

Attachment 4b-2017

Reference set of questions for Optional Modules

Module 1: Pre-Diabetes

NOTE: Only asked of those not responding “Yes” (code = 1) to Core Q6.12 (Diabetes awareness question).

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

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

CATI note: If Core Q6.12 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 “Yes” (code = 1).

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

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

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

Module 2: Diabetes

CATI note: To be asked following Core Q6.13; if response to Q6.12 is "Yes" (code = 1)

1. Are you now taking insulin?

- 1 Yes
- 2 No
- 9 Refused

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

1 _ _	Times per day
2 _ _	Times per week
3 _ _	Times per month
4 _ _	Times per year
8 8 8	Never
7 7 7	Don't know / Not sure
9 9 9	Refused

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

1 _ _	Times per day
2 _ _	Times per week
3 _ _	Times per month
4 _ _	Times per year
5 5 5	No feet
8 8 8	Never
7 7 7	Don't know / Not sure
9 9 9	Refused

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

<u> </u> <u> </u>	Number of times [76 = 76 or more]
8 8	None
7 7	Don't know / Not sure
9 9	Refused

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

<u> </u> <u> </u>	Number of times [76 = 76 or more]
8 8	None
9 8	Never heard of "A one C" test
7 7	Don't know / Not sure
9 9	Refused

CATI NOTE: If Q3 = 555 (No feet), go to Q7.

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

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

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

Read only if necessary:

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

Do not read:

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

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

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

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

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

Module 3: Healthy Days (Symptoms)

The next few questions are about health-related problems or symptoms.

1. During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation?

	Number of days
8 8	None
7 7	Don't know / Not sure
9 9	Refused

2. During the past 30 days, for about how many days have you felt sad, blue, or depressed?

	Number of days
8 8	None
7 7	Don't know / Not sure
9 9	Refused

3. During the past 30 days, for about how many days have you felt worried, tense, or anxious?

	Number of days
8 8	None
7 7	Don't know / Not sure
9 9	Refused

4. During the past 30 days, for about how many days have you felt very healthy and full of energy?

	Number of days
8 8	None
7 7	Don't know / Not sure
9 9	Refused

Module 4: Caregiver

People may provide regular care or assistance to a friend or family member who has a health problem or disability.

1. During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?

1. Yes
2. No [\[Go to Question 9\]](#)

7 Don't know/Not sure [\[Go to Question 9\]](#)
9 Refused [\[Go to Question 9\]](#)

CATI NOTE: If caregiving recipient has died in the past 30 days, say "I'm so sorry to hear of your loss." and skip to the next module.

2. What is his or her relationship to you? For example is he or she your (mother or daughter or father or son)?

[DO NOT READ; CODE RESPONSE USING THESE CATEGORIES]

- 1 Mother
- 2 Father
- 3 Mother-in-law
- 4 Father-in-law
- 5 Child
- 6 Husband
- 7 Wife
- 8 Same-sex partner
- 9 Brother or brother-in-law
- 10 Sister or sister-in-law
- 11 Grandmother
- 12 Grandfather
- 13 Grandchild
- 14 Other relative
- 15 Non-relative/Family friend

77 Don't know/Not sure
99 Refused

3. For how long have you provided care for that person? Would you say...

- 1 Less than 30 days
- 2 1 month to less than 6 months
- 3 6 months to less than 2 years
- 4 2 years to less than 5 years
- 5 More than 5 years

- 7 Don't Know/ Not Sure
- 9 Refused

4. In an average week, how many hours do you provide care or assistance? Would you say...

- 1 Up to 8 hours per week
- 2 9 to 19 hours per week
- 3 20 to 39 hours per week
- 4 40 hours or more

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

5. What is the main health problem, long-term illness, or disability that the person you care for has?

IF NECESSARY: Please tell me which one of these conditions would you say is the *major* problem?

[DO NOT READ: RECORD ONE RESPONSE]

- 1 Arthritis/Rheumatism
- 2 Asthma
- 3 Cancer
- 4 Chronic respiratory conditions such as Emphysema or COPD
- 5 Dementia and other Cognitive Impairment Disorders
- 6 Developmental Disabilities such as Autism, Down's Syndrome, and Spina Bifida
- 7 Diabetes
- 8 Heart Disease, Hypertension
- 9 Human Immunodeficiency Virus Infection (HIV)
- 10 Mental Illnesses, such as Anxiety, Depression, or Schizophrenia
- 11 Other organ failure or diseases such as kidney or liver problems
- 12 Substance Abuse or Addiction Disorders
- 13 Other

- 1 Don't know/Not sure

99 Refused

6. In the past 30 days, did you provide care for this person by...

a. **...Managing personal care such as giving medications, feeding, dressing, or bathing?**

1 Yes
2 No

7 Don't Know /Not Sure
9 Refused

7. In the past 30 days, did you provide care for this person by...

b. **...Managing household tasks such as cleaning, managing money, or preparing meals?**

1 Yes
2 No

7 Don't Know /Not Sure
9 Refused

8. Of the following support services, which one do you MOST need, that you are not currently getting?

[INTERVIEWER NOTE: IF RESPONDENT ASKS WHAT RESPITE CARE IS]: Respite care means short-term or long-term breaks for people who provide care.

[READ OPTIONS 1 – 6]

- 1 Classes about giving care, such as giving medications
- 2 Help in getting access to services
- 3 Support groups
- 4 Individual counseling to help cope with giving care
- 5 Respite care
- 6 You don't need any of these support services

[DO NOT READ]

- 7 Don't Know /Not Sure
- 9 Refused

[If Q1 = YES, GO TO NEXT MODULE]

9. In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?

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

Module 5: Visual Impairment and Access to Eye Care

CATI NOTE: If respondent is less than 40 years of age go to next module.

Now I would like to ask you questions about your vision. These questions are for all respondents regardless of whether or not you wear glasses or contact lenses. If you wear glasses or contact lenses, answer questions as if you are wearing them.

1. How much difficulty, if any, do you have in recognizing a friend across the street? Would you say—

Please read:

1 No difficulty
2 A little difficulty
3 Moderate difficulty
4 Extreme difficulty
5 Unable to do because of eyesight

Or

6 Unable to do for other reasons

Do not read:

7 Don't know / Not sure
8 Not applicable (Blind) **[Go to next module]**
9 Refused

2. How much difficulty, if any, do you have reading print in newspapers, magazines, recipes, menus, or numbers on the telephone? Would you say—

Please read:

- 1 No difficulty
- 2 A little difficulty
- 3 Moderate difficulty
- 4 Extreme difficulty
- 5 Unable to do because of eyesight

Or

- 6 Unable to do for other reasons

Do not read:

- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

3. When was the last time you had your eyes examined by any doctor or eye care provider?

Read only if necessary:

- 1 Within the past month (anytime less than 1 month ago) **[Go to Q5]**
- 2 Within the past year (1 month but less than 12 months ago) **[Go to Q5]**
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago
- 5 Never

Do not read:

- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

4. What is the main reason you have not visited an eye care professional in the past 12 months?

Read only if necessary:

- 0 1 Cost/insurance
- 0 2 Do not have/know an eye doctor
- 0 3 Cannot get to the office/clinic (too far away, no transportation)
- 0 4 Could not get an appointment
- 0 5 No reason to go (no problem)
- 0 6 Have not thought of it
- 0 7 Other

Do not read:

7 7 Don't know / Not sure
0 8 Not Applicable (Blind) **[Go to next module]**
9 9 Refused

CATI NOTE: Skip Q5, if any response to Module 2 (Diabetes) Q7.

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

Read only if necessary:

1 Within the past month (anytime less than 1 month ago)
2 Within the past year (1 month but less than 12 months ago)
3 Within the past 2 years (1 year but less than 2 years ago)
4 2 or more years ago
5 Never

Do not read:

7 Don't know / Not sure
8 Not applicable (Blind) **[Go to next module]**
9 Refused

6. Do you have any kind of health insurance coverage for eye care?

1 Yes
2 No
7 Don't know / Not sure
8 Not applicable (Blind) **[Go to next module]**
9 Refused

7. Have you been told by an eye doctor or other health care professional that you NOW have cataracts?

1 Yes
2 No, I had them removed
3 No
7 Don't know / Not sure
8 Not applicable (Blind) **[Go to next module]**
9 Refused

8. Have you EVER been told by an eye doctor or other health care professional that you had glaucoma?

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

Please read:

Age-related Macular Degeneration (AMD) is a disease that affects the macula, the part of the eye that allows you to see fine detail.

NOTE: Age-related Macular Degeneration (Age-related Mak·yuh·luh r Di·jen·uh·rey·shuh n)

9. Have you EVER been told by an eye doctor or other health care professional that you had age-related macular degeneration?

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

Module 6: Cognitive Decline

CATI Note: If respondent is 45 years of age or older continue, else go to next module

Introduction: The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things you've always done or forgetting things that you would normally know. We want to know how these difficulties impact you.

1. During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?

- 1 Yes
- 2 No **[Go to next module]**
- 7 Don't know **[Go to Q2]**
- 9 Refused **[Go to next module]**

2. During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills?

1 Always
2 Usually
3 Sometimes
4 Rarely
5 Never

7 Don't know
9 Refused

3. As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities?

1 Always
2 Usually
3 Sometimes
4 Rarely **[Go to Q5]**
5 Never **[Go to Q5]**

7 Don't know
9 Refused

CATI NOTE: If Q3 = 1, 2, or 3, continue. If Q3 = 4 or 5, go to Q5.

4. When you need help with these day-to-day activities, how often are you able to get the help that you need?

1 Always
2 Usually
3 Sometimes
4 Rarely
5 Never

7 Don't know
9 Refused

5. During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home?

1 Always
2 Usually
3 Sometimes
4 Rarely
5 Never

7 Don't know
9 Refused

6. Have you or anyone else discussed your confusion or memory loss with a health care professional?

1 Yes
2 No

7 Don't know
9 Refused

Module 7: Sodium or Salt-Related Behavior

Now I would like to ask you some questions about sodium or salt intake.

Most of the sodium or salt we eat comes from processed foods and foods prepared in restaurants. Salt also can be added in cooking or at the table.

1. Are you currently watching or reducing your sodium or salt intake?

1 Yes
2 No [Go to Q3]
7 Don't know/not sure [Go to Q3]
9 Refused [Go to Q3]

2. How many days, weeks, months, or years have you been watching or reducing your sodium or salt intake?"

1-- Day(s)
2-- Week(s)
3-- Month(s)
4-- Year(s)
5 5 5 All my life
7 7 7 Don't know/not sure
9 9 9 Refused

3. Has a doctor or other health professional ever advised you to reduce sodium or salt intake? (344)

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

Module 8: Adult Asthma History

CATI NOTE: If "Yes" to Core Q6.4; continue. Otherwise, go to next module.

Previously you said you were told by a doctor, nurse or other health professional that you had asthma.

1. How old were you when you were first told by a doctor, nurse, or other health professional that you had asthma?

Age in years 11 or older **[96 = 96 and older]**
 Age 10 or younger
 Don't know / Not sure
 Refused

CATI NOTE: If "Yes" to Core Q6.5, continue. Otherwise, go to next module.

2. During the past 12 months, have you had an episode of asthma or an asthma attack?

Yes
 No **[Go to Q5]**
 Don't know / Not sure **[Go to Q5]**
 Refused **[Go to Q5]**

3. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma?

Number of visits **[87 = 87 or more]**
 None
 Don't know / Not sure
 Refused

4. **[If one or more visits to Q3, fill in "Besides those emergency room or urgent care center visits,"]** During the past 12 months, how many times did you see a doctor, nurse or other health professional for urgent treatment of worsening asthma symptoms?

Number of visits **[87 = 87 or more]**
 None
 Don't know / Not sure
 Refused

5. During the past 12 months, how many times did you see a doctor, nurse, or other health professional for a routine checkup for your asthma?

Number of visits **[87 = 87 or more]**

- 8 8 None
- 9 8 Don't know / Not sure
- 9 9 Refused

6. During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma?

Number of days

- 8 8 8 None
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

7. Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don't have a cold or respiratory infection. During the past 30 days, how often did you have any symptoms of asthma? Would you say —

NOTE: Phlegm ('flem')

Please read:

- 8 Not at any time **[Go to Q9]**
- 1 Less than once a week
- 2 Once or twice a week
- 3 More than 2 times a week, but not every day
- 4 Every day, but not all the time

Or

- 5 Every day, all the time

Do not read:

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

8. During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep? Would you say —

Please read:

- 8 None
- 1 One or two
- 2 Three to four
- 3 Five
- 4 Six to ten

Or

- 5 More than ten

Do not read:

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

9. During the past 30 days, how many days did you take a prescription asthma medication to PREVENT an asthma attack from occurring?

Please read:

- 8 Never
- 1 1 to 14 days
- 2 15 to 24 days
- 3 25 to 30 days

Do not read:

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

10. During the past 30 days, how often did you use a prescription asthma inhaler DURING AN ASTHMA ATTACK to stop it?

INTERVIEWER INSTRUCTION: How often (number of times) does NOT equal number of puffs. Two to three puffs are usually taken each time the inhaler is used.

Read only if necessary:

- 8 Never (include no attack in past 30 days)
- 1 1 to 4 times (in the past 30 days)
- 2 5 to 14 times (in the past 30 days)
- 3 15 to 29 times (in the past 30 days)
- 4 30 to 59 times (in the past 30 days)
- 5 60 to 99 times (in the past 30 days)
- 6 100 or more times (in the past 30 days)

Do not read:

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

Module 9: Cardiovascular Health

I would like to ask you a few more questions about your cardiovascular or heart health.

CATI NOTE: If Core Q6.1 = 1 (Yes), ask Q1. If Core Q6.1 = 2, 7, or 9 (No, Don't know, or Refused), skip Q1.

1. Following your heart attack, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."

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

CATI NOTE: If Core Q6.3 = 1 (Yes), ask Q2. If Core Q6.3 = 2, 7, or 9 (No, Don't know, or Refused), skip Q2.

2. Following your stroke, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."

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

Interviewer NOTE: Question 3 is asked for all respondents

3. Do you take aspirin daily or every other day?

Interviewer NOTE: Aspirin can be prescribed by a health care provider or obtained as an over-the-counter (OTC) medication.

1	Yes	[Go to question 5]
2	No	
7	Don't know / Not sure	
9	Refused	

4. Do you have a health problem or condition that makes taking aspirin unsafe for you?

If "Yes," ask "Is this a stomach condition?" Code upset stomach as stomach problems.

1	Yes, not stomach related	[Go to next module]
2	Yes, stomach problems	[Go to next module]
3	No	[Go to next module]
7	Don't know / Not sure	[Go to next module]
9	Refused	[Go to next module]

5. Do you take aspirin to relieve pain?

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

6. Do you take aspirin to reduce the chance of a heart attack?

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

7. Do you take aspirin to reduce the chance of a stroke?

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

Module 10: Arthritis Management

CATI NOTE: If Core Q6.9 = 1 (Yes), continue. Otherwise, go to next module.

1. Earlier you indicated that you had arthritis or joint symptoms. Thinking about your arthritis or joint symptoms, which of the following best describes you **today**?

Please read:

1	I can do everything I would like to do
2	I can do most things I would like to do
3	I can do some things I would like to do
4	I can hardly do anything I would like to do

Do not read:

7 Don't know / Not sure
9 Refused

2. Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms?

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

3. Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?

NOTE: If the respondent is unclear about whether this means an increase or decrease in physical activity, this means increase.

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

4. Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

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

Module 11: Tetanus Diphtheria (Tdap) (Adults)

Next, I will ask you about the tetanus diphtheria vaccination.

1. Since 2005, have you had a tetanus shot?

If yes, ask: "Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?"

1 Yes, received Tdap
2 Yes, received tetanus shot, but not Tdap
3 Yes, received tetanus shot but not sure what type
4 No, did not receive any tetanus since 2005
7 Don't know/Not sure
9 Refused

Module 12: Adult Human Papillomavirus (HPV) - Vaccination

CATI NOTE: To be asked of respondents between the ages of 18 and 49 years; otherwise, go to next module.

**NOTE: Human Papillomavirus (Human Pap·uh·loh·muh virus);
Gardasil (Gar·duh· seel); Cervarix (Sir·var· icks)**

1. A vaccine to prevent the human papillomavirus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, **[Fill: if female “GARDASIL or CERVARIX”; if male “ or GARDASIL”].**

Have you EVER had an HPV vaccination?

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

2. How many HPV shots did you receive?

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

Module 13: Shingles (Zostavax or ZOS)

CATI NOTE: If respondent is \leq 49 years of age, go to next section.

The next question is about the Shingles vaccine.

1. Have you ever had the shingles or zoster vaccine?

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

INTERVIEWER NOTE (Read if necessary): Shingles is caused by the chicken pox virus. It is an outbreak of rash or blisters on the skin that may be associated with severe pain. A vaccine for shingles has been available since May 2006; it is called Zostavax®, the zoster vaccine, or the shingles vaccine.

Module 14: Breast and Cervical Cancer Screening

CATI NOTE: If respondent is male, go to the next section.

The next questions are about breast and cervical cancer.

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

1	Yes	
2	No	[Go to Q3]
7	Don't know / Not sure	[Go to Q3]
9	Refused	[Go to Q3]

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

1	Within the past year (anytime less than 12 months ago)
2	Within the past 2 years (1 year but less than 2 years ago)
3	Within the past 3 years (2 years but less than 3 years ago)
4	Within the past 5 years (3 years but less than 5 years ago)
5	5 or more years ago
7	Don't know / Not sure
9	Refused

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

1	Yes	
2	No	[Go to Q5]
7	Don't know / Not sure	[Go to Q5]
9	Refused	[Go to Q5]

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

1	Within the past year (anytime less than 12 months ago)
2	Within the past 2 years (1 year but less than 2 years ago)
3	Within the past 3 years (2 years but less than 3 years ago)
4	Within the past 5 years (3 years but less than 5 years ago)
5	5 or more years ago
7	Don't know / Not sure
9	Refused

5. An HPV test is sometimes given with the Pap test for cervical cancer screening.

Have you ever had an HPV test?

1	Yes	
2	No	[Go to Q7]
7	Don't know/Not sure	[Go to Q7]
9	Refused	[Go to Q7]

6. How long has it been since you had your last HPV test?

1	Within the past year (anytime less than 12 months ago)
2	Within the past 2 years (1 year but less than 2 years ago)
3	Within the past 3 years (2 years but less than 3 years ago)
4	Within the past 5 years (3 years but less than 5 years ago)
5	5 or more years ago
7	Don't know / Not sure
9	Refused

CATI NOTE: If response to Core Q7.21 = 1 (is pregnant); then go to next section.

7. Have you had a hysterectomy?

Read only if necessary: A hysterectomy is an operation to remove the uterus (womb).

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

Module 15: Clinical Breast Exam for Breast Cancer Screening

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

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

2. How long has it been since your last breast exam?

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

Module 16: Colorectal Cancer Screening

CATI NOTE: If respondent is \leq 49 years of age, go to next section.

The next questions are about colorectal cancer screening.

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

)

- 1 Yes
- 2 No [Go to Q3]
- 7 Don't know / Not sure [Go to Q3]
- 9 Refused [Go to Q3]

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

Read only if necessary:

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

Do not read:

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

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

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

4. For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems.

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

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

5. How long has it been since you had your last sigmoidoscopy or colonoscopy?
)

Read only if necessary:

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

Do not read:

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

Module 17: Prostate Cancer Screening

CATI NOTE: If respondent is ≤ 39 years of age, or is female, go to next section.

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

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

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

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

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

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

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

4. Have you EVER HAD a PSA test?

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

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

Read only if necessary:

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

Do not read:

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

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

Please read:

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

Do Not Read:

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

Module 18: Prostate Cancer Screening Decision Making

CATI NOTE: If module 17, question 4 = 1 (has had a PSA test) continue, else go to next module.

1. Which one of the following best describes the decision to have the PSA test done?

Please read:

- 1 You made the decision alone **[Go to next module]**
- 2 Your doctor, nurse, or health care provider made the decision alone **[Go to next module]**
- 3 You and one or more other persons made the decision together
- 4 You don't remember how the decision was made **[Go to next module]**

Do not read:

- 9 Refused

2. Who made the decision with you? (Mark all that apply)

- 1 Doctor/nurse /health care provider
- 2 Spouse/significant other
- 3 Other family member
- 4 Friend/non-relative
- 8 No additional choices
- 7 Don't know / Not sure
- 9 Refused

Module 19: Industry and Occupation

If Core Q7.15 = 1 or 4 (Employed for wages or out of work for less than 1 year) or 2 (Self-employed), continue else go to next module.

Now I am going to ask you about your work.

If Core Q7.15 = 1 (Employed for wages) or 2 (Self-employed) ask,

1. What kind of work do you do? (for example, registered nurse, janitor, cashier, auto mechanic)

INTERVIEWER NOTE: If respondent is unclear, ask "What is your job title?"

INTERVIEWER NOTE: If respondent has more than one job then ask, "What is your main job?"

[Record answer] _____
99 Refused

Or

If Core Q7.15 = 4 (Out of work for less than 1 year) ask,

What kind of work did you do? (for example, registered nurse, janitor, cashier, auto mechanic)
(429-453)

INTERVIEWER NOTE: If respondent is unclear, ask "What was your job title?"

INTERVIEWER NOTE: If respondent had more than one job then ask, "What was your main job?"

[Record answer] _____
99 Refused

If Core Q7.15 = 1 (Employed for wages) or 2 (Self-employed) ask,

2. What kind of business or industry do you work in? (for example, hospital, elementary school, clothing manufacturing, restaurant)

[Record answer] _____
99 Refused

Or

If Core Q7.9 = 4 (Out of work for less than 1 year) ask,

What kind of business or industry did you work in? (for example, hospital, elementary school, clothing manufacturing, restaurant)

[Record answer] _____
99 Refused

Module 20: Social Context

Now, I am going to ask you about several factors that can affect a person's health.

If Core Q7.8 = 1 or 2 (own or rent) continue, else go to Q2.

1. 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

Do not read:

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

2. 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

Do not read:

8 Not applicable
 7 Don't know / Not sure
 9 Refused

If Core Q7.15 = 1 (Employed for wages) or 2 (Self-employed), go to Q3 and Q4.

If Core Q7.15 = 3 (Out of work for 1 year or more), 4 (Out of work for less than 1 year), or 7 (Retired), go to Q5 and Q6.

If Core Q7.15 = 5 (A homemaker), 6 (A student), or 8 (Unable to work), go to Q6.

3. At your main job or business, how are you generally paid for the work you do. Are you:

1 Paid by salary
 2 Paid by the hour
 3 Paid by the job/task (e.g. commission, piecework)
 4 Paid some other way
 7 Don't know / Not sure
 9 Refused

INTERVIEWER NOTE: If paid in multiple ways at their main job, select option 4 (Paid some other way).

4. About how many hours do you work per week at all of your jobs and businesses combined?

1	Hours (01-96 or more)	[Go to next module]
2	Don't know / Not sure	[Go to next module]
3	Does not work	[Go to next module]
4	Refused	[Go to next module]

5. Thinking about the last time you worked, at your main job or business, how were you generally paid for the work you did? Were you:

1 Paid by salary
 2 Paid by the hour
 3 Paid by the job/task (e.g. commission, piecework)
 4 Paid some other way
 7 Don't know / Not sure
 9 Refused

6. Thinking about the last time you worked, about how many hours did you work per week at all of your jobs and businesses combined?

— 7 Hours (01-96 or more)
9 7 Don't know / Not sure
9 8 Does not work
9 9 Refused

Module 21: Sexual Orientation and Gender Identity

The next two questions are about sexual orientation and gender identity.

INTERVIEWER NOTE: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.

INTERVIEWER NOTE: Please say the number before the text response. Respondent can answer with either the number or the text/word.

1. Do you consider yourself to be:

Please read:

1 1 Straight
2 2 - Lesbian or gay
3 3 - Bisexual

Do not read:

4 Other
1 Don't know/Not sure
9 Refused

2. Do you consider yourself to be transgender?

If yes, ask "Do you consider yourself to be **1.** male-to-female, **2.** female-to-male, or **3.** gender non-conforming?"

INTERVIEWER NOTE: Please say the number before the "yes" text response. Respondent can answer with either the number or the text/word.

- 1 Yes, Transgender, male-to-female
- 2 Yes, Transgender, female to male
- 3 Yes, Transgender, gender nonconforming
- 4 No

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

INTERVIEWER NOTE: If asked about definition of transgender:

Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgendered. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.

INTERVIEWER NOTE: If asked about definition of gender non-conforming:

Some people think of themselves as gender **non-conforming** when they do not identify only as a man or only as a woman.

Module 22: Random Child Selection

CATI NOTE: If Core Q7.16 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

If Core Q7.16 = 1, Interviewer please read: "Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child." **[Go to Q1]**

If Core Q7.16 is >1 and Core Q7.16 does not equal 88 or 99, Interviewer please read: "Previously, you indicated there were **[number]** children age 17 or younger in your household. Think about those **[number]** children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth."

**CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the "Xth" child.
Please substitute "Xth" child's number in all questions below.**

INTERVIEWER PLEASE READ:

I have some additional questions about one specific child. The child I will be referring to is the "Xth" **[CATI: please fill in correct number]** child in your household. All following questions about children will be about the "Xth" **[CATI: please fill in]** child.

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

<u>I</u>	Code month and year
7 7/ 7 7 7	Don't know / Not sure
9 9/ 9 9 9	Refused

CATI INSTRUCTION: Calculate the child's age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is ≥ 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

2. Is the child a boy or a girl?

1	Boy
2	Girl
9	Refused

3. Is the child Hispanic, Latino/a, or Spanish origin?

If yes, ask: Are they...

Interviewer NOTE: *One or more categories may be selected*

1	Mexican, Mexican American, Chicano/a
2	Puerto Rican
3	Cuban
4	Another Hispanic, Latino/a, or Spanish origin

Do not read:

5	No
7	Don't know / Not sure
9	Refused

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

(Select all that apply)

Interviewer NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

- 10 White**
- 20 Black or African American**
- 30 American Indian or Alaska Native**
- 40 Asian**
 - 41 Asian Indian
 - 42 Chinese
 - 43 Filipino
 - 44 Japanese
 - 45 Korean
 - 46 Vietnamese
 - 47 Other Asian
- 50 Pacific Islander**
 - 51 Native Hawaiian
 - 52 Guamanian or Chamorro
 - 53 Samoan
 - 54 Other Pacific Islander

Do not read:

- 60 Other
- 88 No additional choices
- 77 Don't know / Not sure
- 99 Refused

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

Interviewer NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
 - 41 Asian Indian
 - 42 Chinese
 - 43 Filipino
 - 44 Japanese
 - 45 Korean
 - 46 Vietnamese
 - 47 Other Asian
- 50 Pacific Islander
 - 51 Native Hawaiian
 - 52 Guamanian or Chamorro
 - 53 Samoan
 - 54 Other Pacific Islander

Do not read:

- 60 Other
- 77 Don't know / Not sure
- 99 Refused

6. How are you related to the child?

Please read:

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

Do not read:

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

Module 23: Childhood Asthma Prevalence

CATI NOTE: If response to Core Q7.16 = 88 (None) or 99 (Refused), go to next module.

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

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

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

2. Does the child still have asthma?

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

Module 24: Emotional Support and Life Satisfaction

The next two questions are about emotional support and your satisfaction with life.

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

INTERVIEWER NOTE: If asked, say “please include support from any source.”
Please read:

1	Always	
2	Usually	
3	Sometimes	
4	Rarely	
5	Never	

Do not read:

7	Don't know / Not sure	
9	Refused	

2. In general, how satisfied are you with your life?

Please read:

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied

Do not read:

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

Module 25: Anxiety and Depression

Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks.

1. Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?

- 01–14 days
- 8 None
- 7 Don't know / Not sure
- 9 Refused

2. Over the last 2 weeks, how many days have you felt down, depressed or hopeless?

- 01–14 days
- 8 None
- 7 Don't know / Not sure
- 9 Refused

3. Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much?

- 01–14 days
- 8 None
- 7 Don't know / Not sure
- 9 Refused

4. Over the last 2 weeks, how many days have you felt tired or had little energy?

- 01–14 days
- 8 None
- 7 Don't know / Not sure
- 9 Refused

5. Over the last 2 weeks, how many days have you had a poor appetite or eaten too much?

—	01–14 days
8 8	None
7 7	Don't know / Not sure
9 9	Refused

6. Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down?

—	01–14 days
8 8	None
7 7	Don't know / Not sure
9 9	Refused

7. Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV?

—	01–14 days
8 8	None
7 7	Don't know / Not sure
9 9	Refused

8. Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?

—	01–14 days
8 8	None
7 7	Don't know / Not sure
9 9	Refused

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

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

10. Has a doctor or other healthcare provider EVER told you that you have an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)?

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

Module 26: Menu Labeling

1. The next question is about eating out at fast food and chain restaurants. When calorie information is available in the restaurant, how often does this information help you decide what to order?

Please read:

- 01 Always
- 02 Most of the time
- 03 About half the time
- 04 Sometimes
- 05 Never

Do not read:

- 06 Never noticed or never looked for calorie information
- 08 Usually cannot find calorie information
- 55 Do not eat at fast food or chain restaurants
- 77 Don't know / Not sure**
- 99 Refused**

Module 27: Marijuana Use

1. During the past 30 days, on how many days did you use marijuana or hashish?

01-30 Number of Days

8 8. None
7 7. Don't know/not sure
9 9. Refused

2. During the past 30 days, how did you use marijuana? Please tell me all that apply.
Did you....

**[INTERVIEWER NOTE: Use clarification in parentheses only if needed.
Please slowly read all modes in succession]**

- 1 Smoke it? (for example: in a joint, bong, pipe, or blunt)
- 2 Eat it? (for example, in brownies, cakes, cookies, or candy)
- 3 Drink it? (for example, in tea, cola, alcohol)
- 4 Vaporize it? (for example in an e-cigarette-like vaporizer)
- 5 Dab it? (for example using butane hash oil, wax or concentrates)
or
- 6 Was it used in some other way?

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

Module 28 Sleep Disorder

I would like to ask you a few questions about your sleep patterns.

1. Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much?

___ 01-14 days

8 8 None
7 7 Don't know/Not sure
9 9 Refused

3. Over the last 2 weeks, how many days did you unintentionally fall asleep during the day?

(400-401)

___ 01-14 days

- 8 8 None
- 7 7 Don't know/Not sure
- 9 9 Refused

3. Have you ever been told that you snore loudly?

(402)

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

4. Has anyone ever observed that you stop breathing during your sleep?

(403)

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

Module 29 Actions to Control High Blood Pressure

Module 3: Respiratory Health (COPD Symptoms)

The next few questions are about breathing problems you may have.

1. During the past 3 months, did you have a cough on most days?

(308)

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

2. During the past 3 months, did you cough up phlegm [FLEM] or mucus on most days?

(309)

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

3. Do you have shortness of breath either when hurrying on level ground or when walking up a slight hill or stairs? (310)

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

4. Have you ever been given a breathing test to diagnose breathing problems? (311)

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

5. Over your lifetime, how many years have you smoked tobacco products?

(312-313)

- 00 Never smoked or smoked less than one year
- Number of years (01-76)
- 77 Don't know/Not sure
- 99 Refused

Module 30 Fire Arm Safety

The next questions are about safety and firearms. Some people keep guns for recreational purposes such as hunting or sport shooting. People also keep guns in the home for protection. Please include firearms such as pistols, revolvers, shotguns, and rifles; but not BB guns or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

1 Are any firearms now kept in or around your home? (690)

- 1. Yes
- 2. No [GO TO NEXT MODULE]
- 7. Don't know/not sure [GO TO NEXT MODULE]
- 9. Refused [GO TO NEXT MODULE]

2 Are any of these firearms now loaded? (691)

- 1. Yes

- 2. No [GO TO NEXT MODULE]
- 7. Don't know/not sure [GO TO NEXT MODULE]
- 9. Refused [GO TO NEXT MODULE]

3 Are any of these loaded firearms also unlocked? (692)

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

Module 31 Lung Cancer Screening

CATI NOTE: IF CORE Q8.1=1 (YES) AND Q8.2 = 1, 2, OR 3 (EVERY DAY, SOME DAYS, OR NOT AT ALL) CONTINUE, ELSE GO TO NEXT MODULE.

You've told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer.

1. How old were you when you first started to smoke cigarettes regularly?

(454-455)

Age in Years	
07	Don't know/Not sure
09	Refused

INTERVIEWER NOTE 1: REGULARLY IS AT LEAST ONE CIGARETTE OR MORE EACH DAY.

[CATI INSTRUCTION/ INTERVIEWER NOTE: (IF RESPONDENT INDICATES AGE INCONSISTENT WITH PREVIOUSLY ENTERED AGE) THE RESPONDENT INDICATED THEIR AGE TO BE ____ YEARS OLD. YOU INDICATED THEY STARTED SMOKING REGULARLY AT THE AGE OF ____ YEARS. PLEASE VERIFY THAT THIS IS THE CORRECT ANSWER AND CHANGE THE AGE OF THE RESPONDENT REGULARLY SMOKING OR MAKE A NOTE TO CORRECT THE AGE OF THE RESPONDENT.]

2. How old were you when you last smoked cigarettes regularly?

(456-457)

Age in Years	
07	Don't know/Not sure
09	Refused

INTERVIEWER NOTE: REGULARLY IS AT LEAST ONE CIGARETTE OR MORE EACH DAY.

3. On average, when you {smoke/smoked} regularly, about how many cigarettes {do/did} you usually smoke each day?

(458-459)

07	Number of cigarettes
09	Don't know/Not sure
09	Refused

INTERVIEWER NOTE 1: REGULARLY IS AT LEAST ONE CIGARETTE OR MORE EACH DAY.

INTERVIEWER NOTE 2: RESPONDENTS MAY ANSWER IN PACKS INSTEAD OF NUMBER OF CIGARETTES. BELOW IS A CONVERSION TABLE:

**0.5 PACK = 10 CIGARETTES
0.75 PACK = 15 CIGARETTES
1 PACK = 20 CIGARETTES
1.25 PACK = 25 CIGARETTES
1.5 PACK = 30 CIGARETTES**

**1.75 PACK = 35 CIGARETTES
2 PACKS = 40 CIGARETTES
2.5 PACKS = 50 CIGARETTES
3 PACKS = 60 CIGARETTES**

4. The next question is about CT or CAT scans. During this test, you lie flat on your back on a table. While you hold your breath, the table moves through a donut shaped x-ray machine while the scan is done. In the last 12 months, did you have a CT or CAT scan?

(460)

Read only if necessary:

1. Yes, to check for lung cancer
2. No (did not have a CT scan)
3. No, had a CT scan, but for some other reason

Do not read:

7. Don't know/not sure
9. Refused

Module 32 Preconception Health and Family Planning

[CATI NOTE: IF RESPONDENT IS FEMALE AND GREATER THAN 49 YEARS OF AGE, HAS HAD A HYSTERECTOMY, IS PREGNANT, OR IF RESPONDENT IS MALE GO TO THE NEXT MODULE.]

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

1. Did you or your partner do anything the last time you had sex to keep you from getting pregnant?

(443)

- 1 Yes
- 2 No **[GO TO Q3]**
- 3 No partner/not sexually active **[GO TO NEXT MODULE]**
- 4 Same sex partner **[GO TO NEXT MODULE]**
- 7 Don't know/Not sure **[GO TO Q3]**
- 9 Refused **[GO TO Q3].**

2. What did you or your partner do the last time you had sex to keep you from getting pregnant?

INTERVIEWER NOTE: IF RESPONDENT REPORTS USING MORE THAN ONE METHOD, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST.

INTERVIEWER NOTE: IF RESPONDENT REPORTS USING "CONDOMS," PROBE TO DETERMINE IF "FEMALE CONDOMS" OR "MALE CONDOMS."

INTERVIEWER NOTE: IF RESPONDENT REPORTS USING AN "IUD" PROBE TO DETERMINE IF "LEVONORGESTREL IUD" OR "COPPER-BEARING IUD."

INTERVIEWER NOTE: IF RESPONDENT REPORTS "OTHER METHOD," ASK RESPONDENT TO "PLEASE BE SPECIFIC" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.

Read only if necessary:

(444-445)

- 01 Female sterilization (ex. Tubal ligation, Essure, Adiana) **[GO TO NEXT MODULE]**
- 02 Male sterilization (vasectomy) **[GO TO NEXT MODULE]**
- 03 Contraceptive implant (ex. Implanon) **[GO TO NEXT MODULE]**
- 04 Levonorgestrel (LNG) or hormonal IUD (ex. Mirena) **[GO TO NEXT MODULE]**
- 05 Copper-bearing IUD (ex. ParaGard) **[GO TO NEXT MODULE]**
- 06 IUD, type unknown **[GO TO NEXT MODULE]**
- 07 Shots (ex. Depo-Provera) **[GO TO NEXT MODULE]**
- 08 Birth control pills, any kind **[GO TO NEXT MODULE]**
- 09 Contraceptive patch (ex. Ortho Evra) **[GO TO NEXT MODULE]**
- 10 Contraceptive ring (ex. NuvaRing) **[GO TO NEXT MODULE]**
- 11 Male condoms **[GO TO NEXT MODULE]**
- 12 Diaphragm, cervical cap, sponge **[GO TO NEXT MODULE]**
- 13 Female condoms **[GO TO NEXT MODULE]**
- 14 Not having sex at certain times (rhythm or natural family planning) **[GO TO NEXT MODULE]**
- 15 Withdrawal (or pulling out) **[GO TO NEXT MODULE]**
- 16 Foam, jelly, film, or cream **[GO TO NEXT MODULE]**

- 17 Emergency contraception (morning after pill) **[GO TO NEXT MODULE]**
- 18 Other method **[GO TO NEXT MODULE]**

Do not read:

- 77 Don't know/Not sure
- 99 Refused

Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.

3. What was your main reason for not doing anything the last time you had sex to keep you from getting pregnant? (446-447)

INTERVIEWER NOTE: IF RESPONDENT REPORTS "OTHER REASON," ASK RESPONDENT TO "PLEASE SPECIFY" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.

Read only if necessary:

- 1 You didn't think you were going to have sex/no regular partner **[GO TO NEXT MODULE]**
- 2 You just didn't think about it **[GO TO NEXT MODULE]**
- 3 Don't care if you get pregnant **[GO TO NEXT MODULE]**
- 4 You want a pregnancy **[GO TO NEXT MODULE]**
- 5 You or your partner don't want to use birth control **[GO TO NEXT MODULE]**
- 6 You or your partner don't like birth control/side effects **[GO TO NEXT MODULE]**
- 7 You couldn't pay for birth control **[GO TO NEXT MODULE]**
- 8 You had a problem getting birth control when you needed it **[GO TO NEXT MODULE]**
- 9 Religious reasons **[GO TO NEXT MODULE]**
- 10 Lapse in use of a method **[GO TO NEXT MODULE]**
- 11 Don't think you or your partner can get pregnant (infertile or too old) **[GO TO NEXT MODULE]**
- 12 You had tubes tied (sterilization) **[GO TO NEXT MODULE]**
- 13 You had a hysterectomy **[GO TO NEXT MODULE]**
- 14 Your partner had a vasectomy (sterilization) **[GO TO NEXT MODULE]**
- 15 You are currently breast-feeding **[GO TO NEXT MODULE]**
- 16 You just had a baby/postpartum **[GO TO NEXT MODULE]**
- 17 You are pregnant now **[GO TO NEXT MODULE]**
- 18 Same sex partner **[GO TO NEXT MODULE]**
- 19 Other reasons **[GO TO NEXT MODULE]**

77 Don't know/Not sure

99 Refused

Module 33 Respiratory Health

The next few questions are about breathing problems you may have.

6. During the past 3 months, did you have a cough on most days? (308)

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

7. During the past 3 months, did you cough up phlegm [FLEM] or mucus on most days? (309)

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

8. Do you have shortness of breath either when hurrying on level ground or when walking up a slight hill or stairs? (310)

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

9. Have you ever been given a breathing test to diagnose breathing problems? (311)

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

10. Over your lifetime, how many years have you smoked tobacco products? (312-313)

- 00 Never smoked or smoked less than one year

-- Number of years (01-76)
 77 Don't know/Not sure
 99 Refused

Module 34 Social Determinants of Health

1. During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills? (480)

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

2. In the last 12 months, how many times have you moved from one home to another? (481-482)

___ Number of moves in past 12 months [01-52]
 88 None (Did not move in past 12 months)
 77 Don't know/Not sure
 99 Refused

3. How safe from crime do you consider your neighborhood to be? Would you say... (483)
 Please read:

1 **Extremely safe**
 2 **Safe**
 3 **Unsafe**
 4 **Extremely unsafe**

Do not read:

7 Don't know/Not sure
 9 Refused

4. For the next two statements, please tell me whether the statement was often true, sometimes true, or never true for you in the last 12 months (that is, since last [CATI NOTE: NAME OF CURRENT MONTH]). The first statement is, "The food that I bought just didn't last, and I didn't have money to get more."

Was that often, sometimes, or never true for you in the last 12 months? (484)

Please read:

1 **Often true,**
 2 **Sometimes true, or**

3 Never true

Do not read:

7 Don't Know/Not sure

9 Refused

5. I couldn't afford to eat balanced meals." Was that often, sometimes, or never true for you in the last 12 months? (485)

Please read:

- 1 Often true,**
- 2 Sometimes true, or**
- 3 Never true**

Do not read:

7 Don't Know /Not sure

9 Refused

6. In general, how do your finances usually work out at the end of the month? Do you find that you usually: (486)

Please read:

- 1 End up with some money left over,**
- 2 Have just enough money to make ends meet, or**
- 3 Not have enough money to make ends meet**

Do not read:

7 Don't Know/Not sure

9 Refused

7. Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because his/her mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress? (487)

Please read:

- 1 None of the time,**
- 2 A little of the time,**
- 3 Some of the time,**
- 4 Most of the time, or**
- 5 All of the time**

Do not read:

7. Don't know/not sure

9. Refused

