

Texas Behavioral Risk Factor Surveillance System Questionnaire

2021

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TEXAS
Health and Human
Services

Texas Department of State
Health Services

Contents

Section 1: Health Status	5
Section 2: Healthy Days - Health-Related Quality of Life	5
Section 3: Health Care Access	6
Section 4: Exercise	7
Section 5: Hypertension Awareness	8
Module 16: Home/Self-Measured Blood Pressure	8
Section 6: Cholesterol Awareness	9
Section 7: Chronic Health Conditions	10
Module 1: Prediabetes	13
Module 2: Diabetes	13
State-Added Section 1: Diabetes Family History	16
Section 8: Arthritis	16
Section 9: Demographics	18
Module 28: Sexual Orientation and Gender Identity	20
Module 24: Industry and Occupation	24
Section 10: Disability	26
Section 11: Tobacco Use	27
State-Added Section 2: E-Cigarettes	28
Section 12: Alcohol Consumption	28
Section 13: Immunization	29
Section 14: HIV/AIDS	31
Section 15: Fruits and Vegetables	31
Module 17: Sodium or Salt-Related Behavior	33
Module 18: Cognitive Decline	34
Module 19: Caregiver	35
Module 25: Random Child Selection	39

Module 26: Childhood Asthma Prevalence	42
State-Added Section 3: Disabilities	42
State-Added Section 4: Actions to Control Hypertension	45
State-Added Section 8: Marijuana Vaping	46
State-Added Section 9: Suicide Attempts	46
Asthma Call-Back Permission Script	47
Closing Statement	47

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

What is the current primary source of your health insurance?

Interviewer Note: If respondent has multiple sources of insurance, ask for the one used most often. If respondent gives the name of a health plan rather than the type of coverage, ask whether this is insurance provided independently, through their employer, or whether it is through Medicaid or CHIP.

- 1 A plan purchased through an employer or union (including plans purchased through another person's employer)
- 2 A private nongovernmental plan that you or another family member buys on your own
- 3 Medicare
- 4 Medigap
- 5 Medicaid
- 6 Children's Health Insurance Program (CHIP)
- 7 Military-related health care: TRICARE(CHAMPUS)/VA health care/CHAMP-VA
- 8 Indian Health Service
- 9 State-sponsored health plan
- 10 Other government program
- 88 None
- 77 Don't know/Not sure
- 99 Refused

C03Q02

Do you have one person or a group of doctors that you think of as your personal 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 you could not afford it?

- 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: 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: Hypertension Awareness

C05Q01

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

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

Interviewer Note: By other health professional we mean nurse practitioner, a 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 or elevated blood pressure
- 7 Don't know/Not sure
- 9 Refused

C05Q02

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-Measured Blood Pressure

M16Q01

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

- 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 C06Q01]
- 7 Don't know/Not sure [GO TO C06Q01]
- 9 Refused [GO TO C06Q01]

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 care 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 6: Cholesterol Awareness

C06Q01

Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your cholesterol checked?

- 1 Never [GO TO C07Q01]
- 2 Within the past year (Anytime less than 1 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)
- 8 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused [GO TO C07Q01]

C06Q02

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

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

- 1 Yes
- 2 No [GO TO C07Q01]
- 7 Don't know/Not sure [GO TO C07Q01]
- 9 Refused [GO TO C07Q01]

C06Q03

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

Interviewer Note: If respondent questions why they might take drugs without having high cholesterol, read: "High cholesterol is just one group recommended statin therapy for cholesterol management in the 2013 and 2018 Cholesterol Guidelines."

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

Section 7: Chronic Health Conditions

C07Q01

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

C07Q02

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

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

C07Q03

(Ever told) you had a stroke?

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

C07Q04

(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]

C07Q05

Do you still have asthma?

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

C07Q06

(Ever told) you had skin cancer?

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

C07Q07

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

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

C07Q08

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

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

C07Q09

(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

C07Q10

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

C07Q11

(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 C07Q12]
- 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: Prediabetes

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?"

Skip Pattern: If C07Q11=1 or 4, go to C07Q12.

- 1 Yes
- 2 Yes, during pregnancy
- 3 No
- 7 Don't know/Not sure
- 9 Refused

C07Q12

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

Module 2: Diabetes

M02Q01

Are you now taking insulin?

Skip Pattern: If C07Q11=2, 3, 4, 7, or 9, go to TX01Q01.

- 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 a family member or friend, but do not include times when checked by a health professional.

Interviewer Note: If respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in '98 times per day.'

- 1 _ _ Times per day (101-199)
- 2 _ _ Times per week (201-299)
- 3 _ _ Times per month (301-399)
- 4 _ _ Times per year (401-499)
- 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 (101-199)
- 2 _ _ Times per week (201-299)
- 3 _ _ Times per month (301-399)
- 4 _ _ Times per year (401-499)
- 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?

- _ _ # 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 you for A-one-C?

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

M02Q06

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

Skip Pattern: If M02Q03=555, go to M02Q07.

- # 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
- 8 Never
- 7 Don't know/Not sure
- 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

State-Added Section 1: Diabetes Family History

TX01Q01

Including 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? Do not include adopted relatives or those related only by marriage.

Interviewer Note: If respondent reports "grandparent", "grandmother", or "grandfather", please probe to determine if it's "mother's mother", "mother's father", "father's mother", "father's father".

- 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 (include half-sister)
- 8 Brother (include half-brother)
- 9 None
- 66 Other (specify)
- 77 Don't know/Not sure
- 99 Refused

Section 8: Arthritis

C08Q01

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

- 1 Yes
- 2 No [GO TO C09Q01]
- 7 Don't know/Not sure [GO TO C09Q01]
- 9 Refused [GO TO C09Q01]

C08Q02

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

C08Q03

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

C08Q04

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

Interviewer Note: If a respondent question arises about medication, say "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

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

C08Q05

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

Interviewer Note: If a respondent question arises about medication, say "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

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

C08Q06

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?

- RANGE 0-10
- 7 7 Don't know/Not sure
- 9 9 Refused

Section 9: Demographics

C09Q01

What is your age?

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

C09Q02

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

- 1 No, not of Hispanic, Latino/a, or Spanish origin
- 2 Yes [GO TO C09Q02b]
- 7 Don't know/Not sure
- 9 Refused

C09Q02b

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

C09Q03

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 C09Q04, otherwise go to M28Q01.

- 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

C09Q04

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 28: Sexual Orientation and Gender Identity

M28Q01

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?

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

Interviewer Note 2: 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 3: 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 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 non-conforming
- 4 No
- 7 Don't know/Not sure
- 9 Refused

C09Q05

Are you. . .?

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

C09Q06

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

C09Q07

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

C09Q08

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

C09Q09

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

C09Q10

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 C09Q12.

- 1 Yes
- 2 No [GO TO C09Q12]
- 7 Don't know/Not sure [GO TO C09Q12]
- 9 Refused [GO TO C09Q12]

C09Q11

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

C09Q12

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

C09Q13

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

C09Q14

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 [GO TO C09Q15]
- 4 Out of work for less than 1 year
- 5 A homemaker [GO TO C09Q15]
- 6 A student [GO TO C09Q15]
- 7 Retired [GO TO C09Q15]
- 8 Unable to work [GO TO C09Q15]
- 9 Refused [GO TO C09Q15]

Module 24: Industry and Occupation

M24Q01

What kind of work do/did you do? For example, registered nurse, janitor, cashier, auto mechanic.

Interviewer Note 1: If respondent is unclear, ask: "What is your job title?"

Interviewer Note 2: If respondent has more than one job, ask: "What is your main job?"

- 1 Gave answer
- 9 9 Refused

M20Q02

What kind of business or industry do/did you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.

Interviewer Note 1: If response is "health care", ask: "What sector of health care is that? For example, a hospital, health clinic, or nursing home?"

Interviewer Note 2: If response is "manufacturing", ask: "What does the business manufacture?"

- 1 Gave answer
- 9 9 Refused

C09Q15

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

- __ Number of children (1-87)
- 8 8 None
- 9 9 Refused

C09Q16

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

C09Q17

To your knowledge, are you now pregnant?

Interviewer Note: If Male or Female over the age of 49, go to C09Q18

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

C09Q18

About how much do you weigh without shoes?

Interviewer Note: Round fractions up.

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

C09Q19

About how tall are you without shoes?

Interviewer Note: Round fractions down.

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

Section 10: Disability

C10Q01

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

C10Q02

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

C10Q03

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

C10Q04

Do you have serious difficulty walking or climbing stairs?

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

C10Q05

Do you have difficulty dressing or bathing?

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

C10Q06

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 11: Tobacco Use

C11Q01

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

Interviewer Note 1: 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.

Interviewer Note 2: 5 packs = 100 cigarettes

- 1 Yes
- 2 No [GO TO C11Q03]
- 7 Don't know/Not sure [GO TO C11Q03]
- 9 Refused [GO TO C11Q03]

C11Q02

Do you now smoke cigarettes 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

C11Q03

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

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 C12Q01]
- 7 Don't know/Not sure [GO TO C12Q01]
- 9 Refused [GO TO C12Q01]

C11Q04

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

Section 12: Alcohol Consumption

C12Q01

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: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

- 1 _ _ Days per week
- 2 _ _ Days in past 30 days
- 8 8 8 No drinks in past 30 days [GO TO C13Q01]
- 7 7 7 Don't know/Not sure [GO TO C13Q01]
- 9 9 9 Refused [GO TO C13Q01]

C12Q02

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

C12Q03

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

C12Q04

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 13: Immunization

C13Q01

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 C13Q04]
- 7 Don't know/Not sure [GO TO C13Q04]
- 9 Refused [GO TO C13Q04]

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

C13Q03

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

Interviewer Note 1: How would you describe the place where you went to get your most recent flu vaccine?

Interviewer Note 2: If the respondent indicates that it was a drive through immunization site, ask the location of the site. If the respondent remembers only that it was drive through and cannot identify the location, code "12".

- 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
- 12 A drive through location at some other place than listed above
- 10 Received vaccination in Canada/Mexico
- 77 Don't know/Not sure
- 99 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

Section 14: HIV/AIDS

C14Q01

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 C15Q01]
- 7 Don't know/Not sure [GO TO C15Q01]
- 9 Refused [GO TO C15Q01]

C14Q02

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

Section 15: Fruits and Vegetables

C15Q01

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 respondent asks what to include or says "I don't know", read: "Include fresh, frozen, or canned fruit. Do not include dried fruits."

Interviewer Note 2: 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 times per month. Do not enter times per day unless the respondent reports that he/she consumed that food item each day during the past month.

- 1 __ Times per day (101-199)
- 2 __ Times per week (201-299)
- 3 __ Times per month (301-399)
- 3 0 0 Less than once a month
- 5 5 5 Never
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

C15Q02

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: If respondent asks about examples of fruit-flavored drinks, read: "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 juices or 100% juice blends."

- 1 _ _ Times per day (101-199)
- 2 _ _ Times per week (201-299)
- 3 _ _ Times per month (301-399)
- 3 0 0 Less than once a month
- 5 5 5 Never
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

C15Q03

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

Interviewer Note: If respondent asks about spinach, read: "Include spinach salads."

- 1 _ _ Times per day (101-199)
- 2 _ _ Times per week (201-299)
- 3 _ _ Times per month (301-399)
- 3 0 0 Less than once a month
- 5 5 5 Never
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

C15Q04

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

Interviewer Note: If respondent asks about potato chips, read: "Do not include potato chips."

- 1 _ _ Times per day (101-199)
- 2 _ _ Times per week (201-299)
- 3 _ _ Times per month (301-399)
- 3 0 0 Less than once a month
- 5 5 5 Never
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

C15Q05

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

Interviewer Note: If respondent asks about what types of potatoes to include, read: "Include all types of potatoes except fried. Include potatoes au gratin and scalloped potatoes."

- 1 _ _ Times per day (101-199)
- 2 _ _ Times per week (201-299)
- 3 _ _ Times per month (301-399)
- 3 0 0 Less than once a month
- 5 5 5 Never
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

C15Q06

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

- 1 _ _ Times per day (101-199)
- 2 _ _ Times per week (201-299)
- 3 _ _ Times per month (301-399)
- 3 0 0 Less than once a month
- 5 5 5 Never
- 7 7 7 Don't know/Not sure
- 9 9 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 18: Cognitive Decline

M18Q01

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 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?

Skip Pattern: If under the age of 45, go to M19Q01.

- 1 Yes
- 2 No [GO TO M19Q01]
- 7 Don't know/Not sure
- 9 Refused [GO TO M19Q01]

M18Q02

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

M18Q03

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

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely [GO TO M18Q05]
- 5 Never [GO TO M18Q05]
- 7 Don't know/Not sure [GO TO M18Q05]
- 9 Refused [GO TO M18Q05]

M18Q04

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

M18Q05

During the past 12 month, 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

M18Q06

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 19: Caregiver

M19Q01

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?

- 1 Yes
- 2 No [GO TO M19Q09]
- 8 Caregiving recipient died in past 30 days [GO TO M19Q09]
- 7 Don't know/Not sure [GO TO M19Q09]
- 9 Refused [GO TO M19Q09]

M19Q02

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

M19Q03

For how long have you provided care for that person? Would you say...

- 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

M19Q04

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

- 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

M19Q05

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

Interviewer Note: Please tell me which of these conditions would you say is the major problem?

- 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 M19Q07]
- 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

M19Q06

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

M19Q07

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

M19Q08

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

M19Q09

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 25: Random Child Selection

[If C09Q15=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 C09Q15>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.

M25Q01

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

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

M25Q02

Is the child a boy or girl?

1 Boy
2 Girl
9 Refused

M25Q03

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

1 No, not of Hispanic, Latino/a, or Spanish origin
2 Yes [GO TO M25Q03b]
7 Don't know/Not sure
9 Refused

M25Q03b

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

M25Q04

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

M25Q05

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

M25Q06

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 26: Childhood Asthma Prevalence

M26Q01

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 TX03Q01]
- 7 Don't know/Not sure [GO TO TX03Q01]
- 9 Refused [GO TO TX03Q01]

M26Q02

Does the child still have asthma?

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

State-Added Section 3: Disabilities

TX03Q01

Skip Pattern: If any of Section 7: Chronic Health Conditions or Section 10: Disabilities responses equal 1, continue. Else, go to TX04Q01.

In the last month, because of a physical, mental, or emotional condition, do/did you have any difficulty completing tasks such as bathing/showering, getting dressed, eating/drinking, getting around your home, and using the toilet without assistance from another individual and/or use of special equipment?

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

TX03Q02

In the last month, because of a physical, mental, or emotional condition, do/did you have any difficulty completing tasks such as housework, preparing meals, managing medications, shopping, or managing money without assistance from another individual and/or use of special equipment?

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

TX03Q03

In the last month, did you ever go without completing specific tasks like bathing/showering, getting dressed, eating/drinking, getting around your home, and using the toilet?

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

TX03Q04

In the last month, did you ever go without completing specific tasks like housework, preparing meals, managing medications, shopping, or managing money?

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

TX03Q05

Is there anyone who helps you at home or in the community with daily activities (like the ones mentioned above) on a regular basis?

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

TX03Q06

How many times a day, week, or month does someone help you at home or in the community with daily activities (like the ones mentioned previously) on a regular basis?

- 1 __ Times per day (101-199)
- 2 __ Times per week (201-299)
- 3 __ Times per month (301-399)
- 8 8 8 Never
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

TX03Q07

Are your supports paid, unpaid (for example a family friend or family member), or both?

- 1 Unpaid [GO TO TX04Q01]
- 2 Paid
- 3 Both - Unpaid and Paid [GO TO TX04Q01]
- 7 Don't know/Not sure [GO TO TX04Q01]
- 9 Refused [GO TO TX04Q01]

TX03Q08

If paid, where does the money come from to pay for the support?

- 1 Insurance
- 2 Out of pocket
- 3 Other
- 7 Don't know/Not sure
- 9 Refused

TX03Q09

Thinking about all of the help that you have received in a typical month (whether it be supports in your home, in the community, or in a facility like a group home, assisted living, or nursing home), about how much money did you pay out-of-pocket for this help?

- -- Amount of money (0-9999)
- 7 7 7 7 Don't know/Not sure
- 9 9 9 9 Refused

TX03Q10

Thinking about all of your out-of-pocket expenses for the help you get in a typical month, how difficult was it to afford?

- 1 Very difficult
- 2 Somewhat difficult
- 3 A little difficult
- 4 Not difficult at all
- 7 Don't know/Not sure
- 9 Refused

State-Added Section 4: Actions to Control Hypertension

TX04Q01

Has a doctor or other health professional ever advised you to do any of the following to help lower or control your high blood pressure?

(Ever advised you to) change your eating habits (to help lower or control your high blood pressure)?

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

TX04Q02

(Ever advised you to) cut down on salt (to help lower or control your high blood pressure)?

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't know/Not sure
- 9 Refused

TX04Q03

(Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)?

- 1 Yes
- 2 No
- 3 Do not drink
- 7 Don't know/Not sure
- 9 Refused

TX04Q04

(Ever advised you to) exercise (to help lower or control your high blood pressure)?

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

TX04Q05

(Ever advised you to) take medication (to help lower or control your high blood pressure)?

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

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.