

2008

Rhode Island

Behavioral Risk Factor Surveillance System

Questionnaire

December, 2007

Behavioral Risk Factor Surveillance System 2008 Questionnaire

Table of Contents

Introduction Script.....	3
Section 1: Health Status	5
Section 2: Healthy Days — Health-Related Quality of Life	5
Section 3: Health Care Access.....	6
Section 4: Sleep.....	7
Section 5: Exercise	7
Section 6: Diabetes.....	7
Module 1: Pre-Diabetes.....	8
State-Added 1: Diabetes for Diabetics	8
State-added 2: Diabetes awareness and prevention	9
Section 7: Oral Health.....	10
Section 8: Cardiovascular Disease Prevalence	11
Section 9: Asthma.....	12
Section 10: Disability	12
Section 11: Tobacco Use.....	13
Section 12: Demographics	13
State-Added 3: City/Town.....	17
Section 13: Alcohol Consumption.....	19
Section 14: Immunization	20
Section 15: Falls	21
Section 16: Seatbelt Use	21
Section 17: Drinking and Driving	22
Section 18: Women’s Health	22
Section 19: Prostate Cancer Screening	24
Section 20: Colorectal Cancer Screening.....	25
Section 21: HIV/AIDS	26
Section 22: Emotional Support and Life Satisfaction	28
Module 15: Random Child Selection	29
Module 16: Childhood Asthma Prevalence	31
State-Added 4: Child Health Care Coverage.....	31
State-Added 5: Children’s Oral Health	31
State-added 6: Adult Health Insurance Coverage.....	33
State Added 7: Adult Oral Health	34
State-added 8: Tobacco control	35
State Added 9: Housing conditions: Mold (Lead Program)	37
State-Added 10: Address for Census Block Group Coding.....	38
State-Added 11: Contact Letter	39
State-added 12: Asthma call-back screener.....	40
State-added 13: Physical measures call-back screener	40
State-added 14: Language Indicator	40
Closing statement	41

Introduction Script

HELLO, I am calling for the Rhode Island Department of Health. My name is (name). We are gathering information about the health of Rhode Island 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. **//Add contact information or IVR number here.**

Is this (phone number) ?

If "no,"

Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **STOP**

Is this a private residence in Rhode Island ?

If "no,"

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

Is this a cellular telephone?

Read only if necessary: "By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood".

If "yes,"

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

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

___ Number of adults

If "1,"

Are you the adult?

If "yes,"

Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary). **Go to page 5.**

If "no,"

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

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

___ Number of men

___ Number of women

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

If "you," go to page 4

To the correct respondent:

HELLO, I am calling for the Rhode Island Department of Health . My name is (name) . We are gathering information about the health of Rhode Island 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.

Confidentiality Statement

I will not ask for your name or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions **about this survey, please call (give appropriate state telephone number).**

The interview takes approximately 20 minutes to complete. This call may be monitored for quality assurance.

Section 1: Health Status

s1q1 Would you say that in general your health is— (73)

Please read:

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

Or

- 5 Poor

Do not read:

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

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

s2q1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (74–75)

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

s2q2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (76–77)

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

{CATI: If s2q1 and s2q2 = 88 (None), go to next section}

s2q3 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (78-79)

- -- Number of days

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

Section 3: Health Care Access

s3q1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (80)

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

s3q2 Do you have one person you think of as your personal doctor or health care provider?
If "No," ask: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?" (81)

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

s3q3 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (82)

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

s3q4 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. (83)

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

Section 4: Sleep

The next question is about getting enough rest or sleep.

s4q1 During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (84-85)

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

Section 5: Exercise

s5q1 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (86)

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

Section 6: Diabetes

s6q1 Have you ever been told by a doctor that you have diabetes?

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

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

(87)

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

Module 1: Pre-Diabetes

{CATI: if s6q1=1 go to next section. Else continue.}

Mod1_1 Have you had a test for high blood sugar or diabetes within the past three years?

(226)

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

[CATI: If Core s6q1 = 4 (No, pre-diabetes or borderline diabetes); answer Mod1_22 "Yes" (code = 1).] (automated)

Mod1_2. Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

(227)

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

State-Added 1: Diabetes for Diabetics

{CATI: If Core s6q1 = 1, continue; Else go to next section}

RI1_1. A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?

- ___ Number of times [76 = 76 or more]
- 88 None
- 98 Never heard of "A one C" test
- 77 Don't know/not sure
- 99 Refused

RI1_2. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

- ___ Number of times [76 = 76 or more]
- 98 No feet
- 88 None
- 77 Don't know/not sure
- 99 Refused

RI1_3. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

Read Only If Necessary

- 1 within the past month (anytime less than 1 month ago)
- 2 within the past year (1 month but less than 12 months ago)
- 3 within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago
- 8 never
- 7 don't know/not sure
- 9 refused

RI1_4. 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

RI1_5. In the past 12 months have you attended at least one diabetes education group session or a one-on-one counseling session with a diabetes educator, nurse, dietician, or pharmacist?

- 1 yes
- 2 no
- 7 don't know/not sure
- 9 refused

State-added 2: Diabetes awareness and prevention

{If Core s6q1 = 2,3,4,7,9 (i.e. not diabetic), continue; Else go to next section}

RI2_1. Does the following statement apply to you? I get little or no exercise during a usual day.

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

RI2_2. Have any of your immediate blood relatives – your mother, father, brothers or sisters – had diabetes?

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

{If selected=female, continue, else go to RI2_4}

RI2_3. Have you ever given birth to a baby that weighed more than 9 pounds (4.1 kg) at birth?

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

RI2_4. How worried are you that in the next 10 years you will get diabetes? Would you say you are very worried, somewhat worried, slightly worried, or not at all worried?

- 1 Very worried
- 2 Somewhat worried
- 3 Slightly worried
- 4 Not at all worried
- 7 Don't know/ Not sure
- 9 Refused

Section 7: Oral Health

s7q1 How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.

(88)

Read only if necessary:

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

Do not read:

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

s7q2 How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

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

(89)

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

[CATI: If s7q1 = 8 (Never) or s7q2 = 3 (All), go to next section]

s7q3 How long has it been since you had your teeth cleaned by a dentist or dental hygienist? (90)

Read only if necessary:

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

Do not read:

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

Section 8: Cardiovascular Disease Prevalence

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

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

s8q1 (Ever told) you had a heart attack, also called a myocardial infarction? (91)

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

s8q2 (Ever told) you had angina or coronary heart disease? (92)

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

s8q3 (Ever told) you had a stroke? (93)

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

Section 9: Asthma

s9q1 Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (94)

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

s9q2 Do you still have asthma? (95)

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

Section 10: Disability

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

s10q1 Are you limited in any way in any activities because of physical, mental, or emotional problems? (96)

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

s10q2 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (97)

[Include occasional use or use in certain circumstances.]

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

Section 11: Tobacco Use

s11q1 Have you smoked at least 100 cigarettes in your entire life? (98)

NOTE: 5 packs = 100 cigarettes

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

s11q2 Do you now smoke cigarettes every day, some days, or not at all? (99)

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

s11q3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (100)

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

Section 12: Demographics

s12q1 What is your age? (101-102)

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

s12q2 Are you Hispanic or Latino? (103)

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

s12q3 Which one or more of the following would you say is your race? (104-109)

(Check all that apply)

Please read:

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

Or

6 Other [specify] _____

Do not read:

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

[CATI: If more than one response to s12q3; continue. Otherwise, go to s12q5]

s12q4 Which one of these groups would you say best represents your race? (110)

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

Do not read:

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

s12q5 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. (111)

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

s12q6 Are you...? (112)

Please read:

- 1 Married

- 2 Divorced
 - 3 Widowed
 - 4 Separated
 - 5 Never married
- Or**
- 6 A member of an unmarried couple

Do not read:
9 Refused

s12q7 How many children less than 18 years of age live in your household? (113-114)

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

s12q8 What is the highest grade or year of school you completed? (115)

Read only if necessary:

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

Do not read:
9 Refused

s12q9 Are you currently...? (116)

Please read:

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired

Or
8 Unable to work

Do not read:
9 Refused

s12q10 Is your annual household income from all sources— (117-118)

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

Read only if necessary:

- 0 4 Less than \$25,000 If “no,” ask 05; if “yes,” ask 03
(\$20,000 to less than \$25,000)
- 0 3 Less than \$20,000 If “no,” code 04; if “yes,” ask 02
(\$15,000 to less than \$20,000)
- 0 2 Less than \$15,000 If “no,” code 03; if “yes,” ask 01
(\$10,000 to less than \$15,000)
- 0 1 Less than \$10,000 If “no,” code 02
- 0 5 Less than \$35,000 If “no,” ask 06
(\$25,000 to less than \$35,000)
- 0 6 Less than \$50,000 If “no,” ask 07
(\$35,000 to less than \$50,000)
- 0 7 Less than \$75,000 If “no,” code 08
(\$50,000 to less than \$75,000)
- 0 8 \$75,000 or more

Do not read:

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

s12q11 About how much do you weigh without shoes?

(119-122)

[CATI: If respondent answers in metrics, put “9” in column 119.]

Round fractions up

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

s12q12 About how tall are you without shoes?

(123-126)

NOTE: If respondent answers in metrics, put “9” in column 123.

Round fractions down

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

[CATI: If s12q11 = 7777 (Don't know/Not sure) or 9999 (Refused), go to s12q15]

s12q13 How much did you weigh a year ago? [If you were pregnant a year ago, how much did you weigh before your pregnancy?] {CATI: If female respondent and age <46.}

(127-130)

NOTE: If respondent answers in metrics, put "9" in column 127.

Round fractions up

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

[CATI: Subtract weight one year ago from current weight. If weight is same, go to RI3_1 (town)]

s12q14 Was the change between your current weight and your weight a year ago intentional?

(131)

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

State-Added 3: City/Town

{CATI: Insert after core s12q14}

RI3_1. What city or town do you live in?

Enter Town code {CATI: Autocode to county}
7 7 7 Don't know / Not sure
9 9 9 Refused

{County question s12q15 will not be asked of respondent. County will be auto-coded during processing based on city/town.}

~~12.15~~ What county do you live in?

~~(132-134)~~

~~_____ FIPS county code
_____ 7 7 7 Don't know / Not sure
_____ 9 9 9 Refused~~

s12q16 What is your ZIP Code where you live?

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

s12q17 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (140)

- 1 Yes
- 2 No [Go to s12q19]
- 7 Don't know / Not sure [Go to s12q19]
- 9 Refused [Go to s12q19]

s12q18 How many of these telephone numbers are residential numbers? (141)

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

s12q19 During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters. (142)

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

s12q20 Indicate sex of respondent. Ask only if necessary. (143)

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

s12q21 To your knowledge, are you now pregnant? (144)

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

Section 13: Alcohol Consumption

s13q1 During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (145)

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

s13q2 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (146-148)

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

S13q3 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

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

(149-150)

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

s13q4 Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X [CATI X = 5 for men, X = 4 for women]** or more drinks on an occasion? (151-152)

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

s13q5 During the past 30 days, what is the largest number of drinks you had on any occasion? (153-154)

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

Section 14: Immunization

s14q1 A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot? (155)

- 1 Yes
- 2 No [Go to s14q3]
- 7 Don't know / Not sure [Go to s14q3]
- 9 Refused [Go to s14q3]

s14q2 During what month and year did you receive your most recent flu shot? (156-161)

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

s14q3 During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine sprayed in the nose is also called FluMist™. (162)

- 1 Yes
- 2 No [Go to s14q5]
- 7 Don't know / Not sure [Go to s14q5]
- 9 Refused [Go to s14q5]

s14q4 During what month and year did you receive your most recent flu vaccine that was sprayed in your nose? (163-168)

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

s14q5 A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot? (169)

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

Section 15: Falls

{CATI: If s12q1>45 continue, otherwise go to next section.}

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

s15q1 In the past 3 months, how many times have you fallen? (170-171)

— —	Number of times	[76 = 76 or more]
8 8	None	[Go to next section]
7 7	Don't know / Not sure	[Go to next section]
9 9	Refused	[Go to next section]

s15q2 **{CATI: Fill in “Did this fall cause an injury?” if s15q1=1.}**

[Interviewer Note: If only one fall from s15q1 and response is “Yes” (caused an injury); code 01. If response is “No”, code 88.]

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

(172-173)

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

Section 16: Seatbelt Use

s16q1 How often do you use seat belts when you drive or ride in a car? Would you say— (174)

Please read:

1	Always
2	Nearly always
3	Sometimes
4	Seldom
5	Never

Do not read:

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

Section 17: Drinking and Driving

{CATI: If s16q1 = 8 (Never drive or ride in a car), go to Section 18; otherwise continue.}

{CATI: If s13q1 = 2 (No); go to next section.}

The next question is about drinking and driving.

s17q1 During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (175-176)

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

Section 18: Women's Health

{CATI: If respondent is male (s12q20=1), go to the next section.}

The next questions are about breast and cervical cancer.

s18q1 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (177)

- 1 Yes
- 2 No [Go to s18q3]
- 7 Don't know / Not sure [Go to s18q3]
- 9 Refused [Go to s18q3]

s18q2 How long has it been since you had your last mammogram? (178)

Read only if necessary:

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

Do not read:

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

s18q3 A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam? (179)

- 1 Yes
- 2 No [Go to s18q5]
- 7 Don't know / Not sure [Go to s18q5]
- 9 Refused [Go to s18q5]

s18q4 How long has it been since your last breast exam? (180)

Read only if necessary:

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

Do not read:

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

s18q5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (181)

- 1 Yes
- 2 No [Go to pre-s18q7]
- 7 Don't know / Not sure [Go to pre-s18q7]
- 9 Refused [Go to pre-s18q7]

s18q6 How long has it been since you had your last Pap test? (182)

Read only if necessary:

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

Do not read:

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

Pre-s18q7: [CATI: If response to Core s12q21 = 1 (is pregnant) go to next section.]

s18q7 Have you had a hysterectomy? (183)

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

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

Section 19: Prostate Cancer Screening

[CATI: If s12q1<40 or s12q20=2 (female) go to next section.]

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

s19q1 A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? (184)

- 1 Yes
- 2 No **[Go to s19q3]**
- 7 Don't Know / Not sure **[Go to s19q3]**
- 9 Refused **[Go to s19q3]**

s19q2 How long has it been since you had your last PSA test? (185)

Read only if necessary:

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

Do not read:

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

s19q3 A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam? (186)

- 1 Yes

- 2 No [Go to s19q5]
- 7 Don't know / Not sure [Go to s19q5]
- 9 Refused [Go to s19q5]

s19q4 How long has it been since your last digital rectal exam? (187)

Read only if necessary:

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

Do not read:

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

s19q5 Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer? (188)

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

Section 20: Colorectal Cancer Screening

[CATI: If s12q1<50 go to next section.]

s20q1 A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (189)

- 1 Yes
- 2 No [Go to s20q3]
- 7 Don't know / Not sure [Go to s20q3]
- 9 Refused [Go to s20q3]

s20q2 How long has it been since you had your last blood stool test using a home kit? (190)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)

- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

Do not read:

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

s20q3

Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

(191)

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

s20q4

For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy?

(192)

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

s20q5

How long has it been since you had your last sigmoidoscopy or colonoscopy?

(192)

Read only if necessary:

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

Do not read:

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

Section 21: HIV/AIDS

[CATI: If s12q1>64 (65 years old or older) go to next section.]

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

s21q1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (193)

- 1 Yes
- 2 No [Go to s21q5]
- 7 Don't know / Not sure [Go to s21q5]
- 9 Refused [Go to s21q5]

s21q2 Not including blood donations, in what month and year was your last HIV test? (194-199)

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

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

- $\frac{_}{7} \frac{/}{7} \frac{_}{9} \frac{_}{9} \frac{_}{9} \frac{_}{9}$ Code month and year
- $\frac{7}{7} \frac{7}{7} \frac{7}{7} \frac{7}{7}$ Don't know / Not sure
- $\frac{9}{9} \frac{9}{9} \frac{9}{9} \frac{9}{9}$ Refused

s21q3 Where did you have your last HIV test — at a private doctor or HMO office, at counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else? (200-201)

- 0 1 Private doctor or HMO office
- 0 2 Counseling and testing site
- 0 3 Hospital
- 0 4 Clinic
- 0 5 Jail or prison (or other correctional facility)
- 0 6 Drug treatment facility
- 0 7 At home
- 0 8 Somewhere else
- 7 7 Don't know / Not sure
- 9 9 Refused

[CATI: Ask s21q4; if s21q2 = within last 12 months. Otherwise, go to s21q5.]

s21q4 Was it a rapid test where you could get your results within a couple of hours? (202)

- 1 Yes
- 2 No

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

s21q5 I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You do not need to tell me which one.

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

Do any of these situations apply to you?

(203)

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

Section 22: Emotional Support and Life Satisfaction

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

s22q1 How often do you get the social and emotional support you need?

INTERVIEWER NOTE: If asked, say "please include support from any source".

(204)

Please read:

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

Do not read:

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

s22q2 In general, how satisfied are you with your life?

(205)

Please read:

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

Do not read:

- 7 Don't know / Not sure

Module 15: Random Child Selection

CATI: If Core s12q7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

If Core s12q7 = 1, Interviewer please read: “Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.” **[Go to Mod15_1]**

If Core s12q7 is >1 and Core s12q7 does not equal 88 or 99, Interviewer please read: “Previously, you indicated there were **[number]** children age 17 or younger in your household. Think about those **[number]** children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last.” Please include children with the same birth date, including twins, in the order of their birth.

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

INTERVIEWER PLEASE READ:

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

Mod15_1. What is the birth month and year of the “Xth” child? (365-370)

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

CATI INSTRUCTION: Calculate the child’s age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is ≥ 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

Mod15_2. Is the child a boy or a girl? (371)

1	Boy
2	Girl
9	Refused

Mod15_3. Is the child Hispanic or Latino? (372)

1	Yes
2	No

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

Mod15_4. Which one or more of the following would you say is the race of the child?

(373-378)

[Check all that apply]

Please read:

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

Do not read:

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

[CATI: If more than one response to Mod15_4, continue. Otherwise, go to Mod15_6.]

Mod15_5. Which one of these groups would you say best represents the child's race?

(379)

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

Mod15_6. How are you related to the child?

(380)

Please read:

- 1 Parent (include biologic, step, or adoptive parent)
- 2 Grandparent
- 3 Foster parent or guardian
- 4 Sibling (include biologic, step, and adoptive sibling)
- 5 Other relative
- 6 Not related in any way

Do not read:

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

Module 16: Childhood Asthma Prevalence

{CATI: If response to Core s12q7 = 88 (None) or 99 (Refused) go to next section.}

The next questions are about the same child.

Mod16_1. Has a doctor, nurse or other health professional EVER said that the child has asthma? (382)

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

Mod16_2. Does the child still have asthma? (383)

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

State-Added 4: Child Health Care Coverage

{CATI: If response to Core s12q7 = 88 (None) or 99 (Refused) go to next section.}

RI4_1. Is this child covered by any kind of health care plan, either a private plan such as Bluecross or United, or a government plan such as Medicaid, Rite Care, or Tricare?

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

State-Added 5: Children's Oral Health

{CATI: If response to Core s12q7 = 88 (None) or 99 (Refused) go to next section.}

RI5_1 Does this child have any kind of insurance coverage that pays for some or all of his/her routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid?

- 1 Yes

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

[CATI: If RI5_1 =1, continue. Else go to RI5_3]

RI5_2 Which plan provides this dental coverage?

Please Read

- 01 Delta Dental
- 02 Blue Cross Dental
- 03 Other Private Plan(**Specify:**_____)
- 04 Rite Smiles
- 05 Rite Care
- 06 Medicare (Supplement Or Managed Care Plan)
- 07 Military, Veterans, Or Tricare Family Dental Plan
- 08 Other (**Specify:**_____)

Do not read

- 88 No Dental Coverage
- 77 Don't Know/Not Sure
- 99 Refused

{CATI: FOR CHILDREN AGES 1 AND OLDER}

RI 5_3 About how long has it been since this child last went to a dentist or dental hygienist?

Read if necessary

- 1 During the past 12 months
- 2 One to Two years ago (13 - 24 MONTHS)
- 3 Three to five years ago
- 4 More than five years ago
- 5 NEVER

Do not read

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

[CATI: If childage=1 year and older, and RI5_3=1, continue. Else go to RI5_5]

RI5_4 Were any of the visits this child made during the past 12 months primarily for a checkup or cleaning?

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

[CATI: If childage=1yr-18yrs, ask RI5_5]

RI5_5 Has this child had one or more fillings?

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

[CATI: If childage=6yrs to <18yrs, ask RI5_6]

Dental sealants are special plastic coatings painted on the tops of the back teeth to prevent tooth decay. They are different from fillings, caps, crowns, and fluoride treatments.

RI5_6 Has this child had sealants painted on his/her teeth?

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

RI5_7 Does this child have cavities or untreated dental decay?

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

State-added 6: Adult Health Insurance Coverage

[CATI: If core s3q1=1, continue. Else, go to RI6_2]

Earlier you said you have health care coverage.

RI6_1. What type of health care coverage do you use to pay for most of your medical care?

Is it coverage through:

PLEASE READ

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid or Medical Assistance
- 06 Rite Care
- 07 The military, CHAMPUS or TriCare, or the VA

- 08 The Indian Health Service [or the Alaska Native Health Service]
- Or
- 09 Some other source

DO NOT READ

- 88 None
- 77 Don't Know/Not Sure
- 99 Refused

[CATI: If core s3q1=2 or 7, continue. Else, go to next section]

Earlier you said you do not have health care coverage or weren't sure you had health care coverage.

RI6_2. There are some types of coverage you may not have considered. Please tell me if you have any of the following:

[IF MORE THAN ONE, ASK "Which type do you use to pay for most of your medical care?"]

Is it coverage through:

PLEASE READ

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid or Medical Assistance
- 06 Rite Care
- 07 The military, CHAMPUS or TriCare, or the VA
- 08 The Indian Health Service [or the Alaska Native Health Service]
- Or
- 09 Some other source

DO NOT READ

- 88 None
- 77 Don't Know/ Not Sure
- 99 Refused

State Added 7: Adult Oral Health

RI7_1 Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid?

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

RI7_2 Which plan provides this dental coverage?

PLEASE READ

- 01 Delta Dental
- 02 Blue Cross Dental
- 03 Other Private Plan (**Specify:**_____)
- 04 Rite Smiles
- 05 Rite Care
- 06 Medicare (Supplement Or Managed Care Plan)
- 07 Military, Veterans, Or Tricare Family Dental Plan
- 08 Other (**Specify:**_____)

Do Not Read

- 88 No Dental Coverage
- 98 Don't Know/Not Sure
- 99 Refused

RI7_3 When was the last time you had a test for oral cancer in which a dentist, doctor, or dental hygienist pulls on your tongue, sometimes with gauze wrapped around it, and feels under the tongue and inside the cheeks?

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

RI7_4 Do you have cavities or untreated dental decay?

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

State-added 8: Tobacco control

[CATI: If s11q1=1 (EVER SMOKED), continue. Else go to RI8_5]

Previously you said you smoke {if s11q2=3, fill-in "used to smoke"} cigarettes.

RI8_1 Do (did) you smoke primarily menthol or plain cigarettes?

- 1 Menthol
- 2 Plain

3 Both
7 Do Not Know
9 Refused

[CATI: Ask if s11q2=1 or 2. All others go to R18_5.]

R18_2. On the average, when you smoked during the last 30 days, about how many cigarettes did you smoke a day?

__ Number of cigarettes [76 = 76 or more]
77 Don't know / Not sure
88 Didn't smoke in past 30 days
99 Refused

R18_3. In the last 12 months, how many times have you seen a doctor or other health professional to get any kind of care for yourself?

__ Number of times [Range 01-76] [76=76 or more]
88 None **[Go to R18_5]**
77 Don't know / Not sure
99 Refused **[Go to R18_5]**

{CATI: If R18_3= 1 – 76, continue. Else go to R18_5}

R18_4. In the past 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider?

__ Number of times [Range 01-76] [76=76 or more]
88 None
77 Don't know / Not sure
99 Refused

{Ask R18_5 of ALL.}

R18_5. Thinking about the past 7 days, about how many hours a week were you exposed to other people's tobacco smoke inside your house or apartment?

[If respondent was exposed 1 hour or less, but more than none, enter 01]

__ Number of hours [If 95 or more, enter 95]
98 Not exposed at all
97 Don't know / Not sure
99 Refused

{CATI: If s12q9 = 1 or 2 (employed or self-employed), continue; else go to R18_7.}

RI8_6. Thinking about the past 7 days, about how many hours a week were you exposed to other people's tobacco smoke when you were at work?

[If respondent was exposed 1 hour or less, but more than none, enter 01]

- __ Number of hours [If 95 or more, enter 95]
- 96 Do not work indoors
- 98 Not exposed at all
- 97 Don't know / Not sure
- 99 Refused

RI8_7. In the past 12 months, have you heard, read, or seen anti-smoking information?

- 1 Yes
- 2 No **[Go to RI8_9]**
- 7 Don't know / Not sure **[Go to RI8_9]**
- 9 Refused **[Go to RI8_9]**

RI8_8. Have you heard, read or seen anti-smoking information from television?

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

RI8_9. Concerning smoking in in-door work areas - should it be allowed in all areas, only in certain areas, or not be allowed at all?

- 1 Allowed in all areas
- 2 Allowed only in certain areas
- 3 Not allowed at all
- 7 Don't know / Not sure
- 9 Refused

RI8_10. During the past 12 months have you received in the mail any promotional information, coupons or ads from tobacco companies?

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

State Added 9: Housing conditions: Mold (Lead Program)

{Ask of ALL}

RI9_1. Are there places in your home where you have mold?

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

RI9_2. Do you have mold in living areas other than the bathroom and basement?

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

State-Added 10: Address for Census Block Group Coding

{Ask of ALL}

We need to know for each person we interview, what street block you are on. That's so the computer can figure out how close that block is to the nearest fire station and hospital.

RI10_1. What street do you live on? And could you tell me the street address of any building on your sides of the block: It doesn't have to be your address- just any address that would be on your side of your block.

- 1 **Specify:** _____ **[go to RI10_1qc]**
- 9 Refused

RI10_1qc I just want to make sure I got it right. The street address that is on your side of the block is: **{CATI FILL-IN RI10_1_specify.}** Is this correct?

- 1 Yes
- 2 No
- 9 Refused

{If RI10_1=1, go to next section; If RI10_1=9, continue}:}

RI10_2a. What are the names of the streets at the nearest intersection to your home?

- 1 **Specify street 1:** _____
- 7 Don't know / Not sure
- 9 Refused

RI10_2b. (What are the names of the **other** streets at the nearest intersection to your home?)

- 1 **Specify street 2:** _____
- 8 No more streets
- 7 Don't know / Not sure
- 9 Refused

RI10_2c. (What are the names of the **other** streets at the nearest intersection to your home?)

- 1 **Specify street 3:** _____
- 8 No more streets
- 7 Don't know / Not sure
- 9 Refused

RI10_2d. (What are the names of the **other** streets at the nearest intersection to your home?)

- 1 **Specify street 4:** _____
- 8 No more streets
- 7 Don't know / Not sure
- 9 Refused

RI10_2qc I just want to make sure I got it right, the streets at the intersection nearest your house are: **{CATI FILL-IN response 1 from RI10_2a, b, c, d.}**. Is this correct?

- 1 Yes
- 2 No
- 9 Refused

State-Added 11: Contact Letter

{Ask of All}

RI11_1. Before I called you today, did you or anyone in your household get a letter from the Rhode Island Department of Health saying that we would be calling about this survey?

- 1 Yes
- 2 No **[go to next section]**
- 7 Don't Know **[go to next section]**
- 9 Refused **[go to next section]**

RI11_2 If you hadn't received the letter before we called, how likely is it that you would have done this interview?

[Please Read]

- 1 Very likely
- 2 Somewhat likely
- 3 Not likely

[Do Not Read]

- 7 Don't Know
- 9 Refused

State-added 12: Asthma call-back screener

{Rhode Island will participate in the Adult and Child Asthma survey}

{If s9q1 or s9q2=1 or Mod16_1 or Mod16_2=1, continue, else go to closing}

{If ADULT only, proceed with ADULT; IF CHILD only, proceed with CHILD; If ADULT AND CHILD, proceed to Asthma Selection}

Asthma Selection: {ASTHMA CALLBACK SELECTION: CHOOSE ADULT OR CHILD. (50% ADULT / 50% CHILD)}

Ast1. We would like to call to you again within the next 2 weeks to talk in more detail about **(your/your child's)** experiences with asthma. The information will be used to help develop and improve the asthma programs in Rhode Island.

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 phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future.

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

- 1 Yes
- 2 No **[go to next section]**

Astcb. Would you like to schedule an appointment so we can do this call-back interview about your /your child's asthma, at a time that would be most convenient for you?

- 1 Yes: schedule a date and time for callback. _____
- 2 No, appointment not scheduled

State-added 13: Physical measures call-back screener

Hold space for this -- to be added when/if direct measures study is ready to be implemented. (Question will be prepared by BSB work group)

State-added 14: Language Indicator

[INTERVIEWER: DO NOT READ THIS TO RESPONDENT]

Lang1. In what language was this interview completed?

- 01 English
- 02 Spanish

Closing statement

Please read:

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

//Add contact information/IVR information here.