 a 11 veces en el último año
* 3 a 6 veces en el último año
* 1 a 2 veces en el último año