



2016

**Behavioral Risk Factor Surveillance System
Questionnaire**

Ohio 30352

January 22, 2016

Form Approved

OMB No. 0920-1061

Exp. Date 3/31/2018

Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).

NOTE: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at ivk7@cdc.gov.

Behavioral Risk Factor Surveillance System

2016 Ohio BRFSS Questionnaire

Table of Contents

Interviewer’s Script.....	4
Core Sections.....	9
Section 2: Healthy Days — Health-Related Quality of Life.....	9
Section 3: Health Care Access.....	10
Section 4: Exercise.....	11
Section 5: Inadequate Sleep.....	11
Section 6: Chronic Health Conditions.....	11
Ohio State-Added 1: Gestational Diabetes (Split 1).....	14
Module 1: Pre-Diabetes (Split 1).....	15
Section 6: Chronic Health Conditions, Continued.....	16
Module 2: Diabetes (Split 1).....	16
Section 7: Oral Health.....	19
Section 8: Demographics.....	19
Section 9: Tobacco Use.....	28
Section 10: E-Cigarettes.....	29
Section 11: Alcohol Consumption.....	30
Section 12: Immunization.....	31
Section 13: Falls.....	32
Section 14: Seatbelt Use.....	33
Section 15: Drinking and Driving.....	33
Section 16: Breast and Cervical Cancer Screening.....	34
Section 17: Prostate Cancer Screening.....	35
Section 18: Colorectal Cancer Screening.....	37
Section 19: HIV/AIDS.....	38
Module 6: Caregiver (Split 1).....	39
Module 8: Sugar Sweetened Beverages (Split 2).....	42
Module 10: Marijuana Use (Splits 1 & 2).....	43
Module 21: Sexual Orientation and Gender Identity (Splits 1 & 2).....	44
Module 22: Random Child Selection (Splits 1 & 2).....	45
Module 23: Childhood Asthma Prevalence (Splits 1 & 2).....	48
Ohio State-Added 12 Disability: (Split 1).....	49
Ohio State-Added 2: Concussion Law (Split 1).....	49
Ohio State-Added 3: Child Bicycle Helmet (Split 1).....	52
Ohio State-Added 4: Child Vision Screening (Split 1).....	54
Ohio State-Added 5: Adult Vision Screening (Split 1).....	54
Ohio State-Added 6: Exercise (Physical Activity) (Split 1).....	55
State-Added 7: Traumatic Brain Injury (Split 1).....	57
Ohio State-Added 8: Stroke Signs (Split 2).....	59
Ohio State-Added 9: Other Tobacco (Splits 1 & 2).....	60
Ohio State-Added 10: Second-Hand Smoke Exposure/Housing (Splits 1 & 2).....	61
Ohio State-Added 11: ATS (Split 2).....	64
Asthma Survey Continuation Script.....	73
Closing Statement.....	126
Activity List for Common Leisure Activities (To be used for Ohio State-Added: Physical Activity).....	127

SAMPLE READ-IN: FRAME

1. Landline
2. Cell Phone

Interviewer's Script

CATI RANDOMLY ASSIGNED SPLIT

1. Split 1
2. Split 2

Interviewer's Script

HELLO, I am calling for the Ohio Department of Health . My name is (name) . We are gathering information about the health of Ohio 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 COLGHOUS**
3. No, business phone only **THANK & END**

Thank you very much but we are only interviewing persons on residential phone lines at this time.

College Housing

COLGHOUS 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 arrangement 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**

State of Residence

STATERES Do you currently live in ____ (state) ____?

- 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 ____ (state) ____ at this time. **STOP**

NOTE: Items in parentheses at any place in the questions or response DO NOT need to be read.

RSPSTATE In what state do you live?

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

Cellular Phone

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 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.
- 2 Yes

CATI: IF FRAME=1 (landline) and CELLFON=1 (not a cell phone), GO TO RESPONDENT SELECTION.

IF FRAME=1 (landline) and CELLFON=2 (yes cell phone), THANK & END.

IF FRAME=2 (cell phone) and CELLFON=1 (not a cell phone), THANK & END.

IF FRAME=2 (cell phone) and CELLFON=2 (yes cell phone), ASK LANDLINE.

CATI VARIABLE, SET BRF3200=1.

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

Adult Random Selection

CATI NOTE:

- IF CELLPH=1 (is a cell phone) or COLGHOUS=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, respondent is male
- 2 Yes, respondent is female
- 3 No

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

CATI NOTE:

- IF COLGHOUS=1, Set NUMADULT=1 and Skip to [Core Section Introduction]

IF FRAME=1, ASK: 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?

IF FRAME=2, ASK: How many members of your household, including yourself, are 18 years of age or older?

NUMADULT ___ Number of adults

IF (FRAME=2 AND NUMADULT=0), WE NEED TO RE-ASK THE QUESTIONS. DISPLAY THE FOLLOWING TEXT SCREEN, THEN GO BACK TO CADULT:

[INTERVIEWER: NUMBER OF ADULTS CANNOT BE ZERO IF RESPONDENT IS 18 OR OLDER: PLEASE RE-ASK QUESTIONS.]

IF FRAME=2, SKIP TO [CORE SECTION INTRODUCTION]

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"**.

- **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

2 No

9 (VOL) Refused

GO TO NUMMEN

GO BACK TO NUMADULT AND RE-ASK IT

GO TO NUMMEN

CATI VARIABLE, SET BRF2111=1.

NUMMEN How many of these adults are men?

___ Number of men

NUMWOMEN How many of these adults are women?

___ Number of women

CATI VARIABLE, SET BRF2112=1.

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 Ohio Department of Health . My name is (name) . We are gathering information about the health of Ohio 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 your 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 614-644-8068.

Section 1: Health Status

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 1

CATI VARIABLE, SET BRF2120=1.

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

HLTHPLN1 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

2 No

7 Don't know / Not sure

9 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

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

Section 4: Exercise

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?

INTERVIEWER NOTE: 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.

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

Section 5: Inadequate Sleep

SLEPTIM1 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 6: Chronic 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

ASTHMA3 (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

CHCSCNCR (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 (COPD), emphysema or chronic bronchitis?

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

HAVARTH3 (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

DIABETE3 (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

Ohio State-Added 1: Gestational Diabetes (Split 1)

IF STATERES=1 (OHIO RESIDENT) CONTINUE, ELSE SKIP TO NEXT MODULE.
If SPLIT=1 AND RESPONDENT IS FEMALE CONTINUE, ELSE SKIP TO NEXT MODULE.
If DIABETE3=2, SKIP TO OH1_2;
If DIABETE3=1 ask OH1_1;
ELSE SKIP TO NEXT MODULE

OH1_1. The first time you were told you had diabetes, was it while you were pregnant?

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

If OH1_1=1 OR DIABETE3=2, ASK OH1_2;
If OH1_1=2, 7, 9 GO TO NEXT SECTION.

OH1_2 Were you diagnosed with gestational diabetes within the past 10 years?

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

If OH1_2 =1, ask OH1_3; ELSE GO TO NEXT SECTION.

OH1_3 When you were diagnosed with gestational diabetes, did your health care provider. . .

OH1_3a. Test your blood sugar within 12 weeks after delivery?

- 1 Yes
- 2 No
- 3 Didn't return to health care provider
- 7 Don't know/Not sure
- 9 Refused

OH1_3b. Ever recommend that you be tested for diabetes within 3 years after delivery?

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

OH1_3c. Ever discuss with you the long-term risk of developing Type 2 diabetes?

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

Module 1: Pre-Diabetes (Split 1)

IF STATERES=1 (OHIO RESIDENT) CONTINUE, ELSE SKIP TO DIABAGE2.

IF SPLIT=1 CONTINUE, ELSE SKIP TO DIABAGE2.

NOTE: Only asked of those not responding "Yes" (code = 1) to DIABETE3 (Diabetes awareness question).

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 DIABETE3 = 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

Section 6: Chronic Health Conditions, Continued

If DIABETE3 = 1 (Yes), CONTINUE (DIABAGE2), ELSE GO TO NEXT SECTION.

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

(NOTE: We are interested in age when FIRST diagnosed, NOT current age)

(118-119)

- _ _ 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 next section.

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

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

Module 2: Diabetes (Split 1)

IF STATERES=1 (OHIO RESIDENT) CONTINUE, ELSE SKIP TO SECTION 7.
IF SPLIT=1 CONTINUE, ELSE SKIP TO SECTION 7.

NOTE: To be asked following Core DIABAGE2; if response is "Yes" (code = 1) and Core DIABETE3 is "Yes" (code = 1).

IF DIABETE3 NE 1, SKIP TO SECTION 7.

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

Interviewer Note: If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in '98 times per day.'

[if (BLDSUGAD > 5 AND < 76) OR (BLDSUGAW > 35 AND < 76) ASK:]

XBLDSGR I would like to confirm you check your blood for glucose or sugar [INSERT # FROM BLDSUGAD/BLDSUGAW] times per [day/week]. Is that correct?

- 1 Yes **[Go to FEETCHK2]**
- 2 No **[Go to BLDSUGAD/BLDSUGAW]**

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

[if (FTCHK2D > 5 AND < 76) OR (FTCHK2W > 35 AND < 76) ASK:]

XFTCH2 I would like to confirm you check your feet for any sores or irritations [INSERT # FROM FTCHK2D/FTCHK2W] times per [day/week]. Is that correct?

- 1 Yes **[Go to DOCTDIAB]**
- 2 No **[Go to FTCHK2D/FTCHK2W]**

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

[if (DOCTDIAB > 52 AND < 77) ASK:]

XDTDIAB I would like to confirm you have seen a health professional for your diabetes [INSERT # FROM DOCTDIAB] times in the past 12 months. Is that correct?

- 1 Yes **[Go to CHKHEMO3]**
- 2 No **[Go to DOCTDIAB]**

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

[if (FEETCHK > 52 AND < 77) ASK:]

XFTCHK I would like to confirm a health professional has checked your feet for sores or irritations **[INSERT # FROM FEETCHK]** times in the past 12 months. Is that correct?

- 1 Yes **[Go to EYEEXAM]**
- 2 No **[Go to FEETCHK]**

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 7: Oral Health

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.

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

RMVTETH3 How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None
- 7 Don't know / Not sure
- 9 Refused

Section 8: Demographics

SEX Are you ... [READ LIST]

PROGRAMMER NOTE: This may be populated from information derived from screening, household enumeration. However, interviewer should not make judgement on sex of respondent.

- 1 Male,
- 2 Female?

AGE What is your age?

- Code age in years
- 0 7 Don't know / Not sure
- 0 9 Refused

{CATI: if (DIABAGE2 = 01-97 and AGE = 18-99) AND (DIABAGE2 > AGE), continue; else go to HISPANC3}

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

Do not read:

- 5 No
- 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 Alaska Native
- 40 Asian
- 50 Pacific Islander

Do not read:

- 60 Other (specify)
- 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 MARITAL.

SHOW RESPONSES IN MRACE2

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

- 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

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

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

NOTE: Items in parentheses at any place in the questions or response DO NOT need to be read.

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.

INTERVIEWER NOTE: We ask this question in order to compare health indicators among people with different housing situations.

CTYCODE1 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 [**RANGE 43001-45999**]
- 7 7 7 7 7 Don't know / Not sure
- 8 8 8 8 8 Other State Zip Code (SPECIFY)
- 9 9 9 9 9 Refused

CATI NOTE: IF FRAME 2, SKIP TO VETERAN3 (QSTVER GE 20)

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]

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

INTERVIEWER NOTE: 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

EMPLOY1 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

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

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

CATI VARIABLE, SET BRF1200=1.

Qualified Level 2

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

INTERNET Have you used the internet in the past 30 days?

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

WEIGHT2 About how much do you weigh without shoes?

NOTE: If respondent answers in metrics, put “9” in column 161.

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 165.

Round fractions down

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

If SEX=1, go to S8.22, if female respondent is 45 years old or older, go to text screen prior to S8.22

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.

Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone.

S8.22 Are you deaf or do you have serious difficulty hearing?

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

BLIND 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

DECIDE 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

DIFFWALK Do you have serious difficulty walking or climbing stairs?

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

DIFFDRES Do you have difficulty dressing or bathing?

- 1 Yes

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

DIFFALON 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?

INTERVIEWER NOTE: "For cigarettes, do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana."

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 LASTSMK2]
- 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]

LASTSMK2 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: E-Cigarettes

S10.1 Have you ever used an e-cigarette or other electronic "vaping" product, even just one time, in your entire life?

Read if necessary: Electronic cigarettes (e-cigarettes) and other electronic "vaping" products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

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

S10.2 Do you now use e-cigarettes or other electronic "vaping" products every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Don't know / Not sure
- 9 Refused

Section 11: 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

[if AVEDRNK2 > 9 AND < 77 ASK:]

CHKAVEDRNK2 I would like to confirm that during the past 30 days, on the days you drank, you drank on average **[insert # from AVEDRNK2]** drinks. Is that correct?

- 1 Yes **[Go to DRNK3GE5]**
- 2 No **[Go back to AVEDRNK2]**

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.

[if MAXDRNKS > 9 AND < 77 ASK:]

CHKMXDRNKS I would like to confirm that during the past 30 days, the largest number of drinks you had was //INSERT # FROM MAXDRNKS// drinks. Is that correct?

- | | | |
|---|-----|------------------------------|
| 1 | Yes | [Go to NEXT SECTION] |
| 2 | No | [Go back to MAXDRNKS] |

Section 12: 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 PNEUVAC3] |
| 7 | Don't know / Not sure | [Go to PNEUVAC3] |
| 9 | Refused | [Go to PNEUVAC3] |

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 |
| 77 / 7777 | Don't know / Not sure |
| 99 / 9999 | 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 |

TETANUS 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

Section 13: Falls

If respondent is 45 years or older continue, otherwise go to next section.

The next questions ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

FALL12MN In the past 12 months, how many times have you fallen?

- | | | |
|-----|-----------------------|-----------------------------|
| __ | Number of times | [76 = 76 or more] |
| 8 8 | None | [Go to next section] |
| 7 7 | Don't know / Not sure | [Go to next section] |
| 9 9 | Refused | [Go to next section] |

FALLINJ2 **[Fill in "Did this fall (from FALL12MN) cause an injury?"]. If only one fall from FALL12MN and response is "Yes" (caused an injury); code 01. If response is "No," code 88.**

How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

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

CATI: If FALLINJ2>0 and FALLINJ2<77 and FALLINJ2> FALL12MN, CONFIRM RESPONSE; OTHERWISE GO TO NEXT SECTION.

CNFFAL **INTERVIEWER:** Number of falls causing an injury [DISPLAY RESPONSE TO FALLINJ2] cannot exceed number of falls [DISPLAY RESPONSE TO FALL12MN].

- 1 Correct number of falls **GO TO FALL12MN** (and then re-ask FALLINJ2)
- 2 Correct number of falls causing injury **GO TO FALLINJ2**

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

CATI note: If SEATBELT = 8 (Never drive or ride in a car), go to Section 16; otherwise continue.

Section 15: Drinking and Driving

CATI note: If ALCDAY5= 888 (No drinks in the past 30 days); go to next section.

DRNKDRI2 During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

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

Section 16: 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.

HADMAM 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 HADPAP2]
- 7 Don't know / Not sure [Go to HADPAP2]
- 9 Refused [Go to HADPAP2]

HOWLONG 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

HADPAP2 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?

- 1 Yes
- 2 No [Go to PRE HPVST1]
- 7 Don't know / Not sure [Go to PRE HPVST1]
- 9 Refused [Go to PRE HPVST1]

LASTPAP2 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

Now, I would like to ask you about the Human Papillomavirus (**Pap-uh-loh-muh virus**) or HPV test.

HPVTST1 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 PRE HADHYST2]
- 7 Don't know/Not sure [Go to PRE HADHYST2]
- 9 Refused [Go to PRE HADHYST2]

HPVTST2 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 PREGNANT = 1 (is pregnant); then go to next section.

HADHYST2 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

Section 17: Prostate Cancer Screening

CATI note: If respondent is \leq 39 years of age, or is female, go to next section.

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

PCPSAREC 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

PCPSADI1 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

PCPSARE1 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

PSATEST1 Have you EVER HAD a PSA test?

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

PSATIME 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

PCPSARSN 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

Section 18: 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.

BLDSTOOL 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 HADSIGM3]**
- 7 Don't know / Not sure **[Go to HADSIGM3]**
- 9 Refused **[Go to HADSIGM3]**

LSTBLDS3 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

HADSIGM3 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 section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

HADSGC01 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

LASTSIG3 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

Section 19: 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.

HIVTST6 Not counting tests you may have had as part of blood donation, have you ever been tested for HIV? Include testing fluid from your mouth.

- 1 Yes
- 2 No **[Go to HIVRISK3]**
- 7 Don't know / Not sure **[Go to HIVRISK3]**
- 9 Refused **[Go to HIVRISK3]**

HIVTSTD3 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

HIVRISK3 I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.

You have used intravenous drugs in the past year.

You have been treated for a sexually transmitted or venereal disease in the past year.

You have given or received money or drugs in exchange for sex in the past year.

You had anal sex without a condom in the past year.

You had four or more sex partners in the past year.

Do any of these situations apply to you?

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

IF STATERES=1 (Ohio RESIDENT) CONTINUE, ELSE SKIP TO CLOSING STATEMENT.

Transition to Modules and/or State-Added Questions

Please read:

Now I have some questions about other health topics.

Module 6: Caregiver (Split 1)

IF SPLIT=1 CONTINUE, ELSE SKIP TO NEXT MODULE.

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

CAREGIVE 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?

INTERVIEWER INSTRUCTIONS: If caregiving recipient has died in the past 30 days, say "I'm so sorry to hear of your loss." and code 8.

- 1. Yes
- 2. No [Go to Question CRGVEXPT]
- 7 Don't know/Not sure [Go to Question CRGVEXPT]
- 8 Caregiving recipient died in past 30 days [Go to next module]
- 9 Refused [Go to Question CRGVEXPT]

CRGVREL1 What is his or her relationship to you?

INTERVIEWER NOTE: If more than one person, say: "Please refer to the person to whom you are giving the most care."

- 01 Mother
- 02 Father
- 03 Mother-in-law
- 04 Father-in-law
- 05 Child
- 06 Husband
- 07 Wife
- 08 Live in partner
- 09 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

CRGVLNG1 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

CRGVHRS1 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

CRGVPRB1 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 or other Cognitive Impairment Disorders
- 6 Developmental Disabilities such as Autism, Down's Syndrome, and Spina Bifida
- 7 Diabetes
- 8 Heart Disease, Hypertension, Stroke
- 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 Injuries, including broken bones
- 14 Old age/infirmity/frailty
- 15 Other

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

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

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

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

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

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

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

CRGVMST2 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 CAREGIVE = 1 OR 8, GO TO NEXT MODULE]

CRGVEXPT. 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 8: Sugar Sweetened Beverages (Split 2)

IF SPLIT=2 CONTINUE, ELSE SKIP TO NEXT MODULE.

Now I would like to ask you some questions about sugary beverages.

Interviewer note: Please remind respondents to include regular soda that they mixed with alcohol.

SUGRSODA During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.

Please read: You can answer times per day, week, or month: for example, twice a day, once a week, and so forth

- 1 __ Times per day
- 2 __ Times per week
- 3 __ Times per month

Do not read:

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

9 9 9

Refused

[if (SGRSODAD > 5 AND < 76) OR (SGRSODAW >39 AND <76) ASK:]

XSODA I would like to confirm you drink regular soda or pop **[INSERT # FROM SGRSODAD/SGRSODAW]** times per [day/week]. Is that correct?

- 1 Yes **[Go to SGRDRNK2]**
- 2 No **{Go to SUGRSODA}**

SGRDRNK2 During the past 30 days, how often did you drink sugar-sweetened fruit drinks (such as Kool-Aid and lemonade), sweet tea, and sports or energy drinks (such as Gatorade and Red Bull)? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks.

Interviewer note: Fruit drinks are sweetened beverages that often contain some fruit juice or flavoring. Do not include 100% fruit juice, sweet tea, coffee drinks, sports drinks, or energy drinks.

Please read: You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.

- 1 __ Times per day
- 2 __ Times per week
- 3 __ Times per month

Do not read:

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

[if (SGRDRK2D > 5 AND < 76) OR (SGRDRK2W >39 AND <76) ASK:]

XSGDRNK2 I would like to confirm you drink sweetened fruit drinks **[INSERT # FROM SGRDRK2D/SGRDRK2W]** times per [day/week]. Is that correct?

- 1 Yes **[Go to NEXT MODULE]**
- 2 No **{Go to SGRDRNK2}**

Module 10: Marijuana Use (Splits 1 & 2)

M10_1. During the past 30 days, on how many days did you use marijuana or hashish?

- __ __ 01-30 Number of Days
- 8 8. None **[Go to next module]**
- 7 7. Don't know/not sure **[Go to next module]**
- 9 9. Refused **[Go to next module]**

M10_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]

(Select all that apply)

- 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 21: Sexual Orientation and Gender Identity (Splits 1 & 2)

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.

SOGI1 Do you consider yourself to be:

Please read:

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

Do not read:

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

SOGI2 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 1 - Yes, Transgender, male-to-female
- 2 2 - Yes, Transgender, female to male
- 3 3 - Yes, Transgender, gender nonconforming
- 4 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 transgender. 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 (Splits 1 & 2)

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

If CHILDREN = 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 RCSBIRTH]**

If CHILDREN is >1 and Core CHILDREN 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.

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

__ / __ __ __ Code month and year
7 7 / 7 7 7 7 Don't know / Not sure

9 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).

RCSGENDR Is the child a boy or a girl?

- 1 Boy
- 2 Girl
- 9 Refused

RCHISLAT1 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
- 8 No additional choices (DP code only)
- 7 Don't know / Not sure
- 9 Refused

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

(Select all that apply)

Please read:

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

Do not read:

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

IF RCSRACEA=40 OR 50, ASK RCSRACEB. ELSE SKIP TO RCSRACE2

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

RCSRACEB Would you say the child is . . . [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

RCSRACE2: CATI dummy variable to hold the selected child's race.

CATI CODE RESPONSES FROM RCSRACEA AND RCSRACEB. IF RCSRACEA=40 AND RCSRACEB=99, CODE RCSRACE2=40. IF RCSRACEA=50 AND RCSRACEB=99, CODE RCSRACE2=50.

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
- 50 Pacific Islander
- 60 Other
- 70 (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 RCSRACE2; continue. Otherwise, go to RCSRLTN2.

SHOW RESPONSES IN RCSRACE2

RCSRACE2 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

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

RCSRLTN2 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 (Splits 1 & 2)

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

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

CASTHDX2 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]**

CASTHNO2 Does the child still have asthma?

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

Ohio State-Added 12 Disability: (Split 1)

IF SPLIT=1 CONTINUE, ELSE SKIP TO NEXT MODULE.

CATI: IF CHILDREN = 1-15, PLEASE DISPLAY: Thinking now about yourself. . .

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

Ohio State-Added 2: Concussion Law (Split 1)

IF SPLIT = 1 CONTINUE, ELSE GO TO NEXT MODULE.

If CHILDREN = 88 or 99, go to next module; Else, continue.

If selected child is 8-17 years old (CHILDAGE=8-17) Continue; Else, go to next module.

The following questions are about the "Xth" **[CATI: fill in correct number]** child.

OH2_1 Has your **Xth [CATI: fill in correct number]** child ever played or participated in organized sports, either in school or in a non-school recreation league?

- 1 Yes
- 2 No **[SKIP TO OH2_8]**
- 7 Don't know/Not sure **[SKIP TO OH2_8]**
- 9 Refused **[SKIP TO OH2_8]**

OH2_2 How many times has your **Xth [CATI: fill in correct number]** child ever received an injury or blow to the head that resulted in symptoms of a concussion as a result of playing

organized sports, either in competition or during practice? Symptoms can include: memory loss, confusion, loss of consciousness/being knocked out, blurry vision, and nausea.

- | | | |
|---|---------------------|-----------------|
| 1 | 1 | |
| 2 | 2 | |
| 3 | 3 or more | |
| 8 | 0 / None | [SKIP TO OH2_8] |
| 7 | Don't Know/Not Sure | [SKIP TO OH2_8] |
| 9 | Refused | [SKIP TO OH2_8] |

If OH2_2=1, 2, 3 CONTINUE, ELSE skip to OH2_8

For the following two questions, please think about what happened during the most recent incident:

OH2_3 Did the most recent incident occur

[READ LIST, SINGLE RESPONSE]

- | | |
|---|---|
| 1 | During school sports practice |
| 2 | During school sports competition |
| 3 | During a non-school recreation league practice |
| 4 | During a non-school recreation league competition |
| 7 | (VOL) Don't know/Not sure |
| 9 | (VOL) Refused |

OH2_4 In what type of sport was the child playing or participating?

[DO NOT READ]

- | | |
|----|---------------------|
| 01 | Baseball/Softball |
| 02 | Basketball |
| 03 | Cheerleading |
| 04 | Gymnastics |
| 05 | Field Hockey |
| 06 | Ice Hockey |
| 07 | Football |
| 08 | Lacrosse |
| 09 | Rugby |
| 10 | Swimming |
| 11 | Soccer |
| 12 | Track and Field |
| 13 | Volleyball |
| 14 | Wrestling |
| 15 | Other |
| 77 | Don't know/Not sure |
| 99 | Refused |

For the following three questions, please think about what happened after the most recent incident:

OH2_5 Was the child removed from play for the day by an adult, such as a coach or trainer?

[READ LIST, SINGLE RESPONSE]

- 1 Yes
- 2 Child was removed but then sent back into game/practice that day **(SKIP TO OH2_7)**
- 3 No, child continued to play **(SKIP TO OH2_7)**
- 7 Don't know/Not sure **(SKIP TO OH2_7)**
- 9 Refused **(SKIP TO OH2_7)**

OH2_6 Was the child immediately taken to an emergency room or urgent care center?

- 1 Yes **(SKIP TO OH2_8)**
- 2 No
- 7 Don't know/Not sure
- 9 Refused

OH2_7 Was the child checked out later for this injury by a health care professional (e.g., doctor, nurse) or athletic trainer?

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

OH2_8 To your knowledge, does Ohio have a law that requires children in school athletics and non-school youth sports leagues, such as recreation leagues, to be removed from play if they sustain an injury or blow to the head resulting in signs or symptoms of a concussion?

- 1 Yes **(SKIP TO OH2_9)**
- 2 No **(READ TEXT SCREEN)**
- 7 Don't Know/Not sure **(READ TEXT SCREEN)**
- 9 Refused **(READ TEXT SCREEN)**

TEXT SCREEN: IF OH2_8 >1:

In April 2013, a new Ohio law was passed that requires children, in both school sports and non-school youth sport and recreation leagues, who are suspected of having sustained a concussion to be removed from practice or competition and assessed by a health care provider before they may return to play. This law also requires concussion training for coaches and referees and for parents to receive a concussion information sheet before their child begins to play.

If you would like, I can provide you with a website for more information regarding this law. Would you like the address? [If YES, <http://www.healthy.ohio.gov/vipp/concussion.aspx>].

SKIP TO NEXT SECTION.

IF OH2_8=1 CONTINUE.

OH2_9 How did you become aware of the law?
(MULTIPLE RESPONSE, DO NOT READ)

- 01 From traditional media like TV, newspaper, radio, etc.
- 02 From social media like Facebook, Twitter, etc.
- 03 Received a Concussion Information Sheet from School Official

- 04 Received a Concussion Information Sheet from Youth Sports League Official
- 05 Ohio Department of Health website
- 06 Other website
- 07 At a sporting event
- 08 From a parent/friend/family member (word of mouth)
- 09 Other
- 77 Don't know/Not sure
- 99 Refused

Ohio State-Added 3: Child Bicycle Helmet (Split 1)

If **SPLIT=1**, continue; If **SPLIT=2**, go to next module.

If **CHILDREN = 88** or **99**, go to next module;

If selected child is 5-14 years old (**CHILDAGE=5-14**); **CONTINUE**; Else, go to next module.

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

OH3_1 During the past year, how often has the “Xth” [**CATI: fill in correct number**] child worn a bicycle helmet when riding a bicycle?
[READ LIST]
[IF RESPONDENT STATES “child does not own a helmet”, PROBE: “Perhaps your child borrows a helmet?” THEN RE-ASK THE QUESTION.]

- 1 Always **[SKIP TO OH3_3]**
- 2 Nearly Always
- 3 Sometimes
- 4 Seldom
- 5 Never, or
- 6 Never rides a bicycle **[SKIP TO OH3_3]**
- 7 (VOL) Don't know/Not sure
- 9 (VOL) Refused

OH3_2 What are the reasons your child doesn't always wear a bicycle helmet?
 Is it because . . . **(READ ALL)**

(CATI: ROTATE a-h)

OH3_2a Your child doesn't have a bicycle helmet?

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

OH3_2b Helmets are unnecessary?

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

OH3_2c You don't require your child to wear a helmet at all times?

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

OH3_2d Helmets cost too much?

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

OH3_2e Most other children in your neighborhood do not wear helmets?

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

OH3_2f Your child forgets to wear his/her helmet?

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

OH3_2g Your child doesn't like the way he/she looks when wearing a helmet?

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

OH3_2h Your child thinks the helmet is uncomfortable?

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

OH3_3 Do you favor or oppose laws that require children younger than 18 years of age to wear a helmet when riding a bike?

- 1 Favor
- 2 Oppose
- 7 Don't know / Not sure
- 9 Refused

Ohio State-Added 4: Child Vision Screening (Split 1)

CATI INSTRUCTION: IF SPLIT 1, CONTINUE; OTHERWISE, SKIP TO NEXT MODULE.

If CHILDREN = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

ASK IF CHILD AGE IN YEARS IS 3-17 (CHLDAGE = 3-17); ELSE GO TO NEXT MODULE.

These next questions are about the “Xth” [CATI: fill in correct number] child.

OH4_1 Has your child ever received an eye exam because of the result of a vision screening?

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

OH4_2 If your child failed a vision screening would you go to the eye doctor for further evaluation?

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

OH4_3 Has your child ever skipped or delayed getting a professional eye exam because they had a vision screening from someone other than an eye doctor?

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

Ohio State-Added 5: Adult Vision Screening (Split 1)

CATI INSTRUCTION: IF SPLIT 1, CONTINUE; OTHERWISE, SKIP TO NEXT MODULE.

CATI: IF CHILDREN = 1-15, PLEASE DISPLAY: And thinking about yourself. . .

OH5_1 Have you ever received an eye exam because of the results of a vision screening?

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

OH5_2 If you failed a vision screening would you go to the eye doctor for further evaluation?

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

OH5_3 Have you ever skipped or delayed getting a professional eye exam because you had a vision screening from someone other than an eye doctor?

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

Ohio State-Added 6: Exercise (Physical Activity) (Split 1)

IF SPLIT = 1 CONTINUE, ELSE GO TO NEXT MODULE.

IF CORE QUESTION EXERANY3 = No, Don't Know, Refused (2, 7, 9), SKIP TO EXOFTSTR.

IF EXERANY3 = Yes (1) ASK EXERACT3.

EXERACT3 Earlier you indicated you participated in physical activities or exercises. What type of physical activity or exercise did you spend the most time doing during the past month?

- | | | |
|-----|-----------------------|--|
| __ | (Specify) | [See Physical Activity Coding List] |
| 7 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

[if (EXROFT1W > 6 AND < 76) OR (EXROFT1M > 37 AND < 76) ASK:]

DUM_EXROFT1 I would like to confirm you took part in this activity **[insert # from EXROFT1W/EXROFT1M]** times per [week/month]. Is that correct?

- 1 Yes **[Go to EXERHMM1]**
- 2 No **[Go to EXROFT1W/EXROFT1M]**

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]**
8 8 No other activity **[Go to EXOFTSTR]**
7 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 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

[if (EXROFT2W > 6 AND < 76) OR (EXROFT2M > 37 AND < 76) ASK:]

DUM_EXROFT2 I would like to confirm you took part in this activity **[insert # from EXROFT2W/EXROFT2M]** times per [week/month]. Is that correct?

1 Yes **[Go to EXERHMM2]**
2 No **[Go to EXROFT2W/EXROFT2M]**

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

[if (EXROFTSW > 6 AND < 76) OR (EXROFTSM > 37 AND < 76) ASK:]

DUM_EXROFTSW I would like to confirm you took part in this activity **[insert # from EXROFTSW/EXROFTSM]** times per [week/month]. Is that correct?

- | | | |
|---|-----|---------------------------|
| 1 | Yes | [Go to next section] |
| 2 | No | [Go to EXROFTSW/EXROFTSM] |

State-Added 7: Traumatic Brain Injury (Split 1)

If **SPLIT=1**, continue; If **SPLIT=2**, go to next module.

These next questions ask about injuries that may have occurred anytime in your lifetime.

OH7_1 In your lifetime, have you ever been hospitalized or treated in an emergency room following an injury to your head or neck? Think about any childhood injuries you remember or were told about.

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

OH7_2 In your lifetime, have you ever injured your head or neck in a car accident or from a crash with another moving vehicle like a bicycle, motorcycle or All-Terrain-Vehicle (ATV)?

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

OH7_3 In your lifetime, have you ever injured your head or neck in a fall or from being hit by something (for example, falling from a bike or horse, rollerblading, falling on ice, being hit by a rock, playing sports or on the playground)?

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

OH7_4 In your lifetime, have you ever injured your head or neck in a fight, from being hit by someone, from being shaken violently, or being shot in the neck or head?

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

OH7_5 In your lifetime, have you ever been nearby when an explosion or a blast occurred? Think about any military combat- or training-related incidents or prior work-related incidents (for example, construction).

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

CATI: IF “Yes” (code 1) TO ANY ONE OF THE FIVE QUESTIONS OH7_1 thru OH7_5, CONTINUE TO OH7_6. ELSE, SKIP TO OH7_11.

OH7_6 Were you ever KNOCKED OUT or did you LOSE CONSCIOUSNESS from any of the injuries you reported above?

- 1 Yes
- 2 No **GO TO OH7_10**
- 7 Don't know/Not sure **GO TO OH7_10**
- 9 Refused **GO TO OH7_10**

OH7_7 What was the LONGEST TIME you were knocked out or unconscious?

(INTERVIEWER: IF RESPONDENT, DOESN'T KNOW or NOT SURE, SAY: “Your best guess is fine.”)

[SINGLE RESPONSE]

- 1 Less than 5 minutes
- 2 5 to 30 minutes
- 3 More than 30 minutes, but less than 24 hours
- 4 24 hours or longer
- 7 (VOL) Don't Know/Not Sure
- 9 (VOL) Refused

OH7_8 How old were you THE FIRST TIME you were knocked out or lost consciousness?

_____ years old Don't Know=777, Refused=999

[RANGE 0-99, 777, 999]

CATI: OH7_8 CANNOT > THAN 'AGE'.

IF OH7_8 > THAN 'AGE'

UPDTAG78. I'm sorry, you indicated you were **//insert age//** years old, and THE FIRST TIME you were knocked out or lost consciousness was at age **//insert age//**. What was your age THE FIRST TIME you were knocked out or lost consciousness?

- 1 Update Age **[GO TO AGE]**
- 2 Update Age for first time knocked out or lost consciousness **[GO TO OH7_8]**

OH7_9 How old were you the last time you were knocked out or lost consciousness? If you were only knocked out once, this will be the same as your answer to the last question.

_____ years old Don't Know=777, Refused=999

[RANGE 0-99, 777, 999]

CATI: OH7_9 CANNOT BE > THAN 'AGE' AND OH7_9 CANNOT BE < THAN OH7_8.

IF OH7_9 > THAN 'AGE' UPD1AG79. I'm sorry, you indicated you were **//insert age//** years old, and THE LAST TIME you were knocked out or lost consciousness was at age **//insert age//**. What was your age THE LAST TIME you were knocked out or lost consciousness?

- 1 Update Age **[GO TO AGE]**
- 2 Update Age for last time knocked out or lost consciousness **[GO TO OH7_9]**

IF OH7_9 < THAN OH7_8

UPD2AG79. I'm sorry, you indicated you were **//insert age//** years old THE LAST TIME you were knocked out or lost consciousness, and THE FIRST TIME you were knocked out or lost consciousness was at age **//insert age//**. What was your age THE LAST TIME you were knocked out or lost consciousness?

- 1 Update Age for first time knocked out or lost consciousness [GO TO OH7_8]
- 2 Update Age for last time knocked out or lost consciousness [GO TO OH7_9]

IF OH7_6 = Yes (code 1 – reported loss of consciousness) SKIP TO OH7_11.

OH7_10 If you were not knocked out by any of these injuries, did any of them cause you to be dazed or confused, or create a gap in your memory?

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

OH7_11 Have you ever had a period of time in which you experienced MULTIPLE, REPEATED BLOWS or impacts to your head -- for example, a history of physical abuse, playing sports, or during military duty?

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

Ohio State-Added 8: Stroke Signs (Split 2)

If split = 2, continue; If split = 1, go to NEXT MODULE.

Which of the following do you think is a symptom of a stroke? For each, tell me “yes,” “no,” or you’re “not sure.”

OH8_1 Do you think sudden confusion or trouble speaking are symptoms of a stroke?

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

OH8_2 (Do you think) sudden numbness or weakness of face, arm, or leg, especially on one side, (are symptoms of a stroke?)

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

OH8_3 (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?)

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

OH8_4 (Do you think) sudden chest pain or discomfort (are symptoms of a stroke?)

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

OH8_5 (Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?)

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

OH8_6 (Do you think) severe headache with no known cause (is a symptom of a stroke?)

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

OH8_7 If you thought someone was having a heart attack or a stroke, what is the first thing you would do?

Please read:

- 1 Take them to the hospital
- 2 Tell them to call their doctor
- 3 Call 911
- 4 Call their spouse or a family member, or
- 5 Do something else
- 7 (VOL) Don't know / Not sure
- 9 (VOL) Refused

Ohio State-Added 9: Other Tobacco (Splits 1 & 2)

Earlier, you were asked about your use of cigarettes, smokeless tobacco, and e-cigarettes. The next question is about *other* tobacco products, including cigars, cigarillos, little cigars, pipes, bidis, kreteks (or clove cigarettes), hookahs (or waterpipes), and dissolvable tobacco products like orbs, strips, and sticks.

INTERVIEWER NOTE: Bidis pronounced as "bee'-dees", and Kreteks as "kree'-teks"

OH9_1 Do you currently use other tobacco products every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Ohio State-Added 10: Second-Hand Smoke Exposure/Housing (Splits 1 & 2)

As you are answering the next two questions, think about all the places you were in the last 7 days, like home, work, school, stores, sporting events, parks, bus stops, inside cars, or with friends or family.

OH10_1 In the last 7 days, have you been exposed to vapor from someone who was using an e-cigarette or other electronic “vaping” product near you?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

OH10_2 In the last 7 days, have you been exposed to secondhand smoke from someone who was smoking a cigarette or other tobacco product near you?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

ASK OH10_3 IF OH10_2 = 1 or 7; ELSE SKIP TO OH10_4

OH_NEW_SHSTYPE

OH10_3 [If OH10_1 =1, 7, 9 (Yes/DK/Refused to any secondhand e-cig vapor exposure) DISPLAY: “When thinking about these next questions, do not include vapor from e-cigarettes or other electronic “vaping” products.”] In which of the following places were you exposed to secondhand smoke in the last 7 days?

OH10_3a. At home, from someone smoking inside your home?

INTERVIEWER, READ IF NEEDED: “When thinking about these questions, do not include vapor from e-cigarettes or other electronic “vaping” products.”

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

OH10_3b. At home, from someone smoking in another apartment/unit attached to yours?

INTERVIEWER, READ IF NEEDED: “When thinking about these questions, do not include vapor from e-cigarettes or other electronic “vaping” products.”

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

OH10_3c. In a car or other vehicle?

INTERVIEWER, READ IF NEEDED: "When thinking about these questions, do not include vapor from e-cigarettes or other electronic "vaping" products."

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

OH10_3d. At work?

INTERVIEWER, READ IF NEEDED: "When thinking about these questions, do not include vapor from e-cigarettes or other electronic "vaping" products."

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

OH10_3e. At school?

INTERVIEWER, READ IF NEEDED: "When thinking about these questions, do not include vapor from e-cigarettes or other electronic "vaping" products."

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

OH10_3f. In an indoor public place such as a building lobby, mall, or enclosed stadium?

INTERVIEWER, READ IF NEEDED: "When thinking about these questions, do not include vapor from e-cigarettes or other electronic "vaping" products."

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

OH10_3g. In an outdoor public place such as a park, sidewalk, or outdoor sporting event?

INTERVIEWER, READ IF NEEDED: "When thinking about these questions, do not include vapor from e-cigarettes or other electronic "vaping" products."

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

OH10_3h. In another place?

INTERVIEWER, READ IF NEEDED: “When thinking about these questions, do not include vapor from e-cigarettes or other electronic “vaping” products.”

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

OH10_4 Thinking now about your home, which best describes the building you live in?

INTERVIEWER, READ IF NEEDED: “By building, we mean any type of rented or owned dwelling that you live in. This dwelling could be privately owned, a rental, a condominium, a housing cooperative or another arrangement.”

Please read:

- 1 A mobile home,
- 2 A house that is not attached to any other house,
- 3 A duplex, townhouse, or row house,
- 4 A building with 19 or fewer apartments or units, or
- 5 A building with 20 or more apartments or units

Do not read

- 6 Other
- 7 Don't know / note sure
- 9 Refused

**CONTINUE IF (Core) RENTHOM1 = 2, 3, 7 [rent, other arrangement (or DK/NS)],
ELSE SKIP TO NEXT MODULE.**

OH10_5 Is your building owned by a public housing authority?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

OH10_6 Do you receive any government rental assistance? This could include paying a lower rent because the government is paying part of the cost of the unit, or receiving a certificate or voucher to help pay the rent.

INTERVIEWER, READ IF NEEDED: “The Section 8 (Housing Choice) voucher program is an example of government rental assistance.”

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Ohio State-Added 11: ATS (Split 2)

If split = 2, continue; If split = 1, go to PRE BRFSS CLOSING STATEMENT.

Now I would like to ask you some more questions about tobacco use.

ASK OF ALL SPLIT 2 RESPONDENTS

OH11_1 About how old were you the first time you smoked part or all of a cigarette?

__ AGE IN YEARS

666 Not Applicable (Never smoked part or all of a cigarette)

777 DON'T KNOW / NOT SURE

999 REFUSED

CATI: OH11_1 cannot be greater than Core AGE.

IF OH11_1>AGE:

UPDTAG11. I'm sorry, you indicated you were //age// years old, and THE FIRST TIME you smoked part or all of a cigarette was at age //age//. What was your age THE FIRST TIME you smoked part or all of a cigarette?

1 Update Age

[GO TO AGE]

2 Update Age for first time you smoked part or all of a cigarette

[GO TO OH11_1]

**CONTINUE IF SMOKE100 = 1, 7 [smoked at least 100 cigs (or DK/NS)],
ELSE GO TO pre-OH11_5 [cigars]**

OH11_2 About how old were you when you first started smoking cigarettes fairly regularly?

__ AGE IN YEARS

666 Not Applicable (Never smoked regularly)

777 DON'T KNOW / NOT SURE

999 REFUSED

INTERVIEWER NOTE, READ IF NEEDED: "By fairly regularly, we mean smoking every day or mostly every day."

CATI: OH11_2 cannot be greater than Core AGE. OH11_2 cannot be less than OH11_1.

IF OH11_2>AGE:

UPDTAG12. I'm sorry, you indicated you were //age// years old, and WHEN YOU FIRST started smoking cigarettes fairly regularly was at age //age//. What was your age WHEN YOU FIRST started smoking cigarettes fairly regularly?

1 Update Age

[GO TO AGE]

2 Update Age for first started smoking cigarettes fairly regularly

[GO TO OH11_2]

IF OH11_1<OH11_2:

UPD2AG12. I'm sorry, you indicated you were //age// years old WHEN YOU FIRST started smoking cigarettes fairly regularly, and THE FIRST TIME you smoked part or all of a cigarette was at age //age//. What was your age WHEN YOU FIRST started smoking cigarettes fairly regularly?

1 Update Age for first started smoking cigarettes fairly regularly

[GO TO OH11_2]

2 Update Age for first time you smoked part or all of a cigarette

[GO TO OH11_1]

OH11_3 Have you ever smoked daily for six months or more?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

If SMOKDAY2 =1, 2, 7 CONTINUE, ELSE GO TO OH11_5 (cigars).

OH11_4 On average, about how many cigarettes a day do you now smoke?

(Note to interviewer: 1 pack=20 cigarettes.)

- __ __ Number of cigarettes **(CATI: Verify 61 or more cigarettes.)**
- 666 Less than one cigarette a day
- 777 Don't know/Not sure
- 999 Refused

ASKED ONLY IF OH11_4 >= 61 AND OH11_4 < 666

OH11_4b Just to verify, you said that on average, you smoke about [INSERT # FROM OH11_4] cigarettes a day, is that correct?

- 1 CORRECT **GO TO OH11_5**
- 2 INCORRECT – RE-ASK QUESTION **GO BACK TO OH11_4**

ASK OH11_5 IF OH9_1 = 1, 2 OR 7; ELSE GO TO OH11_8 (roll your own).

OH11_5 Do you now smoke cigars every day, some days, or not at all? Please **DO NOT** include little cigars or cigarillos, such as Black & Milds, when considering your answer to this question.

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

OH11_6 Do you now smoke little cigars or cigarillos, such as Black and Milds, every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

OH11_7 Do you now smoke a water pipe or hookah every day, some days, or not at all? **DO NOT** include electronic vaping products such as e-hookahs.

INTERVIEWER, IF RESPONDENT ASKS, CLARIFY: Smoking a water pipe or hookah includes smoking of tobacco or any other plant material.

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK OH11_8 IF OH9_1 = 1, 2, 7 or SMOKDAY2 = 1, 2, 7; ELSE SKIP TO PRE OH11_9

OH11_8 Do you now smoke "roll your own" tobacco every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**CONTINUE IF USENOW3 = 1, 2, 7 [current SLT user (or DK/NS)],
 or IF (Core) S10.2 = 1, 2, 7 [current e-cig/vape user (or DK/NS)],
 or IF OH9_1 = 1, 2, 7 [current 'other' tobacco user (or DK/NS)],
 or IF SMOKDAY2= 1, 2, 7 [current cigarette smoker (or DK/NS)],
 ELSE SKIP TO OH11_10**

The next question asks about flavored tobacco products that are made to taste like alcohol (such as wine or cognac), spice, candy, fruit, chocolate, vanilla, or other sweets.

OH11_9 Do you now use any flavored e-cigarette or tobacco products every day, some days, or not at all? When answering this question, please **DO NOT** include menthol products.

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK OF ALL SPLIT 2 RESPONDENTS

OH11_10 During the past 12 months, did any doctor, nurse, or other health professional ask if you smoke?

- 1 Yes
- 2 No
- 3 Have not been to the doctor in past 12 months
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**ASK OH11_11 IF SMOKDAY2 = 1, 2, or 7 [Current smoker]
 or LASTSMK2=1, 2, 3, 4 [FORMER SMOKER who quit within last 12 months]
 or (OH9_1 = 1, 2, or 7 [current other smoker/tobacco user]
 ELSE SKIP TO PRE OH11_14 (ever used cessation meds)**

OH11_11 During the past 12 months, did any doctor, nurse, or other health professional advise you to quit smoking?

- 1 Yes
- 2 No
- 3 Have not been to the doctor in past 12 months
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**CONTINUE IF OH11_11 = 1 or 7 [advised to quit smoking (or DK/NS)],
ELSE SKIP TO PRE OH11_14 [ever used cessation meds]**

OH11_12 During the past 12 months, did any doctor, nurse, or other health professional discuss medications to assist you with quitting smoking? Examples include nicotine gum, patches, nasal sprays, inhalers, lozenges, and prescription medications like Zyban or Chantix.

- 1 Yes
- 2 No
- 3 Have not been to the doctor in past 12 months
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

OH11_13 During the past 12 months, did any doctor, nurse, or other health professional discuss methods and strategies *other than* medications to assist you with quitting smoking? Examples include stop-smoking clinics or group classes, one-on-one counseling, on-line or web-based services, or call-in quitline programs.

- 1 Yes
- 2 No
- 3 Have not been to the doctor in past 12 months
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**CONTINUE IF SMOKDAY2 = 1, 2, 7 [current cigarette smoker (or DK/NS)],
or IF LASTSMK2 = 01, 02, 03, 04, 05, 06, 07, 77 [former cigarette smoker (or DK)]
or IF SMOKE100 = 1, 7 [smoked at least 100 cigs (or DK/NS)],
ELSE SKIP TO OH11_18**

OH11_14 Have you ever used a medication to assist you with quitting smoking cigarettes? Examples include nicotine gum, patches, nasal sprays, inhalers, lozenges, and prescription medications like Zyban or Chantix.

- 1 Yes
- 2 No
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

INTERVIEWER, READ IF NEEDED: "For cigarettes, do not include e-cigarettes or other electronic vapor products, herbal cigarettes, bidis, kreteks or clove cigarettes, cigars, little cigars, or marijuana."

OH11_15 Have you ever used methods and strategies other than medications to assist you with quitting smoking cigarettes? Examples include stop-smoking clinics or group classes, one-on-one counseling, on-line or web-based services, or call-in quitline programs.”

- 1 Yes
- 2 No
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK OH11_16 IF Core S10.1 =1 or 7 (ever tried e-cigs). ELSE SKIP TO OH11_17

OH11_16 Have you ever tried using an e-cigarette or other electronic vaping product because you thought it would help you to quit smoking cigarettes?

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

OH11_17 Have you ever tried using a smokeless tobacco product because you thought it would help you to quit smoking cigarettes? **DO NOT** include e-cigarettes or other electronic vapor products.

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

ASK OF ALL SPLIT 2 RESPONDENTS

OH11_18 A telephone quitline is a free telephone-based service that connects people who use tobacco with someone who can help them quit. Are you aware of any telephone quitline services in Ohio that are available to help **[IF USENOW3 = 1, 2, 7 or OH9_1 = 1, 2, 7 or SMOKDAY2= 1, 2, 7 -- DISPLAY “you”; ELSE, DISPLAY “people”]** quit using tobacco?

- 1 Yes
- 2 No
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

OH11_19 During the past 30 days, have you heard or seen any advertisement for the Ohio Tobacco Quit Line 1-800-QUIT-NOW?

- 1 Yes
- 2 No
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

OH11_20 Which statement best describes the rules about smoking inside your home? Do not include decks, garages, or porches.

Please Read:

- 1 Smoking is not allowed anywhere inside your home.
- 2 Smoking is allowed in some places or at some times.
- 3 Smoking is allowed anywhere inside your home
- 4 There are no rules about smoking in your home.

Do not read

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**ASK OH11_21 IF OH10_4 [Building type]= 3, 4, 5, 6, 7 [live in 2+ unit building (or DK/NS)]
ELSE SKIP to OH11_22**

OH11_21 Does the building you live in have a smoke free policy in place that says no one can smoke anywhere inside the building, including private living spaces?

- 1 Yes
- 2 No
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK OF ALL SPLIT 2 RESPONDENTS

OH11_22. Would you prefer to live in housing that had a smoke free policy in place if it was available to you?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Ask OH11_23 if EMPLOY1 = 1 (employed for wages), ELSE SKIP TO INTRO FOR OH11_24

OH11_23 Within the past 12 months, has your employer offered any stop smoking program or any other help to employees who want to quit smoking?

- 1 Yes
- 2 No
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK of all split=2 respondents.

In November 2006, Ohio passed a clean indoor air law, sometimes known as Issue 5 or Smoke Free Ohio, that prohibits smoking in all indoor workplaces.

OH11_24 How would you rate your approval of the law?

Please read

- 1 Strongly approve
- 2 Approve
- 3 Neither Approve or Disapprove
- 4 Disapprove
- 5 Strongly Disapprove

Do not read

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

OH11_25 If you witnessed a violation of the Smoke Free Ohio law, how likely would you be to report it to the state's toll free reporting line? Would you be...

Please read

- 1 Likely
- 2 Unlikely

Do not read

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

How strongly do you agree or disagree with each of the following statements:

OH11_26 Tobacco use by adults should not be allowed on school grounds or at any school events. Do you...

(READ LIST)

- 1 Strongly Agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

Do not read

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

OH11_27 Tobacco use should not be allowed on college or university campuses or at any college-sponsored events. Do you...

(READ LIST)

- 1 Strongly Agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

Do not read

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

OH11_28 Smoking should not be allowed in multi-unit housing residences or any living quarters where secondhand smoke infiltration may occur. Do you...

(READ LIST)

- 1 Strongly Agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

Do not read

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

OH11_29 Smoking should not be allowed in outdoor public spaces. Do you...

(READ LIST)

- 1 Strongly Agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

Do not read

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

OH11_30 Tobacco use of any kind should not be allowed in outdoor public spaces. Do you...

(READ LIST)

- 1 Strongly Agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

Do not read

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

OH11_31 E-cigarettes and other electronic vaping products should be treated the same as regular cigarettes in terms of tobacco laws and policies. Do you...

(READ LIST)

- 1 Strongly Agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

Do not read

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

OH11_32 The minimum age to buy tobacco products should be raised from 18 to 21 years. Do you....

(READ LIST)

- 1 Strongly Agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

Do not read

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

IF HLTHPLN1=2, 7, 9 SKIP to PRE BRFSS CLOSING STATEMENT.

OH11_33 Does your health care coverage pay for smoking cessation services?

- 1 Yes
- 2 No
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

CATI: IF ASTHMA3 = 1 or CASTHDX2 = 1, GO TO Asthma Survey Continuation; Else go to BRFSS CLOSING STATEMENT.

BRFSS Closing Statement

That was my last question. Everyone's answers will be combined to help us provide information about the health practices of people in [IF STATERES=1, DISPLAY "//OHIO//", ELSE DISPLAY "this state"]... Thank you very much for your time and cooperation.

Asthma Call-Back Permission Script

Asthma Survey Continuation Script

Qualified Level 3

DUMMY VARIABLE: Asthma Selection

IF ASTHMA3=1 AND CASTHDX2 NE 1, SELECT ADULT.

IF ASTHMA3 NE 1 AND CASTHDX2= 1, SELECT CHILD.

IF ASTHMA3 = 1 AND CASTHDX2 = 1, CONTINUE;.

CATI IF KEY IS AN EVEN NUMBER, SELECT CHILD

CATI IF KEY IS AN ODD NUMBER, SELECT ADULT

ASTELIG = 1

ADLTCHLD Which person in the household was selected as the focus of the asthma call-back?

1 Adult

2 Child

RECRUIT Thank you for your participation. You qualify for a follow-up survey that is being conducted to better understand (**your/your child's**) experiences with asthma. The information will be used to help develop and improve the asthma programs in **OHIO**. Again your answers are completely confidential and used only for statistical purposes.

If you don't have any questions we can get started now.

1 Yes - Continue now **[Go to Pre CHILDName]**

2 No **[Go to CALLBACK]**

CALLBACK **[INTERVIEWER, SAY IF NECESSARY: I understand your time is valuable and you may be tired from having completed the first interview.]**

If you prefer, we could call you again within the next 2 weeks and ask the additional asthma-related questions at that time. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back at a later time?

1 Yes

2 No

[Go to CLOSING STATEMENT]

ASTCB = 1 (IF CALLBACK=1)

ASTCB = 2 (IF CALLBACK=2)

ASTSTAT = 3 (IF CALLBACK=2)

STAT = 2 (IF ASTELIG=1)

Pre CHILDName: If CASTHDX2 = 1; ask CHILDName; else go to ADULTName.

CHILDName Can I please have your child's first name, initials or nickname **[IF CALLBACK=1 display "so we can ask about the right child when we call back"]?** This is the {**CHILDAGE**} year old child which is the {**AGESEL.**} **CHILD.**

[CATI: If more than one child, show child age {#} and which child was selected (*FIRST, SECOND, ETC.*) from child selection module]

Enter child's first name, initials or nickname: _____
Refused..... 99

Pre ADULTName: ASTHMA3 = 1 or CASTHDX2 = 1 ASK ADULTName, else go to CLOSING.
ADULTName Can I please have your first name, initials or nickname [IF CALLBACK=1 display "so we know who to ask for when we call back"]?

Enter respondent's first name, initials or nickname: _____
Refused..... 99

BRFSSTAT (BRFSCOMP) = 1

CATI: IF RECRUIT=1, Go to CATI instruction prior to 1.5

CATI: IF CALLBACK=1, THEN READ BELOW:

ASTCLBK Thank you very much for your time and cooperation. We will be in touch regarding [your/the child's] asthma within the next several days. Is there specific day and time that would be best for you?

[INTERVIEWER NOTE: Upon call back, select option 3 to continue survey]

1. Yes **CALLBACK MENU**
2. No (schedule for one week from today, current time) **CALLBACK MENU**
3. CONTINUE SURVEY **GO TO Section 1: Introduction**

Section 1. Introduction

INTRODUCTION TO THE BRFSS Asthma call back for Adult respondents with asthma:

Hello, my name is _____. I'm calling on behalf of the Ohio Department of Health and the Centers for Disease Control and Prevention about an asthma {ALTERNATE: a health} study we are doing in your State. During a recent phone interview {sample person first name or initials} indicated {he/she} would be willing to participate in this study.

IF CONTINUATION SKIP TO Q1.1

IF FRAME=2 (CELL PHONE) ASK SAFE, IF FRAME=1 SKIP TO Q1.1

SAFE Is this a safe time to talk with you?

- Yes [Go to 1.1]
No CALLBACK

1.1 Are you {ADULT name}?

1. Yes (go to Pre-1.5)
2. No

IF PATIENT TYPE=1 ADULT ASK 1.2, IF PATIENT TYPE=2 CHILD ASK C1.2

1.2 May I speak with {ADULT name}?

1. Yes (go to 1.4 when sample person comes to phone)
2. No, not available now
If not available set time for return call in 1.3
3. No, not at this number (GET NEW NUMBER)

IF PATIENT TYPE=1 ADULT ASK 1.2, IF PATIENT TYPE=2 CHILD ASK C1.2

C1.2 May I speak with {ADULT name}?

1. Yes (go to 1.4 when sample person comes to phone)
2. Person not available now If not available set time for return call in 1.3
- (7) DON'T KNOW/NOT SURE TERMINATE
- (9) REFUSED TERMINATE

1.3 Enter time/date for return call _____

1.4 Hello, my name is _____. I'm calling on behalf of the Ohio Department of Health and the Centers for Disease Control and Prevention about an asthma study we are doing in your State. During a recent phone interview you indicated that (you/child's name) had asthma and would be able to complete the follow-up interview on asthma at this time.

CATI: IF PATIENT TYPE=2 (CHILD), CONTINUE; ELSE GO TO SECTION 2: Informed Consent.

1.5 READ: [IF CALLBACK=1 display During a recent phone interview] you gave us permission to ask some questions about {CHILDName}'s asthma.

ALTERNATE (no reference to asthma):

During a recent phone interview you gave us permission to call again to ask some questions about {CHILDName}'s health.

KNOWMOST: Are you the parent or guardian in the household who knows the most about {CHILDName}'s asthma?

- (1) YES (GO TO SECTION 2: Informed consent)
- (2) NO
- (7) DON'T KNOW/NOT SURE
- (9) REFUSED

ALTPRESENT: If the parent or guardian who knows the most about {CHILDName}'s asthma is present, may I speak with that person now?

- (1) YES [respondent transfers phone to alternate] GO TO READ ALTERNATE ADULT:
- (2) Person is not available
- (7) DON'T KNOW/NOT SURE [GO TO TERMINATE]
- (9) REFUSED [GO TO TERMINATE]

ALTName Can I please have the first name, initials or nickname of the person so we can call back and ask for them by name?

- (1) Alternate's Name: _____
- (7) DON'T KNOW/NOT SURE [SET TIME FOR RETURN CALL]
- (9) REFUSED [SET TIME FOR RETURN CALL]

ALTCBTime:

When would be a good time to call back and speak with {ALTName}. For example, evenings, days, weekends?

Enter day/time: _____ [CATI: AT NEXT CALL START AT 1.6]

READ ALTERNATE ADULT:

Hello, my name is _____. I'm calling on behalf of the Ohio Department of Health and the Centers for Disease Control and Prevention about an asthma study we are doing in Ohio. During a recent phone interview {ADULTName} indicated {he/she} would be willing to participate in this study about {CHILDName}'s asthma. {ADULTName} has now indicated that you are more knowledgeable about {CHILDName}'s asthma. It would be better if you would complete this interview. {Should we allow the alternate to hand it back to the original person or even someone else? We could find ourselves in an infinite loop.}

I will not ask for your name, address, or other personal information that can identify you or {CHILDName}. Any information you give me will be confidential. If you have any questions, I can provide a telephone number for you to call to get more information.

[GO TO SECTION 2]

1.6 Hello, my name is _____. I'm calling on behalf of the Ohio Department of Health and the Centers for Disease Control and Prevention about an asthma study we are doing in your State.

1.7 Are you {ALTName}?

- (1) Yes (go to 1.10 READ ALT 1)
- (2) No

1.8 May I speak with {ALTName}?

- (1) Yes (go to 1.11 READ ALT 2 when person comes to phone)
- (2) Person not available

1.9 When would be a good time to call back and speak with {ALTName}. For example, evenings, days, weekends?

Enter day/time: _____

READ: Thank you we will call again later to speak with {ALTName}.

[CATI: Start over at 1.6 at next call.]

1.10 READ ALT 1

During a recent phone interview {ADULTName} indicated {CHILDName} had asthma and that you were more knowledgeable about {his/her} asthma. It would be better if you would complete this interview about {CHILDName}.

I will not ask for your name, address, or other personal information that can identify you or {CHILDName}. Any information you give me will be confidential. If you have any questions, I will provide a telephone number for you to call to get more information.

[GO TO SECTION 2]

1.11 READ ALT 2:

Hello, my name is _____. I'm calling on behalf of the Ohio Department of Health and the Centers for Disease Control and Prevention about an asthma study we are doing in your State. During a recent phone interview {ADULTName} indicated {CHILDName} had asthma and that you were more knowledgeable about {his/her} asthma. It would be better if you would complete this interview about {CHILDName}.

I will not ask for your name, address, or other personal information that can identify you or {CHILDName}. Any information you give me will be confidential. If you have any questions, I will provide a telephone number for you to call to get more information.

[GO TO SECTION 2]

Section 2: Informed Consent

INFORMED CONSENT

[CATI: IF RECRUIT=1, READ: “I know we have already discussed (your/the child's) asthma, but as part of this continuation, I will need to validate some of your earlier answers.”]

Before we continue, I'd like you to know that this survey is authorized by the U.S. Public Health Service Act

You were selected to participate in this study about asthma because of your earlier responses to questions about Asthma.

ADULT CONSENT

IF PATIENT TYPE=1 (ADULT), CONTINUE; ELSE GO TO CHILD CONSENT

[If “yes” to lifetime and “no” to still in Core BRFSS survey, read:]

S1. Your answers to the asthma questions during the earlier survey indicated that a doctor or other health professional told you that you had asthma sometime in your life, but you do not have it now. Is that correct?

1. Yes **CONTINUE**
2. No **GO TO REPEAT**

Since you no longer have asthma, your interview will be very brief (about 5 minutes). You may choose not to answer any question you don't want to answer or stop at any time. In order to evaluate my performance, my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions. **[GO TO PRE-PERMISS (2.3)]**

[If “yes” to lifetime and “yes” to still in Core BRFSS survey, read:]

S2. Your answers to the asthma questions in the earlier survey indicated that a doctor or other health professional told you that you had asthma sometime in your life, and that you still have asthma. Is that correct?

1. Yes **CONTINUE**
2. No **GO TO REPEAT**

Since you have asthma now, your interview will last about 15 minutes. You may choose not to answer any question you don't want to answer or stop at any time. In order to evaluate my performance, my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions. **[GO TO PRE-PERMISS (2.3)]**

CHILD CONSENT

[If responses for sample child were “yes” (1) to CASTHDX2 and “no” (2) to CASTHNO2 in core BRFSS interview:]

Q2.0A The answers to asthma questions during the earlier survey indicated that a doctor or other health professional said that {CHILDName} had asthma sometime in {his/her} life, but does not have it now. Is that correct?

- 1. Yes **CONTINUE**
- 2. No **GO TO REPEAT**

- (7) DON'T KNOW/NOT SURE **GO TO REPEAT**
- (9) REFUSED **GO TO REPEAT**

Since {CHILDName} no longer has asthma, your interview will be very brief (about 5 minutes).
[GO TO Pre-PERMISS (2.3)]

[If responses for sample child were “yes” (1) CASTHDX2 to and “yes” (1) to CASTHNO2 in core BRFSS survey:]

Q2.0B Answers to the asthma questions in the earlier survey indicated that that a doctor or other health professional said that {CHILDName} had asthma sometime in his or her life, and that {CHILDName} still has asthma. Is that correct?

- 1. Yes **CONTINUE**
- 2. No **GO TO REPEAT**

- (7) DON'T KNOW/NOT SURE **GO TO REPEAT**
- (9) REFUSED **GO TO REPEAT**

Since {child's name} has asthma now, your interview will last about 15 minutes. **[GO TO Pre-PERMISS (2.3)]**

THE FOLLOWING QUESTIONS ARE ASKED IF THE RESPONDENT DID NOT AGREE WITH THE STATUS OF HIS/HER/THE CHILD'S ASTHMA

IF PATIENT TYPE=1 (ADULT), ASK REPEAT. IF PATIENT TYPE=2 (CHILD), GO TO EVER_ASTH (2.1)

REPEAT (2.0) **(Respondent did not agree with previously BRFSS recorded asthma status so double check if correct person from core survey is on phone.)**

Ask:
Is this {sample person's name} and are you {sample person's age} years old?

- 1. Yes **[continue to EVER_ASTH (2.1)]**
- 2. No
 - 1. Correct person is available and can come to phone **[return to question 1.1]**
 - 2. Correct person is not available [return to question 1.3 to set call date/time]
 - 3. Correct person unknown, interview ends [disposition code 4306 is assigned **[GO TO CLOSING STATEMENT]**]

EVER_ASTH (2.1) I would like to repeat the questions from the previous survey now to make sure you qualify for this study.

Have you ever been told by a doctor or other health professional that [IF PATIENT TYPE=ADULT "you have" / PATIENT TYPE=CHILD "Child Name has "] asthma?

- (1) YES
- (2) NO [Go to TERMINATE]

- (7) DON'T KNOW [Go to TERMINATE]
- (9) REFUSED [Go to TERMINATE]

CUR_ASTH (2.2) IF PATIENT TYPE=ADULT: Do you still have asthma?
IF PATIENT TYPE=CHILD: Does {he/she} still have asthma?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

IF PATIENT TYPE=2 (CHILD), ASK RELATION; IF PATIENT TYPE=2 (ADULT), GO TO "READ".
RELATION (2.3) **What is your relationship to {CHILDName}?**

- (1) MOTHER (BIRTH/ADOPTIVE/STEP) [go to READ]
- (2) FATHER (BIRTH/ADOPTIVE/STEP) [go to READ]
- (3) BROTHER/SISTER (STEP/FOSTER/HALF/ADOPTIVE)
- (4) GRANDPARENT (FATHER/MOTHER)
- (5) OTHER RELATIVE
- (6) UNRELATED

- (7) DON'T KNOW
- (9) REFUSED

GUARDIAN (2.4) **Are you the legal guardian for {CHILDName}?**

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

READ: You do qualify for this study, I'd like to continue unless you have any questions.
You may choose not to answer any question you don't want to answer or stop at any time. In order to evaluate my performance, my supervisor may listen as I ask the questions

[If YES to 2.2 read:]

Since [IF PATIENT TYPE=ADULT "you" / IF PATIENT TYPE=CHILD "Child Name does"] have asthma now, your interview will last about 15 minutes. [Go to Pre-PERMISS (2.3)]

[If NO to 2.2 read:]

Since [IF PATIENT TYPE=ADULT "you do" / IF PATIENT TYPE=CHILD "Child Name does"] not have asthma now, your interview will last about 5 minutes. [Go to Pre-PERMISS (2.3)]

[If Don't know or refused to 2.2 read:]

Since you are not sure if [IF PATIENT TYPE=ADULT "you" / IF PATIENT TYPE=CHILD "Child Name does"] have asthma now, your interview will probably last about 10 minutes. **[Go to Pre-PERMISS (2.3)]**

Some States may require the following section before going to section 3:

READ: Some of the information that you shared with us [IF CALLBACK=1 display: when we called you before] could be useful in this study.

PERMISS (2.3) May we combine your answers to this survey with your answers from the prior survey?

- (1) YES (**Skip to Section 3**)
- (2) NO (**GO TO TERMINATE**)

- (7) DON'T KNOW (**GO TO TERMINATE**)
- (9) REFUSED (**GO TO TERMINATE**)

TERMINATE:

Upon survey termination, **READ:**

Those are all the questions I have. I'd like to thank you on behalf of the Ohio Department of Health_ and the Centers for Disease Control and Prevention for answering these questions. If you have any questions about this survey, you may call my supervisor toll-free at 877-551-6138. Thanks again. Goodbye

Note: Disposition code is automatically assigned here by CATI as "2211 Sel. Resp. ref. combine ans." Selected Respondent refused combining responses with BRFSS" and the survey will end. This disposition code will only be needed if the optional question PERMISS (2.3) is asked.

Qualified Level 4

Section 3. Recent History

AGEDX (3.1)

IF PATIENT TYPE=ADULT: How old were you when you were first told by a doctor or other health professional that you had asthma?

IF PATIENT TYPE=CHILD: How old was {child's name} when a doctor or other health professional first said {he/she} had asthma?

[INTERVIEWER: ENTER 888 IF LESS THAN ONE YEAR OLD]

_____ (ENTER AGE IN YEARS)

[RANGE CHECK: 001-115, 777, 888, 999]

- (777) DON'T KNOW
- (888) under one year old
- (999) REFUSED

[CATI CHECK: AGEDX LESS THAN OR EQUAL TO AGE OF RESPONDENT FROM CORE SURVEY]

[CATI CHECK:

**IF RESPONSE = 77, 99 VERIFY THAT 777 AND 999 WERE NOT THE INTENT
IF RESPONSE = 88 VERIFY THAT 88 IS 88 YEARS OLD AND 888 IS UNDER 1]**

INCIDENT (3.2) How long ago was that? Was it ...” **READ CATEGORIES**

- (1) Within the past 12 months
- (2) 1-5 years ago
- (3) more than 5 years ago

- (7) DON'T KNOW
- (9) REFUSED

LAST_MD (3.3) How long has it been since you last talked to a doctor or other health professional about [your/Child name's] asthma? This could have been in a doctor's office, the hospital, an emergency room or urgent care center.

[INTERVIEWER: READ RESPONSE OPTIONS IF NECESSARY]
[INTERVIEWER: OTHER PROFESSIONAL INCLUDES HOME NURSE]

- (88) NEVER
- (04) WITHIN THE PAST YEAR
- (05) 1 YEAR TO LESS THAN 3 YEARS AGO
- (06) 3 YEARS TO 5 YEARS AGO
- (07) MORE THAN 5 YEARS AGO

- (77) DON'T KNOW
- (99) REFUSED

LAST_MED (3.4) How long has it been since [you/ he/she] last took asthma medication?

[INTERVIEWER: READ RESPONSE OPTIONS IF NECESSARY]

- (88) NEVER
- (01) LESS THAN ONE DAY AGO
- (02) 1-6 DAYS AGO
- (03) 1 WEEK TO LESS THAN 3 MONTHS AGO
- (04) 3 MONTHS TO LESS THAN 1 YEAR AGO
- (05) 1 YEAR TO LESS THAN 3 YEARS AGO
- (06) 3 YEARS TO 5 YEARS AGO
- (07) MORE THAN 5 YEARS AGO

- (77) DON'T KNOW
- (99) REFUSED

INTRODUCTION FOR LASTSYMP:

READ: Symptoms of asthma include coughing, wheezing, shortness of breath, chest tightness or phlegm production when **[YOU DO/CHILD NAME DOES]** NOT have a cold or respiratory infection.

LASTSYMP (3.5) How long has it been since [you / he/she] last had any symptoms of asthma?

[INTERVIEWER: READ RESPONSE OPTIONS IF NECESSARY]

- (88) NEVER
- (01) LESS THAN ONE DAY AGO
- (02) 1-6 DAYS AGO
- (03) 1 WEEK TO LESS THAN 3 MONTHS AGO
- (04) 3 MONTHS TO LESS THAN 1 YEAR AGO
- (05) 1 YEAR TO LESS THAN 3 YEARS AGO
- (06) 3 YEARS TO 5 YEARS AGO

(07) MORE THAN 5 YEARS AGO

(77) DON'T KNOW

(99) REFUSED

Section 4. History of Asthma (Symptoms & Episodes in past year)

IF LAST SYMPTOMS (LASTSYMP 3.5) WERE WITHIN THE PAST 3 MONTHS (1, 2 OR 3) CONTINUE. IF LAST SYMPTOMS (LASTSYMP 3.5) WERE 3 MONTHS TO 1 YEAR AGO (4), SKIP TO EPISODE INTRODUCTION (EPIS_INT - BETWEEN 4.4 AND 4.5); IF LAST SYMPTOMS (LASTSYMP 3.5) WERE 1-5+ YEARS AGO (05, 06 OR 07), SKIP TO SECTION 5; IF NEVER HAD SYMPTOMS (88), SKIP TO SECTION 5, IF DK/REF (77, 99) CONTINUE.

IF LASTSYMP = 1, 2, 3 then continue

IF LASTSYMP = 4 SKIP TO EPIS_INT (between 4.4 and 4.5)

IF LASTSYMP = 88, 05, 06, 07 SKIP TO INS1 (Section 5)

IF LASTSYMP = 77, 99 then continue

SYMP_30D (4.1) During the past 30 days, on how many days did [you / Child name] have any symptoms of asthma?

___ DAYS

[RANGE CHECK: (01-30, 77, 88, 99)]

CLARIFICATION: [1-29, 77, 99]

[SKIP TO 4.3 ASLEEP30]

(88) NO SYMPTOMS IN THE PAST 30 DAYS

[SKIP TO EPIS_INT]

(30) EVERY DAY

[CONTINUE]

(77) DON'T KNOW

[SKIP TO 4.3 ASLEEP30]

(99) REFUSED

[SKIP TO 4.3 ASLEEP30]

DUR_30D (4.2) [Do you/ Does he/she] have symptoms all the time? "All the time" means symptoms that continue throughout the day. It does not mean symptoms for a little while each day.

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

ASLEEP30 (4.3) During the past 30 days, on how many days did symptoms of asthma make it difficult for [you / him/her] to stay asleep?

___ DAYS/NIGHTS

[RANGE CHECK: (01-30, 77, 88, 99)]

(88) NONE

(30) EVERY DAY (Added 1/24/08)

(77) DON'T KNOW
(99) REFUSED

SYMPFREE (4.4) During the past two weeks, on how many days [were you / was Child name] completely symptom-free, that is no coughing, wheezing, or other symptoms of asthma?

___ ___ Number of days
[RANGE CHECK: (01-14, 77, 88, 99)]

(88) NONE
(77) DON'T KNOW
(99) REFUSED

EPIS_INT **IF LAST SYMPTOMS WAS 3 MONTHS TO 1 YEAR AGO (LASTSYMP (3.5) = 4) PICK UP HERE, SYMPTOMS WITHIN THE PAST 3 MONTHS PLUS DK AND REFUSED (LASTSYMP (3.5) = 1, 2, 3, 77, 99) CONTINUE HERE AS WELL**
7/7/2009

READ: Asthma attacks, sometimes called episodes, refer to periods of worsening asthma symptoms that make you limit your activity more than you usually do, or make you seek medical care.

EPIS_12M (4.5) During the past 12 months, [have you / has Child name] had an episode of asthma or an asthma attack?

(1) YES
(2) NO **[SKIP TO INS1 (section 5)]**
(7) DON'T KNOW **[SKIP TO INS1 (section 5)]**
(9) REFUSED **[SKIP TO INS1 (section 5)]**

EPIS_TP (4.6) During the past three months, how many asthma episodes or attacks [have you / has he/she] had?

___ ___ ___
[RANGE CHECK: (001-100, 777, 888, 999)]

(888) NONE
(777) DON'T KNOW
(999) REFUSED

[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]

DUR_ASTH (4.7) How long did [your / his/her] MOST RECENT asthma episode or attack last?

- 1__ Minutes
- 2__ Hours
- 3__ Days
- 4__ Weeks
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Interviewer note:

- If answer is #.5 to #.99 round up
- If answer is #.01 to #.49 ignore fractional part
- ex. 1.5 should be recorded as 2
- 1.25 should be recorded as 1

COMPASTH (4.8) Compared with other episodes or attacks, was this most recent attack shorter, longer, or about the same?

- (1) SHORTER
- (2) LONGER
- (3) ABOUT THE SAME
- (4) THE MOST RECENT ATTACK WAS ACTUALLY THE FIRST ATTACK

- (7) DON'T KNOW
- (9) REFUSED

Section 5. Health Care Utilization

All respondents continue here:

INS1 (5.01) [Do you / Does Child name] have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Medicaid?

- (1) YES [continue]
- (2) NO [SKIP TO PRE- C5.4]

- (7) DON'T KNOW [SKIP TO PRE- C5.4]
- (9) REFUSED [SKIP TO PRE- C5.4]

ASK C5.2 IF PATIENT TYPE=2 (CHILD); ELSE GO TO INS2.

INS_TYP (C5.2) What kind of health care coverage does {he/she} have? Is it paid for through the parent's employer, or is it Medicaid, Medicare, Children's Health Insurance Program (CHIP), or some other type of insurance?

- (1) Parent's employer
- (2) Medicaid/Medicare
- (3) CHIP {replace with State specific name}
- (4) Other

- (7) DON'T KNOW
- (9) REFUSED

INS2 (5.02) During the past 12 months was there any time that [you / he/she] did not have any health insurance or coverage?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

ASK C5.4 IF PATIENT TYPE=2 (CHILD); ELSE GO TO LOGIC BELOW.

FLU_SHOT (C5.4) A flu shot is an influenza vaccine injected in your arm. During the past 12 months, did {CHILD'S NAME} have a flu shot?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

FLU_SPRAY (C5.5) A flu vaccine that is sprayed in the nose is called FluMist. During the past 12 months, did {he/she} have a flu vaccine that was sprayed in {his/her} nose?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

[IF SAMPLED PERSON DOES NOT CURRENTLY HAVE ASTHMA AND THEY ANSWERED "NEVER" (88) OR "MORE THAN ONE YEAR AGO" (05, 06 or 07) TO SEEING A DOCTOR ABOUT ASTHMA (LAST_MD (3.3)), TAKING ASTHMA MEDICATION (LAST_MED (3.4)), AND SHOWING SYMPTOMS OF ASTHMA (LASTSYMP (3.5)), SKIP TO SECTION 6]

The best known value for whether or not the adult "still has asthma" is used in the skip below. It can be the previously answered BRFSS core value or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey. If the respondent confirms in the "Informed Consent" question that the previously answered BRFSS core (BRFSS ASTHNOW) value is correct then the value from the BRFSS core question (BRFSS ASTHNOW) is used. If the respondent does not agree with the previous BRFSS core value in "Informed Consent" then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR_ASTH (2.2) "Do you still have asthma?" is used.

IF respondent agrees 1 (Yes) with "Informed Consent":

IF BRFSS (PATIENT TYPE=ADULT: core value for ASTHNOW, "Do you still have asthma?" = 2 (No), 7 (DK), or 9 (Refused) / PATIENT TYPE=CHILD: CASTHNO2 "Does the child still have asthma?" = 2 (No), 7 (DK), or 9 (Refused))

AND

**(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND
(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND
(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)
THEN SKIP TO Section 6; otherwise continue with Section 5.**

The above "if" Statement can also be reStated in different words as:

IF BRFSS (PATIENT TYPE=ADULT: core value for ASTHNOW, “Do you still have asthma?” = 2 (No), 7 (DK), or 9 (Refused) / PATIENT TYPE=CHILD: CASTHNO2 “Does the child still have asthma?” = 2 (No), 7 (DK), or 9 (Refused))

AND

((LAST_MD = 4) OR

(LAST_MED = 1, 2, 3 or 4) OR

(LASTSYMP = 1, 2, 3 or 4)

THEN Continue with Section 5 otherwise skip to Section 6)

IF BRFSS (PATIENT TYPE=ADULT: core value for ASTHNOW, “Do you still have asthma?” = 1 (Yes) / PATIENT TYPE=CHILD: CASTHNO2 “Does the child still have asthma?” = 1 (Yes)) continue with Section 5.

IF respondent DOES NOT agree 2 (No) with “Informed Consent” REPEAT = 1:

IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused) AND

(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)

THEN SKIP TO Section 6; otherwise continue with Section 5.

The above “if” Statement can also be reStated in different words as:

IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused) AND

((LAST_MD = 4) OR

(LAST_MED = 1, 2, 3 or 4) OR

(LASTSYMP = 1, 2, 3 or 4)

THEN Continue with Section 5; otherwise skip to Section 6)

IF CUR_ASTH (2.2) = 1 (Yes) continue with section 5.

ASK ACT_DAYS30 (5.6) IF PATIENT TYPE=2 (CHILD); ELSE GO TO NER_TIME (5.1).

ACT_DAYS30 (5.6) During just the past 30 days, would you say {child’s name} limited {his/her} usual activities due to asthma not at all, a little, a moderate amount, or a lot?

(1) NOT AT ALL

(2) A LITTLE

(3) A MODERATE AMOUNT

(4) A LOT

(7) DON’T KNOW

(9) REFUSED

NER_TIME (5.1) [IF LAST_MD (3.3) = 88, 05, 06, 07; SKIP TO MISS_DAY]

During the past 12 months how many times did [you / he/she] see a doctor or other health professional for a routine checkup for [your / his/her] asthma?

____ ENTER NUMBER
[RANGE CHECK: (001-365, 777, 888, 999)] [Verify any value >50]

[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]

- (888) NONE
- (777) DON'T KNOW
- (999) REFUSED

ER_VISIT (5.2)

An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment. During the past 12 months, [have you / has Child name] had to visit an emergency room or urgent care center because of [your / his/her] asthma?

- (1) YES
- (2) NO [SKIP TO URG_TIME]
- (7) DON'T KNOW [SKIP TO URG_TIME]
- (9) REFUSED [SKIP TO URG_TIME]

ER_TIMES (5.3)

During the past 12 months, how many times did [you / he/she] visit an emergency room or urgent care center because of [your / his/her] asthma?

____ ENTER NUMBER
[RANGE CHECK: (001-365, 777, 888, 999)] [Verify any entry >50]

- (888) NONE (Skip back to 5.2)
- (777) DON'T KNOW
- (999) REFUSED

[CATI CHECK: IF RESPONSE = 77, 99 VERIFY THAT 777 AND 999 WERE NOT THE INTENT]

[CATI CHECK: IF RESPONSE TO 5.2 IS "YES" AND RESPONDENT SAYS NONE OR ZERO TO 5.3 ALLOW LOOPING BACK TO CORRECT 5.2 TO "NO"]

[HELP SCREEN: An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment.]

URG_TIME (5.4)

[IF ONE OR MORE ER VISITS (ER_TIMES (5.3)) INSERT “Besides those emergency room or urgent care center visits,”]

During the past 12 months, how many times did [you / Child name] see a doctor or other health professional for urgent treatment of worsening asthma symptoms or for an asthma episode or attack?

___ __ ENTER NUMBER

[RANGE CHECK: (001-365, 777, 888, 999)] [Verify any entry >50]

(888) NONE

(777) DON'T KNOW

(999) REFUSED

[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]

[HELP SCREEN: An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment.]

HOSP_VST (5.5)

**[IF LASTSYMP ≥ 5 AND ≤ 7, SKIP TO MISS_DAY
IF LASTSYMP=88 (NEVER), SKIP TO MISS_DAY]**

During the past 12 months, that is since [1 YEAR AGO TODAY], [have you / has Child name] had to stay overnight in a hospital because of [your / his/her] asthma? Do not include an overnight stay in the emergency room.

(1) YES

(2) NO **[SKIP TO MISS_DAY]**

(7) DON'T KNOW **[SKIP TO MISS_DAY]**

(9) REFUSED **[SKIP TO MISS_DAY]**

HOSPTIME (5.6A)

During the past 12 months, how many different times did [you / he/she] stay in any hospital overnight or longer because of [your / his/her] asthma?

___ __ TIMES

[RANGE CHECK: (001-365, 777, 999)] [Verify any entry >50]

(777) DON'T KNOW

(999) REFUSED

[CATI CHECK: IF RESPONSE = 77, 99 VERIFY THAT 777 AND 999 WERE NOT THE INTENT]

[CATI CHECK: IF RESPONSE TO 5.5 IS “YES” AND RESPONDENT SAYS NONE OR ZERO TO 5.6A ALLOW LOOPING BACK TO CORRECT 5.5 TO “NO”]

HOSPPLAN (5.7)

The last time {you /he/she} left the hospital, did a health professional TALK with you (IF PATIENT TYPE=CHILD, INSERT "or Child name") about how to prevent serious attacks in the future?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators. This should not be coded yes if the respondent only received a pamphlet or instructions to view a website or video since the question clearly States "talk with you".]

IF PATIENT TYPE=1 (ADULT), CONTINUE; ELSE GO TO SECTION 6

MISS_DAY (5.8A)

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

[INTERVIEWER: If response is, "I don't work", emphasize USUAL ACTIVITIES"]

____ ENTER NUMBER DAYS

[3 NUMERIC-CHARACTER-FIELD, RANGE CHECK: (001-365, 777, 888, 999)]

[Verify any entry >50]

[DISPLAY THE THREE POSSIBILITIES BELOW ON THE CATI SCREEN FOR THIS QUESTION TO ASSIST THE INTERVIEWER]

(888) ZERO

(777) DON'T KNOW

(999) REFUSED

[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]

ACT_DAYS30 (5.9)

During just the past 30 days, would you say you limited your usual activities due to asthma not at all, a little, a moderate amount, or a lot?

- (1) NOT AT ALL
- (2) A LITTLE
- (3) A MODERATE AMOUNT
- (4) A LOT

- (7) DON'T KNOW
- (9) REFUSED

Section 6. Knowledge of Asthma/Management Plan

- TCH_SIGN (6.1)** **Has a doctor or other health professional ever taught you (IF PATIENT TYPE=CHILD, INSERT “or Child name”) ...**
- a. How to recognize early signs or symptoms of an asthma episode?
- [HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]**
- (1) YES
(2) NO
- (7) DON'T KNOW
(9) REFUSED
-
- TCH_RESP (6.2)** **Has a doctor or other health professional ever taught you (IF PATIENT TYPE=CHILD, INSERT “or Child name”)...**
- b. What to do during an asthma episode or attack?
- [HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]**
- (1) YES
(2) NO
- (7) DON'T KNOW
(9) REFUSED
-
- TCH_MON (6.3)** **A peak flow meter is a hand held device that measures how quickly you can blow air out of your lungs. Has a doctor or other health professional ever taught you (IF PATIENT TYPE=CHILD, INSERT “or Child name”) ...**
- c. How to use a peak flow meter to adjust {your / his/her} daily medications?
- [HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]**
- (1) YES
(2) NO
- (7) DON'T KNOW
(9) REFUSED

MGT_PLAN (6.4) An asthma action plan, or asthma management plan, is a form with instructions about when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room.

Has a doctor or other health professional EVER given you (IF PATIENT TYPE=CHILD, INSERT "or Child name") an asthma action plan?

[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

MGT_CLAS (6.5) Have you (IF PATIENT TYPE=CHILD, INSERT "or Child name") ever taken a course or class on how to manage [your / his/her] asthma?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

Section 7. Modifications to Environment

HH_INT **READ:** The following questions are about [your / Child name's] household and living environment. I will be asking about various things that may be related to experiencing symptoms of asthma.

AIRCLEANER (7.1) An air cleaner or air purifier can filter out pollutants like dust, pollen, mold and chemicals. It can be attached to the furnace or free standing. It is not, however, the same as a normal furnace filter.

Is an air cleaner or purifier regularly used inside [your/ Child name's] home?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

DEHUMID (7.2) A dehumidifier is a small, portable appliance which removes moisture from the air.

Is a dehumidifier regularly used to reduce moisture inside [your / Child name's] home?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

KITC_FAN (7.3) Is an exhaust fan that vents to the outside used regularly when cooking in [your / Child name's] kitchen?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

COOK_GAS (7.4) Is gas used for cooking (IF PATIENT TYPE=CHILD, INSERT "in {his/her} home")?

- (1) Yes
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

ENV_MOLD (7.5) In the past 30 days, has anyone seen or smelled mold or a musty odor inside [your / his/her] home? Do not include mold on food.

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

ENV_PETS (7.6) Does [your / Child name's] household have pets such as dogs, cats, hamsters, birds or other feathered or furry pets that spend time indoors?

- (1) YES
- (2) NO **(SKIP TO 7.8)**

- (7) DON'T KNOW **(SKIP TO 7.8)**
- (9) REFUSED **(SKIP TO 7.8)**

PETBEDRM (7.7) Are pets allowed in [your / his/her] bedroom?

[SKIP THIS QUESTION IF ENV_PETS = 2, 7, 9]

- (1) YES
- (2) NO
- (3) SOME ARE/SOME AREN'T

- (7) DON'T KNOW
- (9) REFUSED

C_ROACH (7.8) In the past 30 days, has anyone seen a cockroach inside [your / his/her] home?

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

HELP SCREEN: Studies have shown that cockroaches may be a cause of asthma. Cockroach droppings and carcasses can also cause symptoms of asthma.

C_RODENT (7.9) In the past 30 days, has anyone seen mice or rats inside [your / his/her] home?
Do not include mice or rats kept as pets.

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

HELP SCREEN: Studies have shown that rodents may be a cause of asthma.

WOOD_STOVE (7.10) Is a wood burning fireplace or wood burning stove used in [your / Child name's] home?

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

HELP SCREEN: OCCASIONAL USE SHOULD BE CODED AS "YES".

GAS_STOVE (7.11) Are unvented gas logs, unvented gas fireplaces, or unvented gas stoves used in [your / his/her] home?

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

HELP SCREEN: "Unvented" means no chimney or the chimney flue is kept closed during operation.

S_INSIDE (7.12) In the past week, has anyone smoked inside [your / his/her] home?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

HELP SCREEN: "The intent of this question is to measure smoke resulting from tobacco products (cigarettes, cigars, pipes) or illicit drugs (cannabis, marijuana) delivered by smoking (inhaling intentionally). Do not include things like smoke from incense, candles, or fireplaces, etc."

MOD_ENV (7.13) **INTERVIEWER READ:** Now, back to questions specifically about [you / Child name].

Has a health professional ever advised you to change things in [your / his/her] home, school, or work to improve [your / his/her] asthma?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]

MATTRESS (7.14) [Do you / Does he/she] use a mattress cover that is made especially for controlling dust mites?

[INTERVIEWER: If needed: This does not include normal mattress covers used for padding or sanitation (wetting). These covers are for the purpose of controlling allergens (like dust mites) from inhabiting the mattress. They are made of special fabric, entirely enclose the mattress, and have zippers.]

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

E_PILLOW (7.15) [Do you / Does he/she] use a pillow cover that is made especially for controlling dust mites?

[INTERVIEWER: If needed: This does not include normal pillow covers used for fabric protection. These covers are for the purpose of controlling allergens (like dust mites) from inhabiting the pillow. They are made of special fabric, entirely enclose the pillow, and have zippers.]

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

CARPET (7.16) [Do you / Does Child name] have carpeting or rugs in [your / his/her] bedroom?
This does not include throw rugs small enough to be laundered.

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

HOTWATER (7.17) Are [your / his/her] sheets and pillowcases washed in cold, warm, or hot water?

- (1) COLD
- (2) WARM
- (3) HOT

- DO NOT READ**
- (4) VARIES

- (7) DON'T KNOW
- (9) REFUSED

BATH_FAN (7.18) In [your / Child name's] bathroom, do you regularly use an exhaust fan that vents to the outside?

- (1) YES
- (2) NO OR "NO FAN"

- (7) DON'T KNOW
- (9) REFUSED

HELP SCREEN: IF RESPONDENT INDICATES THEY HAVE MORE THAN ONE BATHROOM, THIS QUESTION REFERS TO THE BATHROOM THEY USE MOST FREQUENTLY FOR SHOWERING AND BATHING.

Section 8. Medications

OTC (8.1) **[IF LAST_MED = 88 (NEVER), SKIP TO SECTION 9. ELSE, CONTINUE.]**

The next set of questions is about medications for asthma. The first few questions are very general, but later questions are very specific to [your / Child name's] medication use.

Over-the-counter medication can be bought without a doctor's order. [Have you / Has Child name] ever used over-the-counter medication for [your / his/her] asthma?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

INHALERE (8.2) [Have you / Has he/she] ever used a prescription inhaler?

- (1) YES
- (2) NO [SKIP TO SCR_MED1]
- (7) DON'T KNOW [SKIP TO SCR_MED1]
- (9) REFUSED [SKIP TO SCR_MED1]

INHALERH (8.3) Did a doctor or other health professional show [you / him/her] how to use the inhaler?

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]

INHALERW (8.4) Did a doctor or other health professional watch [you / him/her] use the inhaler?

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

SCR_MED1 (8.5) **[IF LAST_MED = 4, 5, 6, 7, 77, or 99, SKIP TO SECTION 9] (88 removed)**

Now I am going to ask questions about specific prescription medications [you / Child name] may have taken for asthma in the past 3 months. I will be asking for the names, amount, and how often [you take / he/she takes] each medicine. I will ask separately about medication taken in various forms: pill or syrup, inhaler, and Nebulizer.

It will help to get [your / Child name's] medicines so you can read the labels. Can you please go get the asthma medicines while I wait on the phone?

- (1) YES
- (2) NO [SKIP TO INH_SCR]
- (3) RESPONDENT KNOWS THE MEDS [SKIP TO INH_SCR]
- (7) DON'T KNOW [SKIP TO INH_SCR]
- (9) REFUSED [SKIP TO INH_SCR]

SCR_MED3 (8.7) [when Respondent returns to phone:] Do you have all the medications?

[INTERVIEWER: Read if necessary]

- (1) YES I HAVE ALL THE MEDICATIONS
- (2) YES I HAVE SOME OF THE MEDICATIONS BUT NOT ALL
- (3) NO

- (7) DON'T KNOW
- (9) REFUSED

INH_SCR (8.8) **[IF INHALERE (8.2) = 2 (NO) SKIP TO PILLS]**
 In the past 3 months [have you / has Child name] taken prescription asthma medicine using an inhaler?

- (1) YES
- (2) NO **[SKIP TO PILLS]**

- (7) DON'T KNOW **[SKIP TO PILLS]**
- (9) REFUSED **[SKIP TO PILLS]**

INH_MEDS (8.9)

For the following inhalers the respondent can choose up to eight medications; however, each medication can only be used once (in the past, errors such as 030303 were submitted in the data file). When 66 (Other) is selected as a response, the series of questions ILP01 (8.11) to ILP10 (8.19) is not asked for that response.

In the past 3 months, what prescription asthma medications did [you / he/she] take by inhaler? **[MARK ALL THAT APPLY. PROBE: Any other prescription asthma inhaler medications?]**

[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]

Note: CATI programmers, note that the top ten items (in bold below) should be highlighted in the CATI system if possible so they can be found more easily.

	Medication	Pronunciation
01	Advair (+ A. Diskus)	ăd-vâr (or add-vair)
02	Aerobid	â-r ō 'bīd (or air -row-bid)
03	Albuterol (+ A. sulfate or <u>salbutamol</u>)	ăl'- bu 'ter-ōl (or al- BYOO -ter-ole) sāl-byū'tē-môl'
04	Alupent	al -u-pent
43	Alvesco (+ Ciclesonide)	al-ves-co
40	Asmanex (twisthaler)	as-muh -neks twist -hey-ler
05	Atrovent	At-ro-vent
06	Azmacort	az -ma-cort
07	<u>Beclomethasone dipropionate</u>	bek''lo- meth 'ah-son dī' pro 'pe-o-nāt (or be-kloe- meth -a-sone)
08	Beclovent	be' klo-vent" (or be -klo-vent)
09	<u>Bitolterol</u>	bi-tōl'ter-ōl (or bye- tole -ter-ole)
10		

11	<u>Budesonide</u>	byoo- des -oh-nide
12	Combivent	com -bi-vent
13	<u>Cromolyn</u>	kro 'mō-lin (or KROE -moe-lin)
44	Dulera	du-le-ra
14	Flovent	flow -vent
15	Flovent Rotadisk	flow -vent row -ta-disk
16	<u>Flunisolide</u>	floo- nis 'o-līd (or floo- NISS -oh-lide)
17	<u>Fluticasone</u>	flue- TICK -uh-zone
34	Foradil	<i>FOUR</i> -a-dil
35	<u>Formoterol</u>	for moh' te rol
18		
19	<u>Ipratropium Bromide</u>	īp-rah- tro 'pe-um bro'mīd (or ip-ra- TROE -pee-um)
37	<u>Levalbuterol tartrate</u>	lev -al- BYOU -ter-ohl
20	Maxair	māk -sâr
21	<u>Metaproteronol</u>	met"ah-pro- ter 'ĕ-nōl (or met-a-proe- TER -e-nole)
39	<u>Mometasone furoate</u>	moe - MET -a- son e
22	<u>Nedocromil</u>	ne-DOK-roe-mil
23	<u>Pirbuterol</u>	pēr- bu 'ter-ōl (or peer- BYOO -ter-ole)
41	Pro-Air HFA	proh -air HFA
24	Proventil	pro"ven-til' (or pro-vent-il)
25	Pulmicort Flexhaler	pul -ma-cort flex-hail-er
36	QVAR	q -vâr (or q-vair)
03	<u>Salbutamol (or Albuterol)</u>	sāl-byū'tē-mōl'
26	<u>Salmeterol</u>	sal-ME-te-role
27	Serevent	Sair -a-vent
42	Symbicort	sim -buh-kohrt
28	<u>Terbutaline (+ T. sulfate)</u>	ter- bu 'tah-lĕn (or ter- BYOO -ta-leen)
29		
30	Tornalate	tor -na-late
31	<u>Triamcinolone acetonide</u>	tri"am- sin 'o-lōn as"ĕ-tō-nīd' (or trye-am- SIN -oh-lone)
32	Vanceril	van -sir-il
33	Ventolin	vent -o-lin
38	Xopenex HFA	<i>ZOH</i> -pen-ecks
66	Other, Please Specify	[SKIP TO OTH_I1]

[IF RESPONDENT SELECTS ANY ANSWER <66, SKIP TO ILP03]

(88) NO PRESCRIPTION INHALERS **[SKIP TO PILLS]**

(77) DON'T KNOW **[SKIP TO PILLS]**

(99) REFUSED **[SKIP TO PILLS]**

[100 ALPHANUMERIC CHARACTER LIMIT FOR 66]

**OTH_I1 (8.10) ENTER OTHER MEDICATION FROM (8.9) IN TEXT FIELD
IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE
LINE.**

**CATI programmers note that the text for 66 (other) should be checked to make sure
one of the medication names above was not entered. If the medication entered is
on the list above, then an error message should be shown.**

[LOOP BACK TO ILP03 AS NECESSARY TO ADMINSTER QUESTIONS ILP03 THRU ILP10 FOR EACH MEDICINE 01 – 44 REPORTED IN INH_MEDS, BUT NOT FOR 66 (OTHER).]

[FOR FILL [MEDICINE FROM INH_MEDS SERIES] FOR QUESTIONS ILP03 THROUGH ILP10]

SKIP before ILP03

IF [MEDICINE FROM INH_MEDS SERIES] IS ADVAIR (01) OR FLOVENT ROTADISK (15) OR MOMETASONE FUROATE (39) OR ASMANEX (40) OR FORADIL (34) OR MAXAIR (20) OR PULMICORT (25) OR SEREVENT (27) OR SYMBICORT (42) SKIP TO 8.14

ILP03 (8.13) A spacer is a small attachment for an inhaler that makes it easier to use. Do you / Does he/she use a spacer with [MEDICINE FROM INH_MEDS SERIES]?

- (1) YES
- (2) NO
- (3) Medication is a dry powder inhaler or disk inhaler, not a canister inhaler
- (4) Medication has a built-in spacer/does not need a spacer**
- (7) DON'T KNOW
- (9) REFUSED

[HELP SCREEN: A spacer is a device that attaches to a metered dose inhaler. It holds the medicine in its chamber long enough for you to inhale it in one or two slow, deep breaths. The spacer makes it easy to take the medicines the right way.]

[HELP SCREEN: The response category 3 (disk or dry powder) and 4 (built in spacer) are primarily intended for medications Beclomethosone (7) Beclovent (08), Budesonide (11) and QVAR (36), which are known to come in disk or breathe activated inhalers (which do not use a spacer). However, new medications may come on the market that will need either category, so 3 or 4 can be used for other medications as well.]

ILP04 (8.14) In the past 3 months, did [you / Child name] take [MEDICINE FROM INH_MEDS SERIES] when [you / he/she] had an asthma episode or attack?

- (1) YES
- (2) NO
- (3) NO ATTACK IN PAST 3 MONTHS
- (7) DON'T KNOW
- (9) REFUSED

ILP05 (8.15) In the past 3 months, did [you / he/she] take [MEDICINE FROM INH_MEDS SERIES] before exercising?

- (1) YES
- (2) NO
- (3) DIDN'T EXERCISE IN PAST 3 MONTHS
- (7) DON'T KNOW
- (9) REFUSED

ILP06 (8.16) In the past 3 months, did [you / he/she] take [MEDICINE FROM INH_MEDS SERIES] on a regular schedule everyday?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

ILP08 (8.18) How many times per day or per week [did you / did he/she] use [MEDICINE FROM INH_MEDS SERIES]?

- 3 __ Times per DAY **[RANGE CHECK: (>10)]**
- 4 __ Times per WEEK **[RANGE CHECK: (>75)]**
- 5 5 5 Never
- 6 6 6 LESS OFTEN THAN ONCE A WEEK

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

[RANGE CHECK: 301-399, 401-499, 555, 666, 777, 999]

[ASK ILP10 ONLY IF INH_MEDS = 3, 4, 9, 20, 21, 23, 24, 28, 30, 33, 37, 38, 41 OTHERWISE SKIP TO PILLS (8.20)]

ILP10 (8.19) How many canisters of [MEDICINE FROM INH_MEDS SERIES] [have you / has Child name] used in the past 3 months?

[INTERVIEWER: IF RESPONDENT USED LESS THAN ONE FULL CANISTER IN THE PAST THREE MONTHS, CODE IT AS '88']

___ CANISTERS

- (77) DON'T KNOW
 - (88) NONE
 - (99) REFUSED
- [RANGE CHECK: (01-76, 77, 88, 99)]**

[HELP SCREEN: IF RESPONDENT INDICATES HE/SHE HAS MULTIPLE CANISTERS, (I.E., ONE IN THE CAR, ONE IN PURSE, ETC.) ASK THE RESPONDENT TO ESTIMATE HOW MANY FULL CANISTERS HE/SHE USED. THE INTENT IS TO ESTIMATE HOW MUCH MEDICATION IS USED, NOT HOW MANY DIFFERNT INHALERS.]

PILLS (8.20) In the past 3 months, [have you / has he/she] taken any prescription medicine in pill form for [your / his/her] asthma?

- (1) YES
- (2) NO **[SKIP TO SYRUP]**

- (7) DON'T KNOW **[SKIP TO SYRUP]**
- (9) REFUSED **[SKIP TO SYRUP]**

PILLS_MD (8.21)

For the following pills the respondent can choose up to five medications; however, each medication can only be used once (in the past, errors such as 232723 were submitted in the data file).

What prescription asthma medications [do you / does Child name] take in pill form?

[MARK ALL THAT APPLY. PROBE: Any other prescription asthma pills?]

[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]

Note: the yellow numbered items below are new medications added in 2008. Also, CATI programmers, note that the top ten items (in bold below) should be highlighted in the CATI system if possible so they can be found more easily.

	Medication	Pronunciation
01	Accolate	ac-o-late
02	Aerolate	air-o-late
03	Albuterol	ăl'-bu'ter-ōl (or al-BYOO-ter-all)
04	Alupent	al-u-pent
49	Brethine	breth-een
05	Choledyl (oxtriphylline)	ko-led-il
07	Deltasone	del-ta-sone
08	Elixophyllin	e-licks-o-fil-in
11	Medrol	Med-rol
12	Metaprel	Met-a-prell
13	<u>Metaproteronol</u>	met"ah-pro-ter'ě-nōl (or met-a-proe-TER-e-nole)
14	<u>Methylprednisolone</u>	meth-ill-pred-niss-oh-lone (or meth-il-pred-NIS-oh-lone)
15	Montelukast	mont-e-lu-cast
17	Pediapred	Pee-dee-a-pred
18	Prednisolone	pred-NISS-oh-lone
19	Prednisone	PRED-ni-sone
21	Proventil	pro-ven-til
23	Respid	res-pid
24	Singulair	sing-u-lair
25	Slo-phyllin	slow- fil-in
26	Slo-bid	slow-bid
48	<u>Terbutaline (+ T. sulfate)</u>	ter byoo' ta leen
28	Theo-24	thee-o-24
30	Theochron	thee -o-kron
31	Theoclear	thee-o-clear
32	Theodur	thee-o-dur
33	Theo-Dur	thee-o-dur
35	Theophylline	thee-OFF-i-lin
37	Theospan	thee-o-span
40	T-Phyl	t-fil
42	Uniphyl	u-ni-fil
43	Ventolin	vent-o-lin
44	Volmax	vole-max
45	<u>Zafirlukast</u>	za-FIR-loo-kast

46	Zileuton	zye- loo -ton
47	Zyflo Filmtab	zye -flow film tab
66	Other, please specify	[SKIP TO OTH_P1]

[IF RESPONDENT SELECTS ANY ANSWER FROM 01-49 SKIP TO PILL01]

(88) NO PILLS **[SKIP TO SYRUP]**

(77) DON'T KNOW **[SKIP TO SYRUP]**
(99) REFUSED **[SKIP TO SYRUP]**

OTH_P1

[100 ALPHANUMERIC CHARACTER LIMIT FOR 66]

**ENTER OTHER MEDICATION IN TEXT FIELD
IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE
LINE.**

**CATI programmers note that the text for 66 (other) should be checked to make sure
one of the medication names above was not entered. If the medication entered is
on the list above, then an error message should be shown.**

**[REPEAT QUESTION PILL01 AS NECESSARY FOR EACH PILL 01-49 REPORTED IN
PILLS_MD, BUT NOT FOR 66 (OTHER).]**

FOR FILL [MEDICATION LISTED IN PILLS_MD] FOR QUESTION PILL01]

**PILL01 (8.22) In the past 3 months, did [you / child's name] take [MEDICATION LISTED IN
PILLS_MD] on a regular schedule every day?**

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

SYRUP (8.23)

In the past 3 months, [have you / has he/she] taken any prescription asthma
medication in syrup form?

- (1) YES
- (2) NO **[SKIP TO NEB_SCR]**
- (7) DON'T KNOW **[SKIP TO NEB_SCR]**
- (9) REFUSED **[SKIP TO NEB_SCR]**

SYRUP_ID (8.24)

For the following syrups the respondent can choose up to four medications; however, each medication can only be used once (in the past, errors such as 020202 were submitted in the data file).

What prescription asthma medications [have you / has Child name] taken as a syrup? **[MARK ALL THAT APPLY. PROBE: Any other prescription syrup medications for asthma?]**

[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]

	Medication	Pronunciation
01	Aerolate	air -o-late
02	Albuterol	ăl'- bu 'ter-ōl (or al-BYOO-ter-ole)
03	Alupent	al -u-pent
04	Metaproteronol	met"ah-pro- ter 'ě-nōl (or met-a-proe-TER-e-nole)
05	Prednisolone	pred-NISS-oh-lone
06	Prelone	pre -loan
07	Proventil	Pro- ven -til
08	Slo-Phyllin	slow -fil-in
09	Theophyllin	thee-OFF-i-lin
10	Ventolin	vent -o-lin
66	Other, Please Specify:	[SKIP TO OTH_S1]

[IF RESPONDENT SELECTS ANY ANSWER FROM 01-10, SKIP TO NEB_SCR]

- (88) NO SYRUPS
- (77) DON'T KNOW
- (99) REFUSED

[SKIP TO NEB_SCR]
[SKIP TO NEB_SCR]
[SKIP TO NEB_SCR]

OTH_S1

[100 ALPHANUMERIC CHARACTER LIMIT FOR 66]

ENTER OTHER MEDICATION.

IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.

CATI programmers note that the text for 66 (other) should be checked to make sure one of the medication names above was not entered. If the medication entered is on the list above, then an error message should be shown.

NEB_SCR (8. 25)

Read: A nebulizer is a small machine with a tube and facemask or mouthpiece that you breathe through continuously. In the past 3 months, were any of [your / Child name's] prescription asthma medicines used with a nebulizer?

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

[SKIP TO Section 9]

[SKIP TO Section 9]
[SKIP TO Section 9]

NEB_PLC (8.26) I am going to read a list of places where [you / your child] might have used a nebulizer. Please answer yes if [you have / your child has] used a nebulizer in the place I mention, otherwise answer no.

In the past 3 months did [you / Child name] use a nebulizer...

- (8.26a)** AT HOME
(1) YES (2) NO (7) DK (9) REF
- (8.26b)** AT A DOCTOR'S OFFICE
(1) YES (2) NO (7) DK (9) REF
- (8.26c)** IN AN EMERGENCY ROOM
(1) YES (2) NO (7) DK (9) REF
- (8.26d)** AT WORK OR AT SCHOOL
(1) YES (2) NO (7) DK (9) REF
- (8.26e)** AT ANY OTHER PLACE
(1) YES (2) NO (7) DK (9) REF

NEB_ID (8.27) For the following nebulizers the respondent can chose up to five medications; however, each medication can only be used once (in the past, errors such as 0101 were submitted in the data file).

In the past 3 months, what prescription asthma medications [have you / has he/she] taken using a nebulizer?

[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]

[MARK ALL THAT APPLY. PROBE: Have you taken any other prescription asthma medications with your nebulizer in the past 3 months?]

	Medication	Pronunciation
01	<u>Albuterol</u>	ăl'-bu'ter-ōl (or al-BYOO-ter-ole)
02	Alupent	al-u-pent
03	Atrovent	At-ro-vent
04	<u>Bitolterol</u>	bi-tōl'ter-ōl (or bye-tōle-ter-ole)
05	Budesonide	byoo-des-oh-nide
17	Combivent Inhalation Solution	com-be-vent
06	<u>Cromolyn</u>	kro'mō-lin (or KROE-moe-lin)
07	DuoNeb	DUE-ow-neb
08	Intal	in-tel
09	<u>Ipratropium bromide</u>	īp-rah-tro'pe-um bro'mīd (or ip-ra-TROE-pee-um)
10	<u>Levalbuterol</u>	lev al byoo' ter ol
11	<u>Metaproteronol</u>	met"ah-pro-ter'ě-nōl (or met-a-proe-TER-e-nole)
18	Perforomist (Formoterol)	per-foro-mist/for-MOE-ter-ol
12	Proventil	Pro-ven-til
13	Pulmicort	pul-ma-cort

14	Tornalate	tor -na-late
15	Ventolin	vent -o-lin
16	Xopenex	<i>ZOH</i> -pen-ecks
66	Other, Please Specify:	[SKIP TO OTH_N1]

(88) NO Nebulizers **[SKIP TO Section 9]**
(77) DON'T KNOW **[SKIP TO Section 9]**
(99) REFUSED **[SKIP TO Section 9]**

OTH_N1

**[100 ALPHANUMERIC CHARACTER LIMIT FOR 66]
ENTER OTHER MEDICATION
IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE
LINE.**

CATI programmers note that the text for 66 (other) should be checked to make sure one of the medication names above was not entered. If the medication entered is on the list above, then an error message should be shown.

LOOP BACK TO NEB01 AS NECESSARY TO ADMINISTER QUESTIONS NEB01 THROUGH NEB03 FOR EACH MEDICINE 01 THROUGH 18 (NEB_01 to NEB_16) REPORTED IN NEB_ID, BUT NOT FOR 66 (OTHER).]

FOR FILL [MEDICATION LISTED IN NEB_ID] FOR QUESTION NEB01 to NEB03]

NEB01 (8.28) In the past 3 months, did [you/he/she] take [MEDICINE FROM NEB_ID SERIES] when [you / he/she] had an asthma episode or attack?

- (1) YES
- (2) NO
- (3) NO ATTACK IN PAST 3 MONTHS

- (7) DON'T KNOW
- (9) REFUSED

NEB02 (8.29) In the past 3 months, did [you/he/she] take [MEDICINE FROM NEB_ID SERIES] on a regular schedule everyday?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

NEB03 (8.30)

How many times per day or per week [adult: do you / child: does he/she] use [MEDICINE FROM NEB_ID SERIES]?

3__ __ DAYS
4__ __ WEEKS

(555) NEVER
(666) LESS OFTEN THAN ONCE A WEEK

(777) DON'T KNOW / NOT SURE
(999) REFUSED

Qualified Level 5

Section 9. Cost of Care

The best known value for whether or not the adult “still has asthma” is used in the skip below. It can be the previously answered BRFSS core value or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey. If the respondent confirms in the “Informed Consent” question that the previously answered BRFSS core (BRFSS ASTHNOW) value is correct then the value from the BRFSS core question (BRFSS ASTHNOW) is used. If the respondent does not agree with the previous BRFSS core value in “Informed Consent” then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR_ASTH (2.2) “Do you still have asthma?” is used.

IF respondent agrees 1 (Yes) with “Informed Consent”:

IF BRFSS (PATIENT TYPE=ADULT: core value for ASTHNOW, “Do you still have asthma?” = 2 (No), 7 (DK), or 9 (Refused) / PATIENT TYPE=CHILD: CASTHNO2 “Does the child still have asthma?” = 2 (No), 7 (DK), or 9 (Refused))

AND

(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND
(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND
(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)

THEN SKIP TO Section 10; otherwise continue with Section 9

IF BRFSS (PATIENT TYPE=ADULT: core value for ASTHNOW, “Do you still have asthma?” = 1 (Yes) / PATIENT TYPE=CHILD: CASTHNO2 “Does the child still have asthma?” = 1 (Yes)), then continue with section 9.

IF respondent DOES NOT agree 2 (No) with “Informed Consent” REPEAT = 1:

IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused)

AND

(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND
(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND
(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)

THEN SKIP TO Section 10; otherwise continue with Section 9

IF CUR_ASTH (2.2) = 1 (Yes) then continue with section 9.

ASMDCOST (9.1) Was there a time in the past 12 months when [you / Child name] needed to see [your / his/her] primary care doctor for [your / his/her] asthma but could not because of the cost?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

ASSPCOST (9.2) Was there a time in the past 12 months when (you were/he/she was) referred to a specialist for (IF PATIENT TYPE=CHILD, INSERT "(his/her)") asthma care but could not go because of the cost?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

ASRXCOST (9.3) **IF PATIENT TYPE=ADULT, ASK:** Was there a time in the past 12 months when you needed to buy medication for your asthma but could not because of the cost?

IF PATIENT TYPE=CHILD, ASK: Was there a time in the past 12 months when {he/she} needed medication for his/her asthma but you could not buy it because of the cost?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

Section 10A. Work Related Asthma

IF RESPONDENT TYPE=1 (ADULT), CONTINUE; ELSE GO TO SECTION 10C.

EMP_STAT (10.1) Next, we are interested in things in the workplace that affect asthma. However, first I'd like to ask how you would describe your current employment status. Would you say ...

[INTERVIEWE

R: Include self employed as employed. Full time is 35+ hours per week.]

- (1) EMPLOYED FULL-TIME
- (2) EMPLOYED PART-TIME
- (3) NOT EMPLOYED

[SKIP TO WORKENV5 (10.4)]
[SKIP TO WORKENV5 (10.4)]

- (7) DON'T KNOW
- (9) REFUSED

[SKIP TO EMPL_EVER1 10.3]
[SKIP TO EMPL_EVER1 (10.3)]

UNEMP_R (10.2) What is the main reason you are not now employed?

- (01) KEEPING HOUSE
- (02) GOING TO SCHOOL
- (03) RETIRED
- (04) DISABLED
- (05) UNABLE TO WORK FOR OTHER HEALTH REASONS
- (06) LOOKING FOR WORK
- (07) LAID OFF
- (08) OTHER

- (77) DON'T KNOW
- (99) REFUSED

EMP_EVER1 (10.3) Have you ever been employed?

[INTERVIEWER: Code self employed as "YES".]

- | | |
|----------------|----------------------------------|
| (1) YES | [SKIP TO WORKENV7 (10.6)] |
| (2) NO | [SKIP TO SECTION 11] |
| (7) DON'T KNOW | [SKIP TO SECTION 11] |
| (9) REFUSED | [SKIP TO SECTION 11] |

//WORKENV1 (10.4) WAS MOVED TO AFTER THE SKIP PATTERNS BELOW AND RENAMED TO WORKENV5//

The best known value for whether or not the adult "still has asthma" is used in the skip below. It can be the previously answered BRFSS core value or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey. If the respondent confirms in the "Informed Consent" question that the previously answered BRFSS core (ASTHNOW) value is correct then the value from the BRFSS core question (ASTHNOW) is used. If the respondent does not agree with the previous BRFSS core value in "Informed Consent" then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR_ASTH (2.2) "Do you still have asthma?" is used. IF respondent agrees 1 (Yes) with "Informed Consent":

IF BRFSS core value for ASTHNOW, "Do you still have asthma?" = 2 (No), 7 (DK), or 9 (Refused)

AND
(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**
(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**
(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)
THEN SKIP TO 10.5; otherwise continue with 10.4

IF BRFSS core value for ASTHNOW, "Do you still have asthma?" = 1 (Yes) **then** continue with **question 10.4.**

IF respondent **DOES NOT** agree 2 (No) with "Informed Consent" REPEAT = 1:

IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused)

AND
(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**
(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**
(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)

THEN SKIP TO 10.5; otherwise continue with 10.4

IF CUR_ASTH (2.2) = 1 (Yes) continue with question 10.4.

WORKENV5 (10.4) Things in the workplace such as chemicals, smoke, dust or mold can make asthma symptoms worse in people who already HAVE asthma or can actually CAUSE asthma in people who have never had asthma before.

Are your asthma symptoms MADE WORSE by things like chemicals, smoke, dust or mold in your CURRENT job?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

[HELP SCREEN: "Some examples of things in the workplace that may cause asthma or make asthma symptoms worse include: flour dust in a bakery, normal dust in an office, smoke from a manufacturing process, smoke from a co-worker's cigarette, cleaning chemicals in a hospital, mold in a basement classroom, a co-worker's perfume, or mice in a research laboratory."]

WORKENV6 (10.5) Was your asthma first CAUSED by things like chemicals, smoke, dust or mold in your CURRENT job?

- (1) YES **[SKIP TO WORKTALK (10.9)]**
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

[HELP SCREEN: "Some examples of things in the workplace that may cause asthma or make asthma symptoms worse include: flour dust in a bakery, normal dust in an office, smoke from a manufacturing process, smoke from a co-worker's cigarette, cleaning chemicals in a hospital, mold in a basement classroom, a co-worker's perfume, or mice in a research laboratory."]

WORKENV7 (10.6) [READ THIS INTRO TO 10.6 ONLY IF EMP_EVER1 (10.3) = 1 (yes); OTHERWISE SKIP INTRO AND JUST READ THE QUESTION]
Things in the workplace such as chemicals, smoke, dust or mold can make asthma symptoms worse in people who already HAVE asthma or can actually CAUSE asthma in people who have never had asthma before.

Were your asthma symptoms MADE WORSE by things like chemicals, smoke, dust or mold in any PREVIOUS job you ever had?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

[HELP SCREEN: “Some examples of things in the workplace that may cause asthma or make asthma symptoms worse include: flour dust in a bakery, normal dust in an office, smoke from a manufacturing process, smoke from a co-worker’s cigarette, cleaning chemicals in a hospital, mold in a basement classroom, a co-worker’s perfume, or mice in a research laboratory.”]

WORKENV8 (10.7) Was your asthma first CAUSED by things like chemicals, smoke, dust or mold in any PREVIOUS job you ever had?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

[HELP SCREEN: “Some examples of things in the workplace that may cause asthma or make asthma symptoms worse include: flour dust in a bakery, normal dust in an office, smoke from a manufacturing process, smoke from a co-worker’s cigarette, cleaning chemicals in a hospital, mold in a basement classroom, a co-worker’s perfume, or mice in a research laboratory.”]

**SKIP before 10.8 [ASK 10.8 ONLY IF:
WORKENV7 (10.6) = 1 (YES) OR
WORKENV8 (10.7) = 1 (YES)
OTHERWISE SKIP TO WORKTALK (10.9)]**

WORKQUIT1 (10.8) Did you ever lose or quit a job because things in the workplace, like chemicals, smoke, dust or mold, caused your asthma or made your asthma symptoms worse?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

[INTERVIEWER: RESPONDENTS WHO WERE FIRED BECAUSE THINGS IN THE WORKPLACE AFFECTED THEIR ASTHMA SHOULD BE CODED AS “YES”.]

WORKTALK (10.9) Did you and a doctor or other health professional ever DISCUSS whether your asthma could have been caused by, or your symptoms made worse by, any job you ever had?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

WORKSEN3 (10.10) Have you ever been TOLD BY a doctor or other health professional that your asthma was caused by, or your symptoms made worse by, any job you ever had?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

WORKSEN4 (10.11) Have YOU ever TOLD a doctor or other health professional that your asthma was caused by, or your symptoms made worse by, any job you ever had?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

Section 10C. School Related Asthma

IF RESPONDENT TYPE=2 (CHILD), CONTINUE; ELSE GO TO SECTION 11.

SCH_STAT (C10.1) Next, we are interested in things that might affect {child's name} asthma when he/she is not at home.

Does {child's name} currently go to school or pre school outside the home?

- (1) YES **[SKIP TO SCHGRADE]**
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

NO_SCHL (C10.2) What is the main reason {he/she} is not now in school? **READ RESPONSE CATEGORIES**

- (1) NOT OLD ENOUGH **[SKIP TO DAYCARE]**
- (2) HOME SCHOOLED **[SKIP TO SCHGRADE]**
- (3) UNABLE TO ATTEND FOR HEALTH REASONS
- (4) ON VACATION OR BREAK
- (5) OTHER

- (7) DON'T KNOW
- (9) REFUSED

SCHL_12 (C10.3) Has {child's name} gone to school in the past 12 months?

- (1) YES
- (2) NO [SKIP TO DAYCARE]

- (7) DON'T KNOW [SKIP TO DAYCARE]
- (9) REFUSED [SKIP TO DAYCARE]

SCHGRADE (C10.4) [IF SCHL_12 = 1]
What grade was {he/she} in the last time he/she was in school?

[IF SCH_STAT = 1 OR NO_SCHL = 2]
What grade is {he/she} in?

- (88) PRE SCHOOL
- (66) KINDERGARTEN
- ___ ENTER GRADE 1 TO 12

- (77) DON'T KNOW
- (99) REFUSED

The best known value for whether or not the child “still has asthma” is used in the skip below. It can be the previously answered BRFSS module value or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey. If the respondent confirms in the “Informed Consent” question that the previously answered BRFSS module value is correct then the value from the BRFSS module question (BRFSS M2.2) is used. If the respondent does not agree with the previous BRFSS module value in “Informed Consent” then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR_ASTH (2.2) “Do you still have asthma?” is used.

IF respondent agrees 1 (Yes) with “Informed Consent”:

IF BRFSS module value for CASTHNO2, “Does the child still have asthma?” = 2 (No), 7 (DK), or 9 (Refused),

AND

- (LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND
- (LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND
- (LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)

THEN SKIP TO C10.8; otherwise continue with C10.5

IF BRFSS module value for CASTHNO2, “Does the child still have asthma?” = 1 (Yes) then continue with C10.5.

IF respondent DOES NOT agree 2 (No) with “Informed Consent” REPEAT = 1:

IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused)

AND

- (LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND
- (LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND
- (LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)

THEN SKIP TO C10.8; otherwise continue with C10.5

IF CUR_ASTH (2.2) = 1 (Yes), then continue with C10.5.

MISS_SCHL (C10.5) During the past 12 months, about how many days of school did {he/she} miss because of {his/her} asthma?

___ __ _ ENTER NUMBER DAYS

[3 NUMERIC-CHARACTER-FIELD, RANGE CHECK: (001-365, 777, 888, 999)]
[Verify any entry >50]

[DISPLAY THE THREE POSSIBILITIES BELOW ON THE CATI SCREEN FOR THIS QUESTION TO ASSIST THE INTERVIEWER]

(888) ZERO

(777) DON'T KNOW

(999) REFUSED

[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]

[IF NO_SCHL = 2 (HOME SCHOOLED) SKIP TO SECTION 11]

[IF SCHL_12 (10.3) = 1 READ 'PLEASE ANSWER THESE NEXT FEW QUESTIONS ABOUT THE SCHOOL {CHILD'S NAME} WENT TO LAST]

SCH_APL (C10.6) Earlier I explained that an asthma action plan contains instructions about how to care for the child's asthma.

Does {child's name} have a written asthma action plan or asthma management plan on file at school?

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

SCH_MED (C10.7) Does the school {he/she} goes to allow children with asthma to carry their medication with them while at school?

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

[IF NO_SCHL = 2 (HOME SCHOOLED) SKIP TO SECTION 11] added in 2011

SCH_ANML (C10.8) Are there any pets such as dogs, cats, hamsters, birds or other feathered or furry pets in {his/her} CLASSROOM?

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

SCH_MOLD (C10.9) Are you aware of any mold problems in {child's name} school?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

DAYCARE (C10.10) **[IF CHLDAGE2 > 10 YEARS OR 131 MONTHS SKIP TO SECTION 11]**
Does {child's name} go to day care outside his/her home?

- (1) YES **[SKIP TO MISS_DCAR]**
- (2) NO

- (7) DON'T KNOW **[SKIP TO SECTION 11]**
- (9) REFUSED **[SKIP TO SECTION 11]**

DAYCARE1 (C10.11) Has {he/she} gone to daycare in the past 12 months?

- (1) YES
- (2) NO **[SKIP TO SECTION 11]**

- (7) DON'T KNOW **[SKIP TO SECTION 11]**
- (9) REFUSED **[SKIP TO SECTION 11]**

The best known value for whether or not the child "still has asthma" is used in the skip below. It can be the previously answered BRFSS module value or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey. If the respondent confirms in the "Informed Consent" question that the previously answered BRFSS module value is correct then the value from the BRFSS module question (BRFSS M2.2) is used. If the respondent does not agree with the previous BRFSS module value in "Informed Consent" then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR_ASTH (2.2) "Do you still have asthma?" is used.

IF respondent agrees 1 (Yes) with "Informed Consent":

IF BRFSS module value for CASTHNO2, "Does the child still have asthma?" = 2 (No), 7 (DK), or 9 (Refused),

AND

(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND
(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND
(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)

THEN SKIP TO C10.14; otherwise continue with C10.12

IF BRFSS module value for CASTHNO2, "Does the child still have asthma?" = 1 (Yes), then continue with C10.12.

IF respondent DOES NOT agree 2 (No) with "Informed Consent" REPEAT = 1:

IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused)

AND

(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**
(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**
(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)
THEN SKIP TO C10.14; otherwise continue with C10.12

IF CUR_ASTH (2.2) = 1 (Yes), then continue with C10.12.

MISS_DCAR (C10.12) During the past 12 months, about how many days of daycare did {he/she} miss because of {his/her} asthma?

___ ENTER NUMBER DAYS

**[3 NUMERIC-CHARACTER-FIELD, RANGE CHECK: (001-365, 777, 888, 999)]
[Verify any entry >50]**

**[DISPLAY THE THREE POSSIBILITIES BELOW ON THE CATI SCREEN FOR
THIS QUESTION TO ASSIST THE INTERVIEWER]**

(888) ZERO

(777) DON'T KNOW

(999) REFUSED

**[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999
WERE NOT THE INTENT]**

DCARE_APL (C10.13) [IF DAYCARE1 (10.11) = YES (1) THEN READ: "Please answer these next few questions about the daycare {child's name} went to last. "

Does {child's name} have a written asthma action plan or asthma management plan on file at daycare?

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

DCARE_ANML(C10.14) Are there any pets such as dogs, cats, hamsters, birds or other feathered or furry pets in {his/her} room at daycare?

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

DCARE_MLD (C10.15) Are you aware of any mold problems in {his/her} daycare?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

DCARE_SMK (C10.16) Is smoking allowed at {his/her} daycare?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

Section 11. Comorbid Conditions

IF RESPONDENT TYPE=1 (ADULT), CONTINUE; ELSE GO TO SECTION 12.

We have just a few more questions. Besides asthma we are interested in some other medical conditions you may have.

COPD (11.1) Have you ever been told by a doctor or health professional that you have chronic obstructive pulmonary disease also known as COPD?

[INTERVIEWER NOTE: IN THE BRFSS, WE ASKED ABOUT COPD, EMPHYSEMA, & CHRONIC BRONCHITIS ALL IN ONE QUESTION, WE ARE NOW ASKING 3 SEPARATE QUESTIONS]

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

EMPHY (11.2) Have you ever been told by a doctor or other health professional that you have emphysema?

[INTERVIEWER NOTE: IN THE BRFSS, WE ASKED ABOUT COPD, EMPHYSEMA, & CHRONIC BRONCHITIS ALL IN ONE QUESTION, WE ARE NOW ASKING 3 SEPARATE QUESTIONS]

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

BRONCH (11.3) Have you ever been told by a doctor or other health professional that you have Chronic Bronchitis?

[INTERVIEWER NOTE: IN THE BRFSS, WE ASKED ABOUT COPD, EMPHYSEMA, & CHRONIC BRONCHITIS ALL IN ONE QUESTION, WE ARE NOW ASKING 3 SEPARATE QUESTIONS]

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

[HELP SCREEN: Chronic Bronchitis is repeated attacks of bronchitis over a long period of time. Chronic Bronchitis is not the type of bronchitis you might get occasionally with a cold.]

DEPRESS (11.4) Have you ever been told by a doctor or other health professional that you were depressed?

[INTERVIEWER NOTE: If needed say "As I mentioned earlier, I need to validate some of your earlier answers for this Asthma Study"]

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

Section 12. Complimentary and Alternative Therapy

The best known value for whether or not the adult "still has asthma" is used in the skip below. It can be the previously answered BRFSS core value or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey. If the respondent confirms in the "Informed Consent" question that the previously answered BRFSS core (BRFSS ASTHNOW) value is correct then the value from the BRFSS core question (BRFSS ASTHNOW) is used. If the respondent does not agree with the previous BRFSS core value in "Informed Consent" then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR_ASTH (2.2) "Do you still have asthma?" is used.

IF respondent agrees 1 (Yes) with "Informed Consent":

IF BRFSS (PATIENT TYPE=ADULT: core value for ASTHNOW, "Do you still have asthma?" = 2 (No), 7 (DK), or 9 (Refused) / PATIENT TYPE=CHILD: CASTHNO2 "Does the child still have asthma?" = 2 (No), 7 (DK), or 9 (Refused))

AND

(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)

THEN SKIP TO skip to CWEND; otherwise continue with section 12

IF BRFSS (PATIENT TYPE=ADULT: core value for ASTHNOW, "Do you still have asthma?" = 1 (Yes) / PATIENT TYPE=CHILD: CASTHNO2 "Does the child still have asthma?" = 1 (Yes)) continue with section 12.

IF respondent DOES NOT agree 2 (No) with “Informed Consent” REPEAT = 1:

IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused)

AND

(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**

(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**

(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)

THEN SKIP TO skip to CWEND; otherwise continue with section 12

IF CUR_ASTH (2.2) = 1 (Yes) continue with section 12.

READ: Sometimes people use methods other than prescription medications to help treat or control their asthma. These methods are called non-traditional, complementary, or alternative health care. I am going to read a list of these alternative methods. For each one I mention, please answer “yes” if [you have / Child name has] used it to control (IF PATIENT TYPE=ADULT, INSERT “your own”) (IF PATIENT TYPE=CHILD, INSERT “his/her”) asthma in the past 12 months. Answer “no” if [you have / he/she has] not used it in the past 12 months.

In the past 12 months, [have you / has he/she] used ... to control (your/his/her) asthma?
[interviewer: repeat prior phrasing as needed]

CAM_HERB (12.1)	herbs	(1) YES	(2) NO	(7) DK	(9) REF
CAM_VITA (12.2)	vitamins	(1) YES	(2) NO	(7) DK	(9) REF
CAM_PUNC (12.3)	acupuncture	(1) YES	(2) NO	(7) DK	(9) REF

CAM_PRES (12.4)	acupressure	(1) YES	(2) NO	(7) DK	(9) REF
------------------------	--------------------	----------------	---------------	---------------	----------------

CAM_AROM (12.5)	aromatherapy	(1) YES	(2) NO	(7) DK	(9) REF
------------------------	---------------------	----------------	---------------	---------------	----------------

CAM_HOME (12.6)	homeopathy	(1) YES	(2) NO	(7) DK	(9) REF
------------------------	-------------------	----------------	---------------	---------------	----------------

CAM_REFL (12.7)	reflexology	(1) YES	(2) NO	(7) DK	(9) REF
------------------------	--------------------	----------------	---------------	---------------	----------------

CAM_YOGA (12.8)	yoga	(1) YES	(2) NO	(7) DK	(9) REF
------------------------	-------------	----------------	---------------	---------------	----------------

CAM_BR (12.9)	breathing techniques	(1) YES	(2) NO	(7) DK	(9) REF
----------------------	-----------------------------	----------------	---------------	---------------	----------------

CAM_NATR (12.10)	naturopathy	(1) YES	(2) NO	(7) DK	(9) REF
-------------------------	--------------------	----------------	---------------	---------------	----------------

[INTERVIEWER: If respondent does not recognize the term “naturopathy” the response should be no”]

[HELP SCREEN: Naturopathy (nay-chur-o-PATH-ee) is an alternative treatment based on the principle that there is a healing power in the body that establishes, maintains, and restores health. Naturopaths prescribe treatments such as nutrition and lifestyle counseling, dietary supplements, medicinal plants, exercise, homeopathy, and treatments from traditional Chinese medicine.]

CAM_OTHR (12.11) Besides the types I have just asked about, [have you / has Child name] used any other type of alternative care for (IF PATIENT TYPE=ADULT, INSERT “your”) (IF PATIENT TYPE=CHILD, INSERT “his/her”) asthma in the past 12 months?

(1) YES

(2) NO

[SKIP TO Section 13]

- (7) DON'T KNOW [SKIP TO Section 13]
- (9) REFUSED [SKIP TO Section 13]

CAM_TEXT (12.13) What else [have you / has he/she] used?

(1) [100 ALPHANUMERIC CHARACTER LIMIT]

**ENTER OTHER ALTERNATIVE MEDICINE IN TEXT FIELD
IF MORE THAN ONE IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.**

- (7) DON'T KNOW
- (9) REFUSED

Section 13. Additional Child Demographics

IF RESPONDENT TYPE=2 (CHILD), CONTINUE; ELSE GO TO THANK AND END.

READ "I have just a few more questions about {child's name}."

HEIGHT1 How tall is {child's name}?

[INTERVIEWER: if needed: Ask the respondent to give their best guess.]

__ __ __ = Height (ft/inches)
 7 7 7 7 = Don't know/Not sure
 9 9 9 9 = Refused

CATI Note: In the first space for the height (highlighted in yellow), if the respondent answers in feet/inches enter "0." If respondent answers in metric, put "9" in the first space.

Examples:

24 inches = 200 (2 feet)	30 inches = 206 (2 feet 6 inches),
36 inches = 300 (3 feet)	40 inches = 304 (3 feet 4 inches),
48 inches = 400 (4 feet)	50 inches = 402 (4 feet 2 inches),
60 inches = 500 (5 feet)	65 inches = 505 (5 feet 5 inches),
6 feet = 600 (6 feet, zero inches)	
5'3" = 503 (5 feet, 3 inches)	

VALUES OF GREATER THAN 8 FEET 11 INCHES OR 250 CENTIMETERS SHOULD NOT BE ALLOWED, VALUE RANGE FOR INCHES 00-11.

HELP SCREEN: WE ARE INTERESTED IN LOOKING AT HOW HEIGHT AND WEIGHT MAY BE RELATED TO ASTHMA.

WEIGHT1 How much does {he/she} weigh?

[INTERVIEWER: if needed: Ask the respondent to give their best guess.]

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

CATI Note: In the first space for the weight (highlighted in yellow), if the respondent answers in pounds, enter "0." If respondent answers in kilograms, put "9" in the first space.

[VALUES OF GREATER THAN 500 POUNDS OR 230 KILOGRAMS SHOULD NOT BE ALLOWED]

HELP SCREEN: WE ARE INTERESTED IN LOOKING AT HOW HEIGHT AND WEIGHT MAY BE RELATED TO ASTHMA.

BIRTHW1

How much did {he/she} weigh at birth (in pounds)?

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

CATI note: If the respondent gives pounds and ounces: from left to right, positions one and two will hold "0 0"; positions three and four will hold the value of pounds from 0 to 30; and the last two positions will hold 00 to 15 ounces.

If the respondent gives kilograms and grams: from left to right, position one will hold "9"; positions two and three will hold the value of kilograms 1-30; and the last three positions will hold the number of grams.

[VALUES OF GREATER THAN 30 POUNDS OR 13.6 KILOGRAMS SHOULD NOT BE ALLOWED]

(INTERVIEWER: IF NEEDED: ASK THE RESPONDENT TO GIVE THEIR BEST GUESS.)

(HELP SCREEN: WE ARE INTERESTED IN LOOKING AT HOW HEIGHT AND WEIGHT MAY BE RELATED TO ASTHMA.)

[IF BIRTH WEIGHT IS DON'T KNOW OR REFUSED ASK BIRTHRF, ELSE SKIP TO CWEND.]

BIRTHRF

At birth, did {child's name} weigh less than 5 ½ pounds?

[INTERVIEWER NOTE: 5 ½ pounds = 2500 GRAMS]

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

SURVEY THANK AND END

CWEND

Those are all the questions I have. I'd like to thank you on behalf of the Ohio Department of Health and the Centers for Disease Control and Prevention for the time and effort you've spent answering these questions. If you have any questions about this survey, you may call my supervisor toll-free at 877-551-6138. Thanks again.

Qualified Level 6

Appendix A: Coding Notes and Pronunciation Guide

Coding Notes:

1) MISDIAGNOSIS NOTE: If, during the survey, the interviewer discovers that the respondent never really had asthma because it was a misdiagnosis, then assign disposition code "4471 Resp. was misdiagnosed; never had asthma" as a final code and terminate the interview.

2) BACKCODE SYMPFREE (4.4) TO 14 IF LASTSYMP (3.5) = 88 (never) or = 04, 05, 06, or 07 OR IF SYMP_30D = 88. THIS WILL BE DONE BY BSB.

3) CATI Programmer's note: For the Other in the medications (in INH_MEDS, PILLS_MD, SYRUP_ID or NEB_ID. If "Other" has one of the following misspellings then a menu choice should have been made. Code for this and correct:

Medication	Common misspelling in "Other"
Zyrtec	Zertec, Zertek or Zerteck
Allegra	Alegra, Allegra or Allegra D
Claritin	Cleraton, Cleritin or Claritin D
Singulair	Singular, Cingulair or Cingular
Xopenex	Zopanox or Zopenex
Advair	
Diskus	Advair or Diskus
Albuterol	Aluterol Sulfate
Maxair	Maxair Autohaler

Pronunciation Guide:

The following is a pronunciation guide. The top ten medications are shown bolded. Audio files are available from the BRFSS coordinators' upload/download site.

INH_MEDS

	Medication	Pronunciation
01	Advair (+ A. Diskus)	ăd-vâr (or add-vair)
02	Aerobid	â-rō'bîd (or air-row-bid)
03	Albuterol (+ A. sulfate or salbutamol)	ăl'-bu'ter-ol (or al-BYOO-ter-ole) sâl-byū'te-môl'
04	Alupent	al-u-pent
43	Alvesco (+ Ciclesonide)	al-ves-co
40	Asmanex (twisthaler)	as-muh-neks twist-hey-ler
05	Atrovent	At-ro-vent
06	Azmacort	az-ma-cort

07	<u>Beclomethasone dipropionate</u>	bek"lo- meth 'ah-son dī pro 'pe-o-nāt (or be-kloe- meth -a-son)
08	Beclovent	be' klo-vent" (or be -klo-vent)
09	<u>Bitolterol</u>	bi-tōl'ter-ōl (or bye- tole -ter-ole)
10		
11	<u>Budesonide</u>	byoo- des -oh-nide
12	Combivent	com -bi-vent
13	<u>Cromolyn</u>	kro 'mō-lin (or KROE -moe-lin)
44	Dulera	du-le-ra
14	Flovent	flow -vent
15	Flovent Rotadisk	flow -vent row -ta-disk
16	<u>Flunisolide</u>	floo- nis 'o-līd (or floo- NISS -oh-lide)
17	<u>Fluticasone</u>	flue- TICK -uh-zone
34	<u>Foradil</u>	<i>FOUR</i> -a-dil
35	<u>Formoterol</u>	for moh' te rol
18		
19	<u>Ipratropium Bromide</u>	īp-rah- tro 'pe-um bro'mīd (or ip-ra- TROE -pee-um)
37	<u>Levalbuterol tartrate</u>	lev -al- BYOU -ter-ohl
20	Maxair	māk -sâr
21	<u>Metaproteronol</u>	met"ah-pro- ter 'ē-nōl (or met-a-proe- TER -e-nole)
39	<u>Mometasone furoate</u>	moe - MET -a-son
22	<u>Nedocromil</u>	ne-DOK-roe-mil
23	<u>Pirbuterol</u>	pēr- bu 'ter-ōl (or peer- BYOO -ter-ole)
41	Pro-Air HFA	proh -air HFA
24	Proventil	pro"ven-til' (or pro-vent-il)
25	Pulmicort Flexhaler	pul -ma-cort flex-hail-er
36	QVAR	q -vâr (or q-vair)
03	<u>Salbutamol (or Albuterol)</u>	sāl-byū'tə-mōl'
26	<u>Salmeterol</u>	sal-ME-te-role
27	Serevent	Sair -a-vent
42	<u>Symbicort</u>	sim -buh-kohrt
28	<u>Terbutaline (+ T. sulfate)</u>	ter- bu 'tah-lēn (or ter- BYOO -ta-leen)
29		
30	Tornalate	tor -na-late
31	<u>Triamcinolone acetonide</u>	tri"am- sin 'o-lōn as"ē-tō-nīd' (or trye-am- SIN -oh-lone)
32	Vanceril	van -sir-il
33	Ventolin	vent -o-lin
38	Xopenex HFA	<i>ZOH</i> -pen-ecks
66	Other, Please Specify	[SKIP TO OTH_I1]

PILLS_MED

	Medication	Pronunciation
01	Accolate	ac -o-late
02	Aerolate	air -o-late
03	Albuterol	ăl'- bu 'ter-ōl (or al- BYOO -ter-all)
04	Alupent	al -u-pent
49	Brethine	breth-eeen
05	Choledyl (oxtriphylline)	ko -led-il
07	Deltasone	del -ta-sone
08	Elixophyllin	e-licks- o -fil-in
11	Medrol	Med -rol
12	Metaprel	Met -a-prell
13	<u>Metaproteronol</u>	met"ah-pro- ter 'ē-nōl (or met-a-proe- TER -e-nole)
14	<u>Methylprednisolone</u>	meth-ill-pred- niss -oh-lone (or meth-il-pred- NIS -oh-lone)
15	Montelukast	mont-e- lu -cast
17	Pediapred	Pee- dee -a-pred
18	Prednisolone	pred-NISS-oh-lone
19	Prednisone	PRED-ni-sone
21	Proventil	pro- ven -til
23	Respid	res -pid
24	Singulair	sing -u-lair
25	Slo-phyllin	slow - fil-in
26	Slo-bid	slow -bid
48	<u>Terbutaline (+ T. sulfate)</u>	ter byoo' ta leen
28	Theo-24	thee -o-24
30	Theochron	thee -o-kron
31	Theoclear	thee -o-clear
32	Theodur	thee -o-dur
33	Theo-Dur	thee -o-dur
35	Theophylline	thee- OFF -i-lin
37	Theospan	thee -o-span
40	T-Phyl	t -fil
42	Uniphyll	u -ni-fil
43	Ventolin	vent -o-lin
44	Volmax	vole -max
45	<u>Zafirlukast</u>	za- FIR -loo-kast
46	Zileuton	zye- loo -ton
47	Zyflo Filmtab	zye -flow film tab

SYRUP_ID

	Medication	Pronunciation
01	Aerolate	air -o-late
02	<u>Albuterol</u>	ăl'- bu 'ter-ōl (or al-BYOO-ter-ole)
03	Alupent	al -u-pent
04	<u>Metaproteronol</u>	met"ah-pro- ter 'ĕ-nōl (or met-a-proe-TER-e-nole)
05	<u>Prednisolone</u>	pred-NISS-oh-lone
06	Prelone	pre -loan
07	Proventil	Pro- ven -til
08	Slo-Phyllin	slow -fil-in
09	<u>Theophyllin</u>	thee-OFF-i-lin
10	Ventolin	vent -o-lin

NEB_ID

	Medication	Pronunciation
01	<u>Albuterol</u>	ăl'- bu 'ter-ōl (or al-BYOO-ter-ole)
02	Alupent	al -u-pent
03	Atrovent	At-ro-vent
04	<u>Bitolterol</u>	bi-tōl'ter-ōl (or bye- tole -ter-ole)
05	Budesonide	byoo- des -oh-nide
17	Combivent Inhalation Solution	com-be-vent
06	<u>Cromolyn</u>	kro 'mō-lin (or KROE-moe-lin)
07	DuoNeb	DUE-ow-neb
08	Intal	in -tel
09	<u>Ipratropium bromide</u>	ĭp-rah- tro 'pe-um bro'mĭd (or ip-ra- TROE -pee-um)
10	<u>Levalbuterol</u>	lev al byoo' ter ol
11	<u>Metaproteronol</u>	met"ah-pro- ter 'ĕ-nōl (or met-a-proe-TER-e-nole)
18	Perforomist/Formoterol	per-foro-mist/for-MOE-ter-ol
12	Proventil	Pro- ven -til
13	Pulmicort	pul -ma-cort
14	Tornalate	tor -na-late
15	Ventolin	vent -o-lin
16	Xopenex	<i>ZOH-pen-ecks</i>
66	Other, Please Specify:	[SKIP TO OTH_N1]

Closing Statement

Please read:

That was my last question. Everyone's answers will be combined to help us provide information about the health practices of people in [IF STATERES=1, DISPLAY "Ohio", ELSE DISPLAY "this state"]. Thank you very much for your time and cooperation.

ASTSTAT = 1

Language Indicator

[INTERVIEWER: DO NOT READ THIS TO RESPONDENT]

Lang1. In what language was this interview completed?
(QSTLANG)

1	English
---	---------

Activity List for Common Leisure Activities (To be used for Ohio State-Added: Physical Activity)

Code Description (Physical Activity, Questions EXERACT3 and EXERACT4 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	
3 6 Raking lawn	
3 7 Running	
3 8 Rock Climbing	
3 9 Rope skipping	9 8 Other_____
4 0 Rowing machine exercise	9 9 Refused