Health of Houston Survey 2010
CATI Questionnaire

June 14, 2011

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DEMOGRAPHICS - Part I

First, I'd like to ask some general background questions.

S6.   Are you male or female?

     1   Male
     2   Female
     7   (DO NOT READ) Other (SPECIFY)_____
     D   (DO NOT READ) Don't know
     R   (DO NOT READ) Refused

S10.   What is your age?

     _____ (AGE) (18-100) (IF <18 GO BACK TO S2)
     LL   (DO NOT READ) Less than 18 (SKIP TO S2)
     RR (DO NOT READ) Refused

> *Interviewer Note:* IF RESPONDENT DK/REFUSES AGE: I understand you are reluctant to give your age, but this information is totally confidential. IF RESPONDENT STILL REFUSES AGE, ASK Q.S11
> ASK Q.S11 IF S10 = RR

S11.   Could you please tell me if you are…?

     0   Under 18   (GO BACK TO S2)
     1   18-24
     2   25-34
     3   35-44
     4   45-54
     5   55-64
     6   65-74
     7   75+
     D   (DO NOT READ) Don't know
     R   (DO NOT READ) Refused

MODULE A: ETHNICITY/RACE

CHIS 2007

A1.   Are you Latino or Hispanic?

     1   Yes
     2   No
     D   (DO NOT READ) Don't know
     R   (DO NOT READ) Refused

CHIS 2007

ASK A2 IF A1 = 1

A2. And what is your Latino or Hispanic ancestry or origin? Such as Mexican, Salvadoran, Cuban, Honduran-- and if you have more than one, tell me all of them.

Interviewer note: If necessary, give more examples from list below. Accept multiple mentions.

    01   Mexican/Mexican American/Chicano
    02   Salvadoran
    03   Guatemalan
    04   Costa Rican
    05   Honduran
    06   Nicaraguan
    07   Panamanian
    08   Puerto Rican
    09   Cuban
    10   Spanish (From Spain)
    95   Other Latino (SPECIFY) _____
    96   Other Latino (SPECIFY) _____
    97   Other Latino (SPECIFY) _____
    DD   (DO NOT READ) Don't know
    RR   (DO NOT READ) Refused

CHIS 2007 (Modified)

IF A1 = 1 You said you are Latino or Hispanic. PN: Also, lower case "p" on please if A1=1.

A3. Please tell me which one or more of the following you would use to describe yourself. Would you describe yourself as Asian, Black or African American, White, American Indian, Alaska Native, Native Hawaiian, or other Pacific Islander?

Interviewer Note: If Respondent says Native American code as "4". If Respondent gives another response you MUST record under Other (SPECIFY). ALLOW MULTIPLE MENTIONS.

    01   Asian
    02   Black or African American
    03   White
    04   American Indian or Alaska Native
    06   Native Hawaiian
    05   Other Pacific Islander
    07   Populate with responses from A2
    95   Other (SPECIFY)   _____
    96   Other (SPECIFY)   _____
    97   Other (SPECIFY)   _____
    DD   (DO NOT READ) Don't know
    RR   (DO NOT READ) Refused

PN: Code 07 is only for CATI

CHIS 2007

ASK A4 IF A3 = 1, ASIAN

A4. You said Asian, and what specific ethnic group are you, such as Chinese, Filipino, or Vietnamese? If you are more than one, tell me all of them.

Interviewer Note: If Respondent gives another response not listed, you MUST record under Other (SPECIFY). ALLOW MULTIPLE MENTIONS.

        01   Bangladeshi
        02   Burmese
        03   Cambodian
        04   Chinese
        05   Filipino
        06   Hmong
        07   Indian (india)
        08   Indonesian
        09   Japanese
        10   Korean
        11   Laotian
        12   Malaysian
        13   Pakistani
        14   Sri lankan
        15   Taiwanese
        16   Thai
        17   Vietnamese
        18   Asian (Non-SPECIFIC) (SKIP TO B1 IF A3 =1)
        95   Other Asian (SPECIFY) _____
        96   Other Asian (SPECIFY) _____
        97   Other Asian (SPECIFY) _____
        DD   (DO NOT READ) Don't know
        RR   (DO NOT READ) Refused

CHIS 2007

ASK A5 IF MULTIPLE AND DIFFERENT RESPONSES IN A2, A3 OR A4 (IF A2=A3=A4 SKIP TO B1)

A5. You said that you are (INSERT RESPONSES FROM A2, A3 OR A4).
Do you identify with any one race in particular?

        1   Yes
        2   No
        D   (DO NOT READ) Don't know
        R   (DO NOT READ) Refused

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CHIS 2007

ASK Q.A6 IF Q.A5 = 1
PN: ONLY SHOW CODES ENTERED IN A2, A3 OR A4

A6. Which do you **most** identify with? (DO NOT READ)

Interviewer Note: If respondent unable to choose one, offer "both / all / multi-racial"

01   Mexican/Mexican American/Chicano
02   Salvadoran
03   Guatemalan
04   Costa Rican
05   Honduran
06   Nicaraguan
07   Panamanian
08   Puerto Rican
09   Cuban
10   Spanish-American (FROM SPAIN)
11   Hispanic/Latino (UNSPECIFIED)
12   Qna2aot
13   Qna2bot
14   Qna2cot
15   Native Hawaiian
16   Other Pacific Islander
17   American Indian or Alaska Native
18   Asian
19   Black or African American
20   White
21   Qna3aot
22   Qna3bot
23   Qna3cot
24   Bangladeshi
25   Burmese
26   Cambodian
27   Chinese
28   Filipino
29   Hmong
30   Indian (INDIA)
31   Indonesian
32   Japanese
33   Korean
34   Laotian
35   Malaysian
36   Pakistani
37   Sri Lankan
38   Taiwanese
39   Thai
40   Vietnamese
41   Qna4aot
42   Qna4bot
43   Qna4cot
49   Both/all/multiracial
DD   (DO NOT READ) Don't know
RR   (DO NOT READ) Refused

PN:code 49 use Multiracial in web

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MODULE B: MARITAL STATUS

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BRFSS 2009 -Core ((MODIFIED) LIVING WITH PARTNER)

B1. Are you…? (READ LIST)

        1   Married
        2   Living with Partner
        3   Divorced
        4   Widowed
        5   Separated
        6   Never married
        D   (DO NOT READ) Don't know
        R   (DO NOT READ) Refused

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MODULE B1: EDUCATIONAL ATTAINMENT

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CHIS 2007

B1A.What is the highest grade of education you have completed and received credit for?
(DO NOT READ LIST)

Interviewer Note: Please record the highest level they have completed. Do not probe further if respondent mentions masters degree. Code as masters degree (code 19) and continue to next question.

        00 NO FORMAL EDUCATION
        GRADE SCHOOL
        01 1ST GRADE
        02 2ND GRADE
        03 3RD GRADE
        04 4TH GRADE
        05 5th GRADE
        06 6th GRADE
        07 7th GRADE
        08 8TH GRADE
        HIGH SCHOOL OR EQUIVALENT
        09 9TH GRADE
        10 10TH GRADE
        11 11TH GRADE
        12 12TH GRADE
        4-YEAR COLLEGE OR UNIVERSITY
        13 1ST YEAR (FRESHMAN)
        14 2ND YEAR (SOPHOMORE)
        15 3RD YEAR (JUNIOR)
        16 4TH YEAR (SENIOR) (BA/BS)
        17 5TH YEAR
        GRADUATE OR PROFESSIONAL SCHOOL
        18 1ST YEAR GRAD OR PROF SCHOOL
        19 2ND YEAR GRAD OR PROF SCHOOL (Masters degree: MA/MS/MPH/MBA)
        20 3RD YEAR GRAD OR PROF SCHOOL
        21 4+ YEARS AND/OR RECEIVED DOCTORAL DEGREE
        2-YEAR JUNIOR OR COMMUNITY COLLEGE
        23 1ST YEAR
        24 2ND YEAR (AA/AS)
        VOCATIONAL, BUSINESS, OR TRADE SCHOOL
        25 1ST YEAR
        26 2ND YEAR
        27 MORE THAN 2 YEARS
        DD DON'T KNOW
        RR REFUSED

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MODULE GH: GENERAL HEALTH STATUS

NHANES 2010 (Modified)

GH-1. Would you say your health in general is… (READ LIST)

       1   Excellent
       2   Very good
       3   Good
       4   Fair
       5   Poor
       D   (DO NOT READ) Don't know
       R   (DO NOT READ) Refused

NHANES 2010

GH-2. Thinking about your physical health, which includes physical illness and injury, for how many days during the **past 30 days** was your <u>physical health</u> not good?

    _____ ENTER # OF DAYS (0-30)
    DD (DO NOT READ) Don't know
    RR (DO NOT READ) Refused

NHANES 2010

GH-5. During the **past 30 days**, for about how many days did <u>pain</u> make it hard for you to do your usual activities, such as self-care, work, or recreation?

    _____ ENTER # OF DAYS (0-30)
    DD (DO NOT READ) Don't know
    RR (DO NOT READ) Refused

MODULE D: OBESITY (BMI)

BRFSS 2008

(ASK ALL**)**

D1.   About how much do you weigh without shoes?

Interviewer Note: If respondent says a number greater than 600lbs or 275kg or less than 70lbs or 31kg please confirm before entering LL or MM.

       01   ANSWER GIVEN IN POUNDS _____ (ENTER WEIGHT, RANGE 70lbs – 600 lbs)
       02   ANSWER GIVEN IN KILOGRAMS _____ (ENTER WEIGHT, RANGE 31kg – 275 kg)
       LL (DO NOT READ) Less than 70 pounds/Less than 31kg
       MM (DO NOT READ) More than 600 pounds/More than 275kg
       DD (DO NOT READ) Don't know
       RR (DO NOT READ) Refused

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BRFSS 2008
    D2.   About how tall are you without shoes?

Interviewer Note: If respondent says a number greater than 8 feet or 2m or less than 3ft or 1m please confirm before entering LL or MM

(IF FEET/INCHES)
Interviewer Note: ENTER "SIX ONE" AS '6' FEET AND '1' INCH, or "FIVE FOOT" AS '5' FEET AND '0' INCHES

               _____(RECORD FEET, RANGE 2ft – 8ft)
               _____(RECORD INCHES, RANGE 0 inches -11 inches**)**
        LL   (DO NOT READ) Less than 2ft
        MM (DO NOT READ) More than 8ft
        DD (DO NOT READ) Don't know
        RR (DO NOT READ) Refused

(IF METERS/CENTIMETERS)
Interviewer Note: ENTER "ONE EIGHTY" AS '1' METER AND '80' CENTIMETERS, or "TWO METERS" AS '2' METERS AND '00' CENTIMETERS

               _____ (RECORD METERS, RANGE 1m –2m)
               _____ (RECORD CENTIMETERS, RANGE 0cm - 99cm)
        LL   (DO NOT READ) LESS THAN 1M
        MM (DO NOT READ) MORE THAN 2M
        DD (DO NOT READ) Don't know
        RR (DO NOT READ) Refused

MODULE E: DIABETES

CHIS 2007 ((Modified) to include "nurse or other health professional")
    E1.   (IF S6 ≠1: Other than during pregnancy), has a doctor, nurse, or other health professional ever told you that you have diabetes or sugar diabetes?

Interviewer Note: IF NECESSARY, By "other health professional," we mean a nurse practitioner, a physician's assistant, or some other licensed professional.

        1   Yes
        2   No
        3   (DO NOT READ) Borderline Pre-Diabetes
        D   (DO NOT READ) Don't know
        R   (DO NOT READ) Refused

CHIS 2007

ASK Q.E2 IF Q.E1=1

    E2.   Were you told that you had Type 1 or Type 2 diabetes?

        1   Type 1
        2   Type 2
        D   (DO NOT READ) Don't know
        R   (DO NOT READ) Refused

NEW (MODIFIED) FROM ASTHMA BRFSS 2010

ASK Q.E3 IF E1=1

E3. During the **past 12 months**, how many times did you visit an emergency room or urgent care center because of your diabetes?

_____ENTER NUMBER OF TIMES (RANGE 0-365)
DD (DO NOT READ) Don't know
RR (DO NOT READ) Refused

MODULE F: CANCER

BRFSS 2009

F1. Have you ever been told by a doctor, nurse, or other health professional that you had cancer?

Interviewer Note: IF NECESSARY, By "other health professional," we mean a nurse practitioner, a physician's assistant, or some other licensed professional.

1   Yes
2   No
D   (DO NOT READ) Don't know
R   (DO NOT READ) Refused

BRFSS 2009 (Modified)

ASK Q.F3 IF Q.F1=1
PN:ONLY SHOW CODES 02, 03, 04 IF S6 = 2; FEMALE ONLY. ONLY SHOW
CODES 18, 19 IF S6=1; MALE ONLY

F3. What type of cancer did you have?
(DO NOT READ LIST)

Interviewer Note: If more than one cancer ask about the most recent.

BREAST
01 BREAST CANCER
FEMALE REPRODUCTIVE (GYNECOLOGIC)
02 CERVICAL CANCER (CANCER OF THE CERVIX)
03 ENDOMETRIAL CANCER (CANCER OF THE UTERUS)
04 OVARIAN CANCER (CANCER OF THE OVARY)
HEAD/NECK
05 HEAD AND NECK CANCER
06 ORAL CANCER
07 PHARYNGEAL (THROAT) CANCER
08   THYROID
GASTROINTESTINAL
09 COLON (INTESTINE) CANCER
10 ESOPHAGEAL (ESOPHAGUS)
11 LIVER CANCER
12 PANCREATIC (PANCREAS) CANCER
13 RECTAL (RECTUM) CANCER
14 STOMACH
LEUKEMIA/LYMPHOMA (LYMPH NODES AND BONE MARROW)
15 HODGKIN'S LYMPHOMA (HODGKIN'S DISEASE)
16 LEUKEMIA (BLOOD) CANCER
17 NON-HODGKIN'S LYMPHOMA
MALE REPRODUCTIVE
18 PROSTATE CANCER
19 TESTICULAR CANCER
SKIN
20 MELANOMA
21 OTHER SKIN CANCER
THORACIC

22   HEART
23   LUNG
URINARY CANCER
24   BLADDER CANCER
25   RENAL (KIDNEY) CANCER
OTHERS
26   BONE
27   BRAIN
28   NEUROBLASTOMA
97   OTHER (SPECIFY)_____
DD (DO NOT READ) DON'T KNOW
RR (DO NOT READ) REFUSED

NEW

ASK Q.F5 IF Q.F1 = 1

F5.   Have you received medical treatment for your cancer?

1   Yes
2   No
D   (DO NOT READ) Don't know
R   (DO NOT READ) Refused

NEW

ASK Q.F6 IF Q.F5 = 2

F6.   What is the reason you have not received any medical treatment? (DO NOT READ)

PN: ACCEPT MULTIPLE MENTIONS

01   Not needed
02   Couldn't afford it
03   Don't want treatment/medications
04   Didn't think treatment would work
97   Other (specify)_____
DD (DO NOT READ) Don't know
RR (DO NOT READ) Refused

MODULE G: CADIOVASCULAR DISEASE

BRFSS 2010 (Modified)

G1. Has a doctor, nurse, or other health professional EVER told you that you had any of the following? Were you (READ ITEMS)

Interviewer Note: IF NECESSARY, By "other health professional," we mean a nurse practitioner, a physician's assistant, or some other licensed professional.

1   Yes
2   No
D   (DO NOT READ) Don't know
R   (DO NOT READ) Refused

a.   Ever told you had a heart attack, also called a myocardial infarction (my-oh-CARD-e-el in-FARC-shun)
b.   Ever told you had angina or coronary heart disease
c.   Ever told you had a stroke

MODULE H: HYPERTENSION

BRFSS 2011 ((Modified) options –dropped borderline)

SHOW CODE 3 ONLY IF S6≠1

H1. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

Interviewer Note: IF NECESSARY, By "other health professional," we mean a nurse practitioner, a physician's assistant, or some other licensed professional.

    1   Yes
    3   Yes, but **only** during pregnancy
    2   No
    D   (DO NOT READ) Don't Know
    R   (DO NOT READ) Refused

BRFSS 2009

ASK Q.H3 IF Q.H1 = 1

H3. Are you currently taking medicine for your high blood pressure?

    1   Yes
    2   No
    D   (DO NOT READ) Don't know
    R   (DO NOT READ) Refused

MODULE I: ASTHMA

BRFSS 2010 (Modified)

I1. Have you been told by a doctor, nurse, or other health professional that you have asthma?

Interviewer Note: IF NECESSARY, By "other health professional," we mean a nurse practitioner, a physician's assistant, or some other licensed professional.

    1   Yes
    2   No
    D   (DO NOT READ) Don't know
    R   (DO NOT READ) Refused

Texas BRFSS Asthma Call Back Survey 2009-2010

ASK I4 IF I1=1

I4. During the **past 12 months**, how many times did you visit an emergency room or urgent care center because of your asthma?

    _____ENTER NUMBER OF TIMES (RANGE 0-100)
    DD (DO NOT READ)   Don't know
    RR (DO NOT READ)   Refused

CHIS 2007 ((Modified) to add 'school missed days in case of students')

ASK I5 IF I1=1

I5. During the **past 12 months**, how many days of <u>work or school </u>did you miss due to asthma?

    _____ENTER NUMBER OF DAYS MISSED WORK OR SCHOOL (RANGE 0-365)
    NN (DO NOT READ)   DOES NOT WORK OR GO TO SCHOOL
    DD (DO NOT READ)   Don't know
    RR (DO NOT READ)   Refused

MODULE L: ADULT HEALTH INSURANCE

ACS 2009 (Question 16) Questions (Modified) and response categories mixed with some from CHIS 2007 and new options.

Now I'm going to ask you about health insurance.

PN: IF L2=2, ASK L1 AGAIN, BUT WHEN IT'S BEING ASKED A SECOND TIME, REMOVE INTRODUCTION VERBIAGE. PLEASE DO NOT REMOVE THE VERBIAGE THE FIRST TIME L1 IS PRESENTED.

ALWAYS ASK J LAST
IF S10=>65 OR S11=6,7, DK, REFUSED ASK f. FIRST
ITEM a, SHOW *Interviewer Note*: READ IF NECESSARY: This includes insurance through the current or former employer or union of another family member such as spouse or parent
ITEM b, SHOW *Interviewer Note*: READ IF NECESSARY: By you or another family member.
ITEM f, SHOW *Interviewer Note*: READ IF NECESSARY: Medicare is for people 65 and older or people with certain disabilities
ITEM g, SHOW *Interviewer Note*: READ IF NECESSARY: This includes medical assistance, or any kind of government assistance plan for those with low incomes or a disability. SHOW ONLY IF AGE 18 OR AGE GROUP 18-24: CHIP stands for Children's Health Insurance Program
ITEM i, SHOW *Interviewer Note*: READ IF NECESSARY: This would include those who have ever used or enrolled for VA health care

---

Interviewer Note: If respondent offers that they do not have any health coverage or health insurance please say, "I need to quickly read through this list of different types of health insurance. Please stop me if you have any of the following.

L1. Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans? Please tell me "yes" or "no" for each **type of insurance**.

1 Yes
2 No
D (DO NOT READ) Don't Know
R (DO NOT READ) Refused

a. Insurance through a current or former employer or union.
b. Insurance purchased directly from an insurance company. (Do not include Supplemental Medicare insurance)
c. (deleted)
d. (deleted)
e. (deleted)
f. Medicare
g. Medicaid, CHIP [READ CHIP ONLY IF AGE IS 18 OR AGE GROUP IS 18-24]
h. TRICARE, CHAMPUS
i. CHAMP-VA, VA
j. Other Plan (SPECIFY)_____

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CHIS 2009 (Modified)

ASK L15 IF L1f = 1

L15   Do you have Supplemental Medicare insurance?

1	Yes	ASK REMAINING HEALTH INSURANCE PLANS IN L1
2	No	ASK REMAINING HEALTH INSURANCE PLANS IN L1
D	(DO NOT READ) Don't know	ASK REMAINING HEALTH INSURANCE PLANS IN L1
R	(DO NOT READ) Refused	ASK REMAINING HEALTH INSURANCE PLANS IN L1

NEW

ASK L2 IF L1a-j= 2, D, R

L2   Just to confirm you are NOT CURRENTLY covered by any health insurance or health coverage plan? Is this correct?

1   Yes
2   No
D   (DO NOT READ) Don't know
R   (DO NOT READ) Refused

NEW

ASK L2a IF L2=NO, DK OR RR

L2a   What type of health insurance coverage or plan do you currently have? (READ LIST)

01   Insurance through a current or former employer or union. .
02   Insurance purchased directly from an insurance company. Do not include Supplemental Medicare Insurance.
06   Medicare
07   Medicaid, CHIP [READ CHIP ONLY IF AGE IS 18 OR AGE GROUP IS 18-24]
08   TRICARE, CHAMPUS
09   CHAMP-VA, VA
97   Other plan – Specify_____
DD   (DO NOT READ) Don't know
RR   (DO NOT READ) Refused

PN: IF "YES" to Medicare AND [S10 >= 65 OR S11=6, 7, DK, REFUSED], probe for supplemental Medicare insurance

NEW

ASK L3 IF L1a-j= 2,D,R PN: THIS CHANGE SHOULD NOT CHANGE THE ACTUAL PROGRAM

L3.   For how long have you been uninsured?

01   ANSWER GIVEN IN DAYS_____# (1-30) days
02   ANSWER GIVEN IN MONTHS_____# (1-11) months
03   ANSWER GIVEN IN YEARS _____# (1-99) years
NN   NEVER HAD COVERAGE
DD   (DO NOT READ) Don't know
RR   (DO NOT READ) Refused

CHIS 2007

L5.   Are you covered for your prescription drugs? That is, does some plan pay any part of the cost of prescription drugs?

1   Yes
2   No
D   (DO NOT READ) Don't know
R   (DO NOT READ) Refused

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CHIS 2007

ASK L6 IF L1a-j= 1

L6. Thinking about your current health insurance, did you have this same insurance for all 12 of the **past 12 months**?

  1   Yes
  2   No
  D   (DO NOT READ) Don't know
  R   (DO NOT READ) Refused

CHIS 2007

ASK L7 IF L6=2

L7. During the **past 12 months**, when you were not covered by your current health insurance, did you have any other health insurance?

  1   Yes
  2   No
  D   (DO NOT READ) Don't know
  R   (DO NOT READ) Refused

NEW- Similar in CHIS 2007

ASK L8 IF L7=1
ITEM 01, SHOW *Interviewer Note*: READ IF NECESSARY: This includes insurance through the current or former employer or union of another family member such as spouse or parent)
ITEM 02, SHOW *Interviewer Note*: READ IF NECESSARY: By you or another family member.
ITEM 05, SHOW *Interviewer Note*: READ IF NECESSARY: This is insurance for an existing medical condition
ITEM 06, SHOW *Interviewer Note*: READ IF NECESSARY: Medicare is for people 65 and older or people with certain disabilities
ITEM 07, SHOW *Interviewer Note*: READ IF NECESSARY: This includes medical assistance, or any kind of government assistance plan for those with low incomes or a disability. SHOW ONLY IF AGE 18 OR AGE GROUP 18-24: CHIP stands for Children's Health Insurance Program
ITEM 09, SHOW *Interviewer Note*: READ IF NECESSARY: This would include those who have ever used or enrolled for VA health care

L8. What type of plan was it? (READ LIST)

  01   Insurance through a current or former employer or union.
  02   Insurance purchased directly from an insurance company. Do not include Supplemental Medicare Insurance.
  03
  04
  05
  06   Medicare
  07   Medicaid, CHIP [READ CHIP ONLY IF AGE IS 18 OR AGE GROUP IS 18-24]
  08   TRICARE, CHAMPUS
  09   CHAMP-VA, VA
  97   Other plan – Specify_____
  DD   (DO NOT READ) Don't know
  RR   (DO NOT READ) Refused

PN: IF "YES" to Medicare AND [S10 >= 65 OR S11=6, 7, DK, REFUSED], probe for supplemental Medicare insurance

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NEW

ASK L16 IF L8=06

L16. Did you have Supplemental Medicare insurance?

    1   Yes   ASK REMAINING HEALTH INSURANCE
                                                  PLANS IN L8
    2   No   ASK REMAINING HEALTH INSURANCE PLANS IN L8
    D   (DO NOT READ) Don't know   ASK REMAINING HEALTH INSURANCE PLANS IN L8
    R   (DO NOT READ) Refused   ASK REMAINING HEALTH INSURANCE PLANS IN L8

CHIS 2007

ASK L9 IF L7 = 1

L9. During the **past 12 months**, was there any time when you had no health insurance at all?

    1   Yes
    2   No
    D   (DO NOT READ) Don't know
    R   (DO NOT READ) Refused

CHIS 2007

ASK L10 IF L1a-j=2,D,R OR L9=1 OR L3 = 01 OR 02 OR L7=2

L10. For how many months of the **past 12 months** did you have no health insurance at all?

    01   ANSWER GIVEN IN MONTHS_____# (1-12) months
    LL   (DO NOT READ) Less Than One Month
    DD (DO NOT READ) Don't know
    RR   (DO NOT READ) Refused

CHIS 2007

ASK L11 IF L9=1 OR L7 =2 OR L1a-j=2,D,R

L11. What is the **one main** reason why you (IF L1a-=2,D,R, READ Don't have health insurance
now.) (IF L9=1 OR L7=2 READ, did not have any health insurance during those months)
  (DO NOT READ LIST. SINGLE MENTION ONLY)

    01   Can't afford/too expensive
    02   Not eligible due to working status/changed employer/lost job
    03   Not eligible due to health or other problems
    04   Not eligible due to citizenship/immigration status
    05   Family situation changed
    06   Don't believe in insurance
    07   Switched insurance companies, delay between
    08   Can get health care for free/pay for own care
    97   Other (SPECIFY)_____
    DD (DO NOT READ) Don't know
    RR (DO NOT READ) Refused

CHIS 2007

L12. During the **past 12 months**, were you unable to pay or did you have problems paying for
medical bills, either for yourself or any family member in your household?

    1   Yes
    2   No
    D   (DO NOT READ) Don't know
    R   (DO NOT READ) Refused

CHIS 2007 (Modified)

| ASK L13 IF L12 =1 |

L13. Because of these medical bills were you unable to pay for basic necessities like food, the electricity bill or rent/mortgage?

    1   Yes
    2   No
    D   (DO NOT READ) Don't know
    R   (DO NOT READ) Refused

CHIS 2007

L14. For how many months of the **past 12 months** did you have any kind of dental insurance that pays for some or all of your routine dental care?

    01   ANSWER GIVEN IN MONTHS_____# (0-12) months
    LL   (DO NOT READ) Less Than One Month
    NN (DO NOT READ) HAD NO DENTAL INSURANCE FOR ANY OF THE PAST 12 MONTHS
    DD (DO NOT READ) Don't know
    RR (DO NOT READ) Refused

<div align="center">

MODULE K: CHILD SELECTION

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We are also interested in the health of children living in your household, so we need you to answer some questions that will enable us to select a child to ask about.

K1. Are there any children under the age of 18 living in the household, including babies?

    1   Yes
    2   No   CONTINUE AT MODULE N
    D   (DO NOT READ) Don't know   CONTINUE AT MODULE N
    R   (DO NOT READ) Refused

| PN: IF K1=2, D SKIP TO MODULE N AND DO NOT ASK ANY CHILD QUESTIONS (MODULES M, O, AND V) |

| ASK K2 IF K1=1, R |

K2. How many children reside in your household?

    _____ child(ren) in household (PN: RANGE 0 -12)
    DD   (DO NOT READ) Don't know
RR   (DO NOT READ) Refused

| PN:
1) IF K2=0, SKIP TO MODULE N AND DO NOT ASK ANY CHILD QUESTIONS (MODULES M, O, AND V)
2) IF K2=D, GO TO K3a
3) IF K2=R, PRESENT EM1; IF RESPONDENT LEAVES K2 BLANK A 2ND TIME, SKIP TO MODULE N
4) IF K2=R, PRESENT EM1; IF RESPONDENT FILLS K2 AND K2=1, GO TO K3; IF RESPONDENT FILLS K2 AND K2>1, GO TO K3a; IF RESPONDENT FILLS K2 AND K2=0, D, SKIP TO MODULE N. IF RESPONDENT FILLS K2 AND K2=D, GO TO K3a |

ASK IF K2=1

K3. Are you (IF B1=1, READ, or your spouse the parents or legal guardians) (IF B1=2, READ, or your partner the parents or legal guardians) of (IF B1=3-6, D, RR, READ, the parent or legal guardian) of (IF K2=1, READ this child)?

    1   Yes
    2   No
    D   (DO NOT READ) Don't know
    R   (DO NOT READ) Refused

ASK K3a IF K2>1, D

K3a. Of these children, for how many are you (IF B1=1, READ, or your spouse the parents or legal guardians; IF B1=2, READ, or your partner the parents or legal guardians; IF B1=3-6, BLANK, READ, the parent or legal guardian)?

    _____ child(ren)

    D   (DO NOT READ) Don't know
    R   (DO NOT READ) Refused

PN: IF K2 > 0, RANGE 0 - Number in K2; IF K2=D, RANGE 0 - 12

ASK K4/K6 IF K3 =1 OR K3a >0 OR K5 = 1 OR K5a >0

K4/K6. Please tell me only the (IF K3=1, K5=1, K3a=1, K5a=1, READ **first name or initials** of the child who lives) (IF, K3a OR K5a > 1 READ **first names or initials** of those children who live) in your household and for whom (IF B1=1 AND (K3=1 OR K3a>0), READ either you or your spouse are the parents or legal guardians) (IF B1=1 , READ AND (K5=1 OR K5a>0), either you or your spouse are the caregivers) (IF B1=2 AND (K3=1 OR K3a > 0), READ either you or your partner are the parents or legal guardians) IF B1=2 AND (K5=1 OR K5a > 0), READ either you or your partner are the caregivers) (IF B1=3-6, DD AND (K3=1 OR K3a>0) READ, you are the parent or legal guardian) (IF B1=3-6, DD-AND (K5=1 OR K5a>0) READ, you are the caregiver).

IF K3a OR K5a >1, SHOW THE FOLLOWING:
Interviewer Note : IF NECESSARY, SAY: We need this information to randomly select one child and ask some questions about his or her health.

IF K3a OR K5a >1, SHOW THE FOLLOWING:
Interviewer Note: IF RESPONDENT HAS MULTIPLE CHILDREN WITH THE SAME INITIALS, ENTER THE FIRST INITIAL FOR ONE CHILD AND THE LAST INITIAL OF THE OTHER CHILD.

IF K3, K3a, K5, OR K5a=1, SHOW THE FOLLOWING:
Interviewer Note: IF NECESSARY, SAY: We need the first name or initials of the child to be able to appropriately refer to him or her in the child related questions.

Interviewer Note: IF RESPONDENT REFUSES TO GIVE YOU NAME/INITIALS OF ONE OR MORE CHILDREN, SAY: I understand you are reluctant to give your (IF K3a OR K5a >1 SHOW children's names/initials) (IF K3, K5, K3a, OR K5a =1 SHOW child's name/initials), but this information is totally confidential. We need this information to (IF K3a OR K5a > 1 SHOW randomly select one child and ask some questions about his or her health) (IF K3, K5, K3a, OR K5a =1 SHOW to be able to appropriately refer to him or her in the child related questions). IF RESPONDENT STILL REFUSES, ENTER RR.

       Child (GEN IN #) _____
       LL   Less than 1 year old
       DD (DO NOT READ) Don't know
       RR   (DO NOT READ) Refused

PN:
1) ALLOW UP TO 12 RESPONSES. EACH CHILD SHOULD BE ASSIGNED A #. FOR EXAMPLE:
FIRST NAME OF CHILD 1; AGE OF CHILD 1
2) RANDOMLY SELECT TARGET CHILD FROM LIST

PN: IF K3a/K5a ≠ 1 AND K4/K6=RR, ASK K4a

I understand that you are reluctant to tell me the names/initials of your child or children. So when I ask questions about your child, please think about the child in your household who had the **most recent birthday AND** for whom.

IF B1=1 AND (K3a>0), READ, either you or your spouse are the parents or legal guardians
IF B1=1 AND (K5a>0, BLANK), READ, either you or your spouse are the caregivers
IF B1=2 AND (K3a>0), READ either you or your partner are the parents or legal guardians
IF B1=2 AND K5a>0, BLANK), READ either you or your partner are the caregivers
IF B1=3-6, BLANK AND (K3a>0) you are the parent or legal guardian
IF B1=3-6, BLANK AND (K5a>0, BLANK) you are the caregiver

K4a   Could you please tell me the initials of your child who had the **most recent** birthday?

Note: If you have more than one child born on the same day, choose one of those children and think about this child when answering all of the following child-related questions.

        Child (GEN IN #) _____
DD   (DO NOT READ) Don't know
        RR   (DO NOT READ) Refused

PN: IF K4a IS FILLED, DD, OR RR, GO TO K4aa

PN:
1) IF K3a/K5a>1 AND NAMES/INITIALS GIVEN FOR ALL CHILDREN IN K4/K6 SHOW THE
FOLLOWING FOR RANDOMIZED CHILD: The child that we selected is (CHILD).
2) IF K3a/K5a>1 AND NAME/INITIALS REFUSED FOR ONE OR MORE CHILDREN IN K4/K6, DO NOT
SHOW The child that we selected is (CHILD).
3) IF K3/K5=1 OR K3a/K5a=1 AND REGARDLESS OF WHETHER NAME IS GIVEN IN K4/K6, DO NOT
SHOW The child that we selected is (CHILD).

K4aa. Could you please enter the age of (CHILD)?

        Child's age: _____(PN: RANGE 1-17)
         LL   (DO NOT READ) Less than 1 year old
        DD   (DO NOT READ) Don't know
        RR   (DO NOT READ) Refused

PN: IF K4aa = BLANK, GO TO K4b; IF K4aa ≠ BLANK, GO TO K7

PN:
1. IF ALL NAMES/INITIALS FILLED IN K4/K6
2. IF K3a/K5a>1 INSERT RANDOMIZED CHILD'S OR (IF K3/K5=1 OR K3a/K5a=1) ONLY CHILD'S
NAME/INITIALS INTO (CHILD) IN K4aa
3. IF K3a/K5a>1, AND IF INTIALS OF CHILD WITH THE MOST RECENT BIRTHDAY-FILLED IN K4a,
INSERT CHILD'S INITIALS INTO (CHILD) IN K4aa
4. IF K3a/K5a>1, AND IF INTIALS OF CHILD WITH THE MOST RECENT BIRTHDAY REFUSED IN K4a,
INSERT child who had the **most recent** birthday INTO (CHILD) IN K4aa
5. IF K3/K5=1 OR K3a/K5a=1 AND K4/K6 =REFUSED, INSERT your child INTO K4aa

K4b.   Could you please indicate whether the child is…

     1   Under age 6
     2   6-12
     3   13-17
     D   (DO NOT READ) Don't know
     R   (DO NOT READ) Refused

PN: IF K4b=1-3, D, R, CONTINUE TO K7

ASK K5 IF K3=2, D, R

K5.   Are you (IF B1=3-6, R, READ the caregiver) (IF B1=1 READ, or your spouse the caregivers) (IF B1=2 READ, or your partner the caregivers) of this child?

     1   Yes
     2   No
     D   (DO NOT READ) Don't know
     R   (DO NOT READ) Refused

PN: IF K5=2, SKIP TO MODULE N AND DO NOT ASK ANY CHILD QUESTIONS (MODULES M, O, AND V) IF K5= D, R, GO TO MODULE N (SKIP MODULE M, O, V)

ASK K5a (K3a=0, D, R)

K5a   Of these children, for how many are you (IF B1=1, READ, or your spouse the caregivers; IF B1=2, READ, or your partner the caregivers; IF B1=3-6, R, READ, the caregiver)?

     _____ child(ren) (PN: IF K2 > 0 RANGE 0 - Number in K2; IF K2=D, RANGE 0 - 12)
     D   (DO NOT READ) Don't know
     R   (DO NOT READ) Refused

PN: IF K5a=0, SKIP TO MODULE N AND DO NOT ASK ANY CHILD QUESTIONS (MODULES M, O, AND V); IF K5a=D, R, GO TO MODULE N (SKIP MODULE M, O, V)

K7.   Is (CHILD) male or female?
     (This is important to find out if some health conditions are more common in girls or boys.)

     1   Male
     2   Female

PN:
1. IF NAME/INITIALS GIVEN FOR ALL CHILDREN (K4/K6 =FILLED OR K4a=FILLED,LL) INSERT NAME/INITIALS FOR ALL MENTIONS OF (CHILD)
2. IF K3a/K5a>1 AND NAME/INITIALS = RR FOR ONE OR MORE CHILDREN (K4a=RR), INSERT "the child with the most recent birthday" INTO K7 AND ALL FUTURE MENTIONS OF (CHILD)
3. IF K3/K5=1 OR K3a/K5a=1 AND NAME/INITIALS=RR FOR CHILD, INSERT "your child" INTO K7 AND ALL FUTURE MENTION OF (CHILD))

M14. Is (CHILD) the same race as you? (ASK THE FOLLOWING ACCORDING THE RULES BELOW, Is (CHILD) also (POPULATE WITH A2, A3, A4)?

1) ASK "Is (CHILD) also…" IF A2 ≠ R OR A3 ≠ R, OR A4 ≠ BLANK.
2) DO NOT ASK "Is (CHILD) also…" IF A2 AND A3 AND A4 = BLANK)

1 Yes
2 No
D (DO NOT READ) Don't know
R (DO NOT READ) Refused

ASK M15 IF M14=2,D,R

M15. Is (CHILD) Latino or Hispanic?

1 Yes
2 No
D (DO NOT READ) Don't know
R (DO NOT READ) Refused

ASK M16 IF M14=2,D,R

M16. ((IF M15 = 1 You said (CHILD) is Latino or Hispanic. Also, (l.c. "p" on please if M15=1)). Please tell me which one or more of the following you would use to describe (CHILD). Would you describe (CHILD) as Asian, Black or African American, White, American Indian, Alaska Native, Native Hawaiian, or other Pacific Islander?

Interviewer Note: If Respondent says Native American code as "4". If Respondent gives another response you MUST record under Other Specify. ALLOW MULTIPLE MENTIONS.

01 Asian
02 Black or African American
03 White
04 American Indian or Alaska Native
06 Native Hawaiian
05 Other Pacific Islander
95 Other (SPECIFY) _____
96 Other (SPECIFY) _____
97 Other (SPECIFY) _____
DD (DO NOT READ) Don't know
RR (DO NOT READ) Refused

MODULE M: CHILDREN HEALTH CARE COVERAGE

CHIS 2007 (Modified)

ASK MODULE M FOR THE RANDOMLY SELECTED CHILD IN HH OR FOR THE CHILD (K2=1) IF K3=1 OR K5=1

PN: IF M2=2, ASK M1 AGAIN, BUT WHEN IT'S BEING ASKED A SECOND TIME, REMOVE INTRODUCTION VERBIAGE. PLEASE DO NOT REMOVE THE VERBIAGE THE FIRST TIME M1 IS PRESENTED

ALWAYS ASK J LAST
ITEM a, SHOW *Interviewer Note*: READ IF NECESSARY: This includes insurance through the current or former employer or union of another family member such as spouse or parent
ITEM b, SHOW *Interviewer Note*: READ IF NECESSARY: By you or another family member.
ITEM f, SHOW *Interviewer Note*: READ IF NECESSARY: Medicare is for people 65 and older or children with certain disabilities
ITEM g, SHOW *Interviewer Note*: READ IF NECESSARY: This includes medical assistance, or any kind of government assistance plan for those with low incomes or a disability. CHIP stands for Children's Health Insurance Program
ITEM i, SHOW *Interviewer Note*: READ IF NECESSARY: This would include those who have ever used or enrolled for VA health care

Interviewer Note: If respondent offers that child does not have any health coverage or health insurance please say, "I need to quickly read through this list of different types of health insurance. Please stop me if you (CHILD) has any of the following.

M1. These next questions are about health insurance (CHILD) may have.
     Is (CHILD) **currently** covered by any of the following types of health insurance or health coverage plans? Please tell me "yes" or "no" for each type of insurance.

   1   Yes
   2   No
   D   (DO NOT READ) Don't know
   R   (DO NOT READ) Refused

   a. Insurance through a current or former employer or union. Do not include COBRA or Texas State Law coverage
   b. Insurance purchased directly from an insurance company.
   f. Medicare
   g. Medicaid, CHIP
   h   TRICARE, CHAMPUS
   i   CHAMP-VA, VA
   j   Other plan - SPECIFY_____

NEW

ASK M2 IF M1a-j=2,D,R

M2. Just to confirm (CHILD) is **not currently** covered by any health insurance or health coverage plans? Is this correct?

   1   Yes
   2   No
   D   (DO NOT READ) Don't know
   R   (DO NOT READ) Refused

Health of Houston Survey 2010

CHIS 2007 (Modified)

ASK M2a IF M2=NO, DK, RR

M2a What type of health insurance coverage or plan does (CHILD) have? (READ LIST)

      01   Insurance through a current or former employer or union
      02   Insurance purchased directly from an insurance company. Do not include Supplemental
            Medicare Insurance
      06   Medicare
      07   Medicaid, CHIP
      08   TRICARE, CHAMPUS
      09   CHAMP-VA, VA
      97   Other plan (Specify)_____
      DD (DO NOT READ) Don't know
      RR (DO NOT READ) Refused

CHIS 2007 (Modified)

ASK M5 IF M1a-j=2 OR M1a-j≠1

M5. What is the **one main** reason (CHILD) does not have any health insurance?
    (DO NOT READ LIST. SINGLE MENTION ONLY)

      01   Can't afford/too expensive
      02   Not eligible due to working status of parent/guardian/parent/guardian changed
            employer/lost job
      03   Not eligible due to health or other problems
      04   Not eligible due to citizenship/immigration status
      05   Family situation changed
      06   Don't believe in insurance
      07   Switched insurance companies, delay between
      08   Can get health care for free/pay for own care
      97   Other (Specify)_____
      DD (DO NOT READ) Don't know
      RR (DO NOT READ) Refused

CHIS 2009 ((Modified) from Medical and Healthy Families program)

ASK M13 IF M1a-j=2 OR M1a-j≠1

M13. What is the **one main** reason why (CHILD) is not enrolled in Medicaid or CHIP?
    (DO NOT READ) (SINGLE MENTION ONLY)

Interviewer Note: CHIP stands for Children's Health Insurance Plan

      01   Paperwork too difficult
      02   Didn't know if eligible
      03   Income too high, not eligible
      04   Not eligible due to citizenship
      05   Immigration status
      06   Other not eligible
      07   Don't believe in health insurance
      08   Don't need it because healthy
      09   Already have insurance
      10   Didn't know it existed
      11   Don't like / want welfare
      97   Other (SPECIFY)
      DD (DO NOT READ) Don't know
      RR (DO NOT READ) Refused

Health of Houston Survey 2010

CHIS 2007 with one modification in response options

ASK M6 IF M1a-j=2 OR M1a-j≠1

M6. How long has it been since (CHILD) last had health insurance?

1 Less than 12 months ago
2 More than 12 months, but not more than 2 years ago
3 More than 2 years ago
4 Never had health insurance coverage
D (DO NOT READ) Don't know
R (DO NOT READ) Refused

CHIS 2007 (Modified)

ASK IF M6= 1
ACCEPT MULTIPLE MENTIONS
PN:
ITEM 01, SHOW *Interviewer Note*: This includes insurance through the current or former employer or union of another family member such as spouse or parent
ITEM 02, SHOW *Interviewer Note*: By you or another family member
ITEM 06, SHOW *Interviewer Note*: Medicare is for people 65 and older or children with certain disabilities
ITEM 07, SHOW *Interviewer Note*: This includes medical assistance, or any kind of government assistance plan for those with low incomes or a disability
ITEM 09, SHOW *Interviewer Note*: READ IF NECESSARY: This would include those who have ever used or enrolled for VA health care

M8. During those months when (CHILD) had health insurance, was (CHILD'S) insurance Medicaid, CHIP, a plan you obtained through an employer, or some other plan?

(READ LIST IF NECESSARY)

01 Insurance through a current or former employer or union.
02 Insurance purchased directly from an insurance company.
03
04
05
06 Medicare
07 Medicaid, CHIP. CHIP stands for Children's Health Insurance Program
08 TRICARE, CHAMPUS
09 CHAMP-VA, VA
97 Any other plan – Specify_____
DD (DO NOT READ) Don't know
RR (DO NOT READ) Refused

CHIS 2007

ASK M9 IF M1a-j=1

M9. Thinking about (IF GENDER OF RANDOM CHILD HAS BEEN DETERMINED (his/her)
 (IF GENDER OF RANDOM CHILD HAS NOT BEEN DETERMINED (his or her) current health insurance, did (CHILD) have this same insurance for **all** of the **past 12 months**?

1 Yes
2 No
D (DO NOT READ) Don't know
R (DO NOT READ) Refused

CHIS 2007

ASK M10 IF M9=2

M10. When (he/she) wasn't covered by (his/her) current health insurance, did (he/she) have any other health insurance?

    1   Yes
    2   No
    D   (DO NOT READ) Don't know
    R   (DO NOT READ) Refused

CHIS 2007 (Modified)

ASK M11 IF M10=1
READ LIST IF NECESSARY
ACCEPT MULTIPLE MENTIONS
PN:
ITEM 01, SHOW *Interviewer Note*: READ IF NECESSARY: This includes insurance through
the current or former employer or union of another family member such as spouse or parent
ITEM 02, SHOW *Interviewer Note*: READ IF NECESSARY: By you or another family member.
ITEM 06, SHOW *Interviewer Note*: Medicare is for people 65 and older or children with certain
disabilities
ITEM 07, SHOW *Interviewer Note*: This includes medical assistance, or any kind of
government assistance plan for those with low incomes or a disability. CHIP stands for Children's
Health Insurance Program
ITEM 09, SHOW *Interviewer Note*: READ IF NECESSARY: This would include those who
have ever used or enrolled for VA health care

M11. Was this other health insurance Medicaid, CHIP, a plan you obtained through an employer, or some other plan?

    01   Insurance through a current or former employer or union.
    02   Insurance purchased directly from an insurance company.
    03
    04
    05
    06   Medicare
    07   Medicaid, CHIP
    08   TRICARE, CHAMPUS
    09   CHAMP-VA, VA
    97   Any other plan – Specify_____
    DD   (DO NOT READ) Don't know
    RR   (DO NOT READ) Refused

CHIS 2007

ASK M12 IF M10=2

M12. What is the **one main** reason (CHILD) did not have any health insurance during the time (he/she) wasn't covered? (DO NOT READ LIST. SINGLE MENTION ONLY)

    01   Can't afford/too expensive
    02   Not eligible due to working status/changed employer/lost job
    03   Not eligible due to health or other problems
    04   Not eligible due to citizenship/immigration status
    05   Family situation changed
    06   Don't believe in insurance
    07   Switched insurance companies, delay between
    08   Can get health care for free/pay for own care
    97   Other (SPECIFY)_____
    DD   (DO NOT READ) Don't know
    RR   (DO NOT READ) Refused

Health of Houston Survey 2010

CHIS 2007

M4.   Is (CHILD) covered for prescription drugs?

    1   Yes
    2   No
    D   (DO NOT READ) Don't know
    R   (DO NOT READ) Refused

ORAL HEALTH

CHIS 2007

V13.   Do you now have any type of insurance that pays for part or all of (CHILD's) dental care?

    1   Yes
    2   No
    D   (DO NOT READ) Don't know
    R   (DO NOT READ) Refused

MODULE N: ADULT ACCESS AND HC UTILIZATION

Now I am going to ask you about YOUR access to healthcare.

USUAL SOURCE OF CARE

BRFSS 2009

N1.   Do you have one person you think of as your personal doctor or health care provider?

Interviewer Note: IF "NO," ASK: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"

    1   Yes, only one
    2   More than one
    4   No, not anyone
    D   (DO NOT READ) Don't know
    R   (DO NOT READ) Refused

CHIS 2007 ((Modified) -taken out Kaiser)

N2.   Is there a place that you usually go to when you are sick or need advice about your health?

    1   Yes
    2   No
    3   Doctor/my doctor
    4   More than one place
    D   (DO NOT READ) Don't know
    R   (DO NOT READ) Refused

CHIS 2007 ((Modified) -taken out Kaiser and split out HMO)

ASK N3 IF N2=1,3,4, D, R

N3.   IF N2 = 1 OR 4 OR DON'T KNOW OR REFUSED, Read, What kind of place do you go to <u>most</u> often - a medical doctor's office, a clinic or hospital clinic, an emergency room, or some other place? (DO NOT READ LIST)

   IF N2 = 3 Read, Is your doctor in a doctor's office, a clinic or hospital clinic, an emergency room, or some other place? (DO NOT READ LIST)

   1   Doctor's Office
   2   HMO
   3   Clinic/Healthcare Center/Hospital Clinic
   4   Emergency Room
   7   Some other place (SPECIFY)_____
   N   No one place
   D   (DO NOT READ) Don't know
   R   (DO NOT READ) Refused

NEW

ASK N5 IF S6 ≠ 1

N5.   Where do you usually go for female health concerns, such as annual exams, breast exams, family planning, and other female concerns? (DO NOT READ LIST. SINGLE MENTION ONLY.)

Interviewer Note: A family doctor would be the same as the primary care physician or general health practitioner where the respondent usually goes for health services

   01   Family planning clinic
   02   Health department
   03   Obstetrician/gynecologist (OB/GYN)
   04   Family doctor
   05   You don't get these services
   97   Other (SPECIFY)_____
   DD   (DO NOT READ) Don't know
   RR   (DO NOT READ) Refused

CHIS 2007

N6.   During the **past 12 months**, how many times have you seen a medical doctor?

   _____ENTER # OF TIMES (0-250)
   (DO NOT READ) Don't know
   (DO NOT READ) Refused

CHIS 2007

IF N6=1 ASK N6a

N6a. Was this visit to a primary care physician or general practitioner such as an internist, or family practice doctor? IF S6=2; FEMALE An OB-GYN could be considered a primary care physician.

   1   Yes   GEN IN 1 IN N7 AND SKIP TO N9
   2   No   GEN IN 0 IN N8 AND SKIP TO N9
   D   (DO NOT READ) Don't know
   R   (DO NOT READ) Refused

NEW

ASK N7 IF N6 =>1

N7.   (IF N6>1 ASK, those (ENTER # OF VISITS FROM N6) visits how many were to a primary care physician or general practitioner such as an internist, or family practice doctor? IF S6=2; FEMALE An OB-GYN (O-B-G-Y-N) can be considered a primary care physician.

_____ ENTER # OF VISITS (0-250)
(DO NOT READ) Don't know
(DO NOT READ) Refused

NEW - (MODIFIED) FROM AC13 MEPS 2006 TO MEASURE TRAVEL TIME TO USUAL SOURCE OF CARE

N9.   How long does it take you to get to the place you usually go to when you are sick or need advice about your health? IF N2= 2 OR 4, D, R, READ, (How long did it take you to get to the place you most recently went when you were sick or needed advice about your health?)
(READ LIST ONLY IF NECESSARY)

    1   Less than 15 minutes
    2   15 to 30 Minutes
    3   31 Minutes to 60 Minutes (1 Hour)
    4   61 Minutes to 90 Minutes
    5   91 Minutes to 120 Minutes (2 Hours)
    6   More than 120 Minutes (2 Hours)
    N   (DO NOT READ) Never go to the doctor
    D   (DO NOT READ) Don't know
    R   (DO NOT READ) Refused

NEW   ((Modified)- FROM MEPS 2001 (AC18))

N10.   If you arrive (IF N2=2, 4, DK, RR READ arrived) on time for an appointment, about how long do (IF N2=2,4, DK, RR READ READ, did) you have to wait before seeing a medical person [PROGRAMMER NOTE: IF N2= 2, 4 DK, OR R READ, at the place you most recently went when you were sick or needed advice about your health?) (IF N2=1, 3, READ at the place you usually go to when you are sick or need advice about your health?
(READ LIST IF NECESSARY)

    1   Less than 5 minutes
    2   5 to 15 minutes
    3   16 Minutes to 30 minutes
    4   31 Minutes to 59 minutes
    5   1-2 hours
    6   More than 2 hours
    N   Never go to the doctor
    D   (DO NOT READ) Don't know
    R   (DO NOT READ) Refused

CHIS 2007 (Modified - Replace HHS)

N11.   How do you usually get to the doctor's office or to other medical visits?

    DO NOT READ LIST

    01   Drive yourself
    02   Get a ride from someone else in a personal vehicle
    03   Take public transportation such as the metro bus or metro rail
    04   Take para transit/trans provided by Home Health Services (HHS)
    05   Take a taxi
    06   Walk or ride bike, or
    97   Get there some other way (SPECIFY)_____
    DD   (DO NOT READ) Don't know
    RR   (DO NOT READ) Refused

DELAYS IN CARE

CHIS 2007 (Modified)
N12. Thinking about the past 12 months, was there any time that you delayed or could (INSERT) because of cost or lack of insurance?

        1   Yes
        2   No
        D   (DO NOT READ) Don't know
        R   (DO NOT READ) Refused

        a.   Not fill a prescription for medicine for yourself
        b.   Not see a doctor when you needed to
        c.   Not get specialist care that you needed
             If Needed: Specialists are doctors like surgeons, heart doctors, allergy doctors, skin
doctors and others who specialize in one area of health care.

MODULE O: CHILDREN HEALTHCARE ACCESS

PN: ASK ABOUT RANDOMLY SELECTED CHILD IN THE HOUSEHOLD OR FOR THE CHILD (K2=1)
IF K3=1 OR K5=1

The next questions are about where (CHILD) goes for health care and health care visits.

CHIS 2007 ((Modified) -Kaiser left out from response options)
O1.   Is there a place you usually take (CHILD) to when (IF K7=1 MALE READ he/ IF K7=2 FEMALE READ she) is sick or you need advice about (IF K7=1 MALE READ his / IF K7=2 FEMALE READ her) health?
      (DO NOT READ)

        1   Yes
        2   No
        3   Doctor/(his/her) doctor/my doctor)
        4   More than one place
        D   (DO NOT READ) Don't know
        R   (DO NOT READ) Refused

CHIS 2007 ((Modified) -Kaiser left out from response options)
O2.   What kind of place does (IF K7=1 MALE READ he/ IF K7=2 FEMALE READ she) go to most often, a private doctor's office, a clinic or hospital clinic, an emergency room, or some other place?

        1   Doctor/(his/her)/my doctor)
        2   Clinic/health center/hospital clinic
        3   Emergency room
        7   Some other place (SPECIFY)_____)
        N   No one place
        D   (DO NOT READ) Don't know
        R   (DO NOT READ) Refused

CHIS 2007 -Adol (Modified)
O4.   During the **past 12 months** did you think (CHILD) needed help for emotional or mental health problems, such as feeling sad, anxious, nervous, or showing disruptive behavior either at home or school?

        1   Yes
        2   No
        D   (DO NOT READ) Don't know
        R   (DO NOT READ) Refused

CHIS 2007 -Adol (Modified)

O5. Still thinking about the **past 12 months**, was there any time that you had to delay or could…
(INSERT) because of cost or lack of insurance?

1   Yes
2   No
D   (DO NOT READ) Don't know
R   (DO NOT READ) Refused

a. Not fill a prescription for medicine for (CHILD)
b. Not see a doctor when (CHILD) needed it
c. Not get specialist care that (CHILD) needed
d. Not get dental care that (CHILD) needed

If Needed: Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors and others who specialize in one area of health care.

MODULE P: MENTAL HEALTH

MENTAL HEALTH ASSESMENT

The next questions are about how you have been feeling during the **past 30 days**.

K6 Interview Administered, also CHIS 2007

P1.   About how often during the **past 30 days** did you feel nervous - would you say **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time?

1   All
2   Most
3   Some
4   A little
5   None
D   (DO NOT READ) Don't know
R   (DO NOT READ) Refused

K6 Interview Administered, also CHIS 2007

P2.   During the **past 30 days**, about how often did you feel hopeless — **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time?

1   All
2   Most
3   Some
4   A little
5   None
D   (DO NOT READ) Don't know
R   (DO NOT READ) Refused

K6 Interview Administered, also CHIS 2007

P3. During the **past 30 days**, about how often did you feel restless or fidgety?

Interviewer Note: IF NECESSARY, "**all**, **most**, **some**, **a little**, or **none** of the time?"

1   All
2   Most
3   Some
4   A little

5　None
D　(DO NOT READ) Don't know
R　(DO NOT READ) Refused

K6 Interview Administered, also CHIS 2007
P4.　During the **past 30 days**, how often did you feel so depressed that nothing could cheer you up?

Interviewer Note: IF NECESSARY, "**all**, **most**, **some**, **a little**, or **none** of the time?"

1　All
2　Most
3　Some
4　A little
5　None
D　(DO NOT READ) Don't know
R　(DO NOT READ) Refused

K6 Interview Administered, also CHIS 2007
P5.　During the **past 30 days**, about how often did you feel that everything was an effort?

Interviewer Note: IF NECESSARY, "**all**, **most**, **some**, **a little**, or **none** of the time??"

1　All
2　Most
3　Some
4　A little
5　None
D　(DO NOT READ) Don't know
R　(DO NOT READ) Refused

K6 Interview Administered, also CHIS 2007
P6.　During the **past 30 days**, about how often did you feel worthless?

Interviewer Note: IF NECESSARY, "**all**, **most**, **some**, **a little**, or **none** of the time??"

1　All
2　Most
3　Some
4　A little
5　None
D　(DO NOT READ) Don't know
R　(DO NOT READ) Refused

K6 follow-up questions on persistence and impairment
ASK P7-P8 IF ANSWERED 1, 2, 3 OR 4 IN AT LEAST ONE OF THE QUESTIONS P1-P6

P7.　The next questions are about how these feelings may have affected you in the **past 30 days**. How many days out of the **past 30** were you totally unable to work or carry out your normal activities because of these feelings?

Interviewer Note:　If asked, **"normal activities"** includes housework, self-care, caregiving, volunteer work, attending school, studies, or recreation.

_____ENTER # OF DAYS (Range 0-30)
DD　(DO NOT READ)　　Don't know
RR　(DO NOT READ)　　Refused

K6 follow-up questions on persistence and impairment

P8.   During the **past 30 days**, how many times did you see a doctor or other professional about these feelings?

Read: By "other professional," we mean a nurse practitioner, physician's assistant, counselor, psychiatrist or social worker.

_____ENTER # OF TIMES (Range 0-30)

DD   (DO NOT READ)   Don't know
RR   (DO NOT READ)   Refused

MENTAL HEALTH ACCESS AND UTILIZATION

CHIS 2007

Now think about the **past 12 months**…

P9.   Was there ever a time during the **past 12 months** when you felt that you might need to see a doctor or other professional because of problems with your mental health, emotions, nerves, or your use of alcohol or drugs?

Read Only If Asked: By "other professional," we mean a nurse practitioner, physician's assistant, counselor, psychiatrist or social worker.

1   Yes
2   No
D   (DO NOT READ) Don't know
R   (DO NOT READ) Refused

CHIS 2007

P10. In the **past 12 months** have you seen your doctor or other professional, for problems with your mental health, emotions, nerves, or use of alcohol or drugs?

Read Only If Asked: By "other professional," we mean a nurse practitioner, physician's assistant, counselor, psychiatrist or social worker.

1   Yes
2   No
D   (DO NOT READ) Don't know
R   (DO NOT READ) Refused

CHIS 2007

ASK P11 IF P10=1

P11.   Did you seek help for your mental or emotional health or for an alcohol or drug problem or for both?

1   Mental-emotional health;
2   Alcohol-drug problem;
3   Both mental & alcohol-drug;
D   (DO NOT READ) Don't know
R   (DO NOT READ) Refused

CHIS 2007(Modified)

ASK P12 IF P10=1

P12. In the **past 12 months**, how many visits did you make to a professional for problems with your (IF P11= 1 mental and emotional health) (IF P11=2, alcohol or drug problem) (IF P11 = 3,D,R, mental or emotional health or your use of alcohol or drugs.) If you have been hospitalized for these issues in the past 12 months, please count each hospital stay as 1 visit.

Read Only If Asked: By "other professional," we mean a nurse practitioner, physician's assistant, counselor, psychiatrist or social worker.

_____ ENTER # OF VISITS (1-200)
DD   (DO NOT READ) Don't know
RR   (DO NOT READ) Refused

CHIS 2007

ASK P13 IF P10=1

P13.   Are you still receiving treatment for these problems from one or more of these providers?

1   Yes
2   No
D   (DO NOT READ) Don't know
R   (DO NOT READ) Refused

CHIS 2007

ASK P14 IF P13=2

P14.   Did you complete the recommended full course of treatment?

1   Yes
2   No
D   (DO NOT READ) Don't know
R   (DO NOT READ) Refused

CHIS 2007

ASK P15 IF P13=2 AND P14 =2

P15. What is the **main reason** you are no longer receiving treatment?
(DO NOT READ, SINGLE MENTION ONLY. PROMPT FOR THE MAIN REASON.)

01   Got better/no longer needed
02   Not getting better
03   Wanted to handle problem on own
04   Bad experiences with treatment
05   Lack of time/transportation
06   Too expensive
07   Insurance does not cover
97   Other (SPECIFY)_____
DD   (DO NOT READ) Don't know
RR   (DO NOT READ) Refused

CHIS 2007

P16.   During the **past 12 months**, did you take any prescription medications, such as an antidepressant or sedative **daily or almost daily for two weeks or more**, for an emotional or personal problem?

1   Yes
2   No
D   (DO NOT READ) Don't know
R   (DO NOT READ) Refused

CHIS 2007

(ASK P17 IF P9 =1 AND P10=2, D, REFUSED

P17. Here are some reasons people have for not seeking help even when they think they might need it. Please tell me "Yes" or "no" for whether each statement applies to why you did not see a professional. How about (READ ITEM)?

Read Only If Asked: By "other professional," we mean a nurse practitioner, physician's assistant, counselor, psychiatrist or social worker.

1 Yes
2 No
D (DO NOT READ) Don't know
R (DO NOT READ) Refused

a. You were concerned about the cost of treatment.
b. You did not feel comfortable talking with a professional about your personal problems.
c. You were concerned about what would happen if someone found out you had a problem.
d. You had a hard time getting an appointment.

MODULE Q: PREVENTIVE SERVICES

MAMMOGRAPHY

PN: IF RESPONDENT IS MALE (S6=1), GO TO INTRO BEFORE Q.10

The next questions are about women's health.

BRFSS 2008

ASK Q1 IF S6 ≠ 1 AND S10 = 40-74 or S11= 3,4,5,6; DK, REFUSED

Q1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

1 Yes
2 No
D (DO NOT READ) Don't know
R (DO NOT READ) Refused

BRFSS 2008

ASK Q2 IF Q1 = 1

Q2. How long has it been since you had your last mammogram?
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
D (DO NOT READ) Don't know
R (DO NOT READ) Refused

NEW ((Modified) from CHIS 2009 Pap Test)

ASK Q3 Q1 = 2 OR Q2= 3,4, 5

Q3.   What is the **one** most important reason why you have (IF NO IN Q1 READ NEVER had a mammogram) (IF CODES 3, 4, OR 5 IN Q2 READ not had a mammogram in the last 2 years)? (DO NOT READ LIST. SINGLE MENTION ONLY)

- 01   No reason/never thought about it
- 02   Didn't know I needed this type of test
- 03   Doctor didn't tell me I needed it
- 04   Haven't had any problems
- 05   Put it off
- 06   Too expensive/no insurance/cost
- 07   Insurance will not pay for this until I am 50
- 08   Too painful, unpleasant, or embarrassing
- 09   Don't have a doctor
- 10   Had a double mastectomy
- 97   Other (SPECIFY)_____
- DD   (DO NOT READ) Don't know
- RR   (DO NOT READ) Refused

PAP TEST

BRFSS 2008

ASK Q4 IF S6 ≠ 1

Q4.   A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?

- 1   Yes
- 2   No
- D   (DO NOT READ) Don't know
- R   (DO NOT READ) Refused

BRFSS 2008

ASK Q5 IF Q4=1

Q5. How long has it been since you had your last Pap test?

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;
- D   (DO NOT READ) Don't know
- R   (DO NOT READ) Refused

CHIS 2007

ASK Q6 IF Q5 = CODES 4 OR 5 OR Q4 = 2

Q6.   What is the ONE MOST important reason why you have (IF Q.4=2 READ, **never** had a Pap test. IF Q.5 = CODES 4 OR 5, READ, not had a Pap test in the **last 3 years**). (DO NOT READ LIST. SINGLE MENTION ONLY)

    01   No reason/never thought about it
    02   Didn't know I needed this type of test
    03   Doctor didn't tell me I needed it
    04   Haven't had any problems
    05   Put it off
    06   Too expensive/no insurance/cost
    07   Too painful, unpleasant, or embarrassing
    08   Hysterectomy
    09   Don't have a doctor
    10   Had HPV vaccine
    97   Other (SPECIFY)_____
    DD   (DO NOT READ) Don't know
    RR   (DO NOT READ) Refused

COLORECTAL CANCER

Now, I have a few questions on a different health topic…

PN: IF S10 <50 OR =>76 OR S11= CODES 1, 2, 3 (REMOVE CODE 4), OR CODE 7, GO TO HIV SCREENING Q.19.

BRFSS 2008

Q10.   A blood stool test is a test that may use a special kit at home or in a doctor's office to determine whether the stool contains blood. Have you ever had this test?

    1   Yes
    2   No
    D   (DO NOT READ) Don't know
    R   (DO NOT READ) Refused

BRFSS 2008

ASK Q11 IF Q10 = 1

Q11.   How long has it been since you had your last blood stool test?
        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
    D   (DO NOT READ) Don't know
    R   (DO NOT READ) Refused

NEW (CHIS 2007 and Sally Vernon)

ASK Q12 IF Q10 = 1

Q12.   What was the **main** reason you had your most recent blood stool test? Was it (READ LIST; SINGLE RESPONSE)…

    1   Part of a routine exam or check up
    2   Because of a symptom or health problem
    3   Some other reason (SPECIFY)_____
    D   (DO NOT READ) Don't know
    R   (DO NOT READ) Refused

NEW (with input from CHIS response answers)

ASK Q13 IF Q10 = 2 OR Q11 = CODES 4 OR 5

Q13. What is the **one** most important reason why you have (IF 2 IN Q.10, READ, **never** had a blood stool test. IF Q.11 = 4 OR 5, READ, **not** had a blood stool test in the **last 3 years**.)
(DO NOT READ LIST. SINGLE RESPONSE ONLY.)

        01   No reason/never thought about it
        02   Didn't know I needed this type of test
        03   Doctor didn't tell me I needed it
        04   Haven't had any problems
        05   Put it off
        06   Too expensive/no insurance/cost
        07   Too painful, unpleasant, or embarrassing
        08   Don't have a doctor
        09   Took blood stool test at doctor's/ health care provider office
        97   Other_____
        D   (DO NOT READ) Don't know
        R   (DO NOT READ) Refused

BRFSS 2008

Q14. Sigmoidoscopy (SIG-moid-os-ka-pee) and colonoscopy (CO-lon-os-Ka-pee) 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?

        1   Yes
        2   No
        D   (DO NOT READ) Don't know
        R   (DO NOT READ) Refused

BRFSS 2008

ASK Q15 IF Q14 = 1

Q15. Was your **most recent** exam a sigmoidoscopy (SIG-moid-os-ka-pee) or a colonoscopy (CO-lon-os-Ka-pee)?

Interviewer Note: READ ONLY IF NECESSARY: For a SIGMOIDOSCOPY (SIG-moid-os-ka-pee), a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY (CO-lon-os-Ka-pee) 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.

        1   Sigmoidoscopy
        2   Colonoscopy
        D   (DO NOT READ) Don't know
        R   (DO NOT READ) Refused

BRFSS 2008 (Modified)

ASK Q16 IF Q14=1
IF CODE 1 IN Q15 READ SIGMOIDOSCOPY. IF CODE 2 IN Q15 READ COLONOSCOPY, IF Q15=D,R
READ SIGMOIDOSCOPY OR COLONOSCOPY

Q16.How long has it been since you had your last {sigmoidoscopy/colonoscopy}?
(DO NOT READ LIST)

        1   Within the past 5 years
        2   More than 5 but less than 10 years
        3   More than 10 years
        D   (DO NOT READ) Don't know
        R   (DO NOT READ) Refused

NEW (Sally Vernon with slight modification in response answer)

ASK Q.17 IF Q14=1
IF CODE 1 IN Q15 READ SIGMOIDOSCOPY. IF CODE 2 IN Q15 READ COLONOSCOPY

Q17. Why did you have your MOST RECENT (colonoscopy/sigmoidoscopy)? Was it (READ LIST)? (SINGLE RESPONSE ONLY)

    01   Part of a routine exam or check up
    02   Because of a symptom or health problem
    03   Follow-up to an earlier abnormal test
    97   Other reason (SPECIFY)_____
    DD   (DO NOT READ) Don't know
    RR   (DO NOT READ) Refused

NEW (with input from CHIS response answers)

ASK Q18 IF Q14=2 OR (IF Q16=2 OR 3, AND Q15=1) OR (IF Q 16=3 AND Q15=2,D,R)

Q18. (IF Q.14=2, READ, What is the ONE most important reason why you have never had a sigmoidoscopy or colonoscopy?) (IF Q.15=1 AND Q.16=3) READ, What is the ONE most important reason why you have NOT had a sigmoidoscopy in the past 10 years?) IF Q.15=1 AND Q.16= 2) READ, What is the **one** most important reason why you have **not** had a sigmoidoscopy in the past 5 years?) (IF Q.15=2 AND Q.16=3 READ, What is the ONE most important reason why you have NOT had a colonoscopy in the past 5 10 years? (IF Q15=D,R AND Q16=3 READ What is the ONE most important reason why you have NOT had a SIGMOIDOSCOPY OR COLONOSCOPY in the past 10 years)
(DO NOT READ LIST. SINGLE RESPONSE ONLY)

    01   No reason/never thought about it
    02   Didn't know I needed this type of test
    03   Doctor didn't tell me I needed it
    04   Haven't had any problems
    05   Put it off
    06   Too expensive/no insurance/cost
    07   Too painful, unpleasant, or embarrassing
    08   Don't have a doctor
    09   Other (SPECIFY)_____
    DD   (DO NOT READ) Don't know
    RR   (DO NOT READ) Refused

NEW

ASK IF Q15 =1 AND Q16=2

Q18a. Did you have a colonoscopy in the last 10 years?

    1   Yes
    2   No
    D   (DO NOT READ) Don't know
    R   (DO NOT READ) Refused

Health of Houston Survey 2010

BRFSS 2009 ((Modified) response answers)
The next few questions are about HIV, the virus that causes AIDS. The information you provide is completely confidential.

Q19. Have you ever been tested for HIV? Include testing fluid/saliva/spit from your mouth. Do not count tests you may have had as part of a blood donation.

(READ LIST)

1   Yes, within last 12 months
2   Yes, but not in the last 12 months
3   No, never tested
D   (DO NOT READ) Don't know
R   (DO NOT READ) Refused

NHIS 2010

ASK Q20 IF (S10= 18-74 OR S11= CODE 1-6, DK, REFUSED) AND (Q19 =3)

Q20. What would you say is the MAIN reason why you have not been tested for HIV?
(DO NOT READ LIST. SINGLE MENTION ONLY)

01   It's unlikely you've been exposed to HIV
02   You were afraid to find out if you were HIV positive (that you had HIV)
03   You didn't want to think about HIV or about being HIV positive
04   You were worried your name would be reported to the government if you tested positive
05   You didn't know where to get tested
06   You don't like needles
07   You were afraid of losing job, insurance, housing, friends, family, if people knew you were positive for aids infection
97   Some other reason (SPECIFY)_____
NN   No particular reason
DD   (DO NOT READ) Don't know
RR   (DO NOT READ) Refused

Health of Houston Survey 2010

MODULE R: BEHAVIORAL RISK FACTORS - Part I

SMOKING

CHIS 2007

R1. Altogether, have you smoked at least 100 or more cigarettes in your entire lifetime?

Interviewer Note: IF NECESSARY: 5 packs = 100 cigarettes

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

CHIS 2007

ASK R2 IF R1 =1

R2. Do you now smoke cigarettes every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

CHIS 2007

ASK R3 IF R2=1

R3. On the average, how many cigarettes do you now smoke a day?

_____ENTER # OF CIGARETTES (1-80)
DD (DO NOT READ) Don't know
RR (DO NOT READ) Refused

CHIS 2007

ASK R4 IF R2=2

R4. In the **past 30 days**, when you smoked, how many cigarettes did you smoke per day?

_____ENTER # OF CIGARETTES (1-80)
DD (DO NOT READ) Don't know
RR (DO NOT READ) Refused

BRFSS 2010

ASK IF R2=3

R4a. How long has it been since you last smoked cigarettes regularly?
(DO NOT READ)

- 01 Within the past month (less than 1 month ago)
- 02 Within the past 3 months (1 month but less than 3 months ago)
- 03 Within the past 6 months (3 months but less than 6 months ago)
- 04 Within the past year (6 months but less than 1 year ago)
- 05 Within the past 5 years (1 year but less than 5 years ago)
- 06 Within the past 10 years (5 years but less than 10 years ago)
- 07 10 years or more
- 08 Never smoked regularly
- DD Don't Know/Not Sure
- RR Refused

Health of Houston Survey 2010

SECOND-HAND SMOKING

CHIS 2007

R5.   Is smoking ever allowed inside your home?

Interviewer Note: IF NECESSARY, All kinds of smoking, including cigarette smoke, pipe smoke, etc.

          1   Yes
          2   No
          D   (DO NOT READ) Don't know
          R   (DO NOT READ) Refused

CHIS 2007

ASK R6 IF R5=1

R6.   On average, about how many days per week is there smoking inside your home?

          _____DAYS PER WEEK (0-7)
          RR   (DO NOT READ) Rarely
          DD   (DO NOT READ) Don't know
          RR   (DO NOT READ) Refused

ALCOHOL ABUSE

CHIS 2007

R7. Now think about the **past 12 months**. Over that time, did you have any kind of alcoholic drink?

          1   Yes
          2   No
          D   (DO NOT READ) Don't know
          R   (DO NOT READ) Refused

CHIS 2007

ASK R8 IF R7 =1

R8.   In the **past 12 months**, about how many drinks did you have on a typical day when you drank alcohol?

Interviewer Note: IF NEEDED SAY, "In the past 12 months." OR IF NEEDED SAY, "By drink, we mean a 12 ounce can or glass of beer, a 5 ounce glass of wine, a mixed drink, or a shot of liquor."

          _____ENTER # OF DRINKS (RANGE:0-20)
          LL   (DO NOT READ) Less than one drink
          DD   (DO NOT READ) Don't know
          RR   (DO NOT READ) Refused

CHIS 2007

ASK R9 IF R7 =1 AND S6=1; MALE

R9.   In the **past 12 months**, about how many times did you have 5 or more alcoholic drinks in a single day?

          _____ENTER # OF TIMES (0-365)
          DD   (DO NOT READ) Don't know
          RR   (DO NOT READ) Refused

Health of Houston Survey 2010

CHIS 2007

ASK R10 IF R7 =1 AND S6 ≠ 1

R10. In the **past 12 months**, about how many times did you have 4 or more alcoholic drinks in a single day?

_____ENTER # OF TIMES (0-365)
DD (DO NOT READ) Don't know
RR (DO NOT READ) Refused

PRENATAL CARE

PN: IF RESPONDENT IS MALE (S6=1) , GO TO MODULE EMP

PREGNANCY

These next questions are about pregnancy and prenatal care.

Interviewer Note: if at any time in the pregnancy section the respondent indicates that she is uncomfortable answering these questions due to the death of a child please skip to Demographics - Part II and write up a problem sheet.

CHIS 2007

ASK R11 IF S6 ≠ 1 AND S10=18-50 OR S11 =1-4, DK, REFUSED

R11. To your knowledge, are you now pregnant?

1   Yes
2   No
D   (DO NOT READ) Don't Know
R   (DO NOT READ) Refused

CCHS 2008 (Modified)

ASK R12 IF S6 ≠ 1 AND S10 = < 51 or S11=1-4, DK, REFUSED

R12. Have you given birth in the **past 5 years**?

1   Yes
2   No
D   (DO NOT READ) Don't know
R   (DO NOT READ) Refused
X   Uncomfortable answering these questions due to the death of a child

Health of Houston Survey 2010

EARLY ENTRY INTO PRENATAL CARE

PRAMS 2009 -Core

ASK R13 IF R12 = 1

The next questions are about the prenatal care you received during your most recent pregnancy.

R13. During your most recent pregnancy, how many weeks or months pregnant were you when you had your first visit for prenatal care? Do not count a visit for a pregnancy test or WIC only.

Interviewer Note: READ **ONLY** IF NECESSARY: Prenatal care includes visits to a doctor, nurse, or other health care worker before your baby was born to get checkups and advice about pregnancy.

Interviewer Note: WIC is the Special Supplemental Nutrition Program for Women, Infants, and Children).

        01   ANSWER GIVEN IN WEEKS_____# (1-42)
        02   ANSWER GIVEN IN MONTHS _____# (1-10)
        NN DID NOT GO FOR PRENATAL CARE
        DD (DO NOT READ) Don't know
        RR (DO NOT READ) Refused
        X   Uncomfortable answering these questions due to the death of a child

PRENATAL CARE ACCESS, ADEQUACY, ETC.

PRAMS 2009 -Core ((Modified) – one less response option)

ASK R14 IF R13=NN OR R13 > 9 WEEKS OR R13 > 2 MONTHS

R14. What kept you from getting (IF R13=NN, READ prenatal care; IF R13 > 9 WEEKS OR R13 > 2 MONTHS, READ, prenatal care earlier)?
(DO NOT READ LIST. ACCEPT MULTIPLE RESPONSES. PROBE: What else?)

        01   I couldn't get an appointment when I wanted one
        02   I didn't have enough money or insurance to pay for my visits
        03   I had no transportation to get to the clinic or doctor's office
        04
        05   I had too many other things going on
        06   I couldn't take time off from work or school
        07   I didn't have my Medicaid card
        08   I had no one to take care of my children
        09   I didn't know I was pregnant
        10   I didn't want anyone else to know I was pregnant
        11   I didn't want prenatal care
        97   Other (SPECIFY)_____
        DD (DO NOT READ) Don't know
        RR (DO NOT READ) Refused
        X   Uncomfortable answering these questions due to the death of a child

CCHS 2008 ((Modified) Response Answer)

ASK R17 IF R12=1

R17. How long did you breastfeed {your last baby}?

Interviewer Note: IF RESPONDENT SAYS ONE YEAR PROMPT: Was that 0-12 Months or greater than one year? (DO NOT READ LIST)

    1   < 1 WK
    2   1-2 WKS
    3   3-4 WKS
    4   5-8 WKS
    5   9 WKS - <12 WKS
    6   3 MO
    7   4 MO
    8   5 MO
    9   6 MO
    10 7-9 MO
    11 10-12 MO
    12 >1 YR
    NN (DO NOT READ) Did not breastfeed
    DD (DO NOT READ) Don't know
    RR (DO NOT READ) Refused

MODULE EMP: DEMOGRAPHICS – Part II

EMPLOYMENT STATUS

I'd like to ask a few questions about employment…

CHIS 2007 (Modified)

EMP1.Which of the following were you doing last week?
(READ LIST; ACCEPT ONE RESPONSE)

    1   Working at a job or business
    2   Have a job or business but took time off
    3   Currently unemployed and looking for work
    4   Currently unemployed and not looking for work
    D   (DO NOT READ) Don't know
    R   (DO NOT READ) Refused

CHIS 2007

ASK EMP2 IF EMP1 = 2 OR 3 OR 4
IF EMP1=2, INSERT not at work last week
IF EMP1=3 OR 4, INSERT not employed last week

EMP2.What is the main reason you were (INSERT)?
(DO NOT READ. SINGLE RESPONSE ONLY)

    01 Taking care of house or family (Stay at home mom/dad)
    02 On planned vacation
    03 Couldn't find a job
    04 Going to school/student
    05 Retired
    06 Disabled
    07 Unable to work temporarily
    08 On layoff or strike
    09 On family or maternity leave
    10 Off season

97   Other (SPECIFY)_____
DD   (DO NOT READ) Don't know
RR   (DO NOT READ) Refused

NEW

ASK EMP2a IF EMP2=3

EMP2a. Are you receiving Unemployment Insurance?

1   Yes
2   No
D   (DO NOT READ) Don't know
R   (DO NOT READ) Refused

CHIS 2007 ((Modified) -Split out 'non-profit company' to better match the response option and the question in CPS/ASEC Supplement. 'Foundations' dropped from response answers)

(ASK EMP5 IF EMP1 =1 OR EMP2 = 02, 07, 08 09, OR 10

EMP5.On your main job, are you employed by a for profit company, a non-profit organization, the government, are you self-employed, or are you working without pay in a family business or farm?

Interviewer Note: IF NEEDED SAY, Where did you work most hours?
Interviewer Note: IF NEEDED SAY: By main job, I mean the one at which you usually work the most hours

1   For-profit company
2   Non-profit organization
3   Government
4   Self-employed
5   Family business or farm
7   (DO NOT READ) Other SPECIFY
D   (DO NOT READ) Don't know
R   (DO NOT READ) Refused

ASK EMP6 IF EMP1 =1 OR EMP2 = 02, 07, 08 09, OR 10

EMP6.How many hours per week do you usually work at your **main** job?

Interviewer Note: IF NEEDED SAY: By main job, I mean the one at which you usually work the most hours.

_____ ENTER # OF HOURS PER WEEK (1-100)
DD   (DO NOT READ) Don't know
RR   (DO NOT READ) Refused

CHIS 2007

ASK EMP7 IF EMP1 =1 OR EMP2 = 02, 07, 08 09, OR 10

EMP7.How many hours per week do you **usually** work at **all** jobs or businesses?

_____ENTER # OF HOURS PER WEEK
DD   (DO NOT READ) Don't know
RR   (DO NOT READ) Refused

PN: IF EMP7<EMP6, present: you said you worked [EMP6] hours at your main job, how many hours do you work at all of your jobs combined?

NEW

ASK EMP8 IF EMP1 =1 OR EMP2 = 02, 07, 08 09, OR 10

EMP8.For how many of the past 12 months were you employed at all jobs and businesses?

_____ENTER # OF MONTHS (1-12)
LL   Less than one month
D   (DO NOT READ) Don't know
R   (DO NOT READ) Refused

NEW

ASK EMP10 IF EMP1 =1 OR EMP2 = 02, 07, 08 09, OR 10

EMP10.What is your occupation?

Interviewer Note: We are looking for the respondent's actual job, not just where they work. For example a letter carrier for the post office should be entered as a letter carrier for the post office and not just as a postal worker.)

_____RECORD VERBATIM
DD   (DO NOT READ) Don't know
RR   (DO NOT READ) Refused

MODULE INCOM: INCOME

CHIS 2007 ((Modified) from last month to last year)

ASK INCOM1 IF EMP1 =1 OR EMP2 = 02, 07, 08, 09 OR 10

INCOM1.What is your best estimate of all your earnings last year before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips, and commissions?

Interviewer Note: IF NECESSARY, say "Last year could be 2009."

_____ENTER AMOUNT (RANGE 1-2,000,000)
DD   (DO NOT READ) Don't know
RR   (DO NOT READ) Refused

CHIS 2007 ((Modified) from total to combined)
INCOM5. What is your best estimate of your **household's combined annual income** from all sources **before taxes** last year? Please include money from jobs, social security, retirement income, unemployment payments, public assistance and so forth. Also include income from interest, dividends, net income from business, farm, or rent and any other money income. Do not include gifts.

Interviewer Note: If amount greater than $999,995, enter "999,995"

Interviewer Note: IF NECESSARY, say "Last year could be 2009."

Interviewer Note: Do not include gifts

_____ENTER AMOUNT
DD   (DO NOT READ) Don't know
RR   (DO NOT READ) Refused

CHIS 2007
INCOM9.Including yourself, how many people living in your household are supported by your total household income?

_____RECORD # OF PEOPLE (PN: RANGE 1 –12)
DD   (DO NOT READ) Don't know
RR   (DO NOT READ) Refused

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CHIS 2007

> ASK INCOME10 IF K1=1 OR K2>0

> INCOM10 (IF INCOM9=FILLED, ASK: How many of these (INSERT NUMBER FROM INCOME9 MINUS 1) people are children under the age of 18?) (IF INCOM9= D, R, ASK: How many of the people living in your household who are supported by your total household income are children under the age of 18?)

> _____NUMBER OF CHILDREN (UNDER AGE 18) (PN: IF INCOM9=FILLED, RANGE 0 –NUMBER FROM INCOME9 MINUS 1; IF INCOM9= D,R, RANGE = 0 – S3 MINUS 1)
> DD (DO NOT READ) Don't know
> RR (DO NOT READ) Refused

CHIS 2007 ((Modified) added furniture and set property value to $5000)

> INCOM11. Not counting the value of any house or car you may own, would you say that your/your family's assets, that is, all your cash, savings, investments, and furniture together are worth more than $5,000?

> 1   Yes
> 2   No
> D   (DO NOT READ) Don't know
> R   (DO NOT READ) Refused

Poverty Thresholds for 2009 by Size of Family and Number of Related Children Under 18 Years (U.S. Census)

Size of family unit	Related children under 18 years								
	None	One	Two	Three	Four	Five	Six	Seven	Eight or more
One person (unrelated individual)									
Under 65 years	11,161								
65 years and over	10,289								
Two people									
Householder under 65 years	14,366	14,787							
Householder 65 years and over	12,968	14,731							
Three people	16,781	17,268	17,285						
Four people	22,128	22,490	21,756	21,832					
Five people	26,686	27,074	26,245	25,603	25,211				
Six people	30,693	30,815	30,180	29,571	28,666	28,130			
Seven people	35,316	35,537	34,777	34,247	33,260	32,108	30,845		
Eight people	39,498	39,847	39,130	38,501	37,610	36,478	35,300	35,000	
Nine people or more	47,514	47,744	47,109	46,576,	45,701	44,497	43,408	43,138	41,476

PN: USING ABOVE TABLE CREATE VARIABLE FOR FEDERAL POVERTY LEVEL USING INCOME9 AS "SIZE OF FAMILY UNIT" AND INCOME10 AS "NUMBER OF RELATED CHILDREN UNDER 18". IF INCOM9 OR INCOME10 = DD,RR, USE THE TOTAL NUMBER OF ADULT MEMBERS OF THE HH IN S3 AND TOTAL NUMBER OF CHILDREN IN HH IN K2 TO CALCULATE FPL. CREATE VARIABLES FOR: 133% FPL BY MULTIPLYING FPL X 1.33; 185% FPL BY MULTIPLYING FPL X 1.85; 200% FPL BY MULTIPLYING FPL X 2; 300% FPL BY MULTIPLYING FPL X 3. ROUND VALUES UP OR DOWN TO THE NEAREST THOUSAND: < $14,499 = $14,000, >=$14,500 = $15,000

ASK INCOM12 IF INCOM5 = DD/RR AND:
1. IF K1=1, INCOM9 AND INCOM10 ≠ DD/RR OR
2. IF K1=2, INCOM9 ≠ DD/RR OR
3. IF K2 ≠ DD/RR, S3>0

    INCOM12 We don't need to know exactly, but could you tell me if your <u>household's annual </u>income from all sources <u>before taxes </u>is less or more than (INSERT 300% FPL)?

        1   Less than (INSERT 300% FPL) OR
        2   More than (INSERT 300% FPL)
        3   (DO NOT READ) Exactly (INSERT 300% FPL)
        D   (DO NOT READ) Don't know
        R   (DO NOT READ) Refused

ASK INCOM12a IF INCOME12 = 1

    INCOM12a Is that…?

        1   Less than (INSERT 200% FPL) OR
        2   More than (INSERT 200% FPL) to under (INSERT 300% FPL)
        3   (DO NOT READ) Exactly (INSERT 200% FPL)
        D   (DO NOT READ) Don't know
        R   (DO NOT READ) Refused

ASK INCOM12b IF INCOME12a = 1

    INCOM12b Is your <u>household's annual </u>income from all sources <u>before taxes…</u>?

        1   Less than (INSERT 185% FPL) OR
        2   More than (INSERT 185% FPL) to under (INSERT 200% FPL)
        3   (DO NOT READ) Exactly (INSERT 185% FPL)
        D   (DO NOT READ) Don't know
        R   (DO NOT READ) Refused

ASK INCOM12c IF INCOME12b = 1

    INCOM12c Is that…?

        1   Less than (INSERT 133% FPL) OR
        2   More than (INSERT 133% FPL) to under (INSERT 185% FPL)
        3   (DO NOT READ) Exactly (INSERT 133% FPL)
        D   (DO NOT READ) Don't know
        R   (DO NOT READ) Refused

ASK INCOM12d IF INCOME12c = 1

    INCOM12d Is your <u>household's annual </u>income from all sources <u>before taxes</u>…?

        1   Less than (INSERT 100% FPL) OR
        2   More than (INSERT 100% FPL) to under (INSERT 133% FPL)
        3   (DO NOT READ) Exactly (INSERT 100% FPL)
        D   (DO NOT READ) Don't know
        R   (DO NOT READ) Refused

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MODULE EH: ECONOMIC HARDSHIP

BRFSS 2011 (Modified)

ASK Q.EH1 IF:
1. INCOME5<$150,000 OR
2. INCOM12=1,3,D,R OR
3. IF K=1 AND K2=DK, R AND INCOM10=DK,R

EH1. In the past 12 months, how often did you have financial difficulties that kept you from being able to buy food?   (READ LIST)

1   Never
2   Rarely
3   Sometimes
4   Often
5   Always
D   (DO NOT READ) Don't know
R   (DO NOT READ) Refused

BRFSS 2011 (Modified)

ASK Q.EH2 IF:
1. INCOME5<$150,000 OR
2. INCOM12=1,2,3,D,BLANK OR
3. IF K=1 AND K2=DK, R AND INCOM10=DK, R

EH2.   In the past 12 months, how often did you have financial difficulties that kept you from being able to pay your rent or mortgage? (READ LIST)

1   Never
2   Rarely
3   Sometimes
4   Often
5   Always
D   (DO NOT READ) Don't know
R   (D ONOT READ) Refused

MODULE PP: PUBLIC PROGRAMS

TANF

CHIS 2007 (Modified)

(ASK Q. PP1-PP5 & PP9 IF:
1)   HOUSEHOLD INCOME IS <= 300% FPL [USING 300% FPL CREATED VARIABLE] OR
2)   INCOM12=1,3,D,BLANK OR
3)   IF K1=1 AND K2=DK,R AND INCOM10=DK, R

PP1. Are you now receiving TANF? (Temporary Assistance to Needy Families)

1   Yes
2   No
D   (DO NOT READ) Don't know
R   (DO NOT READ) Refused

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FOOD STAMPS

CHIS 2007 ((Modified) -add the new program name, changed in 2008)

PP2.   Are you receiving Supplemental Nutrition Assistance Program (SNAP) benefits otherwise called Food Stamps?

    1   Yes
    2   No
    D   (DO NOT READ) Don't know
    R   (DO NOT READ) Refused

SUPPLEMENTAL SECURITY INCOME

CHIS 2007 (Modified)

PP3. Are you receiving Supplemental Security Income, also known as SSI or Social Security Disability Insurance, also known as SSDI?

Interviewer Note: IF NEEDED SAY, SSI and SSDI are different from Social Security.

    1   Yes, SSI
    2   Yes, SSDI
    3   Yes, both
    4   No
    D   (DO NOT READ) Don't know
    R   (DO NOT READ) Refused

SOCIAL SECURITY/PENSIONS

CHIS 2007

ASK PP9 IF S10=>50 OR S11 = 4, 5, 6, 7, DK, REFUSED AND:
1. POVERTY LEVEL <=300% FPL [USING 300% FPL CREATED VARIABLE] OR
2. INCOM12=1,3,D,R OR
3. IF K1=1 AND K2=DK,R, AND INCOM10=DK,R

PP9. (IF B1=2 READ: Did you or your partner) (IF B1=1 READ: Did you or your spouse) (IF B1=CODES 3-6, D,R READ: Did you) receive any Social Security or pension payments last month?

    1   Yes
    2   No
    D   (DO NOT READ) Don't know
    R   (DO NOT READ) Refused

WIC

CHIS 2007

ASK PP4 IF S6 ≠ 1 AND R11=1 OR (S6 ≠ 1) AND K1=1 OR K2>0; FEMALE AND PREGNANT OR If female and there are any children in the HH

PP4. Are you on WIC? (Supplemental Food Program for Women, Infants and Children)

    1   Yes
    2   No
    D   (DO NOT READ) Don't know
    R   (DO NOT READ) Refused

CHIS 2007 (Modified)

ASK PP5 IF K3=1 OR K3a>0

PP5. Did you (IF Q.B1=1 or your spouse) (IF Q.B1=2 or your partner) receive any money last month for child support?

Interviewer Note: READ IF NECESSARY: By child support we mean financial support provided by the parent who lives outside the household.

1   Yes
2   No
D   (DO NOT READ) Don't know
R   (DO NOT READ) Refused

MODULE T: BEHAVIORAL RISK FACTORS – Part II

DIET

Now, think about things you ate and drank during the **last 30 days**, including meals and snacks

NHANES 2009-2010

T1.   During the past month, how often did you eat red meat, such as beef, pork, ham, or sausage? Do not include chicken, turkey or seafood.

01   ANSWER GIVEN PER DAY_____# times (RANGE 1-0-7)
02   ANSWER GIVEN PER WEEK_____# times (RANGE 1-0-14 21)
03   ANSWER GIVEN PER MONTH_____# times (RANGE 1-0-99)
NN   (DO NOT READ) Didn't eat red meat
DD   (DO NOT READ) Don't know
RR   (DO NOT READ) Refused

CHIS 2007 (Modified)

T2.   During the past month, how many times per day, week, or month did you drink carbonated drinks or soda such as Red Bull, Coke, or Dr. Pepper? Do not include diet soda or canned or bottled juices or teas. One drink would be 1 can or 8 ounces

Interviewer Note: IF NEEDED SAY, "Do not include canned or bottled juices or teas. Your best guess is fine."

Interviewer Note: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK, Was that per day, per week or month?

01   ANSWER GIVEN PER DAY_____# times(RANGE 1-0-7)
02   ANSWER GIVEN PER WEEK_____# times (RANGE 1-0-14 21)
03   ANSWER GIVEN PER MONTH_____# times (RANGE 1-0-99)
NN   (DO NOT READ) Didn't drink soda
DD   (DO NOT READ) Don't know
RR   (DO NOT READ) Refused

CHIS 2009 ((Modified) to include sweetened tea)

T3. During the past month, how often did you drink sweetened fruit drinks such as Kool-aid, cranberry drink, lemonade or sweetened tea? Include fruit drinks you made at home and added sugar to.

Interviewer Note: IF NEEDED SAY: One serving of drink would be 1 can or 8 oz.

      01 ANSWER GIVEN PER DAY_____ # times (RANGE ~~1~~ 0-7)
      02 ANSWER GIVEN PER WEEK_____ # times (RANGE ~~1 0-14~~ 21)
      03 ANSWER GIVEN PER MONTH_____ # times (RANGE 0-99)
      NN (DO NOT READ) Didn't drink these drinks
      DD (DO NOT READ) Don't know
      RR (DO NOT READ) Refused

CHIS 2007

T4. Now think about the past week. In the **past 7 days**, how many times did you eat fast food? Include fast food meals eaten at work, at home, or at fast-food restaurants, carryout or drive through.

Interview Note: IF NEEDED SAY, "Such as food you get at McDonald's, KFC, Panda Express, or Taco Bell."

      _____ENTER # OF TIMES IN PAST 7 DAYS (RANGE 0- 21)
      NN (DO NOT READ) Didn't eat fast food
      D   (DO NOT READ) Don't know
      R   (DO NOT READ) Refused

NEW

T5. Over the past week, how many mornings did you eat something for breakfast?

      _____ENTER NUMBER OF TIMES (RANGE 0-7)
      DD (DO NOT READ) Don't know
      RR (DO NOT READ) Refused

PHYSICAL ACTIVITY

The next questions are about physical activities or exercise you may do in your free time. First think about activities that take **moderate** physical effort, such as walking, bicycling, swimming, dancing, or gardening.

CHIS 2007 (Modified)

T14. During the **last 7 days**, on how many days did you do any **moderate** physical activities in your free time for at least 10 minutes?

Interviewer Note: IF NEEDED SAY, "Moderate physical activities make you breathe somewhat harder than normal."

Interviewer Note: IF NEEDED SAY, "Think about only those physical activities that you did for at least 10 minutes at a time."

      _____Enter # OF DAYS PER WEEK (0-7)
      DD (DO NOT READ) Don't know
      RR (DO NOT READ) Refused

CHIS 2007

> ASK T15 IF T14 >0 DAYS OF MODERATE ACTIVITY
> IF T14=1, ASK, spend on that day; IF T14 > 1, ASK , usually spend on one of those days

T15. How much time did you (INSERT) doing **moderate** physical activities in your free time?

Interviewer Note: IF NEEDED SAY, "Think about only those physical activities that you did for at least 10 minutes at a time."

> _____ENTER HOURS PER DAY (1-16)
> _____ENTER MINUTES PER DAY (1-960)
> DD   (DO NOT READ) Don't know
> RR   (DO NOT READ) Refused

Now think about *vigorous* activities you may do in your free time that take hard physical effort, such as aerobics, running, soccer, fast bicycling, or fast swimming.

CHIS 2007 (Modified)

T16.   During the **last 7 days**, on how many days did you do any **vigorous** physical activities in your free time?

Interviewer Note: IF NEEDED SAY, "Vigorous activities make you breathe much harder than normal."

Interviewer Note: IF NEEDED SAY, "Think about only those vigorous physical activities that you did for at least 10 minutes at a time."

> _____Enter # OF DAYS PER WEEK (0-7)
> DD (DO NOT READ) Don't know
> RR (DO NOT READ) Refused

CHIS 2007

> ASK T17 IF T16 >0 DAYS OF VIGOROUS ACTIVITY
> IF T16=1, ASK, spend on that day; IF T16 > 1, ASK, usually spend on one of those days

T17. How much time did you (INSERT) doing vigorous physical activities in your free time?

Interviewer Note: IF NEEDED SAY, "Think about only those physical activities that you did for at least 10 minutes at a time."

> _____ENTER HOURS PER DAY (1-16)
> _____ENTER MINUTES PER DAY (1-960)
> DD   (DO NOT READ) Don't know
> RR   (DO NOT READ) Refused

NEW (based on two questions on individual and community reasons from BRFSS, 2003). (Modified) response answers.)

T13.   In your opinion, what kinds of things keep you from being more physically active?
       (DO NOT READ LIST. ACCEPT MULTIPLE MENTIONS)

> 01   There aren't enough sidewalks/bicycle lanes/parks
> 02   Weather conditions (heat or cold)
> 03   Unsafe community/neighborhood
> 04   Lack of time
> 05   Too tired
> 06   Have a health condition that doesn't allow being physically active
> 07   Afraid of injury
> 08   You already get enough physical activity
> 09   No interest/don't want to
> 97   Some other reason (Specify) _____
> D   (DO NOT READ) Don't know
> R   (DO NOT READ) Refused

MODULE U: NEIGHBORHOOD, ENVIRONMENT & HOUSING

HOUSING

CHIS 2007

U1.   Do you live in a house, a duplex, a building with 3 or more units, or in a mobile home?

Interviewer Note: IF NEEDED SAY, "A duplex is a building with 2 units and a building with 3 or more units could include an apartment or condo."

    1   House
    2   Duplex
    3   Building with 3 or more units
    4   Mobile home
    R   (DO NOT READ) Refused

CHIS 2007

U2.   Do you own or rent your home?

    1   Own
    2   Rent
    3   Other arrangements
    D   (DO NOT READ) Don't know
    R   (DO NOT READ) Refused

PHONE STATUS

SSRS

U3.   How many landline telephone numbers in your household are used for incoming calls? Do not include those used only for fax machines, the internet, or a professional business.

    _____LANDLINE PHONE NUMBERS (RANGE 0-10)
    DD   (DO NOT READ) Don't know
    RR   (DO NOT READ) Refused

SSRS

U3a.   Do you or any members of your household currently have a working cell phone?

    1   Yes
    2   No
    D   (DO NOT READ) Don't know
    R   (DO NOT READ) Refused

SSRS

ASK U4 IF U3a = 1, D, R

U4. Of all the phone calls that you (and adult members of your household) receive, are
       (READ LIST)

    1   All or almost all calls received on a cell phone
    2   Some received on a cell phone and some on regular phones
    3   Very few or none on cell phones
    D   (DO NOT READ) Don't know
    R   (DO NOT READ) Refused

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TRANSPORTATION

CHIS 2007
> U5. Do you or members of your household have a car for regular use?
>
> 1 Yes
> 2 No
> D (DO NOT READ) Don't know
> R (DO NOT READ) Refused

CHIS 2007 (Modified)

ASK U6 IF U5=2, D, R

> U6. How do you usually get to the grocery store?
> (DO NOT READ LIST)
>
> 01 Drive yourself
> 02 Get a ride from someone else in a personal vehicle
> 03 Take public transportation such as the metro bus or metro rail
> 04
> 05 Take a taxi
> 06 Walk or ride bike, or
> 97 Get there some other way (SPECIFY)_____
> DD (DO NOT READ) Don't know
> RR (DO NOT READ) Refused

Boston Neighborhood Survey, 2008
> U7. How long have you lived in your neighborhood? By neighborhood, we mean the area around where you live.
>
> _____ENTER # OF YEARS (1-100 YEARS)
> LL (DO NOT READ) Less Than One Year
> DD (DO NOT READ) Don't know
> RR (DO NOT READ) Refused

Mujahid 2007 (Modified)
> U7a. Is there a large selection of fresh fruits and vegetables available in your neighborhood?

Interviewer Note: Accept responses if they refer to grocery stores, farmer's markets or any local shops they consider to have in their neighborhood.

> 1 Yes
> 2 No
> D (DO NOT READ) Don't know
> R (DO NOT READ) Refused

Mujahid 2007 (Modified)
> U7b. Are violence and crime a problem in your neighborhood?
>
> 1 Yes
> 2 No
> D (DO NOT READ) Don't know
> R (DO NOT READ) Refused

ENVIRONMENTAL RISKS

National Survey of Public Perceptions of Environmental Health Risks 2000 (Modified)
U9. Here is a list of environmental problems some people say they have in their community/neighborhood. Thinking about where you live, please tell me whether this is a problem in your community. (READ ITEMS)

    1   Yes, a problem
    2   No, not a problem
    D   (DO NOT READ) Don't know
    R   (DO NOT READ) Refused

a.
b.   Stray dogs or cats
    c.   Water pollution from harmful chemicals and run off
    d.   Drinking water that has an odd look, odor or taste
    e.   Dumping waste in empty lots or ditches
    f.
    g.   Fumes, smells and smoke from traffic
    h.   Fumes, smells and smoke from industry

NOISE

Environmental health indicators for the WHO European Region (Modified)
U11. Thinking about the last 12 months or so, how much are you bothered or annoyed by the outdoor noise? (READ LIST)

    1   Very much
    2   Somewhat
    3   Neutral
    4   Not much
    5   Not at all
    D   (DO NOT READ) Don't know
    R   (DO NOT READ) Refused

Environmental health indicators for the WHO European Region (Modified)

ASK U12 IF U11 = CODE 1 OR 2

U12. Please tell me which is the type of outdoor noise that bothers or annoys you the **most**? (DO NOT READ LIST. SINGLE RESPONSE)

    1   Road traffic (highway, urban road, heavy trucks)
    2   Air traffic (civil aviation, military flight)
    3   Railway traffic (freight trains, metro)
    4   Industry (manufacturers, building equipment)
    5   Entertainment (bars/disco's, etc, noisy sports)
    7   Other, SPECIFY _____
    D   (DO NOT READ) Don't know
    R   (DO NOT READ) Refused

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MODULE V: CHILD'S HEALTH CONDITIONS

PN: ASK OF RANDOMLY SELECTED CHILD IN HH OR FOR THE CHILD (K2=1) IF K3=1 OR K5=1

Now I'd like to ask you more detail about the health of [Child]. Some of the questions are based on (CHILD's) personal traits, like height and weight.

OBESITY (BMI)

CHIS 2007

V1 About how tall is (CHILD) now without shoes?

IF FEET/INCHES

Interviewer Note: ENTER "FOUR ONE" AS '4' FEET AND '1' INCH, or "FIVE FOOT" AS '5' FEET AND '0' INCHES

Interviewer Note: IF INCHES ONLY ENTER AS "0" Feet AND '#' INCHES

_____(RECORD FEET, RANGE 0ft – 8ft)
_____(RECORD INCHES, RANGE 0 inches -11 inches**)**
DD (DO NOT READ) Don't know
RR (DO NOT READ) Refused

IF METERS/CENTIMETERS

Interviewer Note: ENTER "ONE EIGHTY" AS '1' METER AND '80' CENTEMETERS, or "TWO METERS" AS '2' METERS AND '00' CENTIMETERS)

_____ (RECORD METERS, RANGE 0m –2m)
_____ (RECORD CENTIMETERS, RANGE 0cm - 99cm)
DD (DO NOT READ) Don't know
RR (DO NOT READ) Refused

CHIS 2007

V2. About how much does (CHILD) weigh now without shoes?

Interviewer Note: Is respondent says a number greater than 600 lb or 275kg or less than 70 lb or 31 kg, please confirm before entering LL or MM

01 ANSWER GIVEN IN POUNDS _____ (ENTER WEIGHT, RANGE 2lbs – 400lbs)
02 ANSWER GIVEN IN KILOGRAMS _____ (ENTER WEIGHT, RANGE 1kg – 182 kg)
DD (DO NOT READ) Don't know
LL (DO NOT READ) Less than 2 lbs/Less than 1kg
MM (DO NOT READ) More than 400 lbs/More than 182kg
RR (DO NOT READ) Refused

CHILD'S GENERAL HEALTH STATUS

CHIS 2007

V3. In general, would you say (CHILD)'s health is excellent, very good, good, fair or poor?

1 Excellent
2 Very good
3 Good
4 Fair
5 Poor
D (DO NOT READ) Don't know
R (DO NOT READ) Refused

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OTHER HEALTH CONDITIONS

CHIS 2007

V11. Does (CHILD) currently have any physical, behavioral or mental conditions that limit or prevent [him/her] from doing childhood activities usual for {his/her} age?

1   Yes
2   No
D   (DO NOT READ) Don't know
R   (DO NOT READ) Refused

CHIS 2007

ASK V12 IF V11=1

V12. What condition does (CHILD) have? (PROBE FULLY)

_____RECORD VERBATIM
DD (DO NOT READ) Don't know
RR (DO NOT READ) Refused

DIET

UTAH BRFSS, 2008

V16. How many days in an average week does (CHILD) eat breakfast?

_____ENTER NUMBER OF DAYS (RANGE 0-7)
DD (DO NOT READ) Don't know
RR (DO NOT READ) Refused

CHIS 2007((Modified) –added Red Bull and other sweetened drinks, Kool-Aid, etc.)

V17. Yesterday, how many glasses or cans of soda, such as Red Bull, Coke, or other sweetened drinks, such as Kool-Aid, fruit punch, or sports drinks did (CHILD) drink? Do not count diet drinks.

Interviewer Note: READ TO ALL: Sweetened drinks also include any drinks with added sugar such as Sunny Delight, iced tea drink, Tampico, Hawaiian Punch, cranberry cocktail, Hi-C, Snapple, sugar cane juice, Gatorade, sweetened water drinks, and energy drinks.

Translator Note: Vietnamese translators can add a brief list of common Vietnamese or Chinese fruit flavored drinks, respectively.

_____# OF GLASSES, CANS, BOTTLES (RANGE 0-25)
DD (DO NOT READ) Don't know
RR (DO NOT READ) Refused

CHIS 2007

V18. Now think about the past week. In the past 7 days, how many times did CHILD eat fast food? Include fast food meals eaten at school or at home, or at fast food restaurants, carryout or drive through.

Interviewer Note: IF NEEDED SAY, "Such as food you get at McDonald's, KFC, Panda Express, or Taco Bell."

_____ENTER # OF TIMES LAST WEEK (0-99)
D   (DO NOT READ) Don't know
R   (DO NOT READ) Refused

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PHYSICAL ACTIVITY

CHIS 2007

ASK V19 IF RANDOMLY SELECTED CHILD'S AGE K4aa > 5 OR K4b= 2,3,R

   V19   Not including school physical education, on how many days of the past 7 days was (CHILD) physically active for at least 60 minutes total?

          _____ENTER NUMBER OF DAYS (RANGE 0-7)
          DD (DO NOT READ) Don't know
          RR (DO NOT READ) Refused

SEDENTARY BEHAVIOR

UTAH BRFSS 2008 (Modified)

ASK V20 IF RANDOMLY SELECTED CHILD'S AGE > 5 OR K4b =2, 3 OR K4b=R

   V20. IF RANDOMLY SELECTED CHILD'S AGE = 6-12 OR K4b = 2, ASK, On a typical SCHOOL DAY, how many hours does your child usually spend watching TV, videos, DVDs, or playing video games?)
(IF RANDOMLY SELECTED CHILD'S AGE > 12 OR K4b = 3 OR K4b=R, ASK, On a typical SCHOOL DAY, how many hours does your child usually spend watching TV, videos, DVDs, playing video games, or using the computer for fun, not schoolwork?)

      (DO NOT READ)

      1   Less than 1 hour
      2   1-2 hours
      3   2-3 hours
      4   3-4 hours
      5   4-5 hours
      6   5+ hours
      N   None
      D   (DO NOT READ) Don't know
      R   (DO NOT READ) Refused

UTAH BRFSS 2008 (Modified)

ASK V21 IF RANDOMLY SELECTED CHILD'S AGE > 5 OR K4b =2, 3 OR K4b=R

   V21. (IF RANDOMLY SELECTED CHILD'S AGE = 5-12 OR K4b =2, ASK, On a typical WEEKEND DAY, how many hours does your child usually spend watching TV, videos, DVDs, or playing video games?)
(IF RANDOMLY SELECTED CHILD'S AGE > 12 OR K4b = 3 OR K4b=R, ASK, On a typical WEEKEND DAY, how many hours does your child usually spend watching TV, videos, DVDs, playing video games, or using the computer for fun, not schoolwork?)

      (DO NOT READ)

      1   Less than 1 hour
      2   1-2 hours
      3   2-3 hours
      4   3-4 hours
      5   4-5 hours
      6   5+ hours
      N   None
      D   (DO NOT READ) Don't know
      R   (DO NOT READ) Refused

MODULE W: INTERPERSONAL VIOLENCE

Now I'd like to ask you some questions about violence. Violence can be defined as hitting, slapping, pushing, kicking, unwanted sex, or physically being hurt in any way. If any question upsets you, you don't have to answer it. All of your answers will be kept private.
.
Interviewer Note: IF NECESSARY ADD: This information will help us to better understand the problem of violence in people's homes

Texas BRFSS 2009 -state added (Modified)
    W1.   Are you in a safe place to answer questions about violence?

        1   Yes
        2   No

NYC-CHS 2008 ((Modified) -Response options also are (Modified))

ASK W2 if W1=1

    W2.   In the past 12 months, have you been frightened for the safety of yourself because of the anger or threats of a household member/s or caregiver?

        1   Yes
        2   No
        D   (DO NOT READ) Don't know
        R   (DO NOT READ) Refused

PN: IF W2=2, D, RR go to Module X

NEW

ASK W3 IF W2 =1

    W3. In the past 12 months have you experienced any physical violence from the same person/s?

        1   Yes
        2   No
        D   (DO NOT READ) Don't know
        R   (DO NOT READ) Refused

NEW - Adapted from CHIS 2007 (interpersonal violence)

ASK W4 IF W3=1

    W4. Thinking about the most recent incident, what was this person's relationship to you? If more than one person was involved, please tell me all of them.

       _____RECORD VERBATIM
       RR   (DO NOT READ) Refused

PN: IF W1=2 OR W2=1, GO TO SEPARATE SCREEN WITH THE INFORMATION BELOW. AFTER THE INFORMATION IS READ, PROCEED TO X1: "We have a toll-free number you can call if you'd like to talk to someone about what happened to you or your personal safety. Someone is available 24 hours a day to provide information to help you. Would you like the toll-free number?"

Interviewer Note: IF RESPONDENT says "yes", give out 1-800-799-7233; TTY 1-800-787-3224 toll-free number. This is the national domestic violence hotline.

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Interviewer Note: DO THE FOLLOWING IF RESPONDENT IS 65+ REPORTS ABUSE OR IF RESPONDENT REPORTS CHILD ABUSE:
--CREATE A PROBLEM SHEET INCLUDING THE FOLLOWING:
   --IF OUTBOUND CALL:
        1) RETRIEVE RESPONDENT'S PHONE NUMBER BY TYPING IN THE COMMAND: show
        phone number AND PLACE ON PROBLEM SHEET
        2) INDICATE WHO IS BEING ABUSED (ELDERLY ADULT OR CHILD) ON PROBLEM SHEET

   --IF INCOMING CALL, ASK RESPONDENT TO GIVE YOU THE FOLLOWING:
        1) THE PASSWORD THAT WAS ON THEIR LETTER AND PLACE ON PROBLEM SHEET
        2) THEIR PHONE NUMBER AND PLACE ON PROBLEM SHEET
        3) INDICATE WHO IS BEING ABUSED (ELDERLY ADULT OR CHILD) ON PROBLEM SHEET

MODULE X: DEMOGRAPHICS – Part III

CHIS 2007
X1. In what country were you born? Please remember that all responses are confidential.

(DO NOT READ LIST)

01   UNITED STATES
02   AMERICAN SAMOA
03   CANADA
04   CHINA
05   EL SALVADOR
06   ENGLAND
07   FRANCE
08   GERMANY
09   GUAM
10   GUATEMALA
11   HUNGARY
12   INDIA
13   IRAN
14   IRELAND
15   ITALY
16   JAPAN
17   KOREA
18   MEXICO
19   PHILIPPINES
20   POLAND
21   PORTUGAL
22   PUERTO RICO
23   RUSSIA
24   TAIWAN
25   VIETNAM
26   VIRGIN ISLANDS
97   OTHER (SPECIFY):_____
DD (DO NOT READ) DON'T KNOW
RR (DO NOT READ) REFUSED

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CHIS 2007 ((Modified) combining Mother and Father into one question)

X2. In what country or countries were your mother and father born? (DO NOT READ LIST)

First, please tell me the country in which your mother was born.

MOTHER:
- 01   UNITED STATES
- 02   AMERICAN SAMOA
- 03   CANADA
- 04   CHINA
- 05   EL SALVADOR
- 06   ENGLAND
- 07   FRANCE
- 08   GERMANY
- 09   GUAM
- 10   GUATEMALA
- 11   HUNGARY
- 12   INDIA
- 13   IRAN
- 14   IRELAND
- 15   ITALY
- 16   JAPAN
- 17   KOREA
- 18   MEXICO
- 19   PHILIPPINES
- 20   POLAND
- 21   PORTUGAL
- 22   PUERTO RICO
- 23   RUSSIA
- 24   TAIWAN
- 25   VIETNAM
- 26   VIRGIN ISLANDS
- 97   OTHER (SPECIFY) _____ ENTER COUNTRY OF MOTHER'S BIRTH
- DD DON'T KNOW
- RR REFUSED

FATHER:
- 01   UNITED STATES
- 02   AMERICAN SAMOA
- 03   CANADA
- 04   CHINA
- 05   EL SALVADOR
- 06   ENGLAND
- 07   FRANCE
- 08   GERMANY
- 09   GUAM
- 10   GUATEMALA
- 11   HUNGARY
- 12   INDIA
- 13   IRAN
- 14   IRELAND
- 15   ITALY
- 16   JAPAN
- 17   KOREA
- 18   MEXICO
- 19   PHILIPPINES
- 20   POLAND
- 21   PORTUGAL
- 22   PUERTO RICO
- 23   RUSSIA
- 24   TAIWAN

25 VIETNAM
26 VIRGIN ISLANDS
97 OTHER (SPECIFY) _____ ENTER COUNTRY OF FATHER'S BIRTH
DD DON'T KNOW
RR REFUSED

LANGUAGE

CHIS 2007

X4. What languages do you speak at home? (DO NOT READ LIST. MULTIPLES ALLOWED.)

01 AFRICAN LANGUAGES
02 AMERICAN SIGN LANGUAGE
03 ARABIC
04 ARMENIAN
05 CHINESE
06 ENGLISH
07 FRENCH
08 FRENCH CREOLE
09 GERMAN
10 GREEK
11 GUJARATHI
12 HEBREW
13 HINDI
14 HUNGARIAN
15 ITALIAN
16 JAPANESE
17 KOREAN
18 LAOTIAN
19 MIAO HMONG
20 MON-KHMER
21 CAMBODIAN
22 NAVAJO
23 OTHER NATIVE NORTH AMERICAN LANGUAGES
24 PERSIAN
25 POLISH
26 PORTUGUESE
27 PORTUGUESE CREOLE
28 RUSSIAN
29 SCANDINAVIAN LANGUAGES
30 SERBO-CROATIAN
31 SPANISH
32 TAGALOG
33 THAI
34 URDU
35 VIETNAMESE
36 YIDDISH
37 AVAILABILITY OF SIGN LANGUAGE OR OTHER AUXILIARY AIDS OR SERVICES
97 (DO NOT READ) OTHER (SPECIFY) _____
DD (DO NOT READ) DON'T KNOW
RR (DO NOT READ) REFUSED

CHIS 2007

ASK X5 IF X4=CODES 01-05, 07-97
IF INTERVIEW CONDUCTED IN ENGLISH, DO NOT SHOW RESPONSE ITEM 3
IF INTERVIEW CONDUCTED IN VIET OR ESPANOL, SHOW ALL RESPONSE ITEMS

X5.   Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English. Would you say you speak English…? (READ LIST)

1   Very well
4   Well
2   Not well
3   Not at all
D   (DO NOT READ) Don't know
R   (DO NOT READ) Refused

CITIZENSHIP

ASK X6 IF X1=3-8, 10-21, 23-25, 97 [i.e., skip if born in US, American Samoa, Guam, Puerto Rico or Virgin Islands, CHIS 2009 exclusions]

The next questions are about citizenship and immigration. Your answers are confidential and will not be reported to police, Immigration Services or to any other authorities.

CHIS 2007

X6.   Are you a citizen of the United States?

1   Yes
2   No
3   Application pending
D   (DO NOT READ) Don't know
R   (DO NOT READ) Refused

CHIS 2007

ASK X7 IF (X6=2 OR R) AND IF X1=3-8, 10-21, 23-25, 97; DO NOT ASK X7 IF X6=1,3,D

X7. Are you a permanent resident with a green card? IF NECESSARY: Reminder your answers are confidential and will not be reported to the police, Immigration Services or to any other authorities.

Interviewer Note: IF NEEDED SAY, "People usually call this a "Green Card" but the color can also be pink, blue, or white."

1   Yes
2   No
3   Application pending
D   (DO NOT READ) Don't know
R   (DO NOT READ) Refused

NEW

ASK X7a IF (X7=2 OR R) AND IF X1=3-8, 10-21, 23-25, 97; DO NOT ASK X7a IF X6=1,3,D OR IF X7=1,3,D

X7a. Do you have a student or working visa?

1   Yes
2   No
D   (DO NOT READ) Don't know
R   (DO NOT READ) Refused

CHIS 2007

ASK X8 IF X1=3-8, 10-21, 23-25, 97 [i.e., skip if born in US, American Samoa, Guam, Puerto Rico or Virgin Islands, CHIS 2009 exclusions]

X8. About how many years have you lived in the United States?

ANSWERED IN # OF YEARS_____(RANGE 1-AGE OF RESPONDENT)
ANSWERED BY YEAR FIRST CAME TO U.S._____YEAR (P.N. RANGE: 1954-2010)
DD (DO NOT READ) Don't know
RR (DO NOT READ) Refused

SEXUAL IDENTITY/ORIENTATION

NHANES 2009-10 ((Modified) options)

X9. Do you think of yourself as straight or heterosexual, as (IF S6=; MALE gay) (IF S6=2; FEMALE lesbian) or homosexual, or bisexual?

1 Straight or Heterosexual
2 Gay {Lesbian} or Homosexual
3 Bisexual
D (DO NOT READ) Don't know
R (DO NOT READ) Refused

MODULE Y: SOCIAL SUPPORT

Now I'd like to ask you some questions about your social life and your neighborhood.

SOCIAL SUPPORT

CHIS 2003

Y1. How often is someone available to help with daily chores if you are sick? Would you say (READ LIST)?

Interviewer Note: IF ASKED what "someone" includes SAY: Someone could be a friend, family member, relative, neighbor, etc.

1 None of the time
2 A little of the time
3 Some of the time
4 Most of the time, or
5 All of the time
D (DO NOT READ) Don't know
R (DO NOT READ) Refused

CHIS 2003

Y2. (IF NEEDED SAY: How often is someone available to get together for relaxation? Would you say (READ LIST)?

1 None of the time
2 A little of the time
3 Some of the time
4 Most of the time, or
5 All of the time
D (DO NOT READ) Don't know
R (DO NOT READ) Refused

CHIS 2003

Y3 (IF NEEDED SAY: How often is someone available to understand your problems? Would you say (READ LIST)?

    1   None of the time
    2   A little of the time
    3   Some of the time
    4   Most of the time, or
    5   All of the time
    D   (DO NOT READ) Don't know
    R   (DO NOT READ) Refused

HEALTH OF HOUSTON 2010

NEW

Y5. Other than in the letter we sent, did you hear anything about the Health of Houston Survey before this interview?

    1   Yes
    2   No
    D   (DO NOT READ) Don't know
    R   (DO NOT READ) Refused

NEW

ASK Y6 IF Y5 = 1 (ALLOW MULTIPLE MENTIONS)

Y6. Where did you hear about it? (READ LIST)?

    1   On a flyer or poster
    2   At an event or meeting
    3   Radio
    4   Television
    5   Newspaper
    6   Word of mouth
    7   Somewhere else (SPECIFY)_____
    D   (DO NOT READ) Don't know/can't remember
    R   (DO NOT READ) Refused

NEW

ASK Y7 IF Y5=1

Y7. Did the information you heard from any of these sources make you more willing to participate in this health survey?

    1   Yes
    2   No
    D   (DO NOT READ) Don't know
    R   (DO NOT READ) Refused