



2013

**Behavioral Risk Factor Surveillance System
Questionnaire
VIRGINIA**

December 12, 2012



Behavioral Risk Factor Surveillance System 2013 Questionnaire – Virginia

Table of Contents

Table of Contents	2
Core Sections	8
Section 1: Health Status	8
Section 2: Healthy Days — Health-Related Quality of Life	8
Section 3: Health Care Access	9
Module 4: Health Care Access	9
Section 4: Inadequate Sleep	12
Section 5: Hypertension Awareness.....	13
Section 6: Cholesterol Awareness.....	13
Section 7: Chronic Health Conditions	14
Module 1: Pre-Diabetes	16
Module 2: Diabetes.....	17
Section 8: Demographics.....	19
Section 9: Tobacco Use.....	28
Section 10: Alcohol Consumption.....	29
Section 11: Fruits and Vegetables.....	30
Section 12: Exercise (Physical Activity).....	33
Section 13: Arthritis Burden	35
Section 14: Seatbelt Use	36
Section 15: Immunization	37
Section 16: HIV/AIDS	38
Module 6: Sodium or Salt-Related Behavior	39
VA State-Added 1: Cognitive Impairment.....	39
VA State-Added 2: Oral Health.....	43
Module 19: Social Context.....	44
VA State-Added 3: Disability	46
Activity List for Common Leisure Activities (To be used for Section 13: Physical Activity)	48

SAMPLE READ-IN: FRAME

1. Landline
2. Cell Phone

Interviewer's Script

HELLO, I am calling for the Virginia Department of Health. My name is (name). We are gathering information about the health of Virginia residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

CATI NOTE: Don't Know and Refused answer codes should be present only where specified in this script; do not add codes for Don't Know or Refused.

IF FRAME=2 (CELL PHONE) ASK SAFE, IF FRAME=1 SKIP TO CTELENUM

SAFE Is this a safe time to talk with you?

Yes **[Go to CTELENUM]**
No **CALLBACK**

CTELENUM Is this (phone number) ?

1. Yes **GO TO PVTRESID**
2. No
7. (VOL) Don't Know/Not Sure
9. (VOL) Refused

If "No", "Don't Know", "Refused"

SOCTEL Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **STOP**

PVTRESID

IF FRAME=1, ASK: Is this a private residence?

IF FRAME=2, ASK: Do you live in a private residence?

READ ONLY IF NECESSARY: "By private residence, we mean someplace like a house or apartment."

1. Yes **GO TO STATERES**
2. No **GO TO COLHOS**
3. No, business phone only **THANK & END**



COLHOS Do you live in college housing?

Read only if necessary: “By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangements provided by a college or university”

- 1. Yes **GO TO STATERES**
- 2. No

If “No,”
SOPVTRES Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time. **STOP**

STATERES Do you reside in Virginia ?

- Yes **[Go to CELLPH]**
- No **[Go to state]**

IF FRAME=1 (landline) SCREEN-OUT AT ‘STATE’. IF FRAME=2 (cell phone), GO TO RSPSTATE.

STATE Thank you very much, but we are only interviewing persons who live in the state of Virginia at this time. **STOP**

RSPSTATE In what state do you live?

_____ ENTER STATE
 99 REFUSED **[THANK & END]**

Qualified Level 1

CELLPH Is this a cellular telephone?

Interviewer Note: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).

[Read only if necessary: “By cellular (or cell) telephone we mean a telephone that is mobile and usable outside of your neighborhood.”

- 1. Yes
- 2. No

CATI DUMMY QUESTION: AUTOPUNCH RESPONSE TO ‘CELLFON’. IF CELLPH=1 (YES), CELLFON=2 (YES). IF CELLPH=2 (NO), CELLFON=1 (NO).

CELLFON

- 1 No, not a cellular telephone. **GO TO RESPONDENT SELECTION**
- 2 Yes **ASK LANDLINE**

LANDLINE Do you also have a landline telephone in your home that is used to make and receive calls?

READ ONLY IF NECESSARY: “By landline telephone, we mean a “regular” telephone in your home that is connected to outside telephone lines through a cable or cord and is used for making or receiving calls. Please include landline phones used for both business and personal use.”

Interviewer Note: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services.).

PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

- 1 YES **Go to PCTCELL**
- 2 NO **Go to RESPONDENT SELECTION**
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

IF "No", GO TO THE RESPONDENT SELECTION
IF "Don't Know" or "Refused", GO TO TERMINATION

PCTCELL Thinking about all the phone calls that you receive on your landline or cell phone, what percent, between 0 and 100, are received on your cell phone?

- — — Enter Percent (1 to 100)
- 8 8 8 Zero
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

IF PCTCELL=90-100, GO TO RESPONDENT SELECTION.
IF PCTCELL=1-89, 777, 888, 999, GO TO TERMINATION.

TERMINATION

Thank you very much. Those are all the questions that I have for you today.

Qualified Level 2

RESPONDENT SELECTION

CATI NOTE:

- **IF CELLPH=1 (is a cell phone) or COLHOS=1 (College Housing = Yes) continue;**
- **Otherwise go to Adult Random Selection**

CADULT Are you 18 years of age or older?

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY. ASK GENDER IF NECESSARY.

- 1 YES, Male Respondent **[Go to Core Section Introduction]**
- 2 YES, Female Respondent **[Go to Core Section Introduction]**

- 3 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

SOCOLAD Thank you very much, but we are only interviewing persons aged 18 or older at this time. **STOP**

Adult Random Selection

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

NUMADULT ___ Number of adults

If NUMADULT = 1, ASK:
NMADLT1 Are you the adult?

If "yes,"
 Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary).

If "no,"
 Is the adult a man or a woman? Enter 1 man (in NUMMEN) or 1 woman (in NUMWOMEN) below. May I speak with **[fill in (him/her) from previous question]**? **Go to "correct respondent"**.

Qualified Level 3

- **IF NUMADULT=2, 3, or 4, GO TO NUMMEN**
- **IF NUMADULT>4, ASK**

PNMADULT
 Are they all 18 years of age or older, and all are currently living in the household, and the household is not a group home or institution.

- 1 Yes **GO TO NUMMEN**
- 2 No **GO BACK TO NUMADULT AND RE-ASK IT**
- 9 (VOL) Refused **GO TO NUMMEN**

NUMMEN How many of these adults are men?

___ Number of men

NUMWOMEN How many of these adults are women?

___ Number of women

Qualified Level 4

IF NUMMEN+NUMWOMEN DOES NOT EQUAL NUMADULT, WE NEED TO RE-ASK THE QUESTIONS. DISPLAY THE FOLLOWING TEXT SCREEN, THEN GO BACK TO NUMMEN:

[INTERVIEWER: THE TOTAL NUMBER OF ADULTS IS NOT EQUAL TO NUMBER OF MEN AND WOMEN. PLEASE RE-ASK QUESTIONS.]

1. Continue **GO BACK TO NUMMEN**

- **IF NUMADULT<5 AND NUMWOMEN<3 AND NUMMEN<3, RANDOMLY SELECT ONE OF THE HOUSEHOLD ADULTS, THEN SAY:**

RNAME The person in your household that I need to speak with is the (first/second) (male/female) adult.

[CATI: this should display as a text screen and then go to INTRO1]

- **IF NUMADULT>4 OR NUMMEN>2 OR NUMWOMEN>2, ASK “ALLNA” TO GET THE NAMES OF EACH ADULT IN THE HOUSEHOLD. REFER TO NUMMEN AND NUMWOMEN TO DETERMINE HOW MANY OF EACH SEX TO ASK FOR A NAME (0 TO 10).**

(IF NUMMEN=1-10) ASK FOR THE NAME OF THE “OLDEST MALE”, THEN THE “SECOND OLDEST MALE, THEN “THIRD OLDEST MALE”, ETC.

(IF NUMWOMEN=1-10) ASK FOR THE NAME OF THE “OLDEST FEMALE”, THEN THE “SECOND OLDEST FEMALE, THEN “THIRD OLDEST FEMALE”, ETC.

ALLNA Could you please name all the (male/female) members of the household from oldest to youngest?

[ENTER NAME OF ___ OLDEST (MALE/FEMALE) ADULT]

AFTER ALL NAMES HAVE BEEN ENTERED, RANDOMLY SELECT ONE OF THE HOUSEHOLD ADULTS, THEN SAY:

RNAME The person in your household that I need to speak with is (display name of selected adult).

[CATI: this should display as a text screen and then go to INTRO1]

INTRO1 May I speak with (him/her)?

- 1 Continue
- 2 Callback
- 3 (VOL) Refused
- 4 Not available duration
- 5 Language barrier / not Spanish
- 6 Physical / Mental incapacity / health / deaf
- 7 Screen out location

To the correct respondent:

HELLO, I am calling for the Virginia Department of Health. My name is (name). We are gathering information about the health of Virginia residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Core Sections

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call 888-735-0673.

Section 1: Health Status

CATI: IF CELLPH=1 (is a cell phone) OR COLHOS=1 (College Housing = Yes), SET NUMADULT=1.

GENHLTH Would you say that in general your health is—

Please read:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair

Or

- 5 Poor

Do not read:

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

Qualified Level 5

Section 2: Healthy Days — Health-Related Quality of Life

PHYSHLTH Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

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

MENTHLTH Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

- – Number of days
- 8 8 None **[If PHYSHLTH and MENTHLTH = 88 (None), go to next section]**
- 7 7 Don't know / Not sure
- 9 9 Refused

POORHLTH During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

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

Section 3: Health Care Access

HLTHPLAN Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service?

- 1 Yes **If PPHF state, ASK M4.1**
- 2 No **GO TO PERSDOC2**
- 7 Don't know / Not sure **GO TO PERSDOC2**
- 9 Refused **GO TO PERSDOC2**

Module 4: Health Care Access

ASK M4.1 AND M4.2 IF HLTHPLAN=1

M4.1 Do you have Medicare?

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

Note: Medicare is a coverage plan for people age 65 or over and for certain disabled people.

M4.2 Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans? [SELECT ALL THAT APPLY]

Please Read:

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicaid or Medical Assistance [also known as FAMIS, FAMIS Plus, and FAMIS MOMS, but does not include Plan First]
- 05 The military, CHAMPUS, or the VA [or CHAMP-VA]
- 06 The Indian Health Service [or the Alaska Native Health Service]
- 07 Some other source (SPECIFY) _____
- 88 None
- 77 Don't know/Not sure
- 99 Refused

PERSDOC2 Do you have one person you think of as your personal doctor or health care provider?

If "No," ask: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"

- 1 Yes, only one
- 2 More than one
- 3 No
- 7 Don't know / Not sure
- 9 Refused

MEDCOST Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

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

M4.3 Other than cost, there are many other reasons people delay getting needed medical care.

Have you delayed getting needed medical care for any of the following reasons in the past 12 months? Select the most important reason.

Please read

- 1 You couldn't get through on the telephone.
- 2 You couldn't get an appointment soon enough.
- 3 Once you got there, you had to wait too long to see the doctor.
- 4 The (clinic/doctor's) office wasn't open when you got there.
- 5 You didn't have transportation.

Do not read:

- 6 Other (specify) _____
- 8 No, I did not delay getting medical care/did not need medical care
- 7 Don't know/Not sure
- 9 Refused

CHECKUP1 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

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

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

CATI Note: If HLTHPLAN = 1 (Yes) continue, else go to M4.4b

M4.4a In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage?

- 1 Yes **Go to M4.5**
- 2 No **Go to M4.5**
- 7 Don't know/Not sure **Go to M4.5**
- 9 Refused **Go to M4.5**

CATI Note: If HLTHPLAN = 2, 7, or 9 continue, else go to next question M4.5

M4.4b About how long has it been since you last had health care coverage?

- 1 6 months or less
- 2 More than 6 months, but not more than 1 year ago
- 3 More than 1 year, but not more than 3 years ago
- 4 More than 3 years
- 5 Never
- 7 Don't know/Not sure
- 9 Refused

M4.5 How many times have you been to a doctor, nurse, or other health professional in the past 12 months?

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

M4.6 Was there a time in the past 12 months when you did not take your medication as prescribed because of cost? Do not include over-the-counter (OTC) medication.

- 1 Yes
- 2 No

Do not read:

- 3 No medication was prescribed.
- 7 Don't know/Not sure
- 9 Refused

M4.7 In general, how satisfied are you with the health care you received? Would you say—

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Not at all satisfied

Do not read

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

M4.8 Do you currently have any medical bills that are being paid off over time?

INTERVIEWER NOTE:

This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year.

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

Section 4: Inadequate Sleep

I would like to ask you about your sleep pattern.

SLEPTIME2 On average, how many hours of sleep do you get in a 24-hour period?

INTERVIEWER NOTE: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.

- — Number of hours [01-24]
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 5: Hypertension Awareness

BPHIGH3 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?

Read only if necessary: By “other health professional” we mean a nurse practitioner, a physician’s assistant, or some other licensed health professional.

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

- | | | |
|---|--|-----------------------------|
| 1 | Yes | |
| 2 | Yes, but female told only during pregnancy | [Go to next section] |
| 3 | No | [Go to next section] |
| 4 | Told borderline high or pre-hypertensive | [Go to next section] |
| 7 | Don’t know / Not sure | [Go to next section] |
| 9 | Refused | [Go to next section] |

BPMEDS Are you currently taking medicine for your high blood pressure?

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

Section 6: Cholesterol Awareness

BLOODCHO Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked?

- | | | |
|---|-----------------------|-----------------------------|
| 1 | Yes | |
| 2 | No | [Go to next section] |
| 7 | Don’t know / Not sure | [Go to next section] |
| 9 | Refused | [Go to next section] |

CHOLCHK About how long has it been since you last had your blood cholesterol checked?

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 5 years (2 years but less than 5 years ago) |
| 4 | 5 or more years ago |

Do not read:

- | | |
|---|-----------------------|
| 7 | Don’t know / Not sure |
| 9 | Refused |

TOLDHI2 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?

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

Section 7: Chronic Health Conditions

Now I would like to ask you some questions about general health conditions.

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure."

CVDINFR4 (Ever told) you that you had a heart attack also called a myocardial infarction?

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

CVDCRHD4 (Ever told) you had angina or coronary heart disease?

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

CVDSTRK3 (Ever told) you had a stroke?

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

ASTHMA2 (Ever told) you had asthma?

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

ASTHNOW Do you still have asthma?

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

CHCSNCR (Ever told) you had skin cancer?

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

CHCOCNCR (Ever told) you had any other types of cancer?

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

CHCCOPD (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis?

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

HAVARTH2 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

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

INTERVIEWER NOTE: Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

ADDEPEV2 (Ever told) you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?

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

CHCKIDNY (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence.

INTERVIEWER NOTE: Incontinence is not being able to control urine flow.

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

DIABETE2 (Ever told) you have diabetes?

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

If respondent says pre-diabetes or borderline diabetes, use response code 4.

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes
- 7 Don't know / Not sure
- 9 Refused

CATI note: If **DIABETE2 = 1 (Yes)**, go to **Diabetes Optional Module (if used)**. If any other response to **DIABETE2**, go to **Pre-Diabetes Optional Module (if used)**, otherwise, go to next section.

Module 1: Pre-Diabetes

NOTE: Only asked of those not responding "Yes" (code = 1) to **DIABETE2** (Diabetes awareness question). (If **DIABETE2= 2, 3, 4, 7, 9**)

PDIABTST 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 DIABETE2 = 4 (No, pre-diabetes or borderline diabetes); answer PREDIAB1 "Yes" (code = 1).

PREDIAB1 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

**To be asked following DIABETE2; if response is "Yes" (code = 1)
IF DIABETE2 = 1 CONTINUE; ELSE GO TO next section.**

DIABAGE2 How old were you when you were told you have diabetes?

- _ _ Code age in years [97 = 97 and older]
- 9 8 Don't know / Not sure
- 9 9 Refused

CATI: IF DIABAGE2>52 AND DIABAGE2<98, CONFIRM; ELSE GO TO INSULIN

CNFDBAG INTERVIEWER: Is [DISPLAY RESPONSE TO DIABAGE2] the correct age when respondent was diagnosed with diabetes?

- 1 Yes, age is correct **GO TO INSULIN**
- 2 No **GO TO DIABAGE2**

INSULIN Are you now taking insulin?

- 1 Yes
- 2 No
- 9 Refused

BLDSUGAR 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

FEETCHK2 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

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

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

CHKHEMO3 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"?

- _ _ 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 FEETCHK2 = 555 (No feet), go to EYEEXAM.

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

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

EYEEXAM 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

DIABEYE 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

DIABEDU 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

Section 8: Demographics

AGE What is your age?

- Code age in years
- 07 Don't know / Not sure
- 09 Refused

{CATI: if (DIABAGE2 = 01-97 and AGE = 18-99) AND (DIABAGE2 > AGE), continue; else go to INSULIN}

UPDTAGDI I'm sorry, you indicated you were **{CATI: fill-in response from AGE}** years old, and were first diagnosed with Diabetes at age **{CATI: fill-in response from DIABAGE2}**. What was your age when you were FIRST diagnosed with diabetes?

- Update age **GO TO AGE**
- Update diabetes age **GO TO DIABAGE2**

HISPANC3 Are you Hispanic, Latino/a, or Spanish origin?

If yes, ask: Are you...

Interviewer Note: One or more categories may be selected.

- 1 No, not of Hispanic, Latino/a, or Spanish origin
- 2 Yes, Mexican, Mexican American, Chicano/a
- 3 Yes, Puerto Rican
- 4 Yes, Cuban
- 5 Yes, Another Hispanic, Latino/a, or Spanish origin, other specify_____

Do not read:

- 8 No additional choices (DP code only)
- 7 Don't know / Not sure
- 9 Refused

MRACEA Which one or more of the following would you say is your race?

Interviewer Note: Select all that apply.

Please read:

- 10 White
- 20 Black or African American
- 30 American Indian or Native Alaskan
- 40 Asian
- 50 Pacific Islander

Do not read:

- 60 Other
- 88 No additional choices (DP code only)
- 77 Don't know / Not sure
- 99 Refused

IF MRACEA=40 OR 50, ASK MRACEB. ELSE SKIP TO MRACE2

CATI: IF MRACEA=40, SHOW CODES 41-47, 99. IF MRACEA=50, SHOW CODES 51-54, 99.

MRACEB Would you say you are . . . [READ LIST, MULTIPLE RECORD]?

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian
- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

- 99 (VOL) Refused

MRACE2: CATI dummy variable to hold the respondent race.

CATI CODE RESPONSES FROM MRACEA AND MRACEB. IF MRACEA=40 AND MRACEB=99, CODE MRACE2=40. IF MRACEA=0 AND MRACEB=90, CODE MRACE2=50.

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
- 50 Pacific Islander
- 60 Other
- 77 (VOL) Don't know/Not sure
- 88 No additional choices (DP code only)
- 99 (VOL) Refused
- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian
- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

CATI note: If more than one response to MRACE2; continue. Otherwise, go to VETERAN3.

SHOW RESPONSES IN MRACE2

ORACE3 Which one of these groups would you say best represents your race?

Please read:

- 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

- 60 Other
- 77 (VOL) Don't know/Not sure
- 88 No additional choices (DP code only)
- 99 (VOL) Refused

VETERAN3 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

- 1 Yes
- 2 No

Do not read:

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

MARITAL Are you...?

Please read:

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married

Or

- 6 A member of an unmarried couple

Do not read:

- 9 Refused

CHILDREN How many children less than 18 years of age live in your household?

- — Number of children
- 8 8 None
- 9 9 Refused

EDUCA What is the highest grade or year of school you completed?

Read only if necessary:

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)

Do not read:

- 9 Refused

EMPLOY2 Are you currently...?

Please read:

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for 1 year or more
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired

Or

- 8 Unable to work

Do not read:

- 9 Refused

INCOME2 Is your annual household income from all sources—

If respondent refuses at ANY income level, code '99' (Refused)

Read only if necessary:

- 0 4 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**
(\$20,000 to less than \$25,000)
- 0 3 Less than \$20,000 **If "no," code 04; if "yes," ask 02**
(\$15,000 to less than \$20,000)
- 0 2 Less than \$15,000 **If "no," code 03; if "yes," ask 01**
(\$10,000 to less than \$15,000)
- 0 1 Less than \$10,000 **If "no," code 02**

- 0 5 Less than \$35,000 **If “no,” ask 06**
(\$25,000 to less than \$35,000)
- 0 6 Less than \$50,000 **If “no,” ask 07**
(\$35,000 to less than \$50,000)
- 0 7 Less than \$75,000 **If “no,” code 08**
(\$50,000 to less than \$75,000)
- 0 8 \$75,000 or more

Do not read:

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

WEIGHT2 About how much do you weigh without shoes?

NOTE: If respondent answers in metrics, put “9” in column 148.

Round fractions up

- — — — Weight
(pounds/kilograms)
- 7 7 7 7 Don't know / Not sure
- 9 9 9 9 Refused

HEIGHT3 About how tall are you without shoes?

NOTE: If respondent answers in metrics, put “9” in column 152.

Round fractions down

- — / — — Height
(f t / inches/meters/centimeters)
- 7 7 / 7 7 Don't know / Not sure
- 9 9 / 9 9 Refused

CTYCODE What county do you live in?

- — — ANSI County Code (formerly FIPS county code)
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

ZIPCODE What is the ZIP Code where you live?

— — — —	ZIP Code
7 7 7 7	Don't know / Not sure
9 9 9 9	Refused

NUMHHOL2 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

1	Yes	
2	No	[Go to CPDEMO1]
7	Don't know / Not sure	[Go to CPDEMO1]
9	Refused	[Go to CPDEMO1]

Qualified Level 6

NUMPHON2 How many of these telephone numbers are residential numbers?

—	Residential telephone numbers [6 = 6 or more]
7	Don't know / Not sure
9	Refused

CPDEMO1 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.

1	Yes	
2	No	[Go to S8.19]
7	Don't know / Not sure	[Go to S8.19]
9	Refused	[Go to S8.19]

CPDEMO4 Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone?

— — —	Enter percent (1 to 100)
8 8 8	Zero
7 7 7	Don't know / Not sure
9 9 9	Refused

S8.19 Have you used the internet in the past 30 days?

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

RENTHOM1 Do you own or rent your home?

- 1 Own
- 2 Rent
- 3 Other arrangement
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: "Other arrangement" may include group home, staying with friends or family without paying rent.

NOTE: Home is defined as the place where you live most of the time/the majority of the year.

SEX Indicate sex of respondent. **Ask only if necessary.**

- 1 Male [Go to pre-Q8.23]
- 2 Female [If respondent is 45 years old or older, go to QLACTLM2]

PREGNANT To your knowledge, are you now pregnant?

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

The following questions are about health problems or impairments you may have.

QLACTLM2 Are you limited in any way in any activities because of physical, mental, or emotional problems?

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

USEEQUIP Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

NOTE: Include occasional use or use in certain circumstances.

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

S8.24 Are you blind or do you have serious difficulty seeing, even when wearing glasses?

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

S8.25 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

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

S8.26 Do you have serious difficulty walking or climbing stairs?

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

S8.27 Do you have difficulty dressing or bathing?

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

S8.28 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

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

Section 9: Tobacco Use

SMOKE100 Have you smoked at least 100 cigarettes in your entire life?

NOTE: 5 packs = 100 cigarettes

- | | | |
|---|-----------------------|-----------------|
| 1 | Yes | |
| 2 | No | [Go to USENOW3] |
| 7 | Don't know / Not sure | [Go to USENOW3] |
| 9 | Refused | [Go to USENOW3] |

SMOKDAY2 Do you now smoke cigarettes every day, some days, or not at all?

- | | | |
|---|-----------------------|------------------|
| 1 | Every day | |
| 2 | Some days | |
| 3 | Not at all | [Go to LASTSMK1] |
| 7 | Don't know / Not sure | [Go to USENOW3] |
| 9 | Refused | [Go to USENOW3] |

STOPSMK2 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- | | | |
|---|-----------------------|-----------------|
| 1 | Yes | [Go to USENOW3] |
| 2 | No | [Go to USENOW3] |
| 7 | Don't know / Not sure | [Go to USENOW3] |
| 9 | Refused | [Go to USENOW3] |

LASTSMK1 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 |
| 0 8 | Never smoked regularly |
| 7 7 | Don't know / Not sure |
| 9 9 | Refused |

USENOW3 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

Snus (rhymes with 'goose')

NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.

- 1 Every day
- 2 Some days
- 3 Not at all

Do not read:

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

Section 10: Alcohol Consumption

ALCDAY5 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

- 1 _ _ Days per week
- 2 _ _ Days in past 30 days
- 8 8 8 No drinks in past 30 days **[Go to next section]**
- 7 7 7 Don't know / Not sure **[Go to next section]**
- 9 9 9 Refused **[Go to next section]**

AVEDRNK2 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

- _ _ Number of drinks
- 7 7 Don't know / Not sure
- 9 9 Refused

DRNK3GE5 Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X [CATI X = 5 for men, X = 4 for women]** or more drinks on an occasion?

- _ _ Number of times
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

MAXDRNKS During the past 30 days, what is the largest number of drinks you had on any occasion?

- _ _ Number of drinks
- 7 7 Don't know / Not sure
- 9 9 Refused

CATI: IF DRNK3GE5=88 AND SEX=1, MAXDRNKS CANNOT BE 5-76. IF DRNK3GE5=88 AND SEX=2, MAXDRNKS CANNOT BE 4-76.

Section 11: Fruits and Vegetables

These next questions are about the fruits and vegetables **you** ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home.

I will be asking how often **you** ate or drank each one: for example, once a day, twice a week, three times a month, and so forth.

INTERVIEWER NOTE: If respondent responds less than once per month, put “0” times per month. If respondent gives a number without a time frame, ask: “Was that per day, week, or month?”

FRUITJU2 During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice.

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

INTERVIEWER NOTE: Do not include fruit drinks with added sugar or other added sweeteners like Kool-aid, Hi-C, lemonade, cranberry cocktail, Tampico, Sunny Delight, Snapple, Fruitopia, Gatorade, Power-Ade, or yogurt drinks. Do not include fruit juice drinks that provide 100% daily vitamin C but include added sugar.

Do not include vegetable juices such as tomato and V8 if respondent provides but include in “other vegetables” question VEGOTHER.

DO include 100% pure juices including orange, mango, papaya, pineapple, apple, grape (white or red), or grapefruit. Only count cranberry juice if the R perception is that it is 100% juice with no sugar or artificial sweetener added. 100% juice blends such as orange-pineapple, orange-tangerine, cranberry-grape are also acceptable as are fruit-vegetable 100% blends. 100% pure juice from concentrate (i.e., reconstituted) is counted.

FRUIT2 During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Read only if necessary: “Your best guess is fine. Include apples, bananas, applesauce, oranges, grape fruit, fruit salad, watermelon, cantaloupe or musk melon, papaya, lychees, star fruit, pomegranates, mangos, grapes, and berries such as blueberries and strawberries.”

INTERVIEWER NOTE: Do not count fruit jam, jelly, or fruit preserves.

Do not include dried fruit in ready-to-eat cereals.

Do include dried raisins, cran-raisins if respondent tells you - *but due to their small serving size they are not included in the prompt.*

Do include cut up fresh, frozen, or canned fruit added to yogurt, cereal, jello, and other meal items.

Include culturally and geographically appropriate fruits that are not mentioned (e.g. genip, soursop, sugar apple, figs, tamarind, bread fruit, sea grapes, carambola, longans, lychees, akee, rambutan, etc.).

BEANS During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans.

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Read only if necessary: “Include round or oval beans or peas such as navy, pinto, split peas, cow peas, hummus, lentils, soy beans and tofu. Do NOT include long green beans such as string beans, broad or winged beans, or pole beans.”

INTERVIEWER NOTE: Include soybeans also called edamame, TOFU (BEAN CURD MADE FROM SOYBEANS), kidney, pinto, hummus, lentils, black, black-eyed peas, cow peas, lima beans and white beans.

Include bean burgers including garden burgers and veggie burgers.

Include falafel and tempeh.

DARKGRNV During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach?

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

INTERVIEWER NOTE: Each time a vegetable is eaten it counts as one time.

INTERVIEWER NOTE: Include all raw leafy green salads including spinach, mesclun, romaine lettuce, bok choy, dark green leafy lettuce, dandelions, komatsuna, watercress, and arugula.

Do not include iceberg (head) lettuce if specifically told type of lettuce. Include all cooked greens including kale, collard greens, choys, turnip greens, mustard greens.

ORANGEV During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Read only if needed: “Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash.”

FOR INTERVIEWER: Include all forms of carrots including long or baby-cut.

Include carrot-slaw (e.g. shredded carrots with or without other vegetables or fruit).

Include all forms of sweet potatoes including baked, mashed, casserole, pie, or sweet potatoes fries.

Include all hard-winter squash varieties including acorn, autumn cup, banana, butternut, buttercup, delicate, hubbard, kabocha (Also known as an Ebisu, Delica, Hoka, Hokkaido, or Japanese Pumpkin; blue kuri), and spaghetti squash. Include all forms including soup.

Include pumpkin, including pumpkin soup and pie. Do not include pumpkin bars, cake, bread or other grain-based desert-type food containing pumpkin (i.e. similar to banana bars, zucchini bars we do not include).

VEGOTHER Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Read only if needed: “Do not count vegetables you have already counted and do not include fried potatoes.”

INTERVIEWER NOTE: Include corn, peas, tomatoes, okra, beets, cauliflower, bean sprouts, avocado, cucumber, onions, peppers (red, green, yellow, orange); all cabbage including American-style cole-slaw; mushrooms, snow peas, snap peas, broad beans, string, wax-, or pole-beans.

Include any form of the vegetable (raw, cooked, canned, or frozen).

Do include tomato juice if respondent did not count in fruit juice.

Include culturally and geographically appropriate vegetables that are not mentioned (e.g. daikon, jicama, oriental cucumber, etc.).

Do not include rice or other grains.

Do not include products consumed usually as condiments including ketchup, catsup, salsa, chutney, relish.

Section 12: Exercise (Physical Activity)

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

INTERVIEWER INSTRUCTION: If respondent does not have a “regular job duty” or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.

EXERANY3 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

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

EXERACT3 What type of physical activity or exercise did you spend the most time doing during the past month?

- | | | |
|-----|-----------------------|-------------------------------------|
| -- | (Specify) | [See Physical Activity Coding List] |
| 9 7 | Don't know / Not Sure | [Go to EXOFTSTR] |
| 9 9 | Refused | [Go to EXOFTSTR] |

INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Physical Activity Coding List, choose the option listed as “Other “.

EXEROFT1 How many times per week or per month did you take part in this activity during the past month?

- 1__ Times per week
- 2__ Times per month
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

EXERHMM1 And when you took part in this activity, for how many minutes or hours did you usually keep at it?

- __:__ Hours and minutes
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

EXERACT4 What other type of physical activity gave you the next most exercise during the past month?

- | | | |
|----|-----------------------|--|
| __ | (Specify) | [See Physical Activity Coding List] |
| 88 | No other activity | [Go to EXOFTSTR] |
| 97 | Don't know / Not sure | [Go to EXOFTSTR] |
| 99 | Refused | [Go to EXOFTSTR] |

INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Coding Physical Activity List, choose the option listed as "Other".

EXEROFT2 How many times per week or per month did you take part in this activity during the past month?

- 1__ Times per week
- 2__ Times per month
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

EXERHMM2 And when you took part in this activity, for how many minutes or hours did you usually keep at it?

- __:__ Hours and minutes
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

EXOFTSTR During the past month, how many times per week or per month did you do physical activities or exercises to **STRENGTHEN** your muscles? Do **NOT** count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.

- 1__ Times per week
- 2__ Times per month
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Section 13: Arthritis Burden

If **HAVARTH2 = 1 (yes)** then continue, else go to next section.

Next, I will ask you about your arthritis.

Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint.

LMTJOIN2 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

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

INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

INTERVIEWER NOTE: **ARTHDIS2** should be asked of all respondents regardless of employment status.

ARTHDIS2 In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?

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

INTERVIEWER INSTRUCTION: If respondent gives an answer to each issue (whether respondent works, type of work, or amount of work), then if any issue is "yes" mark the overall response as "yes."

If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

ARTHSOCL During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings?

Please read [1-3]:

- 1 A lot
- 2 A little
- 3 Not at all

Do not read:

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

INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

JOINPAIN Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? *Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.*

- — Enter number [00-10]
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 14: Seatbelt Use

SEATBELT How often do you use seat belts when you drive or ride in a car? Would you say—

Please read:

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never

Do not read:

- 7 Don't know / Not sure
- 8 Never drive or ride in a car
- 9 Refused

Section 15: Immunization

Now I will ask you questions about the flu vaccine. There are two ways to get the flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™.

FLUSHOT6 During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?

READ IF NECESSARY:

A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

- 1 Yes
- 2 No **[Go to S15.3]**
- 7 Don't know / Not sure **[Go to S15.3]**
- 9 Refused **[Go to S15.3]**

FLSHTMY2 During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?

- __ / __ __ __ Month / Year
- 7 7 / 7 7 7 7 Don't know / Not sure
- 9 9 / 9 9 9 9 Refused

S15.3 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

PNEUVAC3 A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

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

Section 16: HIV/AIDS

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

HIVTST5 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.

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

HIVTSTD2 Not including blood donations, in what month and year was your last HIV test?

NOTE: If response is before January 1985, code "Don't know."

CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

- | | |
|------------|-----------------------|
| __ / __ __ | Code month and year |
| 77 / 7777 | Don't know / Not sure |
| 99 / 9999 | Refused / Not sure |

CATI NOTE: If HIVTSTD2 = within last 12 months continue, else go to module section.

WHRTST9 Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, emergency room, as an inpatient a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?

- | | |
|----|---|
| 01 | Private doctor or HMO office |
| 02 | Counseling and testing site |
| 09 | Emergency room |
| 03 | Hospital inpatient |
| 04 | Clinic |
| 05 | Jail or prison (or other correctional facility) |
| 06 | Drug treatment facility |
| 07 | At home |
| 08 | Somewhere else |
| 77 | Don't know / Not sure |
| 99 | Refused |

Transition to Modules and State-Added Questions

Please read:

Now I have some questions about other health topics.

Module 6: 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.

M6.1. Are you currently watching or reducing your sodium or salt intake?

- | | | |
|---|---------------------|-------------------|
| 1 | Yes | |
| 2 | No | Go to M6.3 |
| 7 | Don't know/not sure | Go to M6.3 |
| 9 | Refused | Go to M6.3 |

M6.2. 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 |

{CATI: if (M6.2 = 401-497 and AGE = 18-99) AND (M6.2 > AGE), continue; else go to M6.3}

UPDTAGM6 I'm sorry, you indicated you were {CATI: fill-in response from AGE} years old, and you have been watching or reducing your sodium or salt intake for {CATI: fill-in response from CANAGE} years. How many years have you been watching or reducing your sodium or salt intake?

Update age	GO TO AGE
Update number of years reducing sodium/salt intake	GO TO M6.2

M6.3. Has a doctor or other health professional ever advised you to reduce sodium or salt intake?

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

VA State-Added 1: Cognitive Impairment

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. This **refers to** things like confusion or memory loss that are happening more often or getting worse. We want to know how these difficulties impact you or someone in your household.

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

CATI note: If number of adults > 1, go to CINOADLT.

CATI note: If 1 adult in household and CIMEMLOS= 1 (Yes), go to CIHOWOFT; otherwise, go to next module.

CINOADLT **[If CIMEMLOS=1];** Not including yourself}, how many adults 18 or older in your household experienced confusion or memory loss that is happening more often or is getting worse during the past 12 months?

- Number of people [6 = 6 or more]
- 8 None
- 7 Don't know / Not sure
- 9 edRefused

CATI: If CINOADLT <7 and CINOADLT > NUMADULT, CONFIRM RESPONSE.

CNFM18.2 INTERVIEWER: Number of household adults experiencing confusion or memory loss [DISPLAY RESPONSE TO CINOADLT] cannot exceed total number of adults in household [DISPLAY RESPONSE TO NUMADULT].

1 Correct CINOADLT **GO TO CINOADLT**

CATI NOTE: If CIMEMLOS = 1, go to CIHOWOFT.
CATI note: If CIMEMLOS ≠ 1 and CINOADLT < 7; go to CIRBIAGE.
IF CIMEMLOS ≠ 1 and CINOADLT > 6, go to next module.

CIRBIAGE Of these people, please select the person who had the most recent birthday. How old is this person?

Read only if necessary:

- 0 1 Age 18-29
- 0 2 Age 30-39
- 0 3 Age 40-49
- 0 4 Age 50-59
- 0 5 Age 60-69
- 0 6 Age 70-79
- 0 7 Age 80-89
- 0 8 Age 90 +

Do not read:
 7 7 Don't know / Not sure

CATI note: If CIMEMLOS ≠ 1 (Yes); read: “For the next set of questions we will refer to the person you identified as ‘this person’.”

INTERVIEWER NOTE: Repeat definition only as needed: “For these questions, please think about confusion or memory loss that is happening more often or getting worse.”

CIHOWOFT During the past 12 months, how often **[If CIMEMLOS=1 (Yes): insert “have you;” otherwise, insert “has this person”]** given up household activities or chores **[If CIMEMLOS=1 (Yes): insert “you;” otherwise, insert “they”]** used to do, because of confusion or memory loss that is happening more often or is getting worse?

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

Do not read:

- 7 Don’t know / Not sure
- 9 Refused

CIASSIST As a result of **[If CIMEMLOS = 1 (Yes): insert “your;” otherwise, insert “this person’s”]** confusion or memory loss, in which of the following four areas **[If CIMEMLOS = 1 (Yes): insert “do you;” otherwise, insert “does this person”]** need the MOST assistance?

- 1 Safety **[read only if necessary: such as forgetting to turn off the stove or falling]**
- 2 Transportation **[read only if necessary: such as getting to doctor’s appointments]**
- 3 Household activities **[read only if necessary: such as managing money or housekeeping]**
- 4 Personal care **[read only if necessary: such as eating or bathing]**

Do not read:

- 5 Needs assistance, but not in those areas
- 6 Doesn’t need assistance in any area
- 7 Don’t know / Not sure
- 9 Refused

CIINTERFER During the past 12 months, how often has **confusion or memory loss** interfered with **[If CIMEMLOS = 1 (Yes): insert “your;” otherwise, insert “this person’s”]** ability to work, volunteer, or engage in social activities?

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

Do not read:

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

CIFAMCAR During the past 30 days, how often **[If CITEMLOS = 1 (Yes): insert "has;" otherwise, insert "have you,]"** a family member or friend provided any care or assistance for **[If CITEMLOS = 1 (Yes): "you;" otherwise, insert "this person"]** because of confusion or memory loss?

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

Do not read:

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

CIHCPROF Has anyone discussed with a health care professional, increases in **[If CITEMLOS = 1 (Yes): insert "your;" otherwise, insert "this person's"]** confusion or memory loss?

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

CIMEDS **[If CITEMLOS = 1 (Yes): insert "Have you;" otherwise, insert "Has this person"]** received treatment such as therapy or medications for confusion or memory loss?

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

CIDIAGAZ Has a health care professional ever said that **[If CITEMLOS = 1 (Yes): insert "you have;" otherwise, insert "this person has"]** Alzheimer's disease or some other form of dementia?

- 1 Yes, Alzheimer's Disease
- 2 Yes, some other form of dementia but not Alzheimer's disease
- 3 No diagnosis has been given
- 7 Don't know / Not sure
- 9 Refused

VA State-Added 2: Oral Health

DENCLEAN How long has it been since you had your teeth cleaned by a dentist or dental hygienist?

VA2_1

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 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

Do not read:

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

LASTDEN3 How long has it been since you last visited a dentist or a dental clinic for any reason?
Include visits to dental specialists, such as orthodontists.

VA2_2

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 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

Do not read:

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

VA2_3 Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance or prepaid plans?

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

Module 19: Social Context

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

If RENTHOM1 = 1 or 2 (own or rent) continue, else go to SCNTMEAL

SCNTMONY 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

SCNTMEAL 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 EMPLOY2 = 1 (Employed for wages) or 2 (Self-employed), go to SCNTPAID and SCNTWORK.

If EMPLOY2 = 3 (Out of work for more than 1 year), 4 (Out of work for less than 1 year), or 7 (Retired), go to SCNTLPAD and SCNTLWRK.

If EMPLOY2 = 5 (A homemaker), 6 (A student), 8 (Unable to work), or 9 (Refused), go to SCNTLWRK.

SCNTPAID 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).

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

- | | | |
|-----|-----------------------|-----------------------|
| – – | Hours (01-96 or more) | Go to SCNTVOTE |
| 9 7 | Don't know / Not sure | Go to SCNTVOTE |
| 9 8 | Does not work | Go to SCNTVOTE |
| 9 9 | Refused | Go to SCNTVOTE |

SCNTLPAD 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

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

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

SCNTVOTE Did you vote in the last presidential election? The November 2012 election between Barack Obama and Mitt Romney.

- 1 Yes
- 2 No
- 8 Not applicable (I did not register, I am not a U.S. citizen, or I am not eligible to vote)
- 7 Don't know / Not sure
- 9 Refused

VA State-Added 3: Disability

VA3_1 Do you have a disability?

- 1 Yes
- 2 No [GO TO NEXT SECTION]
- 7 Don't know/Not sure [GO TO NEXT SECTION]
- 9 Refused [GO TO NEXT SECTION]

VA3_2 What is your main disability? [IF NEEDED, PROBE FOR CLARITY]

- 1 Physical or motor disability (e.g., cerebral palsy, spinal cord injury)
- 2 Learning or intellectual disability
- 3 Memory or other cognitive disability (e.g., traumatic brain injury, Alzheimer's)
- 4 Emotional or mental health condition (e.g., depression, bipolar disorder)
- 5 Deaf or hard of hearing
- 6 Vision loss or blindness
- 7 Communication or speech disability
- 8 More than one of the above
- 9 Other disability, specify _____
- 77 Don't know or not sure
- 99 Refused

VA3_3 Does your disability affect your doing any of the following:
[READ LIST, RECORD EACH "YES"]

- 1 Participating in school or work activities?
- 2 Performing personal care activities including bathing, dressing, grooming, using the toilet, or getting in and out of bed?
- 3 Performing household activities including paying bills, shopping, cooking, or cleaning the house?
- 4 Participating in exercise or physical activity?
- 5 Moving around including walking, using stairs, lifting, or carrying objects?
- 8 (VOL) No to all/None of these
- 9 (VOL) Refused

VA3_4 Given your disability, what kinds of help do you currently need but are not receiving?
[READ LIST, RECORD EACH "YES"]

- 1 Personal care (help with daily living activities like bathing, dressing, shopping)
- 2 Medical care
- 3 Medication information or funding
- 4 Health insurance
- 5 Transportation
- 6 Service coordination or case management (help finding needed services)
- 7 Counseling or therapy
- 8 Socialization (social contact, support group, peer support)
- 9 Housing
- 10 Employment
- 11 Public assistance (e.g., Medicaid, TANF, Food Stamps)
- 12 Other need for assistance (specify) _____
- 77 (VOL) Don't know/Not sure
- 88 (VOL) None, no help needed
- 99 (VOL) Refused

Closing Statement

Please read:

That was my last question. Everyone's answers will be combined to give us information about the health practices of people in **Virginia**. Thank you very much for your time and cooperation.

Language Indicator

[INTERVIEWER: DO NOT READ THIS TO RESPONDENT]

Lang1. In what language was this interview completed?

- 1 English
- 2 Spanish

Activity List for Common Leisure Activities (To be used for Section 13: Physical Activity)

Code Description (Physical Activity, Questions 12.2 and 12.5 above)

0 1 Active Gaming Devices (Wii Fit, Dance Dance revolution)	4 1 Rugby
0 2 Aerobics video or class	4 2 Scuba diving
0 3 Backpacking	4 3 Skateboarding
0 4 Badminton	4 4 Skating – ice or roller
0 5 Basketball	4 5 Sledding, tobogganing
0 6 Bicycling machine exercise	4 6 Snorkeling
0 7 Bicycling	4 7 Snow blowing
0 8 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)	4 8 Snow shoveling by hand
0 9 Bowling	4 9 Snow skiing
1 0 Boxing	5 0 Snowshoeing
1 1 Calisthenics	5 1 Soccer
1 2 Canoeing/rowing in competition	5 2 Softball/Baseball
1 3 Carpentry	5 3 Squash
1 4 Dancing-ballet, ballroom, Latin, hip hop, zumba, etc	5 4 Stair climbing/Stair master
1 5 Elliptical/EFX machine exercise	5 5 Stream fishing in waders
1 6 Fishing from river bank or boat	5 6 Surfing
1 7 Frisbee	5 7 Swimming
1 8 Gardening (spading, weeding, digging, filling)	5 8 Swimming in laps
1 9 Golf (with motorized cart)	5 9 Table tennis
2 0 Golf (without motorized cart)	6 0 Tai Chi
2 1 Handball	6 1 Tennis
2 2 Hiking – cross-country	6 2 Touch football
2 3 Hockey	6 3 Volleyball
2 4 Horseback riding	6 4 Walking
2 5 Hunting large game – deer, elk	6 6 Waterskiing
2 6 Hunting small game – quail	6 7 Weight lifting
2 7 Inline Skating	6 8 Wrestling
2 8 Jogging	6 9 Yoga
2 9 Lacrosse	7 1 Childcare
3 0 Mountain climbing	7 2 Farm/Ranch Work (caring for livestock, stacking hay, etc.)
3 1 Mowing lawn	7 3 Household Activities (vacuuming, dusting, home repair, etc.)
3 2 Paddleball	7 4 Karate/Martial Arts
3 3 Painting/papering house	7 5 Upper Body Cycle (wheelchair sports, ergometer, etc.)
3 4 Pilates	7 6 Yard work (cutting/gathering wood, trimming hedges etc.)
3 5 Racquetball	97 Don't know
3 6 Raking lawn	9 8 Other_____
3 7 Running	9 9 Refused
3 8 Rock Climbing	
3 9 Rope skipping	
4 0 Rowing machine exercise	