

Texas Behavioral Risk Factor Surveillance System Questionnaire

2019

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TEXAS
Health and Human
Services

Texas Department of State
Health Services

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Introduction

Hello, I am calling for the Texas Department of State Health Services. My name is _____.

We are gathering information about the health of Texas 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.

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 that 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 **(512) 776-6579**.

Core Sections

Section 1: Health Status

C01Q01

Would you say that in general your health is -

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 7 Don't know/Not sure
- 9 Refused

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

C02Q01

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 (1-30)
- 8 8 None
- 7 7 Don't know/Not sure
- 9 9 Refused

C02Q02

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 (1-30)
- 8 8 None
- 7 7 Don't know/Not sure
- 9 9 Refused

C02Q03

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 (1-30)
- 8 8 None
- 7 7 Don't know/Not sure
- 9 9 Refused

Section 3: Health Care Access

C03Q01

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

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

C03Q02

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

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

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

C03Q03

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

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

C03Q04

About how long has it been since you last visited a doctor for a routine checkup?

Interviewer Note: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

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

Section 4: Hypertension Awareness

C04Q01

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

Interviewer Note 1: If 'Yes' and respondent is female, ask: "Was this only when you were pregnant?"

Interviewer Note 2: By other health professional, we mean nurse practitioner, physician assistant, or some other licensed health professional.

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

C04Q02

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

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

Module 16: Home/Self-measure Blood Pressure

M16Q01

Has your doctor, nurse or other health professional recommended you check your blood pressure outside of the office or at home?

Interviewer Note: By other healthcare professional, we mean nurse practitioner, a physician assistant, or some other licensed health professional.

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

M16Q02

Do you regularly check your blood pressure outside of your healthcare professional's office or at home?

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

M16Q03

Do you take it mostly at home or on a machine at a pharmacy, grocery or similar location?

- 1 At home
- 2 On a machine at a pharmacy, grocery or similar location
- 3 Do not check it
- 7 Don't know/Not sure
- 9 Refused

M16Q04

How do you share your blood pressure numbers that you collected with your health professional? Is it mostly by telephone, other methods such as emails, internet portal or fax, or in person?

- 1 Telephone
- 2 Other methods, such as email, internet portal, or fax
- 3 In person
- 4 Do not share information
- 7 Don't know/Not sure
- 9 Refused

Section 5: Cholesterol Awareness

C05Q01

Blood cholesterol is a fatty substance found in the blood.

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

- 1 Never [Go to next section]
- 2 Within the past year (anytime less than one year ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 Within the past 3 years (2 years but less than 3 years ago)
- 5 Within the past 4 years (3 years but less than 4 years ago)
- 6 Within the past 5 years (4 years but less than 5 years ago)
- 7 Don't know/Not sure
- 8 5 or more years ago
- 9 Refused

C05Q02

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

Interviewer Note: By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.

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

C05Q03

Are you currently taking medicine prescribed by your doctor or other health professional for your blood cholesterol?

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

Section 6: Chronic Health Conditions

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

C06Q01

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

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

C06Q02

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

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

C06Q03

(Ever told) you had a stroke?

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

C06Q04

(Ever told) you had asthma?

- 1 Yes
- 2 No [Go to C06Q06]
- 7 Don't know/Not sure [Go to C06Q06]
- 9 Refused [Go to C06Q06]

C06Q05

Do you still have asthma?

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

C06Q06

(Ever told) you had skin cancer?

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

C06Q07

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

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

C06Q08

(Ever told) you have chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis?

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

C06Q09

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

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

C06Q10

Not including kidney stones, bladder infection, or incontinence, were you ever told you have kidney disease?

Interviewer Note: Incontinence is not being able to control urine flow.

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

C06Q11

(Ever told) you have diabetes?

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

- 1 Yes [Go to C06Q12]
- 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 1: Pre-Diabetes

M01Q01

Have you had a test for high blood sugar or diabetes within the past three years?

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

M01Q02

Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

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

- 1 Yes [Go to C07Q01]
- 2 Yes, during pregnancy [Go to C07Q01]
- 3 No [Go to C07Q01]
- 7 Don't know/Not sure [Go to C07Q01]
- 9 Refused [Go to C07Q01]

C06Q12

How old were you when you were told you had diabetes?

- __ Age in years (1-97, 97=97 and older)
- 9 8 Don't know/Not sure
- 9 9 Refused

Module 2: Diabetes

M02Q01

Are you now taking insulin?

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

M02Q02

About how often do you check your blood for glucose or sugar?

Interviewer Note: Include times when checked by family member or friend, but not by 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

M02Q03

Including times when checked by a family member or friend, about how often do you check your feet for any sores or irritations?

- 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

M02Q04

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 (1-76, 76=76 or more)
- 8 8 None
- 7 7 Don't know/Not sure
- 9 9 Refused

M02Q05

About how many times in the past 12 months has a doctor, nurse, or other health professional checked your for A-one-C?

Interviewer Note: A test for A-one-C measures the average level of blood sugar over the past 3 months.

- Number of times (1-76, 76=76 or more)
- 8 8 None
- 9 8 Never heard of A-one-C
- 7 7 Don't know/Not sure
- 9 9 Refused

M02Q06

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

- Number of times (1-76, 76=76 or more)
- 8 8 None
- 7 7 Don't know/Not sure
- 9 9 Refused

M02Q07

When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?

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

M02Q08

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

M02Q09

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

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

Section 7: Arthritis

C07Q01

Has a doctor, nurse, or other health professional ever told you that you had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

Interviewer Note: Arthritis diagnoses include: rheumatism, polymyalgia rheumatic, osteoarthritis (not osteoporosis), tendinitis, bursitis, bunion, tennis elbow, carpal tunnel syndrome, tarsal tunnel syndrome, joint infection, Reiter's syndrome, ankylosing spondylitis, spondylosis, rotator cuff syndrome, connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome, vasculitis, giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa.

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

C07Q02

Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?

Interviewer Note: If respondent is unclear about whether this means increase or decrease in physical activity, this means increase.

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

C07Q03

Have you ever taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

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

C07Q04

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

Interviewer Note: If respondent question arises about medication, reply: "Please answer the question based on how you are when you are taking any of the medications or treatments you might use."

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

C07Q05

In the next question, we are referring to work for pay.

Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?

Interviewer Note 1: If respondent gives an answer to each issue, then if any issue is "Yes", mark the overall response as "Yes".

Interviewer Note 2: If respondent question arises about medication, reply: "Please answer the question based on how you are when you are taking any of the medications or treatments you might use."

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

C07Q06

Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication.

During the past 30 days, how bad was your joint pain on average on a scale of 0 to 10, where 0 is no pain and 10 is pain or aching as bad as it can be?

- Number of times (0-10)
- 7 7 Don't know/Not sure
- 9 9 Refused

Section 8: Demographics

Interviewer Note: Read if necessary: I will ask you some questions about yourself in the next section. We include these questions so that we can compare health indicators by groups.

C08Q01

What is your age?

- Age in years (18-99)
- 7 Don't know/Not sure
- 9 Refused

C08Q02

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

Interviewer Note: If 'Yes' then ask C08Q02b.

- 1 No, not of Hispanic, Latino/a, or Spanish origin
- 2 Yes
- 7 Don't know/Not sure
- 9 Refused

C08Q02b

Are you...

Interviewer Note: One or more categories may be selected.

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish origin
- 5 No
- 7 Don't know/Not sure
- 9 Refused

C08Q03

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

Interviewer Note: Select all that apply.

- 1 0 White
- 2 0 Black or African American
- 3 0 American Indian or Alaska Native
- 4 0 Asian
- 4 1 Asian Indian
- 4 2 Chinese
- 4 3 Filipino
- 4 4 Japanese
- 4 5 Korean
- 4 6 Vietnamese
- 4 7 Other Asian
- 5 0 Pacific Islander
- 5 1 Native Hawaiian
- 5 2 Guamanian or Chamorro
- 5 3 Samoan
- 5 4 Other Pacific Islander
- 6 0 Other
- 7 7 Don't know/Not sure
- 9 9 Refused

C08Q04

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

- 1 0 White
- 2 0 Black or African American
- 3 0 American Indian or Alaska Native
- 4 0 Asian
- 4 1 Asian Indian
- 4 2 Chinese
- 4 3 Filipino
- 4 4 Japanese
- 4 5 Korean
- 4 6 Vietnamese
- 4 7 Other Asian
- 5 0 Pacific Islander
- 5 1 Native Hawaiian
- 5 2 Guamanian or Chamorro
- 5 3 Samoan
- 5 4 Other Pacific Islander
- 6 0 Other
- 7 7 Don't know/Not sure
- 9 9 Refused

Module 29: Sexual Orientation and Gender Identity

The next two questions are about sexual orientation and gender identity.

M28Q01

Which of the following best represents how you think of yourself?

Interviewer Note: We ask this question in order to better understand the health and the health care needs of people with different sexual orientations.

- 1 Lesbian or Gay
- 2 Straight, that is, not gay
- 3 Bisexual
- 4 Something else
- 7 I don't know the answer/The respondent did not understand the question
- 9 Refused

M28Q02

Do you consider yourself to be transgender?

Interviewer Note 1: Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation - straight, gay, lesbian, or bisexual.

Interviewer Note 2: If asked about the definition of gender non-conforming: "Some people think of themselves as gender non-conforming when they do not identify only as a man or only as a woman."

Interviewer Note 3: If yes, ask "Do you consider yourself to be 1. male-to-female, 2. female-to-male, or 3. gender non-conforming?"

Interviewer Note 4: Please say the number before the text response. Respondent can answer with either the number or the text/word.

- 1 Yes, Transgender, male-to-female
- 2 Yes, Transgender, female-to-male
- 3 Yes, Transgender, gender nonconforming
- 4 No
- 7 Don't know/Not sure
- 9 Refused

C08Q05

Are you. . . ?

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married
- 6 A member of an unmarried couple
- 9 Refused

C08Q06

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

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grades 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)
- 9 Refused

C08Q07

Do you own or rent your home?

Interviewer Note 1: Other arrangement may include group home, staying with friends or family without paying rent.

Interviewer Note 2: Home is defined as the place where you live most of the time/majority of the year.

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

C08Q08

In what county do you currently live?

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

C08Q09

What is the zip code where you currently live?

- _____ Zip code
- 7 7 7 7 7 Don't know/Not sure
- 9 9 9 9 9 Refused

C08Q10

Not including cell phones or numbers used for computer, fax machines, or security systems, do you have more than one telephone number in your household?

- 1 Yes
- 2 No [GO TO C08Q13]
- 7 Don't know/Not sure [GO TO C08Q13]
- 9 Refused [GO TO C08Q13]

C08Q11

How many of these telephone numbers are residential numbers?

- _ Residential telephone numbers (1-6, 6=6 or more)
- 7 Don't know/Not sure
- 9 Refused

C08Q12

How many cell phones do you have for personal use?

Interviewer Note: Include cell phones used for both business and personal use.

- _ Residential telephone numbers (1-6, 6=6 or more)
- 7 Don't know/Not sure
- 9 Refused

C08Q13

Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

Interviewer Note: Active duty does not include training for the Reserves or National Guard, but does include activation, for example, for the Persian Gulf War.

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

C08Q14

Are you currently. . .?

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for 1 year or more
- 4 Out of work for less than 1 year
- 5 A homemaker
- 6 A student
- 7 Retired
- 8 Unable to work
- 9 Refused

Module 26: Industry and Occupation

M26Q01

What kind of work do/did you do?

- 1 Gave answer
- 7 7 Don't know/Not sure
- 9 9 Refused

M26Q02

What kind of business or industry do/did you work in?

- 1 Gave answer
- 7 7 Don't know/Not sure
- 9 9 Refused

C08Q15

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

- __ Number of children (1-15)
- 8 8 None
- 9 9 Refused

C08Q16

Is your annual household income from all sources?

- 1 Less than \$10,000
- 2 Less than \$15,000 (\$10,000 to less than \$15,000)
- 3 Less than \$20,000 (\$15,000 to less than \$20,000)
- 4 Less than \$25,000 (\$20,000 to less than \$25,000)
- 5 Less than \$35,000 (\$25,000 to less than \$35,000)
- 6 Less than \$50,000 (\$35,000 to less than \$50,000)
- 7 Less than \$75,000 (\$50,000 to less than \$75,000)
- 8 \$75,000 or more
- 7 7 Don't know/Not sure
- 9 9 Refused

C08Q17

About how much do you weigh without shoes?

- ___ Weight (Metric measurements begin with 9)
- 7 Don't know/Not sure
- 9 Refused

C08Q18

About how tall are you without shoes?

- __/_ Height (Metric measurements begin with 9)
- 7 Don't know/Not sure
- 9 Refused

C08Q19

To your knowledge, are you now pregnant?

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

C08Q20

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

Are you deaf or do you have serious difficulty hearing?

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

C08Q21

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

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

C08Q22

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

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

C08Q23

Do you have serious difficulty walking or climbing stairs?

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

C08Q24

Do you have difficulty dressing or bathing?

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

C08Q25

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

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

Section 9: Tobacco Use

C09Q01

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

Interviewer Note: For cigarettes, do not include electronic cigarettes (e-cigarettes, njoy, bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana.

- 1 Yes
- 2 No [Go to C09Q05]
- 7 Don't know/Not sure [Go to C09Q05]
- 9 Refused [Go to C09Q05]

C09Q02

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

- 1 Every day
- 2 Some days
- 3 Not at all [Go to C09Q04]
- 7 Don't know/Not sure [Go to C09Q05]
- 9 Refused [Go to C09Q05]

C09Q03

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

- 1 Yes [Go to C09Q05]
- 2 No [Go to C09Q05]
- 7 Don't know/Not sure [Go to C09Q05]
- 9 Refused [Go to C09Q05]

C09Q04

How long has it been since you last smoked a cigarette, even one or two puffs?

- 1 Within the past month (less than 1 month ago)
- 2 Within the past 3 months (1 month but less than 3 months ago)
- 3 Within the past 6 months (3 months but less than 6 months ago)
- 4 Within the past year (6 months but less than 1 year ago)
- 5 Within the past 5 years (1 year but less than 5 years ago)
- 6 Within the past 10 years (5 years but less than 10 years ago)
- 7 10 years or more
- 8 Never smoked regularly
- 7 7 Don't know/Not sure
- 9 9 Refused

State-Added Section 1: Method of Quitting Smoking

TX01Q01

What methods, resources, or tools did you use to help you quit smoking?

Interviewer Note: The respondents may have had multiple attempts and relapses but this question is only asking about the most recent attempt when he/she was successful in quitting.

- 1 State/National Quitline services (web or telephone based)
- 2 Nicotine replacement products (over the counter or prescription- patch, gum, lozenge, inhaler, or nasal spray)
- 3 Prescription non-nicotine medications (Zyban, Chantix, etc)
- 4 Mobile phone apps or texts
- 5 Behavioral therapies and/or counseling (individual or group)
- 6 Cold Turkey
- 7 Behavioral therapies
- 8 Other (specify)
- 9 Don't know/Not sure
- 10 Refused

C09Q05

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

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

State-Added Section 2: E-Cigarettes

TX02Q01

The next questions are about electronic cigarettes and other electronic "vaping" products containing nicotine. These products typically contain nicotine, flavors, and other ingredients. Do not include products used only for marijuana.

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

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

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

TX02Q02

Which one of these products have you used or tried?

- 1 E-cigarettes
- 2 Vape pen
- 3 E-hookah
- 4 Other (specify)
- 7 Don't know
- 9 Refused

TX02Q03

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

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

TX02Q04

What best describes your reason for using or trying these products?

- 1 To cut down or quit smoking
- 2 I visit places where smoking is not allowed
- 3 For enjoyment or pleasure
- 4 Just tried it a few times
- 5 Other (specify)
- 7 Don't know/Not sure
- 9 Refused

Section 10: Alcohol Consumption

C10Q01

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

Interviewer Note: One drink is equivalent to a 12-ounce beer, 5-ounce glass of wine, or a drink with one shot of liquor.

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

C10Q02

One drink is equivalent to a 12-ounce beer, 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?

Interviewer 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 (1-76)
- 7 7 Don't know/Not sure
- 9 9 Refused

C10Q03

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

- Number of times (1-76)
- 8 8 None
- 7 7 Don't know/Not sure
- 9 9 Refused

C10Q04

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

- Number of drinks (1-76)
- 7 7 Don't know/Not sure
- 9 9 Refused

Section 11: Exercise (Physical Activity)

C11Q01

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

Interviewer Note: If respondent does not have a regular job or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.

- 1 Yes
- 2 No [Go to C11Q08]
- 7 Don't know/Not sure [Go to C11Q08]
- 9 Refused [Go to C11Q08]

C11Q02

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

Interviewer Note: See Physical Activity Coding list. If the respondent's activity is not included in the physical activity coding list, choose the option listed as "other".

- __ Specify from Physical Activity Coding List
- 7 7 Don't know/Not sure [Go to C11Q08]
- 9 9 Refused [Go to C11Q08]

C11Q03

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

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

C11Q04

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

- __ : __ Hours and minutes
- 7 7 7 Don't know/Not sure [Go to C11Q08]
- 9 9 9 Refused [Go to C11Q08]

C11Q05

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

Interviewer Note: See Physical Activity Coding list. If the respondent's activity is not included in the physical activity coding list, choose the option listed as "other".

- __ Specify from Physical Activity Coding List
- 7 7 Don't know/Not sure [Go to C11Q08]
- 9 9 Refused [Go to C11Q08]

C11Q06

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

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

C11Q07

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

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

C11Q08

During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles?

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

Section 12: Fruits and Vegetables

C12Q01

Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.

Not including juices, how often did you eat fruit? You can tell me times per day, times per week, or times per month.

Interviewer Note 1: If a respondent indicates that they consume a food item every day then enter the number of times per day. If the respondent indicates that they eat a food less than daily, then enter times per week or time per month. Do not enter time per day unless the respondent reports that he/she consumed that food item each day during the past month.

Interviewer Note 2: Include fresh, frozen or canned fruit. Do not include dried fruits.

- 1 _ _ Day
- 2 _ _ Week
- 3 _ _ Month
- 3 0 0 Less than once a month
- 5 5 5 Never
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

C12Q02

Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?

Interviewer Note 1: Do not include fruit-flavored drinks with added sugar like cranberry cocktail, Hi-C, lemonade, Kool-Aid, Gatorade, Tampico, and sunny delight. Include only 100% pure fruit juices or 100% juice blends.

Interviewer Note 2: Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "was that per day, week, or month?"

- 1 __ Day
- 2 __ Week
- 3 __ Month
- 3 0 0 Less than once a month
- 5 5 5 Never
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

C12Q03

How often did you eat a green leafy or lettuce salad, with or without other vegetables?

Interviewer Note 1: Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "was that per day, week, or month?"

Interviewer Note 2: Include spinach salads.

- 1 __ Day
- 2 __ Week
- 3 __ Month
- 3 0 0 Less than once a month
- 5 5 5 Never
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

C12Q04

How often did you eat any kind of fried potatoes, including French fries, home fries, or hash browns?

Interviewer Note 1: Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "was that per day, week, or month?"

Interviewer Note 2: Do not include potato chips.

- 1 __ Day
- 2 __ Week
- 3 __ Month
- 3 0 0 Less than once a month
- 5 5 5 Never
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

C12Q05

How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?

Interviewer Note 1: Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "was that per day, week, or month?"

Interviewer Note 2: Include all types of potatoes except fried. Include potatoes au gratin, scalloped potatoes.

- 1 __ Day
- 2 __ Week
- 3 __ Month
- 3 0 0 Less than once a month
- 5 5 5 Never
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

C12Q06

Not including lettuce salads and potatoes, how often did you eat other vegetables?

Interviewer Note 1: Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "was that per day, week, or month?"

Interviewer Note 2: Include tomatoes, green beans, carrots, corn, cabbage, bean sprouts, collard greens, and broccoli. Include raw, cooked, canned, or frozen vegetables. Do not include rice.

- 1 __ Day
- 2 __ Week
- 3 __ Month
- 3 0 0 Less than once a month
- 5 5 5 Never
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

Section 13: Immunization

C13Q01

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

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

- 1 Yes
- 2 No [Go to C13Q03]
- 7 Don't know/Not sure [Go to C13Q03]
- 9 Refused [Go to C13Q03]

C13Q02

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

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

Module 6: Place of Flu Vaccination

M06Q01

At what kind of place did you get your last flu shot or vaccine?

Interviewer Note: How would you describe the place where you went to get your most recent flu vaccine?

- 1 A doctor's office or health maintenance organization (HMO)
- 2 A health department
- 3 Another type of clinic or health center (a community health center)
- 4 A senior, recreation, or community center
- 5 A store (supermarket, drug store)
- 6 A hospital (inpatient or outpatient)
- 7 An emergency room
- 8 Workplace
- 9 Some other kind of place
- 11 A school
- 10 Received vaccination in Canada/Mexico
- 77 Don't know/Not sure
- 99 Refused

C13Q03

Have you received a tetanus shot in the past 10 years?

Interviewer Note: If yes, ask: "Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?"

- 1 Yes, received Tdap
- 2 Yes, received tetanus shot, but not Tdap
- 3 Yes, received tetanus
- 4 No, did not receive any tetanus shot in the past 10 years
- 7 Don't know/Not sure
- 9 Refused

C13Q04

Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

Interviewer Note: There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and conjugate, also known as Prevnar.

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

Module 5: Adult Human Papillomavirus (HPV) Vaccination

M05Q01

Have you ever had the Human Papilloma virus vaccination or HPV vaccination?

Interviewer Note 1: A vaccine to prevent the human papilloma virus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, [Fill: if female "GARDASIL or CERVARIX", if male "GARDASIL"].

Interviewer Note 2: If Age \geq 50, go to M06Q01.

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

M05Q02

How many HPV shots did you receive?

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

Module 7: Shingles Vaccination

M07Q01

Have you ever had the shingles or zoster vaccine?

Interviewer Note: Shingles is an illness that results in a rash or blisters on the skin, and is usually painful. There are two vaccines now available for shingles: Zostavax, which requires 1 shot, and Shingrix, a new vaccine which requires 2 shots.

Interviewer Note: If Age \leq 49, go to next section.

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

State-Added Section 3: Adult Hepatitis B Vaccination

TX03Q01

Have you ever received the Hepatitis B vaccination?

Interviewer Note: Include Hepatitis B shot received as an infant.

- 1 Yes
- 2 No
- 3 Doctor refused when asked
- 7 Don't know/Not sure
- 9 Refused

TX03Q02

How many Hepatitis B shots did you receive?

- Number of shots
- 3 All shots
- 77 Don't know/Not sure
- 99 Refused

Section 14: HIV/AIDS

C14Q01

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.

Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for H.I.V.?

- 1 Yes
- 2 No [GO TO C14Q03]
- 7 Don't know/Not sure [GO TO C14Q03]
- 9 Refused [GO TO C14Q03]

C14Q02

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

- / ----- Month/Year
- 77 / 7777 Don't know/Not sure
- 99 / 9999 Refused

C14Q03

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

You have injected any drug other than those prescribed for you in the past year.

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

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

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

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

Do any of these situations apply to you?

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

Module 15: Aspirin for CVD Prevention

M15Q01

How often do you take an aspirin to prevent or control heart disease, heart attacks or stroke? Would you say...

- 1 Daily
- 2 Some days
- 3 Used to take it but had to stop due to side effects
- 4 Do not take it
- 7 Don't know/Not sure
- 9 Refused

Module 17: Sodium or Salt-Related Behavior

M17Q01

Are you currently watching or reducing your sodium or salt intake?

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

M17Q02

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

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

Module 20: Cognitive Decline

M20Q01

The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you have recently met, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things you've always done or forgetting things that you would normally know. We want to know how these difficulties impact you.

During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?

- 1 Yes [If respondent is 45 years of age or older continue, else go to next module]
- 2 No [Go to next module]
- 7 Don't know/Not sure
- 9 Refused [Go to next module]

M20Q02

During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills? Would you say it is...

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never
- 7 Don't know/Not sure
- 9 Refused

M20Q03

As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? Would you say...

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely [Go to M20Q05]
- 5 Never [Go to M20Q05]
- 7 Don't know/Not sure [Go to M20Q05]
- 9 Refused [Go to M20Q05]

M20Q04

When you need help with these day-to-day activities, how often are you able to get the help that you need? Would you say it is...

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never
- 7 Don't know/Not sure
- 9 Refused

M20Q05

During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home? Would you say it is...

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never
- 7 Don't know/Not sure
- 9 Refused

M20Q06

Have you or anyone else discussed your confusion or memory loss with a health care professional?

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

Module 21: Caregiver

M21Q01

During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?

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

- 1 Yes
- 2 No [Go to M21.09]
- 7 Don't know/Not sure [Go to M21.09]
- 8 Caregiving recipient died in past 30 days [Go to next module]
- 9 Refused [Go to M21.09]

M21Q02

What is his or her relationship to you?

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

- 1 Mother
- 2 Father
- 3 Mother-in-law
- 4 Father-in-law
- 5 Child
- 6 Husband
- 7 Wife
- 8 Live-in partner
- 9 Brother or brother-in-law
- 10 Sister or sister-in-law
- 11 Grandmother
- 12 Grandfather
- 13 Grandchild
- 14 Other relative
- 15 Non-relative/Family friend
- 77 Don't know/Not sure
- 99 Refused

M21Q03

For how long have you provided care for that person?

- 1 Less than 30 days
- 2 1 month to less than 6 months
- 3 6 months to less than 2 years
- 4 2 years to less than 5 years
- 5 More than 5 years
- 7 Don't know/Not sure
- 9 Refused

M21Q04

In an average week, how many hours do you provide care or assistance?

- 1 Up to 8 hours per week
- 2 9 to 19 hours per week
- 3 20 to 39 hours per week
- 4 40 hours or more
- 7 Don't know/Not sure
- 9 Refused

M21Q05

What is the main health problem, long-term illness, or disability that the person you care for has?

- 1 Arthritis/rheumatism
- 2 Asthma
- 3 Cancer
- 4 Chronic respiratory conditions such as emphysema or COPD
- 5 Alzheimer's disease, dementia or other cognitive impairment disorder [Go to M21Q07]
- 6 Developmental disabilities such as autism, Down's Syndrome, and spina bifida
- 7 Diabetes
- 8 Heart disease, hypertension, stroke
- 9 Human Immunodeficiency Virus Infection (HIV)
- 10 Mental illnesses, such as anxiety, depression, or schizophrenia
- 11 Other organ failure or diseases such as kidney or liver problems
- 12 Substance abuse or addiction disorders
- 13 Injuries, including broken bones
- 14 Old age/infirmity/frailty
- 15 Other
- 77 Don't know/Not sure
- 99 Refused

M21Q06

Does the person you care for also have Alzheimer's disease, dementia or other cognitive impairment disorder?

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

M21Q07

In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing?

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

M21Q08

In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or preparing meals?

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

M21Q09

In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?

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

Module 30: Random Child Selection

M30Q01

If C08Q15=1 then 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.

If C08Q15>1 and does not equal 88 or 99 then 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.

What is the birth month and year of the [Xth] child?

Interviewer Note: If C08.16=88 or 99, go to next module.

- __/_---- Code month and year
- 7 7/7 7 7 7 Don't know/Not sure
- 9 9/9 9 9 9 Refused

M30Q02

Is the child a boy or a girl?

- 1 Boy
- 2 Girl
- 9 Refused

M30Q03

Is the child Hispanic, Latino/a, or Spanish origin?

Interviewer Note: If yes, ask: "Are they..."

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish origin
- 5 No
- 7 Don't know/Not sure
- 9 Refused

M30Q04

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

Interviewer Note 1: Select all that apply.

Interviewer Note 2: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian
- 50 Pacific Islander
- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander
- 60 Other
- 77 Don't know/Not sure
- 99 Refused

M30Q05

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

Interviewer Note: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian
- 50 Pacific Islander
- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander
- 60 Other
- 77 Don't know/Not sure
- 99 Refused

M30Q06

How are you related to the child? Are you a...

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

Module 31: Childhood Asthma Prevalence

The next two questions are about the Xth child

M31Q01

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

Interviewer Note: If response to C08Q15=88 or 99 go to next module.

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

M31Q02

Does the child still have asthma?

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

State-Added Section 4: Hurricane Harvey

TX04Q01

During August of 2017, did you live in a county that was impacted in any way by Hurricane or Tropical Storm Harvey?

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

TX04Q02

Due to Hurricane or Tropical Storm Harvey, did you have to evacuate or leave your home or residence for safety reasons?

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

TX04Q03

Due to Hurricane or Tropical Storm Harvey, were you prevented or delayed from getting necessary medication?

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

TX04Q04

Was your home damaged by Hurricane or Tropical Storm Harvey?

- 1 Yes, mildly
- 2 Yes, moderately
- 3 Yes, severely
- 4 No, not at all
- 7 Don't know/Not sure
- 9 Refused

TX04Q05

Do you have a health condition that was made worse as a result of Hurricane or Tropical Storm Harvey?

Interviewer Note: Conditions may be asthma, diabetes, cardiovascular disease, depression.

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

TX04Q06

After evacuation or leaving your home due to Hurricane or Tropical Storm Harvey, did you eventually...

- 1 Return to your home
- 2 Move to another home in the same town
- 3 Move to another home somewhere else in Texas
- 4 Still live in temporary housing
- 7 Don't know/Not sure
- 9 Refused

State-Added Section 5: Hurricane Related Childhood Asthma

Hurricane and Tropical Storm Harvey had both direct and indirect impacts on Texas residents. The next set of questions are about how you and your family may have been affected by Harvey.

TX05Q01

Due to Hurricane or Tropical Storm Harvey, has the child experienced any worsening of asthma?

- 1 Yes
- 2 No
- 3 Child not affected by Hurricane or Tropical Storm Harvey [Go to next section]
- 7 Don't know/Not sure
- 9 Refused

TX05Q02

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

- 1 Parent's Employer
- 2 Medicaid/Medicare
- 3 CHIP
- 4 Other
- 5 None
- 7 Don't know/Not sure
- 9 Refused

TX05Q03

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

Due to Hurricane or Tropical Storm Harvey, has the child had to visit an emergency room or urgent care center because of {his/her} asthma?

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

TX05Q04

Due to Hurricane or Tropical Storm Harvey, has the child had to stay overnight in a hospital because of {his/her} asthma? Do not include an overnight stay in the emergency room or for reasons other than asthma.

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

TX05Q05

Has a doctor or other health professional EVER given you or the child an asthma action plan?

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

TX05Q06

Due to Hurricane or Tropical Storm Harvey, has anyone seen or smelled mold or a musty odor inside in {his/her} home? Do not include mold on food.

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

TX05Q07

Due to Hurricane or Tropical Storm Harvey, has anyone seen cockroaches, mice or rats inside {his/her} home?

Interviewer Note: Conditions may be asthma, diabetes, cardiovascular disease, depression.

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

TX05Q08

During Hurricane or Tropical Storm Harvey, did the child need to use a prescription inhaler or over-the-counter medication for {his/her} asthma?

Interviewer Note: Conditions may be asthma, diabetes, cardiovascular disease, depression.

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

TX05Q09

Due to Hurricane or Tropical Storm Harvey, was the child prevented from accessing essential medical equipment or unable to perform self-management of asthma?

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

TX05Q10

Due to Hurricane or Tropical Storm Harvey, about how many days of school did the child miss because of {his/her} asthma?

- ___ Number of days
- 8 8 8 None
- 5 5 5 Does not attend school/home schooled
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

State-Added Section 6: Diabetes Family History

TX06Q01

Include living and deceased, which of your biological or blood relatives including grandparents, parents, brothers, or sisters were ever told by a health professional that they had diabetes?

Interviewer Note: Do not include adopted relatives or those related only by marriage.

Interviewer Note: Select all that apply.

- 1 Mother
- 2 Father
- 3 Maternal grandmother (mother's mother)
- 4 Maternal grandfather (mother's father)
- 5 Paternal grandmother (father's mother)
- 6 Paternal grandfather (father's father)
- 7 Sister
- 8 Brother
- 9 None
- 6 6 Other (specify)
- 7 7 Don't know/Not sure
- 9 9 Refused

State-Added Section 7: Oral Health

TX07Q01

During the past 12 months, how many times have you gone to a hospital emergency room for a dental problem?

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

TX07Q02

Not including regular dental cleanings and check-ups, how many times have you missed work because of problems with your teeth or mouth during the past 12 months?

Interviewer Note: Include partial or whole days of work missed.

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

State-Added Section 8: Prescription Pain Medication Use

TX08Q01

In the past 12 months, have you taken any prescription pain medications prescribed to you by a doctor, dentist, nurse practitioner, or other health care provider?

Interviewer Note: We only want to know about prescription pain medication that is not available over the counter.

Interviewer Note: Prescription pain relievers include Acetaminophen with Codeine, Actiq, Amitriptyline, Avinza, Axina, Butorphanol Tartrate, Carisoprodol, Celebrex, Celecoxib, Codeine, Cyclobenzaprine, Cymbalta, Darvocet, Darvon, Demerol, Depakote, Dilaudid, Dolophine, Duragesic, Duramorph, Elavil, Embeda, Exalgo, Fentanyl, Fentora, Flexeril, Gabapentin, Hydocan, Hydromorphone, Hydrocodone, Hydrocodone with Acetaminophen, Hydrocodone with Ibuprofen, Ibuprofen, Ibuprofen with Codeine, Kadian, Levorphanol, Lorcet, Lortab, Lyrica, Meloxicam, Meperidine, Methadone, Methadose, Methocarbamol, Metaxall, Metazalone, Morphine, Morphabond, Morphone, Motrin, MS Contin, Norco, Nurofen Plus, Naproxen, Narcan, Norpramin, Numorphan, Numorphone, Opana, Opium Tincture, Oxyado, Oxycodone, Oxycodone with Acetaminophen, OxyContin, Oxymorphone, Pamelor, Pentazocine, Percocet, Percodan, Propoxyphene, Robaxin, Roxanol, Roxicet, Soma, Stadol, Sublimnaze, Suboxone, Subutex, Topamax, Toradol, Tramadol, Tramadol with Acetaminophen, Tylenol with codeine, Tylenol 2, Tylenol 3, Tylenol 4, Tylox, Ultram, Ultracet, Vicodin, Zohydro.

- 1 Yes
- 2 No [Go to TX08Q05]
- 7 Don't know/Not sure [Go to TX08Q05]
- 9 Refused [Go to TX08Q05]

TX08Q02

What prescription pain medications did you take that were prescribed to you?

Interviewer Note: Select all that apply.

- Specify from Prescription Pain Medication List
- 6 4 Other (specify)
- 7 7 Don't know/Not sure [Go to TX08Q04]
- 9 9 Refused [Go to TX08Q04]

TX08Q03

Did you have any pain medication left over from your prescription?

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

TX08Q04

What did you do with the leftover prescription pain medication?

- 1 Kept it for future use
- 2 Disposed of it through Take-Back Program
- 3 Disposed of in trash or flushing down toilet
- 4 Gave or shared it with a family member or friend
- 5 Sold it
- 6 Took it for another unrelated pain or purpose
- 7 Still taking it
- 8 Other (specify)
- 7 7 Don't know
- 9 9 Refused

TX08Q05

Did a doctor, nurse, or other health professional talk to you about the risk of getting addicted to your prescription pain medication?

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

TX08Q06

In the past 12 months, have you taken any prescription pain medication not prescribed specifically for you?

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

Activity List for Common Leisure Activities

To be used for Section 11: Physical Activity (C11Q02 and C11Q05)

01	Active Gaming Devices (Wii Fit, Dance, Dance Revolution)	39	Rope skipping
02	Aerobics video or class	40	Rowing machine exercises
03	Backpacking	41	Rugby
04	Badminton	42	Scuba diving
05	Basketball	43	Skateboarding
06	Bicycling machine exercise	44	Skating - ice or roller
07	Bicycling	45	Sledding, tobogganing
08	Boating (canoeing, rowing, kayaking, sailing for pleasure or camping)	46	Snorkeling
09	Bowling	47	Snow blowing
10	Boxing	48	Snow shoveling by hand
11	Calisthenics	49	Snow skiing
12	Canoeing/rowing in competition	50	Snowshoeing
13	Carpentry	51	Soccer
14	Dancing-ballet, ballroom, Latin, hip hop, Zumba, etc.	52	Softball/Baseball
15	Elliptical/EFX machine exercise	53	Squash
16	Fishing from river bank or boat	54	Stair climbing/Stair master
17	Frisbee	55	Stream fishing in waders
18	Gardening (spading, weeding, digging, filling)	56	Surfing
19	Golf (with motorized cart)	57	Swimming
20	Golf (without motorized cart)	58	Swimming in laps
21	Handball	59	Table tennis
22	Hiking - cross-country	60	Tai Chi
23	Hockey	61	Tennis
24	Horseback riding	62	Touch football
25	Hunting large game - deer, elk	63	Volleyball
26	Hunting small game - quail	64	Walking
27	Inline skating	66	Waterskiing
28	Jogging	67	Weight lifting
29	Lacrosse	68	Wrestling
30	Mountain climbing	69	Yoga
31	Mowing lawn	71	Childcare
32	Paddleball	72	Farm/Ranch Work (caring for livestock, stacking hay, etc.)
33	Painting/papering house	73	Household Activities (vacuuming, dusting, home repair, etc.)
34	Pilates	74	Karate/Martial Arts
35	Racquetball	75	Upper Body Cycle (wheelchair sports, ergometer)
36	Raking lawn/trimming hedges	76	Yard work (cutting/gathering wood, trimming, etc.)
37	Running	98	Other (Specify)
38	Rock climbing	99	Refused

Prescription Pain Medication List

To be used for State-Added Section 8: Prescription Pain Medication Use (TX08Q02)

01	Amitriptyline	33	Methadone
02	Butorphanol Tartrate	34	Metaxall/Metaxalone
03	Carisoprodol	35	Morphine
04	Celebrex	36	Naproxen
05	Celecoxib	37	Narcan
06	Codeine	38	Neurontin
07	Cyclobenzaprine	39	Norpramin
08	Cymbalta	40	Opana
09	Darvocet	41	Opium Tincture
10	Darvon	42	Oxycodone
11	Demerol	43	Oxycontin
12	Depakote	44	Oxymorphone
13	Dilaudid	45	Pamelor
14	Duragesic	46	Pentazocine
15	Elavil	47	Percocet
16	Embeda	48	Percodan
17	Exalgo	49	Propoxyphene
18	Fentanyl	50	Robaxin
19	Fentora	51	Roxicet
20	Flexeril	52	Soma
21	Gabapentin	53	Stadol
22	Hydrocodone	54	Suboxone
23	Hydromorphone	55	Subutex
24	Ibuprofen/Motrin	56	Topamax
25	Kadian	57	Toradol
26	Levorphanol	58	Tramadol
27	Lortab	59	Tylenol with codeine / Tylenol #3
28	Lorcet	60	Tylox
29	Lyrica	61	Ultram
30	Meloxicam	62	Ultracet
31	Meperidine	63	Vicodin
32	Methocarbamol	64	Other (specify)