

# Texas Behavioral Risk Factor Surveillance System Questionnaire

2020

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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 not be connected to any personal information. 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?

*Skip Pattern: If C02Q01=88 and C02Q02=88, go to C03Q01.*

- 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 [GO TO M05Q01]
- 2 No [GO TO C03Q02]
- 7 Don't know/Not sure [GO TO C03Q02]
- 9 Refused [GO TO C03Q02]

### Module 5: Health Care Access

M05Q01

What is the primary source of your health care coverage? Is it...

*Interviewer Note: If the respondent indicates that they purchased health insurance through the Health Insurance Marketplace, ask if it was a private health insurance plan purchased on their own or by a family member (private) or if they received Medicaid (state plan). If purchased on their own (or by a family member), select 2; if Medicaid, select 4.*

- 1 A plan purchased through an employer or union (including plans purchased through another person's employer)
- 2 A plan that you or another family member buys on your own
- 3 Medicare
- 4 Medicaid or other state program
- 5 TRICARE (formerly CHAMPUS), VA, or Military
- 6 Alaska Native, Indian Health Service, Tribal Health Services
- 7 Don't know/Not sure
- 8 None (no coverage)
- 9 Refused

C03Q02

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

*Interviewer Note: 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

**State-Added 1: Health Care Access**

TX01Q01

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

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

## Section 4: Exercise

C04Q01

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 any physical activity or exercise they do.*

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

## Section 5: Inadequate Sleep

C05Q01

On average, how many hours of sleep do you get in a 24-hour period?

*Interviewer Note (DO NOT READ): Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the new whole hour and dropping 29 or fewer minutes.*

- \_ \_ Number of hours (1-24)
- 7 7 Don't know/Not sure
- 9 9 Refused

## Section 6: Chronic Health Conditions

C06Q01

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.

(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 had 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 had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

*Interviewer Note: Arthritis diagnoses include: rheumatism, polymyalgia rheumatica, osteoarthritis (not osteoporosis), tendonitis, bursitis, bunion, tennis elbow, carpal/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
- 7 Don't know/Not sure
- 9 Refused

C06Q10

(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

C06Q11

Not including kidney stones, bladder infection, or incontinence, were you ever told you had 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

## C06Q12

(Ever told) you had diabetes?

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

- 1 Yes [GO TO C06Q13]
- 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

## C06Q13

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

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

## **Section 7: Oral Health**

### C07Q01

Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?

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

C07Q02

Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?

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

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

### **Section 8: Demographics**

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?

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

C08Q02b

*(If C08Q02=yes) 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.*

*Skip Pattern: If more than one response, continue to C08Q04, otherwise go to M21Q01.*

- 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 21: Sexual Orientation and Gender Identity**

M21Q01

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

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

*Interviewer Note 1: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.*

*Interviewer Note 2: Please say the number before the text response. Respondent can answer with either the number or the text/word.*

- 1 Lesbian or Gay
- 2 Straight, that is, not gay
- 3 Bisexual
- 4 Something else
- 7 Don't know/Not sure
- 9 Refused

## M21Q02

Do you consider yourself to be transgender?

*If Yes: ask: Do you consider yourself to be male-to-female, female-to-male, or gender non-conforming?"*

*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 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: 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 non-conforming
- 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.*

*Interviewer Note 3: We ask this question in order to compare health indicators among people with different housing situations.*

- 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?

*Skip Pattern: If cell interview, go to C08Q12.*

- 1 Yes
- 2 No [GO TO C08Q12]
- 7 Don't know/Not sure [GO TO C08Q12]
- 9 Refused [GO TO C08Q12]

### 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.*

- \_ Number (1-5)
- 6 6 or more
- 7 Don't know/Not sure
- 8 None
- 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. . . ?

*Interviewer Note: If more than one, say "Select the category which best describes you."*

- 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 20: Industry and Occupation**

M20Q01

What kind of work do/did you do?

*Interviewer Note 1: If C08Q14 not equal 1, 2, or 4, go to C08Q15.*

*Interviewer Note 2: If C08Q14=4, ask "What kind of work did you do? For example, registered nurse, janitor, cashier, auto mechanic."*

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

M20Q02

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?

*Interviewer Note: If respondent refuses at ANY income level, code '99' (Refused).*

- 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

To your knowledge, are you now pregnant?

*Interviewer Note: If Male or Female over the age of 49, go to C08Q18*

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

C08Q18

About how much do you weigh without shoes?

*Interviewer Note: If respondent answers in metrics, put 9 in first column. Round fractions up.*

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

C08Q19

About how tall are you without shoes?

*Interviewer Note: If respondent answers in metrics, put 9 in first column. Round fractions down.*

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

## Section 9: Disability

C09Q01

*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

C09Q02

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

C09Q03

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

C09Q04

Do you have serious difficulty walking or climbing stairs?

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

C09Q05

Do you have difficulty dressing or bathing?

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

C09Q06

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 10: Tobacco Use

C10Q01

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 C10Q05]
- 7 Don't know/Not sure [GO TO C10Q05]
- 9 Refused [GO TO C10Q05]

C10Q02

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 C10Q04]
- 7 Don't know/Not sure [GO TO C10Q05]
- 9 Refused [GO TO C10Q05]

C10Q03

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 C10Q05]
- 2 No [GO TO C10Q05]
- 7 Don't know/Not sure [GO TO C10Q05]
- 9 Refused [GO TO C10Q05]

C10Q04

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

C10Q05

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

## Module 6: E-Cigarettes

M06Q01

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

*Interviewer Note 1: 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.*

*Interviewer Note 2: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.*

- 1 Yes
- 2 No [GO TO C11Q01]
- 7 Don't know/Not sure [GO TO C11Q01]
- 9 Refused [GO TO C11Q01]

## State-Added Section 2: E-Cigarettes

TX02Q01

Which one of the products have you used or tried?

- 1 A disposable e-cigarette
- 2 An e-cigarette that uses pre-filled pods or cartridges (e.g. Juul)
- 3 An e-cigarette with a tank that you refill with liquids
- 4 A mod system (an e-cigarette that can be customized by the user with their own combination of batteries or other parts)
- 5 Other (specify)
- 7 Don't know/Not sure
- 9 Refused

M06Q02

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

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

TX02Q02

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 11: Alcohol Consumption

### C11Q01

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

- 1 \_\_ Days per week
- 2 \_\_ Days in past 30 days
- 8 8 8 No drinks in past 30 days [GO TO C12Q01]
- 7 7 7 Don't know/Not sure [GO TO C12Q01]
- 9 9 9 Refused [GO TO C12Q01]

### C11Q02

*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

### C11Q03

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

### C11Q04

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 12: Immunization

### C12Q01

During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a 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 C12Q03]
- 7 Don't know/Not sure [GO TO C12Q03]
- 9 Refused [GO TO C12Q03]

### C12Q02

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

### C12Q03

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 which requires 2 shots.*

*Skip Pattern: If age<50, go to C12Q04.*

- 1 Yes [GO TO C12Q04]
- 2 No [GO TO TX03Q01]
- 7 Don't know/Not sure [GO TO C12Q04]
- 9 Refused [GO TO C12Q04]

## State-Added Section 3: Reasons for Not Getting the Shingles Vaccine

### TX03Q01

What is the main reason you have not received a shingles vaccination?

- 1 Need: Do not think needed the vaccine
- 2 Awareness: Was unaware needed the vaccine
- 3 Safety concern: Concern about vaccine side effects
- 4 Access: Difficult to access
- 5 Cost: Cannot afford
- 6 Vaccine shortage: Tried to find vaccine, but could not get it
- 7 Have a contraindication: Had a previous severe allergic reaction
- 8 Some other reason
- 7 7 Don't know/Not sure
- 9 9 Refused

### C12Q04

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

## Section 13: Falls

### C13Q01

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

*Interviewer Note (Read if necessary): By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.*

*Skip Pattern: If Age 18-44, go to C14Q01*

- \_\_ Number of times (1-76, 76-76 or more)
- 8 8 None [GO TO C14Q01]
- 7 7 Don't know/Not sure [GO TO C14Q01]
- 9 9 Refused [GO TO C14Q01]

C13Q02

How many of these falls caused an injury that limited your regular activities for at least a day or caused you to go to see a doctor?

*Interviewer Note: By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.*

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

**Section 14: Seat Belt Use and Drinking and Driving**

C14Q01

How often do you use seat belts when you drive or ride in a car? Would you say -

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never
- 7 Don't know/Not sure
- 8 Never drive or ride in a car [GO TO C15Q01 IF FEMALE, C16Q01 IF MALE]
- 9 Refused

C14Q02

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

*Skip Pattern: If C11Q01 = 888, go to C15Q01 if Female, C16Q01 if Male.*

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

## Section 15: Breast and Cervical Cancer Screening

### C15Q01

*The next questions are about breast and cervical cancer.*

Have you ever had a mammogram?

*Interviewer Note: A mammogram is an x-ray of each breast to look for breast cancer.*

*Skip Pattern: If Male, go to C16Q01.*

- 1 Yes
- 2 No [GO TO C15Q03]
- 7 Don't know/Not sure [GO TO C15Q03]
- 9 Refused [GO TO C15Q03]

### C15Q02

How long has it been since you had your last mammogram?

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused

### C15Q03

Have you ever had a Pap test?

*Interviewer Note: A Pap test is a test for cancer of the cervix.*

- 1 Yes
- 2 No [GO TO C15Q05]
- 7 Don't know/Not sure [GO TO C15Q05]
- 9 Refused [GO TO C15Q05]

### C15Q04

How long has it been since you had your last Pap test?

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused

C15Q05

*An HPV test is sometimes given with the Pap test for cervical cancer screening.*

Have you ever had an HPV test?

- 1 Yes
- 2 No [GO TO C15Q07]
- 7 Don't know/Not sure [GO TO C15Q07]
- 9 Refused [GO TO C15Q07]

C15Q06

How long has it been since you had your last HPV test?

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused

C15Q07

Have you had a hysterectomy?

*Interviewer Note: A hysterectomy is an operation to remove the uterus (womb).*

*Skip Pattern: If C08Q17=1 and Age 50 years or older, go to C17Q01. If C08Q17=1 and Age < 50, go to C18Q01.*

- 1 Yes [AGE ≥ 50, GO TO C17Q01; AGE <50, GO TO C18Q01]
- 2 No [AGE ≥ 50, GO TO C17Q01; AGE <50, GO TO C18Q01]
- 7 Don't know/Not sure [AGE ≥ 50, GO TO C17Q01; AGE <50, GO TO C18Q01]
- 9 Refused [AGE ≥ 50, GO TO C17Q01; AGE <50, GO TO C18Q01]

## Section 16: Prostate Cancer Screening

### C16Q01

Has a doctor, nurse, or other health professional ever talked with you about the advantages of the Prostate-Specific Antigen (PSA) test?

*Interviewer Note: A prostate-specific antigen test, also called a PSA test, is a blood test used to check men for prostate cancer.*

*Skip Pattern: If Age <40, go to C18Q01. If Female, go to C17Q01 (If Age ≥ 50) or C18Q01 (If Age <50).*

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

### C16Q02

Has a doctor, nurse, or other health professional ever talked with you about the disadvantages of the PSA test?

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

### C16Q03

Has a doctor, nurse, or other health professional ever recommended that you have a PSA test?

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

### C16Q04

Have you ever had a PSA test?

- 1 Yes
- 2 No [GO TO C17Q01]
- 7 Don't know/Not sure [GO TO C17Q01]
- 9 Refused [GO TO C17Q01]

C16Q05

How long has it been since you had your last PSA test?

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused

C16Q06

What was the main reason you had this PSA test - was it. . .?

- 1 Part of a routine exam
- 2 Because of a prostate problem
- 3 Because of a family history of prostate cancer
- 4 Because you were told you had prostate cancer
- 5 Some other reason
- 7 Don't know/Not sure
- 9 Refused

**Section 17: Colorectal Cancer Screening**

C17Q01

*The next questions are about the five different types of tests for colorectal cancer screening. A colonoscopy checks the entire colon. 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.*

Have you ever had a colonoscopy?

*Skip Pattern: If Age < 50, go to C18Q01.*

- 1 Yes
- 2 No [GO TO C17Q03]
- 7 Don't know/Not sure [GO TO C17Q03]
- 9 Refused [GO TO C17Q03]

C17Q02

How long has it been since you had this test?

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago
- 7 Don't know/Not sure
- 9 Refused

C17Q03

*A sigmoidoscopy checks part of the colon and you are fully awake.*

Have you ever had a sigmoidoscopy?

- 1 Yes
- 2 No [GO TO C17Q05]
- 7 Don't know/Not sure [GO TO C17Q05]
- 9 Refused [GO TO C17Q05]

C17Q04

How long has it been since you had this test?

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago
- 7 Don't know/Not sure
- 9 Refused



C17Q05

*Another test uses a special kit to obtain a small amount of stool at home to determine whether the stool contains blood and returns the kit to the doctor or the lab.*

Have you ever had this test using a home kit?

*Interviewer Note: This is also called a fecal immunochemical test or F.I.T. or a guaiac-based fecal occult blood test also known as gFOBT. The F.I.T. test uses antibodies to detect blood in the stool. The gFOBT uses a chemical called guaiac to detect blood in the stool.*

- 1 Yes
- 2 No [GO TO C17Q07]
- 7 Don't know/Not sure [GO TO C17Q07]
- 9 Refused [GO TO C17Q07]

C17Q06

How long has it been since you had this test?

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused

C17Q07

*Another test uses a special kit to obtain an entire bowel movement at home and returns the kit to the lab.*

Have you ever had this test?

*Interviewer Note: This is also called a FIT-DNA test, a stool DNA test, or a Cologuard test. This test combined the F.I.T. with a test that detects altered DNA in the stool.*

- 1 Yes
- 2 No [GO TO C17Q09]
- 7 Don't know/Not sure [GO TO C17Q09]
- 9 Refused [GO TO C17Q09]

C17Q08

How long has it been since you had this test?

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused

C17Q09

*For a virtual colonoscopy, your colon is filled with air and you are moved through a donut shaped X-ray machine as you lie on your back and then on your stomach.*

Have you ever had this test?

*Interviewer Note: Unlike a regular colonoscopy, you do not need medication to make you sleepy during the test.*

- 1 Yes
- 2 No [GO TO C18Q01]
- 7 Don't know/Not sure [GO TO C18Q01]
- 9 Refused [GO TO C18Q01]

C17Q10

How long has it been since you had this test?

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused

## Section 18: HIV/AIDS

### C18Q01

Including fluid testing from your mouth, but not counting tests you may have had a part of blood donation, have you ever been tested for HIV?

*Interviewer Note: 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.*

- 1 Yes
- 2 No [GO TO C18Q03]
- 7 Don't know/Not sure [GO TO C18Q03]
- 9 Refused [GO TO C18Q03]

### C18Q02

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

*Interviewer Note: 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.*

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

### C18Q03

*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 22: Random Child Selection

*[If C08Q15=1] 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, but not 88 or 99] 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. I would like to ask you some questions about that child.*

*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 Xth (CATI: please fill in) child.*

*Skip Pattern: If C08Q15=88 or 99, go to TX03Q01.*

### M22Q01

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

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

### M22Q02

Is the child a boy or girl?

1 Boy  
2 Girl  
9 Refused

### M22Q03

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

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

M22Q03b

(If M22Q03=yes) 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

M22Q04

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.*

- 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
- 8 8 Not additional choices
- 9 9 Refused

M22Q05

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.*

- 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

M22Q06

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 23: Childhood Asthma Prevalence

### M23Q01

*The next two questions are about the Xth child.*

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

- 1 Yes
- 2 No [GO TO TX04Q01]
- 7 Don't know/Not sure [GO TO TX04Q01]
- 9 Refused [GO TO TX04Q01]

### M23Q02

Does the child still have asthma?

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

## State-Added Section 4: Cancer Survivorship

### TX04Q01

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

*Skip Pattern: If C06Q06=1 or C06Q07=1 or C16Q06=4, continue. Else, go to TX05Q01.*

What type of doctor provides the majority of your health care?

*Interviewer Note 1: 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.)."*

*Interviewer Note 2: Read if necessary: "An oncologist is a medical doctor who manages a person's care and treatment after a cancer diagnosis."*

- 0 1 Cancer Surgeon
- 0 2 Family Practitioner
- 0 3 General Surgeon
- 0 4 Gynecologic Oncologist
- 0 5 General Practitioner, Internist
- 0 6 Plastic Surgeon, Reconstructive Surgeon
- 0 7 Medical Oncologist
- 0 8 Radiation Oncologist
- 0 9 Urologist
- 1 0 Other
- 7 7 Don't know/Not sure
- 9 9 Refused

#### TX04Q02

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

*Interviewer Note: Read 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

#### TX04Q03

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?

- 1 Yes
- 2 No [GO TO TX05Q01]
- 7 Don't know/Not sure [GO TO TX05Q01]
- 9 Refused [GO TO TX05Q01]

#### TX04Q04

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

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

### State-Added Section 5: Food Security

#### TX05Q01

How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals?

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



## State-Added Section 6: Oral Health

TX06Q01

How many times did you brush your teeth yesterday?

- 1 Once
- 2 Twice
- 3 3 times
- 4 4 or more times
- 5 None
- 7 Don't know/Not sure
- 8 No teeth
- 9 Refused

## State-Added Section 7: Tobacco 21

TX07Q01

What is the youngest age a person can legally buy tobacco products in Texas?

- Age (0 to 76 years)
- 77 Don't know/Not sure
- 99 Refused

## State-Added Section 8: Marijuana Vaping

TX08Q01

During the past 30 days, did you use an e-cigarette or vaping product that contained marijuana or THC oil?

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

## Module 21: Adverse Childhood Experiences

### M21Q01

*I'd like to ask you some questions about events that happened during your childhood. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age.*

*Now looking back before you were 18 years of age - - -*

Did you live with anyone who was depressed, mentally ill, or suicidal?

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

### M21Q02

Did you live with anyone who was a problem drinker or alcoholic?

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

### M21Q03

Did you live with anyone who used illegal street drugs or who abused prescription medications?

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

### M21Q04

Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

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

M21Q05

Were your parents separated or divorced?

- 1 Yes
- 2 No
- 8 Parents not married
- 7 Don't know/Not sure
- 9 Refused

M21Q06

How often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up? Was it...

- 1 Never
- 2 Once
- 3 More than once
- 7 Don't know/Not sure
- 9 Refused

M21Q07

Not including spanking, (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Was it...

- 1 Never
- 2 Once
- 3 More than once
- 7 Don't know/Not sure
- 9 Refused

M21Q08

How often did a parent or adult in your home ever swear at you, insult you, or put you down? Was it...

- 1 Never
- 2 Once
- 3 More than once
- 7 Don't know/Not sure
- 9 Refused

M21Q09

How often did anyone at least 5 years older than you or an adult ever touch you sexually? Was it...

- 1 Never
- 2 Once
- 3 More than once
- 7 Don't know/Not sure
- 9 Refused

M21Q10

How often did anyone at least 5 years older than you or an adult try to make you touch them sexually? Was it...

- 1 Never
- 2 Once
- 3 More than once
- 7 Don't know/Not sure
- 9 Refused

M21Q11

How often did anyone at least 5 years older than you or an adult force you to have sex? Was it...

- 1 Never
- 2 Once
- 3 More than once
- 7 Don't know/Not sure
- 9 Refused

**State-Added Section 9: Suicide Attempts**

TX09Q01

*The next few questions relate to suicide. If these questions create a need for additional information, please call the National Suicide Prevention Lifeline at 1-800-273-8255.*

During the past 12 months, have you ever seriously considered attempting suicide?

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

TX09Q02

During the past 12 months, did you actually attempt suicide?

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

### Asthma Call-Back Permission Script

#### 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 asthma programs in Texas. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you or others may refuse to participate in the future.*

Would it be okay if we called you back to ask additional asthma-related questions at a later time?

- 1 Yes
- 2 No

### Closing Statement

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