



**2013**

**Behavioral Risk Factor Surveillance System  
Questionnaire**

**New Jersey**

**5785**

**February 7, 2013**



**Behavioral Risk Factor Surveillance System  
2013 Questionnaire – New Jersey Questionnaire #5785**

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**CATI ASSIGNED SPLIT**

1. Split 1
2. Split 2
3. Split 3

**SAMPLE READ-IN: FRAME**

1. Landline
2. Cell Phone

**Interviewer’s Script**

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

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

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

**SAFE** Is this a safe time to talk with you?

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

**CTELENUM** Is this (phone number) ?

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

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

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

**PVTRESID**

**IF FRAME=1, ASK:** Is this a private residence?  
**IF FRAME=2, ASK:** Do you live in a private residence?

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

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



3. No, business phone only      **THANK & END**

**COLHOS** Do you live in college housing?

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

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

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

**STATERES** Do you reside in **New Jersey** ?

- 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 **New Jersey** at this time. **STOP**

**RSPSTATE** In what state do you live?

\_\_\_\_\_ ENTER STATE  
99 REFUSED **[THANK & END]**

**Qualified Level 1**

**CELLPH** Is this a cellular telephone?

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

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

1. Yes
2. No

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

**CELLFON**

- 1 No, not a cellular telephone.
- 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.**

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

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

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

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

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

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

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

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

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

**TERMINATION**

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

**Qualified Level 2**

**RESPONDENT SELECTION**

**CATI NOTE:**

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

**CADULT** Are you 18 years of age or older?

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

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

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

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

**Adult Random Selection**

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

**NUMADULT** \_\_\_ Number of adults

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

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

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

***Qualified Level 3***

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

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

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

**NUMMEN** How many of these adults are men?

\_\_\_ Number of men

**NUMWOMEN** How many of these adults are women?

\_\_\_ Number of women

***Qualified Level 4***

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

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

1. Continue      **GO BACK TO NUMMEN**

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

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

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

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

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

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

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

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

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

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

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

**INTRO1** May I speak with (him/her)?

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



**To the correct respondent:**

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

## Core Sections

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call **1-866-417-2753**.

### Section 1: Health Status

---

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

1.1            Would you say that in general your health is— (80)

**Please read:**

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

**Or**

- 5      Poor

**Do not read:**

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

**Qualified Level 5**

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

---

2.1            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? (81-82)

— —      Number of days

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

2.2            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?  
(83-84)

–	–	Number of days
8	8	None <b>[If Section 2.1 and Section 2.2 = 88 (None), go to next section]</b>
7	7	Don't know / Not sure
9	9	Refused

**2.3** 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? (85-86)

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

### Section 3: Health Care Access

---

**3.1** 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? (87)

1	Yes	<b>ASK M4_1</b>
2	No	<b>GO TO Section 3.2</b>
7	Don't know / Not sure	<b>GO TO Section 3.2</b>
9	Refused	<b>GO TO Section 3.2</b>

### Module 4: Health Care Access [Split 1, 2, 3]

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**M4\_1** Do you have Medicare? (298)

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

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

**M4\_2** Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans? [SELECT ALL THAT APPLY]

(299-312)

**Please Read:**

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicaid or Medical Assistance or MA
- 05 The military, CHAMPUS, or the VA [or CHAMP-VA]
- 06 The Indian Health Service [or the Alaska Native Health Service]
- 07 Some other source
- 88 None
- 77 Don't know/Not sure
- 99 Refused

**3.2** Do you have one person you think of as your personal doctor or health care provider? (88)

**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

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

(89)

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

**M4\_3** Other than cost, there are many other reasons people delay getting needed medical care. Have you delayed getting needed medical care for any of the following reasons in the past 12 months? Select the most important reason.

(313)

**Please read**

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

**Do not read:**

- 6 Other (specify) \_\_\_\_\_ **M4\_4** (314-338)
- 8 No, I did not delay getting medical care/did not need medical care
- 7 Don't know/Not sure
- 9 Refused

**3.4** 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.

(90)

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
  
- 7 Don't know / Not sure
- 8 Never
- 9 Refused

**CATI Note: If Section 3.1 = 1 (Yes) continue, else go to M4\_6**

**M4\_5** In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage?

(339)

- 1 Yes **Go to M4\_7**
- 2 No **Go to M4\_7**
- 7 Don't know/Not sure **Go to M4\_7**
- 9 Refused **Go to M4\_7**

**CATI Note: If Section 3.1 = 2, 7, or 9 continue, else go to next question M4\_7**

**M4\_6** About how long has it been since you last had health care coverage?

(340)

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

**M4\_7** How many times have you been to a doctor, nurse, or other health professional in the past 12 months?

(341-342)

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

**M4\_8** Was there a time in the past 12 months when you did not take your medication as prescribed because of cost? Do not include over-the-counter (OTC) medication. (343)

- 1 Yes
- 2 No

**Do not read:**

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

**M4\_9** In general, how satisfied are you with the health care you received? Would you say— (344)

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

**Do not read**

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

**M4\_10** Do you currently have any medical bills that are being paid off over time? (345)

**INTERVIEWER NOTE:**

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

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

## Section 4: Inadequate Sleep

---

I would like to ask you about your sleep pattern.

**4.1** On average, how many hours of sleep do you get in a 24-hour period? (91-92)

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

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

## Section 5: Hypertension Awareness

---

- 5.1** Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (93)

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

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

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

- 5.2** Are you currently taking medicine for your high blood pressure? (94)

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

## Section 6: Cholesterol Awareness

---

- 6.1** Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (95)

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

- 6.2** About how long has it been since you last had your blood cholesterol checked? (96)

**Read only if necessary:**

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

**Do not read:**

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

9 Refused

**6.3** Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (97)

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

## Section 7: Chronic Health Conditions

---

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

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

**7.1** (Ever told) you that you had a heart attack also called a myocardial infarction? (98)

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

**7.2** (Ever told) you had angina or coronary heart disease? (99)

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

**7.3** (Ever told) you had a stroke? (100)

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

**7.4** (Ever told) you had asthma? (101)

- 1 Yes
- 2 No **[Go to Section 7.6]**
- 7 Don't know / Not sure **[Go to Section 7.6]**
- 9 Refused **[Go to Section 7.6]**

- 7.5 Do you still have asthma? (102)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 7.6 (Ever told) you had skin cancer? (103)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 7.7 (Ever told) you had any other types of cancer? (104)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 7.8 (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis? (105)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 7.9 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (106)
- 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)



**7.10** (Ever told) you have a depressive disorder, including depression, major depression, dysthymia, or minor depression? (107)

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

**7.11** (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence. (108)

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

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

**7.12** (Ever told) you have diabetes? (109)

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

**IF STATERES=1 (NEW JERSEY RESIDENT) CONTINUE, ELSE SKIP TO SECTION 8 (DEMOGRAPHICS)**

## Module 2: Diabetes [Split 1, 2, 3]

---

**To be asked following Section 7.12; if response is "Yes" (code = 1)  
IF Section 7.12 = 1 CONTINUE; ELSE GO TO next section.**

**M2\_1** How old were you when you were told you have diabetes?  
(272-273)

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

**{CATI: if (M2\_1 = 01-97 and Section 8.1 = 18-99) AND (M2\_1 > Section 8.1), continue; else go to M2\_2}**

**UPDTAGDI** I'm sorry, you indicated you were {CATI: fill-in response from Section 8.1} years old, and were first diagnosed with Diabetes at age {CATI: fill-in response from M2\_1}. What was your age when you were FIRST diagnosed with diabetes?

Update age **GO TO Section 8.1**  
 Update diabetes age **GO TO M2\_1**

**CATI: IF M2\_1 >52 AND M2\_1 <98, CONFIRM; ELSE GO TO M2\_2**

**CNFD BAG** INTERVIEWER: Is [DISPLAY RESPONSE TO M2\_1] the correct age when respondent was diagnosed with diabetes?

1 Yes, age is correct **GO TO M2\_2**  
 2 No **GO TO M2\_1**

**M2\_2** Are you now taking insulin? (274)

1 Yes  
 2 No  
 9 Refused

**M2\_3** 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. (275-277)

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

**M2\_4** 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. (278-280)

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

**M2\_5** About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (281-282)

\_ \_ Number of times [76 = 76 or more]  
 8 8 None

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

**M2\_6** 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"? (283-284)

- — 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 M2\_4 = 555 (No feet), go to M2\_8.**

**M2\_7** About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (285-286)

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

**M2\_8** 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. (287)

**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

**M2\_9** Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (288)

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

**M2\_10** Have you ever taken a course or class in how to manage your diabetes yourself? (289)

- 1 Yes

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

## Section 8: Demographics

---

- 8.1** What is your age? (110-111)
- \_\_ Code age in years
  - 0 7 Don't know / Not sure
  - 0 9 Refused

**{CATI: if (M2\_1 = 01-97 and Section 8.1 = 18-99) AND (M2\_1 > Section 8.1), continue; else go to Section 8.2}**

**UPDTAGDI** I'm sorry, you indicated you were **{CATI: fill-in response from Section 8.1}** years old, and were first diagnosed with Diabetes at age **{CATI: fill-in response from M2\_1}**. What was your age when you were FIRST diagnosed with diabetes?

- Update age **GO TO Section 8.1**
- Update diabetes age **GO TO M2\_1**

- 8.2** Are you Hispanic, Latino/a, or Spanish origin? (112-115)  
**If yes, ask: Are you...**

**Interviewer Note: One or more categories may be selected.**

- 1 Yes, Mexican, Mexican American, Chicano/a
- 2 Yes, Puerto Rican
- 3 Yes, Cuban
- 4 Yes, Another Hispanic, Latino/a, or Spanish origin (Specify \_\_\_\_\_)

**Do not read:**

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

- 8.3** Which one or more of the following would you say is your race? (116-143)

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

**IF Section 8.3=40 OR 50, ASK.**

**CATI: IF Section 8.3=40, SHOW CODES 41-47, 99. IF Section 8.3=50, SHOW CODES 51-54, 99.**

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 Section 8.3; continue. Otherwise, go to Section 8.5.**

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

(144-145)

- 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

**IF STATERES=1 (NEW JERSEY RESIDENT) CONTINUE, ELSE SKIP TO Section 8.5**

**NJ State-Added 1a: Demographics (Where Born) [Splits 1, 2, 3]**

---

**[ask all]**

- NJ1\_1**      Where were you born? (801)
- 1      In U.S.      **[Go to NJ1\_1a]**
  - 2      Outside U.S.      **[Go to NJ1\_1b]**
  - 7      Don't know      **[GO TO Section 8.5]**
  - 9      Refused      **[GO TO Section 8.5]**

**{If NJ1\_1=1: ASK NJ1\_1a}**

- NJ1\_1a**      Enter response to **NJ1\_1** (802-803)
- \_\_ \_\_      Two-letter postal abbreviation for state or District of Columbia **[GO TO Section 8.5]**

**[If NJ1\_1=2; ASK NJ1\_1b AND NJ1\_2; ELSE GO TO Section 8.5]**

- NJ1\_1b**      Enter response to **NJ1\_1** (804-805)
- \_\_ \_\_      Two-letter country code of foreign country or Puerto Rico, Guam, Virgin Islands, etc.
- OT      Other
  - DK      Don't know
  - RF      Refused

NJ1\_2 When did you come to live in the United States?

(806-809)

\_\_\_\_ Year [Enter 4-digit year]  
7777 Don't know  
9999 Refused

### **Section 8: Demographics, continued**

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

(146)

1 Yes  
2 No

**Do not read:**

7 Don't know / Not sure  
9 Refused

**8.6** Are you...?

(147)

**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

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

(148-149)

\_\_ \_\_ Number of children  
8 8 None  
9 9 Refused

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

(150)

**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

**8.9** Are you currently...?

(151)

**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

**8.10** Is your annual household income from all sources—

(152-153)

**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

**8.11** About how much do you weigh without shoes? (154-157)

**NOTE: If respondent answers in metrics, put "9" in column \_\_\_\_.**

**Round fractions up**

\_\_\_\_ Weight  
 (pounds/kilograms)  
 7 7 7 7 Don't know / Not sure  
 9 9 9 9 Refused

**8.12** About how tall are you without shoes? (158-161)

**NOTE: If respondent answers in metrics, put "9" in column \_\_\_\_.**

**Round fractions down**

\_\_ / \_\_ Height  
 (ft / inches/meters/centimeters)  
 7 7 / 7 7 Don't know / Not sure  
 9 9 / 9 9 Refused

**8.13** What county do you live in? (162-164)

\_\_ \_\_ ANSI County Code (formerly FIPS county code)  
 777 Don't know / Not sure  
 888 Other (specify)  
 999 Refused

**IF STATERES=1 (NEW JERSEY RESIDENT) CONTINUE, ELSE SKIP TO ZIPCODE**

**NJ State-Added 1b: Demographics (City/Town) [Splits 1, 2, 3]**

---

**[ask all]**

**NJ1\_3** What city or town do you live in? (810-815)

\_\_\_\_ FIPS municipality code with leading one-letter acronym  
 7 7 7 7 7 7 Don't know / Not sure  
 9 9 9 9 9 9 Refused

**8.14** What is the ZIP Code where you live? (165-169)

\_\_\_\_ ZIP Code  
 77777 Don't know / Not sure  
 88888 Other State Zip Code (specify)  
 99999 Refused

- 8.15** 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. (170)
- 1 Yes
  - 2 No [Go to Section 8.17]
  - 7 Don't know / Not sure [Go to Section 8.17]
  - 9 Refused [Go to Section 8.17]

**Qualified Level 6**

- 8.16** How many of these telephone numbers are residential numbers? (171)
- Residential telephone numbers [6 = 6 or more]
  - 7 Don't know / Not sure
  - 9 Refused

**IF CELLPH=2 (not a cell phone), ASK Section 8.17. IF CELLPH=1 (is a cell phone), SKIP TO Section 8.19.**

- 8.17** Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (172)
- 1 Yes
  - 2 No [Go to Section 8.19]
  - 7 Don't know / Not sure [Go to Section 8.19]
  - 9 Refused [Go to Section 8.19]

- 8.18** Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone? (173-175)
- — Enter percent (1 to 100)
  - 8 8 8 Zero
  - 7 7 7 Don't know / Not sure
  - 9 9 9 Refused

- 8.19** Have you used the internet in the past 30 days? (176)
- 1 Yes
  - 2 No
  - 7 Don't know/Not sure
  - 9 Refused

- 8.20** Do you own or rent your home? (177)
- 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.

**8.21** Indicate sex of respondent. **Ask only if necessary.** (178)

- 1 Male **[Go to next section]**
- 2 Female **[If respondent is 45 years old or older, go to next section]**

**8.22** To your knowledge, are you now pregnant? (179)

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

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

**8.23** Are you limited in any way in any activities because of physical, mental, or emotional problems? (180)

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

**8.24** 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? (181)

**NOTE: Include occasional use or use in certain circumstances.**

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

**8.25** Are you blind or do you have serious difficulty seeing, even when wearing glasses? (182)

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

**8.26** Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (183)

- 1 Yes
- 2 No

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

**8.27** Do you have serious difficulty walking or climbing stairs? (184)

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

**8.28** Do you have difficulty dressing or bathing? (185)

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

**8.29** Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (186)

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

## Section 9: Tobacco Use

---

**9.1** Have you smoked at least 100 cigarettes in your entire life? (187)

**NOTE: 5 packs = 100 cigarettes**

- 1 Yes
- 2 No **[Go to Section 9.5]**
- 7 Don't know / Not sure **[Go to Section 9.5]**
- 9 Refused **[Go to Section 9.5]**

**9.2** Do you now smoke cigarettes every day, some days, or not at all? (188)

- 1 Every day
- 2 Some days
- 3 Not at all **[Go to Section 9.4]**
- 7 Don't know / Not sure **[Go to Section 9.5]**
- 9 Refused **[Go to Section 9.5]**

**9.3** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (189)

- 1 Yes [Go to Section 9.5]
- 2 No [Go to Section 9.5]
- 7 Don't know / Not sure [Go to Section 9.5]
- 9 Refused [Go to Section 9.5]

**9.4** How long has it been since you last smoked a cigarette, even one or two puffs? (190-191)

- 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

**9.5** Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? (192)

**Snus (rhymes with 'goose')**

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

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

**Do not read:**

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

## Section 10: Alcohol Consumption

---

**10.1** 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? (193-195)

- 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]

**10.2** 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? (196-197)

**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

**10.3** 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? (198-199)

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

**10.4** During the past 30 days, what is the largest number of drinks you had on any occasion? (200-201)

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

**CATI: IF Section 10.3=88 AND Section 8.21=1, Section 10.4 CANNOT BE 5-76. IF Section 10.3=88 AND Section 8.21=2, Section 10.4 CANNOT BE 4-76.**

## Section 11: Fruits and Vegetables

---

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

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

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

**11.1** During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice. (202-204)

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

**INTERVIEWER NOTE: Do not include fruit drinks with added sugar or other added sweeteners like Kool-aid, Hi-C, lemonade, cranberry cocktail, Tampico, Sunny Delight, Snapple, Fruitopia, Gatorade, Power-Ade, or yogurt drinks.**

Do not include fruit juice drinks that provide 100% daily vitamin C but include added sugar.

Do not include vegetable juices such as tomato and V8 if respondent provides but include in “other vegetables” question Section 11.6.

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

- 11.2 During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit (205-207)
- |       |                       |
|-------|-----------------------|
| 1 _ _ | Per day               |
| 2 _ _ | Per week              |
| 3 _ _ | Per month             |
| 5 5 5 | Never                 |
| 7 7 7 | Don't know / Not sure |
| 9 9 9 | Refused               |

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

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

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

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

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

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

- 11.3 During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans. (208-210)
- |       |                       |
|-------|-----------------------|
| 1 _ _ | Per day               |
| 2 _ _ | Per week              |
| 3 _ _ | Per month             |
| 5 5 5 | Never                 |
| 7 7 7 | Don't know / Not sure |
| 9 9 9 | Refused               |

Read only if necessary: “Include round or oval beans or peas such as navy, pinto, split peas, cow

peas, hummus, lentils, soy beans and tofu. Do NOT include long green beans such as string beans, broad or winged beans, or pole beans.”

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

Include bean burgers including garden burgers and veggie burgers.

Include falafel and tempeh.

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

(211-213)

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

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

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

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

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

(214-216)

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

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

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

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

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

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



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

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

(217-219)

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

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

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

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

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

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

**Do not include rice or other grains.**

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

## Section 12: Exercise (Physical Activity)

---

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

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

**12.1** 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?

(220)

- 1 Yes
- 2 No

**[Go to Section 12.8]**

- 7 Don't know / Not sure [Go to Section 12.8]
- 9 Refused [Go to Section 12.8]

**12.2** What type of physical activity or exercise did you spend the most time doing during the past month? (221-222)

- \_\_ (Specify) [See Physical Activity Coding List]
- 77 Don't know / Not Sure [Go to Section 12.8]
- 9 9 Refused [Go to Section 12.8]

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

**12.3** How many times per week or per month did you take part in this activity during the past month? (223-225)

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

**12.4** And when you took part in this activity, for how many minutes or hours did you usually keep at it? (226-228)

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

**12.5** What other type of physical activity gave you the next most exercise during the past month? (229-230)

- \_\_ (Specify) [See Physical Activity Coding List]
- 88 No other activity [Go to Section 12.8]
- 77 Don't know / Not sure [Go to Section 12.8]
- 99 Refused [Go to Section 12.8]

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

**12.6** How many times per week or per month did you take part in this activity during the past month? (231-233)

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

**12.7** 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

**12.8** 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. (237-239)

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

## Section 13: Arthritis Burden

---

**If Section 7.9 = 1 (yes) then continue, else go to next section.**

Next, I will ask you about your arthritis.

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

**13.1** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (240)

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

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

**INTERVIEWER NOTE: Section 13.2 should be asked of all respondents regardless of employment status.**

**13.2** In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do? (241)

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

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

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

**13.3** During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings? (242)

**Please read [1-3]:**

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

**Do not read:**

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

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

**13.4** Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? *Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.* (243-244)

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

## Section 14: Seatbelt Use

---

**14.1** How often do you use seat belts when you drive or ride in a car? Would you say— (245)

**Please read:**

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

**Do not read:**

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

## Section 15: Immunization

---

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

- 15.1** During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose? (246)

**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                    | <b>[Go to Section 15.3]</b> |
| 7 | Don't know / Not sure | <b>[Go to Section 15.3]</b> |
| 9 | Refused               | <b>[Go to Section 15.3]</b> |

- 15.2** 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? (247-252)

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

- 15.3** Since 2005, have you had a tetanus shot? (253)
- (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   |

- 15.4** 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? (254)

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

## Section 16: HIV/AIDS

---

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if

you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

- 16.1** Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (255)
- |   |                       |                                    |
|---|-----------------------|------------------------------------|
| 1 | Yes                   |                                    |
| 2 | No                    | [Go to optional module transition] |
| 7 | Don't know / Not sure | [Go to optional module transition] |
| 9 | Refused               | [Go to optional module transition] |

- 16.2** Not including blood donations, in what month and year was your last HIV test? (256-261)
- 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
7 7 / 7 7 7 7	Don't know / Not sure
9 9 / 9 9 9 9	Refused / Not sure

- 16.3** Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at an emergency room, as an inpatient at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else? (262-263)
- |     |   |
|-----|---|
| 0 1 | Private doctor or HMO office                    |
| 0 2 | Counseling and testing site                     |
| 0 9 | Emergency room                                  |
| 0 3 | Hospital inpatient                              |
| 0 4 | Clinic  |
| 0 5 | Jail or prison (or other correctional facility) |
| 0 6 | Drug treatment facility                         |
| 0 7 | At home   |
| 0 8 | Somewhere else                                  |
| 7 7 | Don't know / Not sure                           |
| 9 9 | Refused   |

**IF STATERES=1 (NEW JERSEY RESIDENT) CONTINUE, ELSE SKIP TO CLOSING STATEMENT.**

Stated-Added 2: HIV/AIDS [Split 1] (2012 NJ state-added 3 – 5488)

---

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

**CATI NOTE: If Section 16.2= within last 12 months continue, ask NJ2\_1. Else skip.**

- NJ2\_1** Was it a rapid test where you could get your results within a couple of hours? (816)
- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

## Transition to Modules and State-Added Questions

Now I have some questions about other health topics.

### Optional Modules

#### Module 5: Sugar Drinks [Split 3]

---

**IF SPLIT=3, CONTINUE; ELSE GO TO NEXT MODULE.**

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

**M5\_1**            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. (346-348)

**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

**M5\_2**            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. (349-351)

**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

#### Module 6: Sodium or Salt-Related Behavior [Split 2]

---

**IF SPLIT=2, CONTINUE; ELSE GO TO NEXT MODULE.**

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

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

**M6\_1** Are you currently watching or reducing your sodium or salt intake? (352)

1	Yes	
2	No	[Go to M6_3]
7	Don't know/not sure	[Go to M6_3]
9	Refused	[Go to M6_3]

**M6\_2** How many days, weeks, months, or years have you been watching or reducing your sodium or salt intake?" (353-355)

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

**{CATI: if (M6\_2 = 401-497 and Section 8.1 = 18-99) AND (M6\_2 > Section 8.1), continue; else go to M6\_3}**

**UPDTAGM6** I'm sorry, you indicated you were {CATI: fill-in response from Section 8.1} years old, and you have been watching or reducing your sodium or salt intake for {CATI: fill-in response from M6\_2} years. How many years have you been watching or reducing your sodium or salt intake?

Update age	[GO TO Section 8.1]
Update number of years reducing sodium/salt intake	[GO TO M6_2]

**M6\_3** Has a doctor or other health professional ever advised you to reduce sodium or salt intake? (356)

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

## Module 11: Adult Human Papilloma Virus (HPV) [Split 3]

---

**IF SPLIT=3, CONTINUE; ELSE GO TO NEXT MODULE.**

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

**NOTE: Human Papilloma Virus (Human Pap-uh-loh-muh Virus);**



**Gardasil (Gar-duh- seel); Cervarix (Sir-var- icks)**

**M11\_1** A vaccine to prevent the human papilloma virus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, **[Fill: if female “GARDASIL or CERVARIX”; if male “ or GARDASIL”]**. Have you EVER had an HPV vaccination? (386)

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

**M11\_2** How many HPV shots did you receive? (387-388)

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

## Module 12: Breast and Cervical Cancer Screening [Split 3]

---

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

The next questions are about breast and cervical cancer.

**M12\_1** A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (389)

- 1 Yes
- 2 No **[Go to M12\_3]**
- 7 Don't know / Not sure **[Go to M12\_3]**
- 9 Refused **[Go to M12\_3]**

**M12\_2** How long has it been since you had your last mammogram? (390)

**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

**M12\_3** A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam? (391)

- 1 Yes
- 2 No [Go to M12\_5]
- 7 Don't know / Not sure [Go to M12\_5]
- 9 Refused [Go to M12\_5]

**M12\_4** How long has it been since your last breast exam? (392)

**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

**M12\_5** A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (393)

- 1 Yes
- 2 No [Go to M12\_7]
- 7 Don't know / Not sure [Go to M12\_7]
- 9 Refused [Go to M12\_7]

**M12\_6** How long has it been since you had your last Pap test? (394)

**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

**CATI note: If response to Section 8.22 = 1 (is pregnant); then go to next section.**

**M12\_7** Have you had a hysterectomy? (395)

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

- 1 Yes
- 2 No

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

## Module 13: Colorectal Cancer Screening [Split 3]

---

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

The next questions are about colorectal cancer screening.

- M13\_1** A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (396)
- 1 Yes
  - 2 No [Go to M13\_3]
  - 7 Don't know / Not sure [Go to M13\_3]
  - 9 Refused [Go to M13\_3]

- M13\_2** How long has it been since you had your last blood stool test using a home kit? (397)
- 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

- M13\_3** Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? (398)
- 1 Yes
  - 2 No [Go to next section]
  - 7 Don't know / Not sure [Go to next section]
  - 9 Refused [Go to next section]

- M13\_4** For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy? (399)
- 1 Sigmoidoscopy
  - 2 Colonoscopy
  - 7 Don't know / Not sure
  - 9 Refused

**M13\_5** How long has it been since you had your last sigmoidoscopy or colonoscopy? (400)

**Read only if necessary:**

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

**Do not read:**

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

## Module 14: Prostate Cancer Screening [Split 3]

---

**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.

**M14\_1** A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the PSA test? (401)

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

**M14\_2** Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test? (402)

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

**M14\_3** Has a doctor, nurse, or other health professional EVER recommended that you have a PSA test? (403)

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

**M14\_4** 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]

**M14\_5** How long has it been since you had your last PSA test? (405)

**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

**M14\_6** What was the MAIN reason you had this PSA test – was it ...? (406)

**Please read:**

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

**Do Not Read:**

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

## Module 17: Mental Illness and Stigma [Split 3]

---

Now, I am going to ask you some questions about how you have been feeling lately.

**M17\_1** About how often during the past 30 days did you feel **nervous** — would you say **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time? (418)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

**M17\_2** During the past 30 days, about how often did you feel **hopeless** — **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time? (419)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

**M17\_3** During the past 30 days, about how often did you feel **restless** or **fidgety**? (420)

**[If necessary: all, most, some, a little, or none of the time?]**

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

**M17\_4** During the past 30 days, about how often did you feel **so depressed** that nothing could cheer you up? (421)

**[If necessary: all, most, some, a little, or none of the time?]**

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

**M17\_5** During the past 30 days, about how often did you feel that **everything was an effort**? (422)

**Note: If respondent asks what does "everything was an effort" means; say, "Whatever it means to you"**

**[If necessary: all, most, some, a little, or none of the time?]**

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

**M17\_6** During the past 30 days, about how often did you feel **worthless**?

[If necessary: all, most, some, a little, or none of the time?]

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

**M17\_7** During the past 30 days, for about how many days did a mental health condition or emotional problem **keep you from doing** your work or other usual activities? (424-425)

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

**INTERVIEWER NOTE:** If asked, "**usual activities**" includes housework, self-care, care giving, volunteer work, attending school, studies, or recreation.

**M17\_8** Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem? (426)

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

These next questions ask about peoples' attitudes toward mental illness and its treatment.

**M17\_9** Treatment can help people with mental illness lead normal lives. Do you **–agree** slightly or strongly, or **disagree** slightly or strongly? (427)

**INTERVIEWER NOTE:** If asked for the purpose of M17\_9 or M17\_10: say: “answers to these questions will be used by health planners to help understand public attitudes about mental illness and its treatment and to help guide health education programs”.

**Read only if necessary:**

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly

**Do not read:**

- 7 Don't know / Not sure

9 Refused

**M17\_10** People are generally caring and sympathetic to people with mental illness. Do you – agree slightly or strongly, or disagree slightly or strongly?

(428)

**INTERVIEWER NOTE: If asked for the purpose of M17\_9 or M17\_10:: say: “answers to these questions will be used by health planners to help understand public attitudes about mental illness and its treatment and to help guide health education programs”.**

**Read only if necessary:**

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly

**Do not read:**

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

## Module 18: Industry and Occupation [Split 1]

---

**If Section 8.9 = 1 or 4 (Employed for wages or employed for less than 1 year) or 2 (Self-employed), continue else go to next module.**

Now I am going to ask you about your work.

**M18\_1** What kind of work [IF Section 8.9=1 or 2, READ “do”./ IF Section 8.9=4, READ “did”] you do? (for example, registered nurse, janitor, cashier, auto mechanic)

(429-453)

**INTERVIEWER NOTE: If respondent is unclear, ask “What [is/was] your job title?”**

**INTERVIEWER NOTE: If respondent has more than one job then ask, “What [is/was] your main job?”**

[Record answer] \_\_\_\_\_  
99 Refused

**M18\_2** What kind of business or industry [IF Section 8.9=1 or 2, READ “do”./ IF Section 8.9=4, READ “did”] you work in? (for example, hospital, elementary school, clothing manufacturing, restaurant)

(454-478)

[Record answer] \_\_\_\_\_  
99 Refused

## Module 19: Social Context [Split 1]

---



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

**If Section 8.20 = 1 or 2 (own or rent) continue, else go to M19\_2**

**M19\_1** How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent/mortgage? Would you say you were worried or stressed--- (479)

**Please read:**

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

**Do not read:**

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

**M19\_2** How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? Would you say you were worried or stressed--- (480)

**Please read:**

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

**Do not read:**

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

**If Section 8.9 = 1 (Employed for wages) or 2 (Self-employed), go to M19\_3 and M19\_4.**

**If Section 8.9 = 3 (Out of work for more than 1 year), 4 (Out of work for less than 1 year), or 7 (Retired), go to M19\_5 and M19\_6.**

**If Section 8.9 = 5 (A homemaker), 6 (A student), 8 (Unable to work), or 9 (Refused), go to M19\_6.**

**M19\_3** At your main job or business, how are you generally paid for the work you do. Are you: (481)

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

9 Refused

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

**M19\_4** About how many hours do you work per week at all of your jobs and businesses combined? (482-483)

– –	Hours (01-96 or more)	<b>[Go to M19_7]</b>
9 7	Don't know / Not sure	<b>[Go to M19_7]</b>
9 8	Does not work	<b>[Go to M19_7]</b>
9 9	Refused	<b>[Go to M19_7]</b>

**M19\_5** Thinking about the last time you worked, at your main job or business, how were you generally paid for the work you did? Were you: (484)

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

**M19\_6** Thinking about the last time you worked, about how many hours did you work per week at all of your jobs and businesses combined? (485-486)

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

**M19\_7** Did you vote in the last presidential election? The November 2012 election between Barack Obama and Mitt Romney. (487)

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

## Module 20: Random Child Selection [Split 1, 2, 3]

---

**CATI note: If Section 8.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.**

**If Section 8.7 = 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 M20\_1]**

**If Section 8.7 is >1 and Section 8.7 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.

**M20\_1**            What is the birth month and year of the “Xth” child? (488-493)

\_ \_ / \_ \_            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).**

**M20\_2**            Is the child a boy or a girl? (494)

1            Boy  
 2            Girl  
 9            Refused

**M20\_3**            Is the child Hispanic or Latino/a, or Spanish origin? (495-498)

**If yes, ask: Are they...**

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

- 1            Yes, Mexican, Mexican American, Chicano/a
- 2            Yes, Puerto Rican
- 3            Yes, Cuban
- 4            Yes, 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

**M20\_4**            Which one or more of the following would you say is the race of the child? (499-526)

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

**IF M20\_4=40 OR 50, ASK. ELSE SKIP TO M20\_5**

**CATI: IF M20\_4=40, SHOW CODES 41-47, 99. IF M20\_4=50, SHOW CODES 51-54, 99.**

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

**CATI note: If more than one response to M20\_4; continue. Otherwise, go to M20\_6.**

**SHOW RESPONSES IN M20\_4.**

**M20\_5** Which one of these groups would you say best represents the child's race? (527-528)

- 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

**M20\_6** How are you related to the child? (529)

**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 21: Childhood Asthma Prevalence [Split 1, 2, 3]**

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**CATI note: If response to Section 8.7 = 88 (None) or 99 (Refused), go to next module.**

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

**M21\_1** Has a doctor, nurse or other health professional EVER said that the child has asthma? (530)

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

**M21\_2** Does the child still have asthma? (531)

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

### State-added 3: Oral Health [Split 1] (2012 BRFSS Section 6, Q1)

---

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

**NJ3\_1** 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. (817)

**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

### State-added 4: Menu Labeling [Split 2] (2012 BRFSS Optional Module 5, Q3), NOT asked August-December 2013

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**IF SPLIT=2, CONTINUE; ELSE GO TO NEXT MODULE.**

**NJ4\_1** The next question is about eating out at fast food and chain restaurants. When calorie information is available in the restaurant, how often does this information help you decide what to order? (818-819)

**Please read:**

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

**Do not read:**

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

**State-added 5: Excess Sun Exposure [Split 3] (2012 BRFSS Optional Module 6)**

**IF SPLIT=3, CONTINUE; ELSE GO TO NEXT MODULE.**

- NJ5\_1** In the past 12 months, how many times did you have a red OR painful sunburn that lasted a day or more? (820)
- 8 Zero
  - 1 One
  - 2 Two
  - 3 Three
  - 4 Four
  - 5 Five or more
  - 7 Don't know / Not sure
  - 9 Refused

**State-added 6: Cancer Survivorship [Split 3] (2012 CDC Optional Module 15 - 5488)**

**IF SPLIT=3, CONTINUE; ELSE GO TO NEXT MODULE.**

**CATI note: If Section 7.6 or Section 7.7 = 1 (Yes) or M14\_6 = 4 (Because you were told you had prostate cancer) continue, else go to next module.**

You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.

- NJ6\_1** How many different types of cancer have you had? (821)
- 1 Only one
  - 2 Two
  - 3 Three or more
  - 7 Don't know / Not sure [Go to next module]
  - 9 Refused [Go to next module]

- NJ6\_2** At what age were you told that you had cancer? (822-823)
- — Code age in years [97 = 97 and older]
  - 9 8 Don't know / Not sure
  - 9 9 Refused

**CATI note: If NJ6\_1 = 2 (Two) or 3 (Three or more), ask: "At what age were you first diagnosed with cancer?"**

**INTERVIEWER NOTE:** This question refers to the first time they were told about their first cancer.

{CATI: if (NJ6\_2 = 01-97 and Section 8.1 = 18-99) AND (NJ6\_2 > Section 8.1), continue; else go to NJ6\_3}

**UPDTAGCA** I'm sorry, you indicated you were {CATI: fill-in response from Section 8.1} years old, and were first diagnosed with cancer at age {CATI: fill-in response from NJ6\_2}. What was your age when you were FIRST diagnosed with cancer?

Update age                      **GO TO Section 8.1**  
 Update cancer age              **GO TO NJ6\_2**

**CATI note:** If Section 7.6 = 1 (Yes) and NJ6\_1 = 1 (Only one): ask "Was it "Melanoma" or "other skin cancer?" then code 21 if "Melanoma" or 22 if "other skin cancer".

**NJ6\_3**                      What type of cancer was it? (824-825)

If NJ6\_1 = 2 (Two) or 3 (Three or more), ask: "With your most recent diagnoses of cancer, what type of cancer was it?"

**CATI note:** If M14\_6 = 4 (Because you were told you had Prostate Cancer) and NJ6\_1 = 1 (Only one) then code 19.

**INTERVIEWER NOTE:** Please read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-30]:

**Breast**

0 1      Breast cancer

**Female reproductive (Gynecologic)**

0 2      Cervical cancer (cancer of the cervix)  
 0 3      Endometrial cancer (cancer of the uterus)  
 0 4      Ovarian cancer (cancer of the ovary)

**Head/Neck**

0 5      Head and neck cancer  
 0 6      Oral cancer  
 0 7      Pharyngeal (throat) cancer  
 0 8      Thyroid  
 0 9      Larynx

**Gastrointestinal**

1 0      Colon (intestine) cancer  
 1 1      Esophageal (esophagus)  
 1 2      Liver cancer  
 1 3      Pancreatic (pancreas) cancer  
 1 4      Rectal (rectum) cancer  
 1 5      Stomach

**Leukemia/Lymphoma (lymph nodes and bone marrow)**

1 6      Hodgkin's Lymphoma (Hodgkin's disease)  
 1 7      Leukemia (blood) cancer



1 8 Non-Hodgkin's Lymphoma

**Male reproductive**

1 9 Prostate cancer  
2 0 Testicular cancer

**Skin**

2 1 Melanoma  
2 2 Other skin cancer

**Thoracic**

2 3 Heart  
2 4 Lung

**Urinary cancer:**

2 5 Bladder cancer  
2 6 Renal (kidney) cancer

**Others**

2 7 Bone  
2 8 Brain  
2 9 Neuroblastoma  
3 0 Other

**Do not read:**

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

**NJ6\_4** Are you currently receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills. (826)

1	Yes	<b>[Go to next module]</b>
2	No, I've completed treatment	
3	No, I've refused treatment	<b>[Go to next module]</b>
4	No, I haven't started treatment	<b>[Go to next module]</b>
7	Don't know / Not sure	<b>[Go to next module]</b>
9	Refused	<b>[Go to next module]</b>

**NJ6\_5** What type of doctor provides the majority of your health care? (827-828)

**INTERVIEWER NOTE: If the respondent requests clarification of this question, say:** "We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.)."

**Please read [1-10]:**

0 1 Cancer Surgeon  
0 2 Family Practitioner  
0 3 General Surgeon  
0 4 Gynecologic Oncologist

- 0 5 General Practitioner, Internist
- 0 6 Plastic Surgeon, Reconstructive Surgeon
- 0 7 Medical Oncologist
- 0 8 Radiation Oncologist
- 0 9 Urologist
- 1 0 Other

Do not read:

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

**NJ6\_6** Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received? (829)

**Read only if necessary: "By 'other healthcare professional' we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional."**

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

**NJ6\_7** Have you EVER received instructions from a doctor, nurse, or other health professional about *where* you should return or *who* you should see for routine cancer check-ups after completing your treatment for cancer? (830)

- 1 Yes
- 2 No [Go to NJ6\_9]
- 7 Don't know / Not sure [Go to NJ6\_9]
- 9 Refused [Go to NJ6\_9]

**NJ6\_8** Were these instructions written down or printed on paper for you? (831)

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

**NJ6\_9** With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? (832)

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

**INTERVIEWER NOTE: "Health insurance" also includes Medicare, Medicaid, or other types of state health programs.**

**NJ6\_10** Were you EVER denied health insurance or life insurance coverage because of your cancer? (833)

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

**NJ6\_11** Did you participate in a clinical trial as part of your cancer treatment? (834)

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

**NJ6\_12** Do you currently have physical pain caused by your cancer or cancer treatment? (835)

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

**NJ6\_13** Is your pain currently under control? (836)

**Please read:**

- 1 Yes, with medication (or treatment)
- 2 Yes, WITHOUT medication (or treatment)
- 3 No, with medication (or treatment)
- 4 No, WITHOUT medication (or treatment)

**Do not read:**

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

**State-added 7: Veteran's Health [Split 1] (2012 CDC Optional Module 20 - 5488)**

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

**CATI NOTE: If Section 8.5 = 1 (Yes) continue, else go to next module.**

The next questions relate to veteran's health.

**NJ7\_1** Did you ever serve in a combat or war zone? (837)

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

**NJ7\_2** Has a doctor or other health professional ever told you that you have depression, anxiety, or post traumatic stress disorder (PTSD)? (838)

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

**NJ7\_3** A traumatic brain injury may result from a violent blow to the head or when an object pierces the skull and enters the brain tissue. Has a doctor or other health professional ever told you that you have suffered a traumatic brain injury (TBI)? (839)

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

**NJ7\_4** In the past 12 months, did you receive any psychological or psychiatric counseling or treatment? (840)

**Please read:**

- 1 Yes, from a VA facility
- 2 Yes, from a non-VA facility
- 3 Yes, from both VA and non-VA facilities
- 4 No

**Do not read:**

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

**The next few questions are a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer.**

**NJ7\_5** Has there been a time in the past 12 months when you thought of taking your own life? (841)

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

**NJ7\_6** During the past 12 months, did you attempt to commit suicide? Would you say--- (842)

**Please read:**

- 1 Yes, but did not require treatment
- 2 Yes, was treated at a VA facility
- 3 Yes, was treated at a non-VA facility
- 4 No

**Do not read:**

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

As I mentioned, I would give you a phone number for an organization that can provide information and referral for these issues. You can dial the National Crisis line at 1-800-273-TALK (8255). You can also speak directly to your doctor or health provider.

**State-added 9: New Jersey Physical Activity Options (NPAO) [Split 2] (2012 NJ state-added #6 - 5488)**

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**IF SPLIT=2, CONTINUE; ELSE GO TO NEXT MODULE.**

**Child Activity and Diet [Split 2]**

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**CATI: If Section 8.7 = 88 (None) or 99 (Refused), go to the Physical Activity Questions (NJ9\_5).**

**NJ9\_1** How often does this child usually eat at a fast food restaurant, such as McDonald's, Burger King, KFC, or Taco Bell? (843-845)

- 1 \_\_ Times per day
- 2 \_\_ Times per week
- 3 \_\_ Times per month
- 444 Less than once a month
- 555 Never
- 777 Don't know
- 999 Refused

**NJ9\_2** How many cans or glasses of sweet drinks (such as soda sweet tea, Kool-aid, energy/sport drinks or fruit drinks) does this child have a day? Count the number by how many drinks the child has that are the size of a regular 12-ounce soda can. (846)

- 1 None
- 2 One or two
- 3 Three or four
- 4 Five or six
- 5 Seven or more
- 7 Don't know/not sure
- 9 Refused

**NJ9\_3** On an average weekday, about how many hours does this child watch TV? (847-848)

- 01 – 24 (specify) \_ \_ \_ \_ \_
- 55 Less than one hour
- 66 Less than daily
- 77 Don't know / not sure
- 88 Does not watch TV on an average weekday
- 99 Refused

- NJ9\_4** On an average weekday, how many hours does this child play video or computer games or use a computer for something that is not school work? (Include activities such as Nintendo, Game Boy, PlayStation, Xbox, computer games, and the Internet.) (849-850)
- 01 – 24 (specify) \_ \_ \_ \_ \_  
 55 Less than one hour  
 66 Less than daily  
 77 Don't know / not sure  
 88 Does not play video or computer games or use a computer for something that is not school work  
 99 Refused

### Physical Activity [Split 2]

---

The following questions are about your neighborhood. A neighborhood is defined as an area within one mile or a twenty minute walk from your home.

- NJ9\_5** Overall, how would you rate your neighborhood as a place to walk? Would you say... (851)
- 1 Very pleasant  
 2 Somewhat pleasant  
 3 Not very pleasant  
 4 Not at all pleasant  
 7 (VOL) Don't Know/Not Sure  
 9 (VOL) Refused

- NJ9\_6** Does your neighborhood have sidewalks in most areas of your neighborhood? (852)
- 1 Yes  
 2 No  
 7 Don't Know/Not Sure  
 9 Refused

- NJ9\_7** During the past 30 days, for about how many days did you walk in your neighborhood for leisure or as a way to get to your destination? (853-854)
- \_ \_ Number of days (If 5 or less go to NJ9\_8; ELSE GO TO NJ9\_9)  
 8 8 None (Go to NJ9\_8)  
 7 7 Don't know / Not sure (Go to NJ9\_9)  
 9 9 Refused (Go to NJ9\_9)

- NJ9\_8** What is the number one reason that you did not walk more frequently in your neighborhood? (855-856)
- Do not read:**  
 1 Weather  
 2 Lack of time  
 3 No where to go  
 4 No sidewalks  
 5 Too much traffic  
 6 Medical conditions

- 7 Lack of energy/motivation
- 8 Exercise else where
- 9 Safety (crime)
- 10 Other
- 77 Don't know / Not sure
- 99 Refused

**NJ9\_9** How safe from crime for walking, running, biking, or playing do you consider your neighborhood to be? Would you say... (857)

- 1 Extremely safe
- 2 Quite safe
- 3 Slightly safe
- 4 Not at all safe
- 7 (VOL) Don't Know/Not Sure
- 9 (VOL) Refused

**NJ9\_10** Does your community have any public recreation facilities? (858)

- 1 Yes
- 2 No [Go to NJ9\_12]
- 7 Don't Know/Not Sure [Go to NJ9\_12]
- 9 Refused [Go to NJ9\_12]

**NJ9\_11** How safe are the public recreation facilities in your community? (859)

**[READ LIST]**

- 1 Very safe
- 2 Somewhat safe
- 3 Not at all safe
- 7 Don't Know/Not Sure
- 9 Refused

**NJ9\_12** Does your community have any schools that are open for public recreation activities? (860)

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

**CATI Instruction: Ask NJ9\_13- NN9\_15 only if Section 8.9 =1; else skip to NJ9\_16.**

**NJ9\_13** Does your employer offer any employee wellness programs, such as a physical activity or fitness program, a tobacco cessation program, nutrition or weight management classes or counseling, or a program to prevent or reduce stress? (861)

- 1 Yes
- 2 No [SKIP TO NJ9\_16]
- 7 Don't Know/Not Sure [SKIP TO NJ9\_16]
- 9 Refused [SKIP TO NJ9\_16]

**NJ9\_14** What employee wellness programs do you participate in: (check all that apply)

**MULTIPLE RECORD**

(862-873)

- 1 Physical activity/fitness program
- 2 Nutrition or weight management classes or counseling
- 3 Tobacco cessation program
- 4 Program to prevent or reduce stress
- 5 Other, please specify \_\_\_\_\_
- 6 I don't participate in any of my employer's wellness programs
  
- 7 Don't know/Not sure
- 9 Refused

**CATI INSTRUCTION: If NJ9\_14= 1, 2, 3, 4, 5, 7, or 9, SKIP to NJ9\_16.**

**NJ9\_15** Why don't you participate in your worksites wellness program? (Check all that apply)

**MULTIPLE RESPONSE QUESTION**

(874-885)

- 1 I do participate
- 2 Cannot use work time to participate
- 3 Programs are offered at times that conflict with my schedule
- 4 No incentives are offered to motivate me
- 5 Do not offer any programs I'm interested in
- 6 Other, please specify \_\_\_\_\_
  
- 7 Don't know/Not sure
- 9 Refused

**NJ9\_16** **[IF Section 8.9=1 OR 2 READ: During your time away from work, how] [IF Section 8.9 NE 1 OR 2 READ: How] many days per week do you participate in planned exercise such as going to gym, doing fitness classes, running and/or walking at a certain intensity?**

(886)

- 1 Never
- 2 At least 1 day per week
- 3 At least 3 days per week
- 4 Most days per week
- 5 Everyday
  
- 7 Don't know/Refused
- 9 Refused

**NJ9\_17** The next questions are about eating out. How often do you eat at a fast food restaurant, such as McDonald's, Burger King, KFC, or Taco Bell?

(887-889)

- 1 \_\_ Times per day
- 2 \_\_ Times per week
- 3 \_\_ Times per month
- 444 Less than once a month **[Go to NJ9\_19]**
- 555 Never **[Go to NJ9\_22]**
- 777 Don't know
- 999 Refused



**NJ9\_18** When you go to a fast food restaurant, what is the main reason you choose this type of a restaurant instead of another type? (890)

**Note:** If respondent mentions more than one reason, probe with “What is the main reason you usually choose a fast food restaurant?”

**Read only if necessary**

- 1 Taste of the food, you enjoy going to fast food restaurants
- 2 Value or cost
- 3 Convenience, fast service, it's quick
- 4 Person you are with wants to go
- 5 Your children like fast food restaurants
- 6 Fast food restaurants are conveniently located, or
- 8 Some other reason (specify)
- 7 (VOL) Don't know
- 9 (VOL) Refused

**NJ9\_19** Some fast food restaurants are including healthier items on their menu. On a usual basis, how likely are you to order healthier food items? Would you say that you are .... (891)

- 1 Very likely
- 2 Somewhat likely
- 3 Somewhat unlikely
- 4 Very unlikely, or
- 5 Neither likely nor unlikely
- 7 (VOL) Don't know
- 9 (VOL) Refused

**NJ9\_22** About how many hours a day, on average, do you spend using the computer outside of work? (892-893)

- 01 – 24 (specify) \_ \_ \_ \_ \_
- 55 Less than one hour
- 66 Less than daily
- 77 Don't know / not sure
- 88 Do not use the computer outside of work
- 99 Refused

**NJ9\_23** About how many hours a day, on average, do you spend watching TV or movies? (894-895)

- 01 – 24 (specify) \_ \_ \_ \_ \_
- 55 Less than one hour
- 66 Less than daily
- 77 Don't know / not sure
- 88 Do not watch TV or movies
- 99 Refused

**State-added 10: Access to Medical Care [Split 1] (2012 NJ state-added #13 - 5488). NOT ASKED AUGUST-DECEMBER**

If split = 1 continue; else go to next module.

**ASK NJ10\_1 IF Section 3.1=1; ELSE SKIP TO NJ10\_2.**

- NJ10\_1** Earlier you said you have health insurance coverage. Are you mainly covered by Medicare, Medicaid, NJ FamilyCare, insurance through a current or former job or other private insurance, or do you have coverage from some other source? (896)
- 1 Medicare (if needed: Medicare is the program covering the elderly and some disabled people)
  - 2 Medicaid or NJ FamilyCare (if needed: Medicaid and Family Care are state programs covering low income families and individuals)
  - 3 Insurance through a current or former job
  - 4 Other private insurance
  - 5 Other
  - 7 Don't know/Not sure
  - 9 Refused

(For all respondents)

- NJ10\_2** DURING THE PAST 12 MONTHS, did you have any trouble finding a general doctor or provider who would see you? (897)
- 1 Yes
  - 2 No [SKIP TO NJ10\_4]
  - 7 Don't know/Not sure [SKIP TO NJ10\_4]
  - 9 Refused [SKIP TO NJ10\_4]

IF YES TO PRIOR QUESTION

- NJ10\_3** Were you able to find a general doctor or provider who could see you? (898)
- 1 Yes
  - 2 No
  - 7 Don't know/Not sure
  - 9 Refused

- NJ10\_4** DURING THE PAST 12 MONTHS, were you told by a doctor's office or clinic that they would not accept you as a new patient? (899)
- 1 Yes
  - 2 No
  - 7 Don't know/Not sure
  - 9 Refused

**ASK NJ10\_5 IF Section 3.1=1; ELSE SKIP TO NJ10\_6.**

- NJ10\_5** DURING THE PAST 12 MONTHS, were you told by a doctor's office or clinic that they did not accept your health care coverage? (900)
- 1 Yes
  - 2 No
  - 7 Don't know/Not sure
  - 9 Refused

**NJ10\_6** DURING THE PAST 12 MONTHS, did you have any trouble finding a specialist who would see you? (901)

(IF NEEDED: Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care)

1 Yes  
2 No [SKIP TO NJ10\_8]  
7 Don't know/Not sure [SKIP TO NJ10\_8]  
9 Refused [SKIP TO NJ10\_8]

IF YES TO PRIOR QUESTION

**NJ10\_7** Were you able to find a specialist who could see you? (902)

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

**NJ10\_8** DURING THE PAST 12 MONTHS, were you told by a specialist's office or clinic that they would not accept you as a new patient? (903)

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

**ASK NJ10\_9 IF Section 3.1=1; ELSE SKIP TO NEXT MODULE.**

**NJ10\_9** DURING THE PAST 12 MONTHS, were you told by a specialist's office or clinic that they did not accept your health care coverage? (904)

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

**State-Added 11: Oral or Mouth Cancer Awareness [Split 3] (2011 NJ state-added #4 - 5210)**

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**IF SPLIT=3, CONTINUE; ELSE GO TO NEXT MODULE.**

**NJ11\_1** Have you ever had a check-up or an exam in which the dentist or doctor pulls out your tongue, sometimes with gauze wrapped around it, and feels under the tongue and inside the cheeks, or feels your neck? (905)

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

**NJ11\_2** How long ago was this?

(906)

**[Read only if necessary]**

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

**Do not read**

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

**State-added 12: Falls [Split 1] (2011 NJ state-added #9 - 5210)**

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

**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.

**NJ12\_1** In the past 3 months, how many times have you fallen?

(907-908)

- – 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]**

**NJ12\_2** **[Fill in "Did this fall (from NJ12\_1) cause an injury?"]. If only one fall from NJ12\_1 and response is "Yes" (caused an injury); code 01. If response is "No," code 88.**

(909-910)

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

**If NJ12\_1=1-76, continue; else go to next module.**

**NJ12\_3** Did you report any fall in the past three months to your doctor or nurse or go to the emergency room?

(911)

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

**NJ12\_4** Did any doctor tell you the reason or underlying cause of your fall?

(912)

- 1 Yes

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

**{If NJ12\_2=1-76 (any falls caused an injury) continue; Else if NJ12\_2=77, 88, 99, go to next section}**

**NJ12\_5** Did you seek medical care for any type of injury caused by a fall in the past 3 months? (913)

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

**{If NJ12\_2=1-76 continue; Else go to next section}**

**NJ12\_6** What was the nature of your injury from the fall? (914-917)

**[Multiple Response; Code all that Apply]**

**Do not read**

- 1 Head injury
- 2 Broken hip
- 3 Other broken bone
- 4 Other injury
- 7 Don't know/Not sure
- 9 Refused

**{If NJ12\_2=1-76 continue; Else go to next section}**

**NJ12\_7** As a result of the fall, were you confined indoors and unable to participate in your usual activities? (918)

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

**State-added 13: Environmental Health Questions [Split 1] (2011 NJ state-added #11 - 5210)**

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

The next two questions are about things in the air you breathe that may make you ill, not about an illness you can catch from other people, such as a cold.

**NJ13\_1** Things like dust, mold, smoke, and chemicals inside the home or office can cause poor indoor air quality. In the past 12 months have you had an illness or symptom that you think was caused by something in the air inside a home, office, or other building? (919)

**[Note: If respondent is experiencing an illness or symptom within the past 12 months that was caused by something in the air he or she encountered more than 12 months ago, the answer is "Yes." IF ASKED: "office" includes all INDOOR workplaces.]**

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

**NJ13\_2** Things like smog, automobile exhaust, and chemicals can cause outdoor air pollution. In the past 12 months have you had an illness or symptom that you think was caused by pollution in the air outdoors?

(920)

**Note: This question does not refer to natural agents like pollen or dust in outdoor air. If respondent is experiencing an illness or symptom within the past 12 months that was caused by something in the air he or she encountered more than 12 months ago, the answer is "Yes."**

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

The next four questions are about water used in your home and home pest control practices.

**NJ13\_3** What is the main source of your home water supply?

(921)

**Please read if necessary:** "This refers to the water supply to taps or outlets inside the home."

- 1 A city, county, or town water system
- 2 A small water system operated by a home association
- 3 A private well serving your home
- 4 Other source
- 7 Don't know / Not sure
- 9 Refused

**NJ13\_4** Which of the following best describes the water that you drink at home most often?

(922)

**Please read:**

- 1 Unfiltered tap water
- 2 Filtered tap water
- 3 Bottled or vended water
- 4 Water from another source
  
- 7 Don't know / Not sure
- 9 Refused

**NJ13\_5** During the past 12 months, on how many days were pesticides, sprays, or chemicals applied inside your home to kill bugs, mice, or other pests?

(923-925)

**Please read if necessary:** Include pesticide powders, but do not include pest traps, pest strips, or herbal treatments.

**Note: If response is 777 (Don't know/Not sure) probe for approximate number of days.**

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

**NJ13\_6** During the past 12 months, on how many days were pesticides or chemicals applied in your yard or garden to kill plant, animal, or insect pests, including applications by lawn care services? (926-928)

**Please read if necessary:** Do not include lime or fertilizer if no weed or bug killer used.  
**Note: If response is 777 (Don't know/Not sure) probe for approximate number of days.**

\_\_\_ Number of days  
5 5 5 Do not have a yard or garden  
8 8 8 None  
7 7 7 Don't know/Not sure  
9 9 9 Refused

**NJ13\_7** Has your household air been tested for the presence of radon gas? (929)

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

**NJ13\_8** A carbon monoxide or CO detector checks the level of carbon monoxide in your home. It is not a smoke detector. Do you have a CO detector in your home? (930)

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

## State-added 14: Environmental Health Questions [Split 1] (New)

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

**NJ14\_1** In the past 30 days, have you been exposed to other people's tobacco smoke in an outdoor public place? (931)

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

## Asthma Call-Back Permission Script

**CATI: IF Section 7.4 = 1 or M21\_1 = 1, continue; Else go to REPRODUCTIVE HEALTH SCRIPT/CLOSING**

**CALLBACK** We would like to call you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in **NEW JERSEY**. The information you gave us today and any you give us in the future will be kept confidential. 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 or others may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

(534)

- 1 Yes
- 2 No

**DUMMY VARIABLE: Asthma Call-Back Selection**  
**IF Section 7.4=1 AND M21\_1 NE 1, SELECT ADULT.**  
**IF Section 7.4 NE 1 AND M21\_1= 1, SELECT CHILD.**  
**IF Section 7.4 = 1 AND M21\_1 = 1, CONTINUE;.**

**CATI IF SEQNO IS AN EVEN NUMBER, SELECT CHILD**  
**CATI IF SEQNO IS AN ODD NUMBER, SELECT ADULT**

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

(535)

- 1 Adult
- 2 Child

**Pre CHILDName: If M21\_1 = 1; ask CHILDName; else go to ADULTName.**

**CHILDName** Can I please have your child's first name, initials or nickname 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: Section 7.4 = 1 or M21\_1 = 1 ASK ADULTName, else go to CLOSING.**

**ADULTName** Can I please have your first name, initials or nickname so we know who to ask for when we call back?

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





## Closing Statement

**Please read:**

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

**Language Indicator**

**[INTERVIEWER: DO NOT READ THIS TO RESPONDENT]**

**QSTLANG** In what language was this interview completed?

(594-595)

- 1 English
- 2 Spanish

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

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

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