



2010

**Behavioral Risk Factor Surveillance System
Questionnaire**

New Jersey - 4872

September 27, 2010

This questionnaire reflects the Split changes for NJ state-added Falls and Osteoporosis and re-location of state-added Falls. These changes went into effect for February.



**Behavioral Risk Factor Surveillance System
2010 Questionnaire - NJ BRFSS #4872**

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CATI RANDOM SPLIT ASSIGNMENT

1. Split 1
2. Split 2

Interviewer's Script

HELLO, I am calling for the New Jersey Department of Health and Senior Services. 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.

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 Is this a private residence in NEW JERSEY ?

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

If "No"

SOPVTRES Thank you very much, but we are only interviewing private residences in NEW JERSEY. **STOP**

Qualified Level 1

CELLPH Is this a cellular telephone?

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

1. Yes
2. No

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

CELLFON

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

SOCELFON Thank you very much, but we are only interviewing land line telephones and private residents.

1 S/O CELLULAR PHONE

Qualified Level 2

RESPONDENT 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 and Senior Services**. 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

1.1 Would you say that in general your health is— (73)

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? (74–75)

- — 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? (76–77)

– – Number of days
 8 8 None **[If Section 2.1 and Section 2.2 = 88 (None), go to next section]**
 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? (78-79)

– – 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, or government plans such as Medicare? (80)

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

- 3.2** Do you have one person you think of as your personal doctor or health care provider?
If “No,” ask: “Is there more than one, or is there no person who you think of as your personal doctor or health care provider?” (81)

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? (82)

1 Yes
 2 No
 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.

(83)

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

Section 4: Sleep

The next question is about getting enough rest or sleep.

- 4.1** During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?

(84-85)

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

Section 5: Exercise

- 5.1** 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?

(86)

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

Section 6: Diabetes

6.1 Have you ever been told by a doctor that you have diabetes?

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

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

(87)

- 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

Module 2: Diabetes [Split 1]

To be asked of split 1 only

**To be asked following Section 6.1; if response is "Yes" (code = 1)
IF Section 6.1 = 1 CONTINUE; ELSE GO TO next section.**

M2_1 How old were you when you were told you have diabetes?

(247-248)

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

M2_2 Are you now taking insulin?

(249)

- 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.

(250-252)

- 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.

(253–255)

- | | | | |
|---|---|---|-----------------------|
| 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?

(256-257)

- | | | |
|---|---|-----------------------------------|
| – | – | 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"?

(258-259)

- | | | |
|---|---|-----------------------------------|
| – | – | 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?

(260-261)

- | | | |
|---|---|-----------------------------------|
| – | – | 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.

(262)

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? (263)

- 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? (264)

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

Section 7: Oral Health

- 7.1 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. (88)

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

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

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

(89)

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

CATI note: If Section 7.1= 8 (Never) or Section 7.2= 3 (All), go to next section.

- 7.3 How long has it been since you had your teeth cleaned by a dentist or dental hygienist? (90)

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

Section 8: Cardiovascular Disease Prevalence

Now I would like to ask you some questions about cardiovascular disease.

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.”

8.1 (Ever told) you had a heart attack, also called a myocardial infarction? (91)

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

8.2 (Ever told) you had angina or coronary heart disease? (92)

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

8.3 (Ever told) you had a stroke? (93)

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

Section 9: Asthma

9.1 Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (94)

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

9.2 Do you still have asthma? (95)

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

Section 10: Disability

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

10.1 Are you limited in any way in any activities because of physical, mental, or emotional problems? (96)

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

10.2 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? (97)

Include occasional use or use in certain circumstances.

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

Section 11: Tobacco Use

11.1 Have you smoked at least 100 cigarettes in your entire life? (98)

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No **[Go to Section 11.5]**
- 7 Don't know / Not sure **[Go to Section 11.5]**
- 9 Refused **[Go to Section 11.5]**

11.2 Do you now smoke cigarettes every day, some days, or not at all? (99)

- 1 Every day
- 2 Some days
- 3 Not at all **[Go to Section 11.4]**

- 7 Don't know / Not sure **[Go to Section 11.5]**
- 9 Refused **[Go to Section 11.5]**

11.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (100)

- 1 Yes **[Go to Section 11.5]**
- 2 No **[Go to Section 11.5]**
- 7 Don't know / Not sure **[Go to Section 11.5]**
- 9 Refused **[Go to Section 11.5]**

CATI note: If Section 11.2= 3 (Not at all); continue. Otherwise, go to Section 11.5.

11.4 How long has it been since you last smoked cigarettes regularly? (101-102)

- 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

11.5 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? (103)

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 12: Demographics

12.1 What is your age? (104-105)

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

{CATI: if (M2_1 = 01-97 and Section 12.1 = 18-99) AND (M2_1 > Section 12.1), continue; else go to Section 12.2}

UPDTAGDI I'm sorry, you indicated you were **{CATI: fill-in response from Section 12.1}** years old, and earlier you stated you were first diagnosed with Diabetes at age **{CATI: fill-in response from M2_1}**. Can you help me resolve this difference?

- Update age **GO TO Section 12.1**
- Update diabetes age **GO TO M2_1**

12.2 Are you Hispanic or Latino? (106)

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

12.3 Which one or more of the following would you say is your race? (107-112)

(Check all that apply)

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native

Or

- 6 Other [specify]_____

Do not read:

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

CATI note: If more than one response to Section 12.3; continue. Otherwise, go to Section 12.5.

12.4 Which one of these groups would you say best represents your race? (113)

List only responses given at Section 12.3

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other [specify] _____

Do not read:

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

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

[ask all]

NJ1_1 Where were you born? (501)

- 1 In U.S. **[Go to NJ1_1a]**
- 2 Outside U.S. **[Go to NJ1_1b]**
- 7 Don't know **[GO TO Section 12.5]**
- 9 Refused **[GO TO Section 12.5]**

{If NJ1_1=1: ASK NJ1_1a}

NJ1_1a Enter response to **NJ1_1** (502-503)

__ __ Two-letter postal abbreviation for state or District of Columbia **[GO TO Section 12.5]**

[If NJ1_1=2; ASK NJ1_1b AND NJ1_2; ELSE GO TO Section 12.5]

NJ1_1b Enter response to **NJ1_1** (504-506)
_ _ _ Three-letter FIPS country code of foreign country or Puerto Rico, Guam, Virgin Islands, etc.
OOT Other

NJ1_2 When did you come to live in the United States? (507-510)
_ _ _ _ Year [Enter 4-digit year]
7777 Don't know
9999 Refused

Section 12: Demographics, continued

{Ask of All}

12.5 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. (114)

If “Yes”, please read:

- 1 Yes, now on active duty
- 2 Yes, on active duty during the last 12 months, but not now
- 3 Yes, on active duty in the past, but not during the last 12 months

If “No”, please read:

- 4 No, training for Reserves or National Guard only
- 5 No, never served in the military

Do not read:

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

12.6 Are you...? (115)

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

12.7 How many children less than 18 years of age live in your household? (116-117)

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

12.8 What is the highest grade or year of school you completed? (118)

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

12.9 Are you currently...? (119)

Please read:

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 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

12.10 Is your annual household income from all sources— (120-121)
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

12.11 About how much do you weigh without shoes? (122-125)

Note: If respondent answers in metrics, put “9” in column 122.

Round fractions up

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

12.12 About how tall are you without shoes? (126-129)

NOTE: If respondent answers in metrics, put “9” in column 126.

Round fractions down

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

12.13 What county do you live in? (130-132)

- — — FIPS county code
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

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

[ask all]

NJ1_3 What city or town do you live in? (511-516)

- — — — — FIPS municipality code by towns in county
- 7 7 7 7 7 7 Don't know / Not sure
- 9 9 9 9 9 9 Refused

Section 12: Demographics, continued

{Ask of All}

12.14 What is your ZIP Code where you live? (133-137)

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

12.15 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. (138)

- 1 Yes
- 2 No **[Go to Section 12.17]**
- 7 Don't know / Not sure **[Go to Section 12.17]**
- 9 Refused **[Go to Section 12.17]**

Qualified Level 6

12.16 How many of these telephone numbers are residential numbers? (139)

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

12.17 During the past 12 months, has your household been without landline telephone service for 1 week or more? Do not include interruptions of landline telephone service because of weather or natural disasters. (140)

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

CELL PHONE QUESTIONS

12.18a Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (141)

- 1 Yes **[Go to Section 12.18c]**
- 2 No
- 7 Don't know / Not sure
- 9 Refused

12.18b Do you share a cell phone for personal use (at least one-third of the time) with other adults? (142)

- 1 Yes **[Go to Section 12.18d]**
- 2 No **[Go to Section 12.19]**
- 7 Don't know / Not sure **[Go to Section 12.19]**
- 9 Refused **[Go to Section 12.19]**

12.18c Do you usually share this cell phone (at least one-third of the time) with any other adults? (143)

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

12.18d 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? (144-146)

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

12.19 Indicate sex of respondent. Ask only if necessary. (147)

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

- 12.20** To your knowledge, are you now pregnant? (148)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 13: Alcohol Consumption

- 13.1** During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (149)
- 1 Yes
 - 2 No [Go to next section]
 - 7 Don't know / Not sure [Go to next section]
 - 9 Refused [Go to next section]

- 13.2** During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (150-152)
- 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
 - 9 9 9 Refused

- 13.3** 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? (153-154)
- 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

13.4 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? (155-156)

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

13.5 During the past 30 days, what is the largest number of drinks you had on any occasion? (157-158)

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

CATI: IF Section 13.4=88 AND Section 12.19=1, Section 13.5 CANNOT BE 5-76. IF Section 13.4=88 AND Section 12.19=2, Section 13.5 CANNOT BE 4-76.

Module 28: Novel H1N1 Adult Immunization

TO BE ASKED JAN-JUNE 2010

M28_1 There are currently vaccines available for two kinds of flu -- the seasonal flu, and the 2009 H1N1 flu. I will first ask you questions about vaccination for H1N1 flu, which is sometimes called swine flu or pandemic flu, and then ask you questions about vaccination for seasonal flu.

There are two ways to get the H1N1 flu vaccination. One is a shot in the arm and the other is a spray, mist or drop in the nose.

Since September, 2009, have you been vaccinated either way for the H1N1 flu? (933)

- 1 Yes
- 2 No [Go to Section 14.1]
- 7 Don't Know / Not Sure [Go to Section 14.1]
- 9 Refused [Go to Section 14.1]

M28_2 During what month did you receive your H1N1 flu vaccine? (934-935)

__ __ Month [RANGE 7-12, 77, 99]

01=January, 02=February, 03=March, 04=April, 05=May, 06=June, 07=July, 08=August, 09=September, 10=October, 11=November, 12=December

- 77 Don't Know / Not Sure
- 99 Refused

CATI note: [If M28_2_Month is (7, 8, 9, 10, 11, 12) then M28_2_Year=2009; else if M28_2_Month is (1, 2, 3, 4, 5, 6) then M28_2_Year=2010]

That was [FILL IN NAME OF MONTH] of [FILL IN YEAR], correct?

- 1 Yes **[CONTINUE]**
- 2 No **[RE-ASK M28_2]**

M28_3 Was this a shot or was it a vaccine sprayed in the nose? (936)

- 1 Flu shot
- 2 Flu Nasal Spray (spray, mist or drop in the nose)
- 7 Don't Know / Not Sure
- 9 Refused

Section 14: Immunization

14.1 Now I will ask you questions about seasonal flu. A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a seasonal flu shot? (159)

- 1 Yes
- 2 No **[Section 14.3]**
- 7 Don't know / Not sure **[Section 14.3]**
- 9 Refused **[Section 14.3]**

14.2 During what month and year did you receive your most recent seasonal flu shot? (160-165)

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

14.3 The seasonal flu vaccine sprayed in the nose is also called FluMist™. During the past 12 months, have you had a seasonal flu vaccine that was sprayed in your nose? (166)

- 1 Yes
- 2 No **[Go to Section 14.5]**
- 7 Don't know / Not sure **[Go to Section 14.5]**
- 9 Refused **[Go to Section 14.5]**

14.4 During what month and year did you receive your most recent seasonal flu vaccine that was sprayed in your nose? (167-172)

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

14.5 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? (173)

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

Section 15: Falls

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

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

15.1 In the past 3 months, how many times have you fallen? (174–175)

__ __	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]

15.2 **[Fill in “Did this fall (from Section 15.1) cause an injury?”]. If only one fall from Section 15.1 and response is “Yes” (caused an injury); code 01. If response is “No,” code 88.**

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

(176–177)

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

NJ State-Added 3: Falls [Split 2]

{If split = 2, continue; if split = 1, go to next section}

{If Section 15.1=1-76, continue; else go to next section}

NJ3_2 Did you report any fall in the past three months to your doctor or nurse or go to the emergency room? (517)

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

NJ3_3 Did any doctor tell you the reason or underlying cause of your fall? (518)

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

{If Section 15.2=1-76 (any falls caused an injury) continue; Else if Section 15.2=77, 88, 99, go to next section}

NJ3_5 Did you seek medical care for any type of injury caused by a fall in the past 3 months? (519)

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

{If Section 15.2=1-76 continue; Else go to next section}

NJ3_6 What was the nature of your injury from the fall? (520-524)

[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 Section 15.2=1-76 continue; Else go to next section}

NJ3_7 As a result of the fall, were you confined indoors and unable to participate in your usual activities?

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

Section 16: Seatbelt Use

- 16.1 How often do you use seat belts when you drive or ride in a car? Would you say— (178)

Please read:

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

Do not read:

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

CATI note: If Section 16.1 = 8 (Never drive or ride in a car), go to Section 18; otherwise continue.

Section 17: Drinking and Driving

CATI note: If Section 13.1= 2 (No); go to next section.

The next question is about drinking and driving.

- 17.1 During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (179–180)

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

Section 18: Women's Health

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

The next questions are about breast and cervical cancer.

18.1 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (181)

- 1 Yes
- 2 No **[Go to Section 18.3]**
- 7 Don't know / Not sure **[Go to Section 18.3]**
- 9 Refused **[Go to Section 18.3]**

18.2 How long has it been since you had your last mammogram? (182)

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

18.3 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? (183)

- 1 Yes
- 2 No **[Go to Section 18.5]**
- 7 Don't know / Not sure **[Go to Section 18.5]**
- 9 Refused **[Go to Section 18.5]**

18.4 How long has it been since your last breast exam? (184)

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

18.5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (185)

- 1 Yes
- 2 No **[Go to Section 18.7]**
- 7 Don't know / Not sure **[Go to Section 18.7]**
- 9 Refused **[Go to Section 18.7]**

18.6 How long has it been since you had your last Pap test? (186)

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 12.20 = 1 (is pregnant); then go to next section.

18.7 Have you had a hysterectomy? (187)

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

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

Section 19: Prostate Cancer Screening

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

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

19.1 A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? (188)

- 1 Yes
- 2 No **[Go to Section 19.3]**
- 7 Don't Know / Not sure **[Go to Section 19.3]**
- 9 Refused **[Go to Section 19.3]**

19.2 How long has it been since you had your last PSA test? (189)

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

19.3 A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam? (190)

- 1 Yes
- 2 No **[Go to Section 19.5]**
- 7 Don't know / Not sure **[Go to Section 19.5]**
- 9 Refused **[Go to Section 19.5]**

19.4 How long has it been since your last digital rectal exam? (191)

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

19.5 Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer? (192)

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

Section 20: Colorectal Cancer Screening

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

The next questions are about colorectal cancer screening.

20.1 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? (193)

- 1 Yes
- 2 No **[Go to Section 20.3]**
- 7 Don't know / Not sure **[Go to Section 20.3]**
- 9 Refused **[Go to Section 20.3]**

20.2 How long has it been since you had your last blood stool test using a home kit? (194)

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

20.3 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? (195)

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

20.4 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? (196)

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

20.5 How long has it been since you had your last sigmoidoscopy or colonoscopy? (197)

Read only if necessary:

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

Do not read:

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

Section 21: HIV/AIDS

CATI note: If respondent is 65 years old or older, go to next section.

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.

21.1 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. (198)

- | | | |
|---|-----------------------|-----------------------------|
| 1 | Yes | |
| 2 | No | [Go to Section 21.5] |
| 7 | Don't know / Not sure | [Go to Section 21.5] |
| 9 | Refused | [Go to Section 21.5] |

State-Added 2: HIV Testing [Split 1]

NJ2_1 In the past 12 months, how many times have you been tested for HIV, including times you did not get your results? (526-527)

- | | |
|----|-------------------------------------|
| __ | Enter Number of Times [1-76] |
| 88 | None |
| 77 | Don't know / Not sure |
| 99 | Refused |

21.2 Not including blood donations, in what month and year was your last HIV test? (199-204)

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

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

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

21.3 Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else? (205-206)

- | | |
|-----|------------------------------|
| 0 1 | Private doctor or HMO office |
| 0 2 | Counseling and testing site |
| 0 3 | Hospital |
| 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

CATI note: Ask Section 21.4; if Section 21.2= within last 12 months. Otherwise, go to Section 21.5.

21.4 Was it a rapid test where you could get your results within a couple of hours? (207)

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

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

- You have used intravenous drugs in the past year.
- You have been treated for a sexually transmitted or venereal disease in the past year.
- You have given or received money or drugs in exchange for sex in the past year.
- You had anal sex without a condom in the past year.

Do any of these situations apply to you? (208)

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

Section 22: Emotional Support and Life Satisfaction

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

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

INTERVIEWER NOTE: If asked, say “please include support from any source.” (209)

Please read:

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

Do not read:

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

22.2 In general, how satisfied are you with your life?

(210)

Please read:

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

Do not read:

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

Section 26: Influenza Like Illness Adult

TO BE ASKED JAN-MARCH, OCTOBER-DECEMBER 2010 (NEW QUESTIONS AND TEXT CHANGES EFFECTIVE October 1, 2010)

We would like to ask you some questions about recent respiratory illnesses.

26.1 Last month (i.e September [to change to previous month each month of survey]), were you ill with a fever? (222)

- | | | |
|---|------------|-------------------------------|
| 1 | Yes | |
| 2 | No | [SKIP TO Section 26.8] |
| 7 | Don't know | [SKIP TO Section 26.8] |
| 9 | Refused | [SKIP TO Section 26.8] |

26.2 Did you also have a cough and/or sore throat? (223)

- | | | |
|---|------------|-------------------------------|
| 1 | Yes | |
| 2 | No | [SKIP TO Section 26.8] |
| 7 | Don't know | [SKIP TO Section 26.8] |
| 9 | Refused | [SKIP TO Section 26.8] |

26.3 Did you visit a doctor, nurse, or other health professional for this illness? (224)

- | | | |
|---|------------|-------------------------------|
| 1 | Yes | |
| 2 | No | [SKIP TO Section 26.8] |
| 7 | Don't know | [SKIP TO Section 26.8] |
| 9 | Refused | [SKIP TO Section 26.8] |

Section 26.4 ADDED OCT-DEC 2010

26.4 When did you visit the doctor, nurse, or other health professional for this illness? [READ LIST; choose the most specific] (225)

- | | |
|---|---------------------------------------|
| 1 | Within two days of getting ill |
| 2 | Within three to 7 days of getting ill |
| 3 | More than 7 days of getting ill |
| 7 | Don't know |
| 9 | Refused |

Section 26.5 ADDED OCT-DEC 2010

- 26.5** What did the doctor, nurse, or other health professional tell you? Did they say...[READ LIST] (226)
- 1 You had influenza or the flu
[Interviewer: if respondent says they had either H1N1 or seasonal influenza, please code as '1 = You had influenza or the flu.']
 - 2 You had some other illness, but not the flu
 - 7 Don't know/not sure
 - 9 Refused

TEXT CHANGE OCT-DEC 2010

- 26.6** Did you have a flu test that was positive for this illness? Usually a swab from your nose or throat is tested. Would you say... (227)
- [READ LIST]
- [Interviewer: if respondent says they had either a positive H1N1 or seasonal influenza test result, please code as '1 = Had flu test and it was positive.']
- 1 Had flu test and it was positive
 - 2 Had flu test and it was negative
 - 3 Did not have flu test
 - 7 Don't know
 - 9 Refused

- 26.7** Did you receive Tamiflu® or oseltamivir [o sel TAM i veer] or an inhaled medicine called Relenza® or zanamivir [za NA mi veer] to treat this illness? (228)
- 1 Yes
 - 2 No
 - 7 Don't know
 - 9 Refused

IF (NUMADLT=1 AND Section 12.7=88 AND (Section 26.1>1 OR Section 26.2>1)), GO TO NEXT SECTION.

IF (NUMADLT=1 AND Section 12.7=88 AND Section 26.2=1, SKIP TO Section 26.10.

ELSE, ASK Section 26.8.

- 26.8** Did any other members of your household have a fever with cough or sore throat **last month (i.e September [to change each month of survey])**? (229)
- 1 Yes
 - 2 No [Go to pre-Section 26.10]
 - 7 Don't know
 - 9 Refused

- 26.9** How many household members, [CATI IF Section 26.2=1, READ-IN: including you,] were ill **last month (i.e September [to change each month of survey])**? (230-231)
- ___ # persons [RANGE 1-15, 77, 99]
 - 88 None
 - 77 Don't know/Not Sure
 - 99 Refused

IF Section 26.2=1 (Yes) or Section 26.8=1 (Yes) continue to Section 26.10; otherwise, go to NEXT SECTION.

- 26.10** How many people in your household, including you, were hospitalized for flu **last month (i.e September [to change each month of survey])**? [If needed: hospitalized means admitted to a hospital to receive medical treatment.] (232-233)
- ___ # persons [RANGE 1-15, 77, 88, 99]
 - 88 None
 - 77 Don't know/Not Sure
 - 99 Refused

Module 10: High Risk /Health Care Worker

TO BE ASKED JAN-JUNE 2010

The next few questions ask about health care work and chronic illness.

- M10_1** Do you currently volunteer or work in a hospital, medical clinic, doctor's office, dentist's office, nursing home or some other health-care facility? This includes part-time and unpaid work in a health care facility as well as professional nursing care provided in the home.
- INTERVIEWER NOTE: If necessary say:** "This includes non-health care professionals, such as administrative staff, who work in a health-care facility." (313)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- M10_2** Do you provide direct patient care as part of your routine work? By direct patient care we mean physical or hands-on contact with patients. (314)

- 1 Yes
- 2 No
- 7 Don't know / Not sure (*Probe by repeating question*)
- 9 Refused

M10_3 Has a doctor, nurse, or other health professional ever said that you have...

Read all items listed below before waiting for an answer:

Lung problems, other than asthma
 Kidney problems
 Anemia, including Sickle Cell
Or A weakened immune system caused by a chronic illness or by medicines taken for a chronic illness?

[IF NECESSARY: See Health Problems List Tack-Up]

(315)

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

M10_4 Do you still have (this/any of these) problem(s)?

(316)

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

Transition to modules and/or state-added questions

Please read:

Now I have some questions about other health topics.

Optional Modules

Module 5: Excess Sun Exposure [Split 1]

To be asked of Split 1 only.

- M5_1** In the past 12 months, how many times did you have a red OR painful sunburn that lasted a day or more? (283)
- 8 Zero
 - 1 One
 - 2 Two
 - 3 Three
 - 4 Four
 - 5 Five or more
 - 7 Don't know / Not sure
 - 9 Refused

Module 14: Cancer Survivorship [Split 1]

To be asked of Split 1 only.

Now I am going to ask you about cancer.

CATI note: If Section 19.5 = 1 (Yes), answer M14_1 "Yes" (code = 1), then go to M14_2.

- M14_1** Have you EVER been told by a doctor, nurse, or other health professional that you had cancer? (324)

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

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

- M14_2** How many different types of cancer have you had? (325)
- 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]

M14_3 At what age were you told that you had cancer? (326-327)

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

CATI note: If M14_2 = 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 (M14_3 = 01-97 and Section 12.1 = 18-99) AND (M14_3 > Section 12.1), continue; else go to M14_4}

UPDTAGCA I'm sorry, you indicated you were {CATI: fill-in response from Section 12.1} years old, and were first diagnosed with cancer at age {CATI: fill-in response from M14_3}. What was your age when you were FIRST diagnosed with cancer?

- Update age GO TO Section 12.1
- Update cancer age GO TO M14_3

CATI note: If Section 19.5 = 1 (Yes) and M14_2 = 1 (Only one); auto fill M14_4 (response code 18)

M14_4 What type of cancer was it? (328-329)

If M14_2 = 2 (Two) or 3 (Three or more), ask: "With your most recent diagnoses of cancer, what type of cancer was it?"

INTERVIEWER NOTE: Please read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-28]:

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

Gastrointestinal

- 0 9 Colon (intestine) cancer

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

Leukemia/Lymphoma (lymph nodes and bone marrow)

- 1 5 Hodgkin's Lymphoma (Hodgkin's disease)
- 1 6 Leukemia (blood) cancer
- 1 7 Non-Hodgkin's Lymphoma

Male reproductive

- 1 8 Prostate cancer
- 1 9 Testicular cancer

Skin

- 2 0 Melanoma
- 2 1 Other skin cancer

Thoracic

- 2 2 Heart
- 2 3 Lung

Urinary cancer:

- 2 4 Bladder cancer
- 2 5 Renal (kidney) cancer

Others

- 2 6 Bone
- 2 7 Brain
- 2 8 Neuroblastoma
- 2 9 Other

Do not read:

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

M14_5 Are you currently receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills. (330)

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

M14_6 What type of doctor provides the majority of your health care? (331-332)

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 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

M14_7 Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received?

(333)

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

M14_8 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?

(334)

- 1 Yes
- 2 No **[Go to M14_10]**
- 7 Don't know / Not sure **[Go to M14_10]**
- 9 Refused **[Go to M14_10]**

M14_9 Were these instructions written down or printed on paper for you?

(335)

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

M14_10 With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? (336)

- 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.

M14_11 Were you EVER denied health insurance or life insurance coverage because of your cancer? (337)

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

M14_12 Did you participate in a clinical trial as part of your cancer treatment? (338)

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

M14_13 Do you currently have physical pain caused by your cancer or cancer treatment? (339)

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

M14_14 Is your pain currently under control? (340)

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

Module 15: Caregiver [Split 1]

To be asked of Split 1 only.

People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

M15_1 During the past month, did you provide any such care or assistance to a friend or family member? (341)

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

M15_2 What age is the person to whom you are giving care? (342-344)

INTERVIEWER NOTE: If more than one person, ask: "What is the age of the person to whom you are giving the most care?"

- Code age in years [0-115]
- 777 Don't know / Not sure
- 999 Refused

The remainder of these questions will be about the person to whom you are giving the most care.

M15_3 Is this person male or female? (345)

- 1 Male
- 2 Female
- 9 Refused

M15_4 What is his/her relationship to you? (346-347)

Read only if necessary: "For example is he/she your (mother/daughter or father/son)?"

Do not read:

- 01 Parent
- 02 Parent-in-law
- 03 Child
- 04 Spouse
- 05 Sibling
- 06 Grandparent
- 07 Grandchild
- 08 Other Relative
- 09 Non-relative
- 77 Don't know / Not sure
- 99 Refused

M15_5 For how long have you provided care for [CATI: code from M15_4]. If M15_4= 77 (Don't know/not sure) or 99 (Refused); say: "that person."
(348-350)

NOTE: Code using respondent's unit of time.

- 1 __ Days
- 2 __ Weeks
- 3 __ Months
- 4 __ Years
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

M15_6 What has a doctor said is the major health problem, long-term illness, or disability that the person you care for has? [Check only one condition].
(351-352)

Do not read:

Physical Health Condition/Disease

- 0 1 Arthritis/Rheumatism
- 0 2 Asthma
- 0 3 Cancer
- 0 4 Diabetes
- 0 5 Heart Disease
- 0 6 Hypertension/High Blood Pressure
- 0 7 Lung Disease/Emphysema
- 0 8 Osteoporosis
- 0 9 Parkinson's Disease
- 1 0 Stroke

Disability

- 1 1 Eye/Vision Problem (blindness)
- 1 2 Hearing Problems (deafness)
- 1 3 Multiple Sclerosis (MS)
- 1 4 Spinal Cord Injury
- 1 5 Traumatic Brain Injury (TBI)

Learning/Cognition

- 1 6 Alzheimer's Disease or Dementia
- 1 7 Attention-Deficit Hyperactivity Disorder (ADHD)
- 1 8 Learning Disabilities (LD)

Developmental Disability

- 1 9 Cerebral Palsy (CP)
- 2 0 Down's Syndrome
- 2 1 Other developmental disability (e.g., spinal bifida, muscular dystrophy, fragile X)

Mental Health

- 2 2 Anxiety
- 2 3 Depression
- 2 4 Other
- 7 7 Don't know / Not sure
- 9 9 Refused

M15_7 In which one of the following areas does the person you care for **most** need your help?
(353-354)

Please read:

- 0 1 Taking care of himself/herself, such as eating, dressing, or bathing
- 0 2 Taking care of his/her residence or personal living spaces, such as cleaning, managing money, or preparing meals
- 0 3 Communicating with others
- 0 4 Learning or remembering
- 0 5 Seeing or hearing
- 0 6 Moving around within the home
- 0 7 Transportation outside of the home
- 0 8 Getting along with people
- 0 9 Relieving/decreasing anxiety or depression
- 1 0 Something else

Do not read:

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

M15_8 In an average week, how many hours do you provide care for [CATI: code from M15_4].
If M15_4 = 77 (Don't know/not sure) or 99 (Refused); say: "that person" because of his/her health problem, long-term illness, or disability?
(355-357)

NOTE: Round up to the next whole number of hours.

Do not read:

- __ __ Hours per week
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

M15_9 I am going to read a list of difficulties you may have faced as a caregiver. Please indicate which one of the following is the greatest difficulty you have faced as a caregiver.
(358-359)

Please read:

- 0 1 Creates a financial burden
- 0 2 Doesn't leave enough time for yourself
- 0 3 Doesn't leave enough time for your family
- 0 4 Interferes with your work
- 0 5 Creates stress
- 0 6 Creates or aggravates health problems
- 0 7 Affects family relationships
- 0 8 Other difficulty
- 8 8 No difficulty

Do not read:

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

M15_10 During the past year, has the person you care for experienced changes in thinking or remembering?
 (360)

Read only if necessary: "Had more difficulty remembering people, places, or things, or understanding or making decisions as easily as they once did."

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

Module 17: Anxiety and Depression [Split 1]

To be asked of Split 1 only

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

M17_1 Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?
 (367-368)

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

M17_2 Over the last 2 weeks, how many days have you felt down, depressed or hopeless?
 (369-370)

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

M17_3 Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much?
 (371-372)

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

M17_4 Over the last 2 weeks, how many days have you felt tired or had little energy?
(373-374)

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

M17_5 Over the last 2 weeks, how many days have you had a poor appetite or eaten too much?
(375-376)

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

M17_6 Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down?
(377-378)

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

M17_7 Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV?
(379-380)

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

M17_8 Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?
(381-382)

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

M17_9 Has a doctor or other healthcare provider EVER told you that you have an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)?
(383)

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

M17_10 Has a doctor or other healthcare provider EVER told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)? (384)

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

Module 21: Veteran's Health [Split 1]

To be asked of Split 1 only.

CATI note: Ask only if Section 12.5= 1 (Yes, now on active duty) or 2 = (Yes, on active duty during the last 12 months, but not now) or 3 = (Yes, on active duty in the past, but not during the last 12 months).

The next questions relate to veteran's health.

M21_1 Did you ever serve in a combat or war zone? (418)

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

M21_2 Has a doctor or other health professional ever told you that you have depression, anxiety, or post traumatic stress disorder (PTSD)? (419)

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

M21_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)? (420)

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

M21_4 In the past 12 months, did you receive any psychological or psychiatric counseling or treatment? (421)

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

M21_5 Has there been a time in the past 12 months when you thought of taking your own life? (422)

- 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_6 During the past 12 months, did you attempt to commit suicide? Would you say--- (423)

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

Module 23: Random Child Selection [Splits 1, 2]

CATI note: If Section 12.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

If Section 12.7 = 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 M23_1]**

If Section 12.7 is >1 and Section 12.7 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. (do not display that text on screen) 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.”

M23_1 What is the birth month and year of the “Xth” child? (460-465)

_ / _	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).

M23_2 Is the child a boy or a girl? (466)

1	Boy
2	Girl
9	Refused

M23_3 Is the child Hispanic or Latino? (467)

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

M23_4 Which one or more of the following would you say is the race of the child? (468-473)

[Check all that apply]

Please read:

1	White
2	Black or African American
3	Asian

- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native

Or

- 6 Other [specify] _____

Do not read:

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

CATI note: If more than one response to M23_4, continue. Otherwise, go to M23_6.

M23_5 Which one of these groups would you say best represents the child's race? (474)

CATI: List only responses given as part of M23_4

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other
- 7 Don't know / Not sure
- 9 Refused

M23_6 How are you related to the child? (475)

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 30: Child Influenza Like Illness

M30_1 Last month (i.e September [to change each month of survey]), did the child have a fever

with cough and/or sore throat?

(234)

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

M30_2 Did the child visit a doctor, nurse, or other health professional for this illness? (235)

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

Module 27: H1N1 ILI (Influenza Like Illness) Child [Splits 1,2]

(TEXT CHANGES EFFECTIVE October 1, 2010)

{If split=1 or 2, then continue; else if split=3, go to next section}

TO BE ASKED JAN – MARCH, OCTOBER-DECEMBER 2010

CATI: If response to Section 12.7 = 88 (None) or 99 (Refused), go to next module.

The next two questions are about the “Xth” child. .

M27_1 **Last month (i.e September [to change each month of survey]),** Did the child have a fever with cough and/or sore throat? (931)

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

M27_2 Did the child visit a doctor, nurse, or other health professional for this illness? (932)

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

Module 24: Childhood Asthma Prevalence [Splits 1, 2]

CATI note: If response to Section 12.7 = 88 (None) or 99 (Refused), go to next module.

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

M24_1 Has a doctor, nurse or other health professional EVER said that the child has asthma? (476)

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

M24_2 Does the child still have asthma? (477)

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

Module 30: Novel H1N1 Childhood Immunization [Splits 1, 2]-

TO BE ASKED JAN – JUNE 2010

CATI note: If response to Section 12.7 = 88 (None) or 99 (Refused), go to next module.

CATI note: If selected child's age is \geq 6 months, continue. Otherwise, go to next module.

The next questions are about this child's immunizations.

M30_1 I will first ask you questions about vaccination for H1N1 flu, which is sometimes called swine flu or pandemic flu, ~~and then ask you questions about vaccination for seasonal flu.~~ There are two ways to get the H1N1 flu vaccination. One is a shot and the other is a spray, mist or drop in the nose.

Since September, 2009, has [Fill: he/she] been vaccinated either way for the H1N1 flu vaccination? (937)

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

CATI note: If Child age is 10 years or older, Go to M30_3.

M30_2 Since September 2009, how many of these H1N1 vaccinations has [Fill: he/she] received? (938)

- 1 One vaccination or dose
- 2 Two or more vaccination doses
- 7 Don't Know / Not Sure [Go to next module]
- 9 Refused [Go to next module]

M30_3 During what month did [Fill: he/she] receive [Fill: his/her] (CATI note: if child age < 10, "first H1N1 flu vaccine?"; otherwise, "H1N1 flu vaccine?") (939-940)

__ Month **[RANGE 7-12, 77, 99]**
 01=January, 02=February, 03=March, 04=April, 05=May, 06=June, 07=July, 08=August,
 09=September, 10=October, 11=November, 12=December
 77 Don't Know / Not Sure
 99 Refused

CATI note: [If M30_3_Month is (7, 8, 9, 10, 11, 12) then M30_3_Year=2009; else if M30_3_Month is (1, 2, 3, 4, 5, 6) then M30_3_Year=2010]

VR02 That was [FILL IN NAME OF MONTH] of [FILL IN YEAR], correct?

- 1 Yes **[CONTINUE]**
- 2 No **[RE-ASK M30_3]**

M30_4 Was this a shot or was it a vaccine sprayed in the nose? (941)

- 1 Flu shot
- 2 Flu Nasal Spray (spray, mist or drop in the nose)
- 7 Don't Know / Not Sure
- 9 Refused

CATI note: If Child age ≥ 10 Go to next module. If M30_2 = 2, THEN ASK M30_5, otherwise Go to next module.

M30_5 During what month did [Fill: he/she] receive [Fill: his/her] second H1N1 flu vaccine? (942-943)

__ Month **[RANGE 7-12, 77, 99]**
 01=January, 02=February, 03=March, 04=April, 05=May, 06=June, 07=July, 08=August,
 09=September, 10=October, 11=November, 12=December
 77 Don't Know / Not Sure
 99 Refused

CATI note: [If M30_5_Month is (7, 8, 9, 10, 11, 12) then M30_5_Year=2009; else if M30_5_Month is (1, 2, 3, 4, 5, 6) then M30_5_Year=2010]

[If Date (M30_5_Month, M30_5_Year) < Date(M30_3_Month, M30_3_year), interviewer verify responses]

VR03 That was [FILL IN NAME OF MONTH] of [FILL IN YEAR], correct?

- 1 Yes **[CONTINUE]**
- 2 No **[RE-ASK M30_5]**

M30_6 Was this a shot or was it a vaccine sprayed in the nose?

(944)

- 1 Flu shot
- 2 Flu Nasal Spray (spray, mist or drop in the nose)
- 7 Don't Know / Not Sure
- 9 Refused

NJ State-Added 4: Immunization [Split 1]

{If split = 1 continue; if split = 2 go to next section}

Pre-NJ4_1:

{If (Section 14.1=1 or Section 14.3=1) and (Section 12.1>64 or Section 6.1=1 or Section 9.2=1); else go to pre-NJ4_2}

NJ4_1 Earlier you said you received a flu shot. At what kind of place did you get your last flu shot?

(528-529)

[Read only if necessary]

Would you say:

- 01 A doctor's office or health maintenance organization
- 02 A health department
- 03 Another type of clinic or health center [Example: a community health center]
- 04 A senior, recreation, or community center
- 05 A store [Examples: supermarket, drug store]
- 06 A hospital or emergency room
- 07 Workplace
- Or**
- 08 Some other kind of place

Do not read

- 77 Don't know
- 99 Refused

PreNJ4_2:

{IF (Section 14.1=2 AND Section 14.3=2) AND (Section 6.1=1 OR Section 9.2=1 OR Section 12.1 >64), continue; else go to pre-NJ4_3}

NJ4_2 Earlier you said that you did not receive a flu shot. Why didn't you get a flu shot?

(530-531)

[Read only as necessary]

- 01 You don't think you need one
- 02 Your doctor or health care provider did not tell you to get the shot (doctor did not recommend it)
- 03 You are allergic to the shot
- 04 You don't know where to go to get the shot
- 05 You can't afford it
- 06 You have no transportation to get there

- 07 You believe the flu shot will give you the flu
- 08 You feel ill/sick when you receive the flu shot
- 09 Don't like shots (also include don't want shots/don't believe in shots)
- 10 Tried to get the flu shot but no flu shots available
- 11 Heard no flu shots were available
- 12 You were too busy or you missed the appointment (didn't bother to get one/just didn't get around to it/just didn't get one)
- 13 You are not able to get a shot due to pregnancy (or trying to get pregnant) or illness or a medical condition or allergies (do not include allergic to the shot)
- 14 You are unsure of the safety or effectiveness of the shot
- 15 You have an appointment to receive a shot/you plan to get the shot

Do not read

- 87 Other [specify: _____]
- 77 Don't know/Not sure
- 99 Refused

Pre-NJ4_3:

{IF Section 14.5=1 AND (Section 6.1=1 OR Section 9.2=1 OR Section 12.1>64), continue; else go to pre-NJ4_4}

NJ4_3 Earlier you said that you received a pneumonia shot. At what kind of place did you get the pneumonia shot?

(532-533)

[Read only as necessary]

- 01 A doctor's office or health maintenance organization
- 02 A health department
- 03 Another type of clinic or health center [Example: a community health center]
- 04 A senior, recreation, or community center
- 05 A store [Examples: supermarket, drug store]
- 06 A hospital or emergency room
- 07 Workplace
- 08 Other [specify: _____]

Do not read

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

Pre-NJ4_4:

{IF Section 14.5=2 AND (Section 6.1=1 OR Section 9.2=1 OR Section 12.1>64), continue; else go to next section}

NJ4_4 Earlier you said that you did not receive a pneumonia shot. Why didn't you get a pneumonia shot?

(534-535)

[Read only as necessary]

- 01 You don't think you need one
- 02 Your doctor or health care provider did not tell you to get the shot (doctor did not recommend it)
- 03 You are allergic to the shot
- 04 You don't know where to go to get the shot
- 05 You can't afford it
- 06 You have no transportation to get there
- 07 You believe the pneumonia shot will give you pneumonia

- 08 You feel ill/sick when you receive the pneumonia shot
- 09 Don't like shots (also include don't want shots/don't believe in shots)
- 10 Never heard of it
- 11 Heard no pneumonia shots were available
- 12 You were too busy or you missed the appointment (didn't bother to get one/just didn't get around to it/just didn't get one)
- 13 You are not able to get a shot due to pregnancy (or trying to get pregnant) or illness or a medical condition or allergies (do not include allergic to the shot)
- 14 You are unsure of the safety or effectiveness of the shot
- 15 You have an appointment to receive a shot/you plan to get the shot

Do not read

- 87 Other [specify: _____]
- 77 Don't know/Not sure
- 99 Refused

NJ State-Added 5: HIV Knowledge [Split 1]

{If split = 1, continue; if split = 2, go to next section}

{If Section 12.1= 18-64, continue, else go to next section}

- NJ5_1** Please tell me whether you think the following sentence is true or false, or if you don't know. A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby. (536)
- 1 True
 - 2 False
 - 7 Don't know/Not sure
 - 9 Refused

NJ State-Added 6: Osteoporosis [Split 2]

{If splits = 2 continue; if split = 1, go to next section}

{If Section 12.1>49, continue; else go to next section}

- NJ6_1** Osteoporosis (os-tee-oh-por-o-sis) is a condition where bones become brittle and break (fracture) more easily. It is not the same condition as osteoarthritis, a joint disease.
- Have you ever been told by a doctor, nurse, or other health professional how to prevent osteoporosis? (537)
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused

- NJ6_2** A bone density test uses a special machine to look for osteoporosis. Have you ever had a bone density test? (538)
- [Note: Bone density tests can include ultrasound, x-ray, or DEXA and can be performed on the heel, finger, forearm/wrist, hip, or spine. Bone density tests take about 15 minutes to perform and are not the same as bone scans which can take hours to perform and use injections.]**

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

- NJ6_3** Have you ever been told by a doctor, nurse, or other health professional that you have osteoporosis? (539)
- [Notes: Don't include osteopenia, or low bone mass]**

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

{CATI: If NJ6_3=1, continue, else go to NJ6_5}

NJ6_4 Are you currently taking prescription medicine for your osteoporosis other than calcium supplements and multivitamins? (540)

[Note: Osteoporosis medications include:

**Actonel (Risedronate)
 Cholecalciferol
 Ergocalciferol
 Estrogen
 Evista (Raloxifene)
 Forteo (Teriparatide, Parathyroid Hormone)
 Fosamax (Alendronate)
 Miacalcin (Nasal spray calcitonin)
 Rocaltrol
 Testosterone
 Vitamin D by prescription**

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

NJ6_5 Are you currently taking calcium supplements, or antacids containing calcium for bone health? (541)

[Notes: Antacids containing calcium include Roloids and Tums. Calcium supplements include the following:

**Calcium Carbonate
 Calcium Citrate
 Generic Form, Citracal
 Caltrate
 Os-Cal
 Tums Ultra
 Viactiv
 Calcium Complex
 Calcium Phosphate
 Calcet
 Posture-D]**

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

NJ6_5a Are you currently taking vitamin D supplements or other supplements that contain vitamin D, such as a multi-vitamin or calcium tablet for bone health? (542)

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

NJ6_6 How often do you do physical activities specifically designed to strengthen your muscles such as lifting weights, push-ups, or pull-ups? (543-545)

1__ Per day
 2__ Per week
 3__ Per month
 4__ Per year
 5 5 5 Never
 7 7 7 Don't know / Not sure
 9 9 9 Refused

NJ6_7 How often do you eat foods that are high in calcium such as milk, yogurt, cheese, or calcium-fortified food? (546-548)

1__ Per day
 2__ Per week
 3__ Per month
 4__ Per year
 5 5 5 Never
 7 7 7 Don't know / Not sure
 9 9 9 Refused

NJ State-Added 7: BRFSS Hypertension Awareness Module [Split 1]

NJ7_1 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (549)

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

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

NJ7_2 Are you currently taking medicine for your high blood pressure? (550)

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

NJ State-Added 8: BRFSS Cholesterol Awareness Module [Split 1]

NJ8_1 Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (551)

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

NJ8_2 About how long has it been since you last had your blood cholesterol checked? (552)

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

NJ8_3 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (553)

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

NJ State-Added 9: BRFSS Environmental Health Questions [Split 1]

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.

NJ9_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?

(554)

[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

NJ9_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?

(555)

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.

NJ9_3 What is the main source of your home water supply?

(556)

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

NJ9_4 Which of the following best describes the water that you drink at home most often? (557)

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

NJ9_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? (558-560)

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

NJ9_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? (561-563)

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

NJ State-Added 11: BRFSS Physical Activity Module [Split 2]

CATI note: If Section 12.9 = 1 (Employed for wages) or 2 (Self-employed); continue. Otherwise, go to M11_2.

NJ11_1 When you are at work, which of the following best describes what you do? Would you say—

(564)

If respondent has multiple jobs, include all jobs.

Please read:

- 1 Mostly sitting or standing
- 2 Mostly walking
- 3 Mostly heavy labor or physically demanding work

Do not read:

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

Please read:

We are interested in two types of physical activity - vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

NJ11_2 Now, thinking about the moderate activities you do **[fill in “when you are not working” if “employed” or self-employed”]** in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

(565)

- 1 Yes
- 2 No **[Go to NJ11_5]**
- 7 Don't know / Not sure **[Go to NJ11_5]**
- 9 Refused **[Go to NJ11_5]**

NJ11_3 How many days per week do you do these moderate activities for at least 10 minutes at a time?

(566-567)

- – Days per week
- 8 8 Do not do any moderate physical activity for at least 10 minutes at a time **[Go to NJ11_5]**
- 7 7 Don't know / Not sure **[Go to NJ11_5]**
- 9 9 Refused **[Go to NJ11_5]**

NJ11_4 On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (568-570)

_: _ Hours and minutes per day
 7 7 7 Don't know / Not sure
 9 9 9 Refused

NJ11_5 Now, thinking about the vigorous activities you do [fill in “when you are not working” if “employed” or “self-employed”] in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate? (571)

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_6 How many days per week do you do these vigorous activities for at least 10 minutes at a time? (572-573)

_ _ Days per week
 8 8 Do not do any vigorous physical activity for at least 10 minutes at a time [Go to next section]
 7 7 Don't know / Not sure [Go to next section]
 9 9 Refused [Go to next section]

NJ11_7 On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (574-576)

_: _ Hours and minutes per day
 7 7 7 Don't know / Not sure
 9 9 9 Refused

NJ State-Added 12: New Jersey Physical Activity Options (NPAO) [Split 2]

Child Activity and Diet [Split 2] - USE 2009 NJ BRFSS (4622) STATE-ADDED SECTION #3 AS STARTING POINT.

CATI: If Section 12.7 = 88 (None) or 99 (Refused), go to the Physical Activity Questions (NJ12_5).

These next four questions are about the previously selected child.

NJ12_1 How often does this child usually eat at a fast food restaurant, such as McDonald's, Burger King, KFC, or Taco Bell?

- 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

NJ12_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.

(580)

- 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

NJ12_3 On an average weekday, about how many hours does this child watch TV?

(581-582)

- 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

NJ12_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.)

(583-584)

- 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.

NJ12_5 Overall, how would you rate your neighborhood as a place to walk? Would you say...

(585)

- 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

NJ12_6 Does your neighborhood have sidewalks in most areas of your neighborhood? (586)

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

NJ12_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? (587-588)

- __ Number of days [If 5 or less go to NJ12_8; ELSE GO TO NJ12_9]
- 8 8 None [Go to NJ12_8]
- 7 7 Don't know / Not sure [Go to NJ12_9]
- 9 9 Refused [Go to NJ12_9]

NJ12_8 What is the number one reason that you did not walk more frequently in your neighborhood? (589-590)

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

NJ12_9 How safe from crime for walking, running, biking, or playing do you consider your neighborhood to be? Would you say... (591)

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

NJ12_10 Does your community have any public recreation facilities? (592)

- 1 Yes

- 2 No [Go to NJ12_12]
- 7 Don't Know/Not Sure [Go to NJ12_12]
- 9 Refused [Go to NJ12_12]

NJ12_11 How safe are the public recreation facilities in your community? (593)

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

NJ12_12 Does your community have any schools that are open for public recreation activities? (594)

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

CATI Instruction: Ask NJ12_13- NJ12_15 only if Section 12.9 =1; else skip to NJ12_16.

NJ12_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? (595)

- 1 Yes
- 2 No **SKIP TO NJ12_16**
- 7 Don't Know/Not Sure **SKIP TO NJ12_16**
- 9 Refused **SKIP TO NJ12_16**

NJ12_14 What employee wellness programs do you participate in: (check all that apply) **MULTIPLE RECORD** (596-607)

- 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 NJ12_14= 1, 2, 3, 4, 5, 7, or 9, SKIP to NJ12_16.

NJ12_15 Why don't you participate in your worksites wellness program? (Check all that apply) **MULTIPLE RESPONSE QUESTION** (608-619)

- 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

NJ12_16 [IF Section 12.9=1 OR 2 READ: During your time away from work, how] [IF Section 12.9 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?

(620)

- 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

NJ12_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?

(621-623)

- 1 __ Times per day
- 2 __ Times per week
- 3 __ Times per month
- 444 Less than once a month [Go to NJ12_19]
- 555 Never [Go to NJ12_20]
- 777 Don't know
- 999 Refused

NJ12_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?

(624)

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

NJ12_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

- 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

NJ12_20 About how often do you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.

(626-628)

- 1 __ Times per day
- 2 __ Times per week
- 3 __ Times per month
- 888 Never
- 777 Don't know / Not sure
- 999 Refused

NJ12_21 About how often do you drink sweetened fruit drinks, such as Kool-Aid, cranberry, and lemonade? Include fruit drinks you made at home and added sugar to.

(629-631)

- 1 __ Times per day
- 2 __ Times per week
- 3 __ Times per month
- 888 Never
- 777 Don't know / Not sure
- 999 Refused

NJ12_22 About how many hours a day, on average, do you spend using the computer outside of work?

(632-633)

- 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

NJ12_23 About how many hours a day, on average, do you spend watching TV or movies?

(634-635)

- 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

Section 23: H1N1 Adult (added on 7/25/2013)

- 23.1** We would like to ask you some questions about recent respiratory illnesses. During the past month, were you ill with a fever? (919)
- 1 Yes
 - 2 No
 - 7 Don't Know/Not Sure
 - 9 Refused
- 23.2** Did you also have a cough and/or sore throat? (920)
- 1 Yes
 - 2 No
 - 7 Don't Know/Not Sure
 - 9 Refused
- 23.3** When did you first become ill with fever, cough or sore throat? (921)
- 1 Within the past week
 - 2 2 weeks ago
 - 3 3-4 weeks ago
 - 7 Don't know/Not sure
- 23.4** Did you visit a doctor, nurse, or other health professional for this illness? (922)
- 1 Yes
 - 2 No
 - 7 Don't Know/Not Sure
 - 9 Refused
- 23.5** What did the doctor, nurse, or other health professional tell you? Did they say... (923)
- 1 You had regular influenza or the flu
 - 2 You had swine flu, also known as H1N1 or novel H1N1
 - 3 You had some other illness, but not the flu
 - 7 Don't know/Not Sure
 - 9 Refused
- 23.6** Did you have a flu test that was positive for this illness? Usually a swab from your nose or throat is tested. Would you say... (924)
- 1 Yes, had flu test and it was positive
 - 2 No, had flu test but it was negative
 - 3 No, flu test was not done
 - 7 Don't know/Not Sure
 - 9 Refused
- 23.7** Did you receive Tamiflu® or oseltamivir [o sel TAM i veer] or an inhaled medicine called

Relenza® or zanamivir [za NA mi veer] to treat this illness?

(925)

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

23.8 Did any other members of your household have a fever with cough or sore throat during the past month?

(926)

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

23.9 How many household members, including you, were ill during the past month?

(927-928)

- __ # Persons [1-76]
- 88 No
- 77 Don't know/Not sure
- 99 Refused

23.10 How many people in your household, including you, were hospitalized for flu during the past month? [If needed: hospitalized means admitted to a hospital to receive medical treatment.]

(929-930)

- ___ # persons [RANGE 1-15, 77, 88, 99]
- 8 8 None
- 7 7 Don't know/Not Sure
- 9 9 Refused

Asthma Call-Back Permission Script

CATI: IF Section 9.1 = 1 or M24_1 = 1, continue; Else go to 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 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?

(497)

- 1 Yes
- 2 No

GO TO CLOSING

Pre CHILDName: If M24_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 9.1 = 1 or M24_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 NEW JERSEY. Thank you very much for your time and cooperation.

List of Health Problems to Accompany Module 10, Question 3

[DO NOT READ]

Lung Problems

- Acute Respiratory Distress Syndrome (ARDS)
- Bronchiectasis
- Bronchopulmonary Dysplasia
- Chronic Obstructive Pulmonary Disease (COPD)
- Cystic Fibrosis
- Emphysema
- Lymphangioliomyomatosis (LAM)
- Pulmonary Arterial Hypertension
- Sarcoidosis

Kidney Problems

- Chronic Kidney Disease
- Cystitis
- Cystocele (Fallen Bladder)
- Cysts
- Ectopic Kidney
- End-Stage Renal Disease (ESRD)
- Glomerular Diseases
- Interstitial Cystitis
- Kidney Failure
- Kidney Stones
- Nephrotic Syndrome
- Polycystic Kidney Disease
- Pyelonephritis (Kidney Infection)
- Renal Artery Stenosis
- Renal Osteodystrophy
- Renal Tubular Acidosis

Anemia

- Anemia
- Aplastic Anemia
- Fanconi Anemia
- Iron Deficiency Anemia
- Pernicious Anemia
- Sickle Cell Anemia
- Thalassemia

Causes of Weak Immune System

- Cancer

- Chemotherapy
- HIV/AIDS
- Steroids
- Transplant Medicines