



2006

Behavioral Risk Factor Surveillance System

Modified Questionnaire

October 10, 2005



**Behavioral Risk Factor Surveillance System
2006 Modified Questionnaire**

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Interviewer's Script

HELLO, I am calling for the (health department) . My name is (name) . We are gathering information about the health of (state) residents. This project is conducted by the health department. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this (phone number) ?

If "no,"

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**

Is this a private residence?

If "no,"

Thank you very much, but we are only interviewing private residences. **STOP**

Is this a cellular telephone? By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood. It is not to be confused with a cordless phone which is simply a wireless extension of your home phone.

If "yes,"

Thank you very much, but we are only interviewing land line telephones and private residences. **STOP**

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?

___ Number of adults

If "1,"

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). **Go to page 5.**

If "no,"

Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with **[fill in (him/her) from previous question]**? **Go to "correct respondent" on the next page.**

How many of these adults are men and how many are women?

___ Number of men

___ Number of women

The person in your household that I need to speak with is _____.

If "you," go to page 4



To the correct respondent:

HELLO, I am calling for the **(health department)** . My name is **(name)** . We are gathering information about the health of **(state)** residents. This project is conducted by the health department. 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 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, I will provide a telephone number for you to call to get more information.

Section 1: Health Status

1.1 Would you say that in general your health is—

Please read:

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

Or

- 5 Poor

Do not read:

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

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?

- — 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?

- — Number of days
8 8 None **[If Q2.1 and Q2.2 = 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?

- — 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?

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

3.2 In the last 12 months, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself?

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

Section 4: Diabetes

4.1 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 no, ask: "Have you been told you have prediabetes or borderline diabetes?"

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

If yes – go to Diabetes Module and back to section 5.

Section 5: Tobacco

Cigarette Use

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

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No **[Skip to 5.15]**
- 7 Don't know / Not sure **[Skip to 5.15]**
- 9 Refused **[Skip to 5.15]**

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

- 1 Every day
- 2 Some days
- 3 Not at all **[Skip to 5.7]**
- 7 Don't know / Not sure **[Skip to 5.7]**
- 9 Refused **[Skip to 5.7]**

5.3 During the past 30 days, on how many days did you smoke cigarettes?

- 0-30 Number of Days **[If 6.3 = 0 Skip to 5.7]**
- 77 Don't Know / Not Sure **[Skip to 5.7]**
- 99 Refused **[Skip to 5.7]**

5.4 On the average, on days when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

- 0-180 Number of Cigarettes
- 666 Less than one cigarette a day
- 777 Don't Know / Not Sure **[Skip to 5.6]**
- 999 Refused **[Skip to 5.6]**

5.5 About how many of those **[calculated number from 3 x 4 above]** cigarettes you smoked in the last 30 days did you buy from any source outside of Alaska, including the internet, mail order from outside Alaska, or stores in other states or countries?

___ ___ ___ Packs
 ___ ___ ___ Cartons

5.6 Where do you usually buy cigarettes?

- 1 In your community
- 2 In another community in Alaska
- 3 In a community outside Alaska
- 4 Using the Internet
- 5 Using mail-order source or and 800 number
- 7 Don't Know / Not Sure
- 9 Refused

Ask of Former Smokers (1 = 1 and 2 = 3)

5.7 About how long has it been since you last smoked cigarettes regularly?

- 1 Within the past month
- 2 Within the past 3 months
- 3 Within the past 6 months
- 4 Within the past year
- 5 Within the past 5 years

If 7 = 1-5 Skip to 5.9

- 6 Within 10 years
- 7 10 or more years ago
- 8 Don't Know / Not Sure
- 9 Refused

If 7 = 6-9 Skip to 5.15

Cessation - Ask of Current Smokers (2 = 1 or 2)

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

- 1 Yes
- 2 No **[Skip to 5.11]**
- 7 Don't know / Not sure **[Skip to 5.11]**
- 9 Refused **[Skip to 5.11]**

Methods of Quitting - Ask of Current Smokers who have tried to quit during past 12 months (8 = 1) or Former Smokers who quit within past 5 years (7 = 1-5)

5.9 Former Smokers:
 When you quit smoking for good...

Current Smokers:
 The last time you tried to quit smoking...

Did you use the nicotine patch, nicotine gum, or any other medication to help you quit?

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

5.10 Former Smokers:
When you quit smoking for good...

Current Smokers:
The last time you tried to quit smoking...

Did you use any other assistance, such as classes or counseling?

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

| |
|---|
| Stages of Readiness (for Quitting Smoking) - Ask of Current Smokers (2 = 1 or 2) |
|---|

5.11 Would you like to quit smoking?

- 1 Yes
- 2 No **[Skip to 5.14]**
- 7 Don't know / Not sure **[Skip to 5.14]**
- 9 Refused **[Skip to 5.14]**

5.12 Are you seriously considering stopping smoking within the next 6 months?

- 1 Yes
- 2 No **[Skip to 5.14]**
- 7 Don't know / Not sure **[Skip to 5.14]**
- 9 Refused **[Skip to 5.14]**

5.13 Are you planning to stop smoking within the next 30 days?

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

| |
|---|
| Health Professional Advice - Ask of Current Smokers (2 = 1 or 2) |
|---|

5.14 In the past 12 months, has a doctor, nurse, or other health professional advised you to quit smoking?

- 1 Yes **[Skip to 5.16]**
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Health Professional Assessment - Ask of Never Smokers (1 = 2, 7, or 9), Former Smokers (1 = 1 and 2 = 3), Current Smokers who were not advised to quit (14 = 2, 7, or 9)

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

- 1 Yes [Skip to 5.17]
- 2 No [Skip to 5.17]
- 7 Don't know / Not sure [Skip to 5.17]
- 9 Refused [Skip to 5.17]

Screen Note: Mark all that apply

5.16 In the past 12 months, when a doctor or other health professional advised you to quit smoking, did they also do any of the following?

(a) Prescribe or recommend a patch, nicotine gum, nasal spray, an inhaler, or pills such as Zyban?

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

(b) Suggest that you set a specific date to stop smoking?

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

(c) Suggest that you use a smoking cessation class, program, quit line, or counseling?

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

(d) Provide you with booklets, videos, or other materials to help you quit smoking on your own?

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

Smokeless Tobacco Use

5.17 Have you ever used or tried any smokeless tobacco products such as chewing tobacco, snuff, Iq'mik*, or Blackbull? Probe for which.

- 1 Yes, chewing tobacco
- 2 Yes, snuff
- 3 Yes, Iq'Mik or Blackbull

- 4 Yes, more than one
- 5 Yes, other (specify) _____
- 6 No, None **[Skip to 5.21]**
- 7 Don't know / Not sure **[Skip to 5.21]**
- 9 Refused **[Skip to 5.21]**

5.18 Do you currently use any smokeless tobacco products such as chewing tobacco, snuff, Iq'mik*, or Blackbull? Probe for which.

- 1 Yes, chewing tobacco
- 2 Yes, snuff
- 3 Yes, Iq'Mik or Blackbull
- 4 Yes, more than one
- 5 Yes, other (specify) _____
- 6 No, None **[Skip to 5.21]**
- 7 Don't know / Not sure **[Skip to 5.21]**
- 9 Refused **[Skip to 5.21]**

*Include prompt: By smokeless tobacco use we also mean Iq'mik (also known as blackbull). Iq'mik is a form of smokeless tobacco that is chewed. It is made by mixing fire-cured tobacco leaves and "punk ash", which is the ash generated by burning a fungus that grows on birch trees.

5.19 In how many of the past 30 days did you use smokeless tobacco products?

- ___ ___ Days
- 88 None
- 99 Refused

Smokeless Tobacco Cessation - Ask of Current ST Users (18 = 1 - 5).

5.20 Would you like to quit using smokeless tobacco?

- 1 Yes
- 2 No **[Skip to 5.21]**
- 7 Don't know / Not sure **[Skip to 5.21]**
- 9 Refused **[Skip to 5.21]**

Secondhand Smoke – Ask of All

5.21 In the past 30 days, has anyone, including yourself, smoked cigarettes, cigars, or pipes anywhere inside your home?

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

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

- 1 Smoking is not allowed anywhere inside your home
- 2 Smoking is allowed in some places or at some times
- 3 Smoking is allowed anywhere inside the home
(Don't read)
- 7 Don't know / Not sure
- 9 Refused

Now I am going to ask you some questions about workplace policies

5.23 While at your job, are you indoors most of the time?

- 1 Yes
- 2 No [Skip to 5.26]
- 3 Not employed [Skip to 5.26]
- 7 Don't know / Not sure [Skip to 5.26]
- 9 Refused [Skip to 5.26]

5.24 In the past 30 days, has anyone, including yourself, smoked cigarettes, cigars, or pipes anywhere at your workplace?

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

5.25 Which statement best describes your place of work's official smoking policy for work areas?

- 1 Smoking is not allowed in any work areas
- 2 Smoking is allowed in some work areas
- 3 Smoking is allowed in all work areas
(Don't read)
- 7 Don't know / Not sure
- 9 Refused

Exposure in Cars – Ask of All

5.26 In the past 30 days, has anyone, including yourself, smoked cigarettes, cigars, or pipes in a car you were in?

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

Attitudes about Secondhand Smoke – Ask of All

5.27 In indoor work areas, do you think that smoking should be allowed in all areas, some areas, or not allowed at all?

- 1 All areas
- 2 Some areas

- 3 Not allowed at all
(Don't read)
- 7 Don't know / Not sure (no opinion)
- 9 Refused

5.28 In restaurants, do you think that smoking should be allowed in all areas, some areas, or not allowed at all?

- 1 All areas
- 2 Some areas
- 3 Not allowed at all
(Don't read)
- 7 Don't know / Not sure (no opinion)
- 9 Refused

5.29 If smoking was not allowed in restaurants, would you eat out more, less, or would it make no difference?

- 1 More
- 2 Less
- 3 No Difference
(Don't read)
- 7 Don't know / Not sure
- 9 Refused

5.30 If smoking was not allowed in bars and cocktail lounges, would you visit them more, less, or would it make no difference?

- 1 More
- 2 Less
- 3 No Difference
(Don't read)
- 7 Don't know / Not sure
- 9 Refused

How strongly do you agree or disagree with the following statement?

5.31 People should be protected from smoke from other people's cigarettes.

- 1 Strongly Agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree
(Don't read)
- 7 Don't know / Not sure
- 9 Refused

5.32 Do you think that breathing smoke from other people's cigarettes is:

- 1 Very harmful to one's health
- 2 Somewhat harmful to one's health
- 3 Not very harmful to one's health

- 4 Not harmful at all to one's health
(Don't read)
- 7 Don't know / Not sure
- 9 Refused

Social, Media, Counter-Media Influences

Ask of Current Smokers (2 = 1 or 2) and Former Smokers (1 = 1 and 2 = 3). Others Skip to 5.34

How strongly do you agree or disagree with the following statement?

5.33 People close to me are (for Current Smokers)/were (for Former Smokers) upset by my using tobacco.

- 1 Strongly Agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree
(Don't read)
- 7 Don't know / Not sure
- 9 Refused

Ask of All

5.34 During the past 30 days, how often have you seen or heard commercials about the dangers of tobacco use, secondhand smoke, or about not smoking?

- 1 Every day
- 2 Couple of times per week
- 3 Once per week
- 4 Couple of times per month
- 5 Maybe once
- 6 Never
- 7 Don't Know / Not Sure
- 9 Refused

5.35 During the past year, have you received a free sample or coupon for a free sample of cigarettes or tobacco products?

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

Attitudes about Youth Smoking/Influences – Ask of All

How strongly do you agree or disagree with the following statement?

5.36 Tobacco use by adults should not be allowed on school grounds or at any school event.

- 1 Strongly Agree

- 2 Agree
- 3 Disagree
- 4 Strongly Disagree
(Don't read)
- 7 Don't know / Not sure
- 9 Refused

5.37 How important is it that communities keep stores from selling tobacco products to teenagers. Would you say it is:

- 1 Very important
- 2 Somewhat important
- 3 Not very important
- 4 Not at all important
(Don't read)
- 7 Don't know / Not sure
- 9 Refused

| |
|--------------------------------------|
| Alaska Quit Line – Ask of All |
|--------------------------------------|

5.38 Are you aware of the Alaska Quit Line, which is a telephone service that can help people quit smoking or using smokeless tobacco?

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

If 5.2 = 1 (Every Day) or 2 (Some days) and/or 5.18 = 1,2,3,4, or 5 (Yes) then ask 5.39.

5.39 Would you ever call a telephone support service for help in quitting tobacco?

- 1 Definitely Yes
- 2 Probably Yes
- 3 Probably No
- 4 Definitely No
- 7 Don't know / Not sure
- 9 Refused

5.40 Have you called the Alaska Quit Line?

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

5.41 Would you like the toll free number? 888-842-7848 (QUIT) (Note for CATI Programmer – For non-smokers add “for a friend or family member that smokes”)

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

Section 6: Demographics

6.1 What is your age?

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

6.2 Are you Hispanic or Latino?

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

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

(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:

- 8 No additional choices
- 7 Don't know / Not sure
- 9 Refused

CATI note: If more than one response to Q6.3; continue. Otherwise, go to Q6.5

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

- 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

6.5 Are you...?

Please read:

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

Or

- 6 A member of an unmarried couple

Do not read:

9 Refused

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

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

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

Read only if necessary:

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

Do not read:

9 Refused

6.8 Are you currently...?

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

6.9 Is your annual household income from all sources—

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

Read only if necessary:

04 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**
(\$20,000 to less than \$25,000)

03 Less than \$20,000 **If "no," code 04; if "yes," ask 02**
(\$15,000 to less than \$20,000)

02 Less than \$15,000 **If "no," code 03; if "yes," ask 01**
(\$10,000 to less than \$15,000)

01 Less than \$10,000 **If "no," code 02**

05 Less than \$35,000 **If "no," ask 06**
(\$25,000 to less than \$35,000)

06 Less than \$50,000 **If "no," ask 07**
(\$35,000 to less than \$50,000)

07 Less than \$75,000 **If "no," code 08**
(\$50,000 to less than \$75,000)

08 \$75,000 or more

Do not read:

77 Don't know / Not sure

99 Refused

6.10 About how much do you weigh without shoes?

Round fractions up

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

6.11 About how tall are you without shoes?

Round fractions down

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

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

1 Yes
 2 No **[Go to Q6.14]**
 7 Don't know / Not sure **[Go to Q6.14]**
 9 Refused **[Go to Q6.14]**

6.13 How many of these telephone numbers are residential numbers?

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

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

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

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

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

6.16 To your knowledge, are you now pregnant?

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

Section 7: Cholesterol Awareness and Actions to Control

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

- 1 Yes
- 2 No **[Skip to Next Section]**
- 7 Don't Know / Not Sure **[Skip to Next Section]**
- 9 Refused **[Skip to Next Section]**

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

- 1 Within past year
- 2 Within past 2 years
- 3 Within past 5 years
- 4 5 years or more
- 7 Don't Know / Not Sure
- 9 Refused

7.3 What is your **total** blood cholesterol level, in actual numbers?

- — — Actual number
- 777 Don't Know / Not Sure
- 999 Refused

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

- 1 Yes
- 2 No **[Skip to Next Section]**
- 7 Don't Know / Not Sure **[Skip to Next Section]**
- 9 Refused **[Skip to Next Section]**

7.5 Has a doctor, nurse, or other health professional EVER advised you to go on a diet or change your eating habits to lower your cholesterol?

- 1 Yes
- 2 No **[Skip to 7.7]**
- 7 Don't Know / Not Sure **[Skip to 7.7]**
- 9 Refused **[Skip to 7.7]**

7.6 Are you NOW following this advice?

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

7.7 Has a doctor, nurse, or other health professional EVER advised you to get more exercise to lower your cholesterol?

- 1 Yes
- 2 No **[Skip to 7.9]**
- 7 Don't Know / Not Sure **[Skip to 7.9]**

9 Refused **[Skip to 7.9]**

7.8 Are you NOW following this advice?

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

7.9 Was medication EVER prescribed by a doctor to help lower your cholesterol?

- 1 Yes
- 2 No **[Skip to 7.11]**
- 7 Don't Know / Not Sure **[Skip to 7.11]**
- 9 Refused **[Skip to 7.11]**

7.10 Are you NOW taking this medication?

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

7.11 As far as you know, is your total cholesterol currently controlled to under 200?

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

Section 8: Asthma

8.1 Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

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

8.2 Do you still have asthma?

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

Closing Statement or Transition to Modules and/or State-Added Questions

Closing statement

Please read:

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

Or

Transition to modules and/or state-added questions

Please read:

Finally, I have just a few questions left about some other health topics.

Optional Modules

Module 1: Random Child Selection

CATI note: If Core Q6.6 = 88, or 99 (no children under age 18 in the household, or refused), go to Module 4.

If Core Q6.6 = 1, Interviewer please read: "Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child." **[Go to Q1]**

If Core 6.6 is >1 and Core Q7.6 does not equal 88 or 99, Interviewer please read: "Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last." Please include children with the same birth date, including twins, in the order of their birth.

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

Interviewer please read:

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

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

| | |
|---------------|-----------------------|
| _ / _ | 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 \geq 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

2. Is the child a boy or a girl?
- 1 Boy
 - 2 Girl
 - 9 Refused

3. Is the child Hispanic or Latino?
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

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

[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
- 8 No additional choices
- 9 Refused

CATI note: If more than one response to Q4, continue. Otherwise, go to Q6.

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

6. How are you related to the child?

Please read:

- 1 Parent (mother or father) include biologic, step, or adoptive parent
- 2 Grandparent
- 3 Foster parent or guardian [other than parent or grandparent]
- 4 Sibling (brother or sister) 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 3: Childhood Asthma Prevalence

CATI note: If response to core Q7.6 = 88 (none) or 99 (refused), go to Module 7.

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

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

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

2. Does the child still have asthma?

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

Module 4: Diabetes

To be asked following core Q4.1 if response is "Yes." (code=1)

1. How old were you when you were told you have diabetes?
__ __ Code age in years **[97 = 97 and older]**
9 8 Don't know / Not sure

9 9 Refused

2. Are you now taking insulin?

- 1 Yes
- 2 No
- 9 Refused

3. Are you now taking diabetes pills?

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

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

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

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

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

6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

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

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

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

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

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

CATI note: If Q5 = 555 (no feet), go to Q10.

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

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

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

Read only if necessary:

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

Do not read:

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

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

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

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

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