



**2014**

**Behavioral Risk Factor Surveillance System  
Questionnaire**

TN BRFSS

**January 29, 2018**

# Behavioral Risk Factor Surveillance System 2014 Questionnaire

## Table of Contents

Table of Contents .....	2
Core Sections .....	7
Section 1: Health Status.....	7
Section 2: Healthy Days — Health-Related Quality of Life.....	7
Section 3: Health Care Access .....	8
Section 4: Exercise.....	9
Section 5: Inadequate Sleep .....	9
Section 6: Chronic Health Conditions .....	10
Section 7: Oral Health .....	13
Section 8: Demographics.....	13
Section 9: Tobacco Use .....	22
Section 10: Alcohol Consumption .....	23
Section 11: Immunization .....	24
Section 12: Falls .....	24
Section 13: Seatbelt Use .....	26
Section 14: Drinking and Driving .....	26
Section 15: Breast and Cervical Cancer Screening .....	27
Section 16: Prostate Cancer Screening .....	29
Section 17: Colorectal Cancer Screening .....	30
Section 18: HIV/AIDS .....	31
Optional Modules .....	34
Module 1: Pre-Diabetes .....	34
Module 2: Diabetes .....	34
Module 3: Healthy Days (Symptoms) .....	34
Module 4: Health Care Access .....	37
Module 7: Adult Asthma History .....	40
Module 8: Influenza .....	43
Module 9: Tetanus Diphtheria (Tdap) (Adults) .....	44
Module 14: Industry and Occupation .....	44
Module 15: Social Context .....	45
Module 17: Random Child Selection .....	48
Module 18: Childhood Asthma Prevalence .....	51
State Added Questions.....	51
Fruits and Vegetables .....	51
Physical Activity .....	55
Adverse Childhood Experiences .....	56
Closing Statement .....	58

## Interviewer's Script

HELLO, I am calling for the  (health department) . My name is  (name) . We are gathering information about the health of  (state)  residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this  (phone number)  ?

**If "No"**

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

**Is this a private residence?**

**READ ONLY IF NECESSARY:** "By private residence, we mean someplace like a house or apartment."

Yes                    [Go to state of residence]  
No                     [Go to college housing]

**No, business phone only**

**If "No, business phone only".**

**Thank you very much but we are only interviewing persons on residential phones lines at this time.**

**STOP**

**College Housing**

**Do you live in college housing?**

**READ ONLY IF NECESSARY:** "By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university."

Yes                    [Go to state of residence]  
No

**If "No",**

**Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time. STOP**

**State of Residence**

Do you reside in \_\_\_\_ (state) \_\_\_\_ ?

Yes [Go to Cellular Phone]  
No

**If "No"**

Thank you very much, but we are only interviewing persons who live in the state of \_\_\_\_\_ at this time. **STOP**

**Cellular Phone**

Is this a cellular telephone?

**Interviewer Note: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).**

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

**If "Yes"**

Thank you very much, but we are only interviewing by land line telephones and for private residences or college housing. **STOP**

**No**

**CATI NOTE: IF (College Housing = Yes) continue; otherwise go to Adult Random Selection Adult**

Are you 18 years of age or older?

- 1 Yes, respondent is male [Go to Page 6]
- 2 Yes, respondent is female [Go to Page 6]
- 3 No

**If "No",**

Thank you very much, but we are only interviewing persons aged 18 or older at this time. **STOP**

**Adult Random Selection**

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

\_\_\_ Number of adults

**If "1,"**

Are you the adult?

**If "yes,"**

Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary). **Go to page 6.**

**If "no,"**

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

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

\_\_\_ Number of men

\_\_\_ Number of women

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

**If "you," go to page 6**



**To the correct respondent:**

HELLO, I am calling for the     (health department)    . My name is     (name)    . We are gathering information about the health of     (state)     residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

TN BRFSS

## Core Sections

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

### Section 1: Health Status

---

1.1 Would you say that in general your health is —? (80)

**Please read:**

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

**Or**

- 5 Poor

**Do not read:**

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

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

---

2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (81–82)

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

**2.2** Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (83–84)

- – Number of days
- 8 8 None **[If Q2.1 and Q2.2 = 88 (None), go to next section]**
- 7 7 Don't know / Not sure
- 9 9 Refused

**2.3** During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (85-86)

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

### Section 3: Health Care Access

---

**3.1** Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service? (87)

- 1 Yes **[If PPHF state go to Module 4, Question 1, else continue]**
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**3.2** Do you have one person you think of as your personal doctor or health care provider?  
**If “No,” ask: “Is there more than one, or is there no person who you think of as your personal doctor or health care provider?”** (88)

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

**3.3** Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (89)

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



**CATI Note: If PPHF State go to Module 4, Question 3, else continue**

- 3.4** About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. (90)
- 1 Within the past year (anytime less than 12 months ago)
  - 2 Within the past 2 years (1 year but less than 2 years ago)
  - 3 Within the past 5 years (2 years but less than 5 years ago)
  - 4 5 or more years ago
  - 7 Don't know / Not sure
  - 8 Never
  - 9 Refused

**CATI Note: If PPHF State and Q3.1 = 1 go to Module 4, Question 4a or if PPHF State and Q3.1 = 2, 7, or 9 go to Module 4, Question 4b, or if not a PPHF State go to next section.**

## Section 4: Exercise

---

- 4.1** During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (91)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Section 5: Inadequate Sleep

---

I would like to ask you about your sleep pattern.

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

**INTERVIEWER NOTE: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.** (92-93)

- Number of hours [01-24]
- 7 7 Don't know / Not sure
- 9 9 Refused

## Section 6: Chronic Health Conditions

---

Now I would like to ask you some questions about general health conditions.

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

- 6.1** (Ever told) you that you had a heart attack also called a myocardial infarction? (94)
- |   |                       |  |
|---|-----------------------|--|
| 1 | Yes                   |  |
| 2 | No                    |  |
| 7 | Don't know / Not sure |  |
| 9 | Refused               |  |
- 6.2** (Ever told) you had angina or coronary heart disease? (95)
- |   |                       |  |
|---|-----------------------|--|
| 1 | Yes                   |  |
| 2 | No                    |  |
| 7 | Don't know / Not sure |  |
| 9 | Refused               |  |
- 6.3** (Ever told) you had a stroke? (96)
- |   |                       |  |
|---|-----------------------|--|
| 1 | Yes                   |  |
| 2 | No                    |  |
| 7 | Don't know / Not sure |  |
| 9 | Refused               |  |
- 6.4** (Ever told) you had asthma? (97)
- |   |                       |                     |
|---|-----------------------|---------------------|
| 1 | Yes                   |                     |
| 2 | No                    | <b>[Go to Q6.6]</b> |
| 7 | Don't know / Not sure | <b>[Go to Q6.6]</b> |
| 9 | Refused               | <b>[Go to Q6.6]</b> |
- 6.5** Do you still have asthma? (98)
- |   |                       |  |
|---|-----------------------|--|
| 1 | Yes                   |  |
| 2 | No                    |  |
| 7 | Don't know / Not sure |  |
| 9 | Refused               |  |

**6.6** (Ever told) you had skin cancer? (99)

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

**6.7** (Ever told) you had any other types of cancer? (100)

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

**6.8** (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis? (101)

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

**6.9** (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (102)

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

**INTERVIEWER NOTE:** Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

**6.10** (Ever told) you have a depressive disorder, including depression, major depression, dysthymia, or minor depression? (103)

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

**6.11** (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence. (104)

**INTERVIEWER NOTE:** Incontinence is not being able to control urine flow.

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

**6.12** (Ever told) you have diabetes? (105)

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

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

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

**CATI NOTE:** If Q6.12 = 1 (Yes), go to next question. If any other response to Q6.12, go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.

**6.13** How old were you when you were told you have diabetes? (106-107)

— —	Code age in years [97 = 97 and older]
9 8	Don't know / Not sure
9 9	Refused

**CATI NOTE:** Go to Diabetes Optional Module (if used). Otherwise, go to next section.

## Section 7: Oral Health

---

- 7.1** How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists. (108)

**Read only if necessary:**

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

**Do not read:**

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

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

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

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

(109)

## Section 8: Demographics

---

- 8.1** What is your age? (110-111)

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

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

If yes, ask: Are you...

Interviewer Note: *One or more categories may be selected.*

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish origin

**Do not read:**

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

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

(116-143)

Interviewer Note: **Select all that apply.**

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

**Please read:**

- 10 White**
- 20 Black or African American**
- 30 American Indian or Alaska Native**
- 40 Asian**
  - 41 Asian Indian
  - 42 Chinese
  - 43 Filipino
  - 44 Japanese
  - 45 Korean
  - 46 Vietnamese
  - 47 Other Asian

**50 Pacific Islander**

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

**Do not read:**

- 60 Other
- 88 No additional choices
- 77 Don't know / Not sure
- 99 Refused

**CATI note: If more than one response to Q8.3; continue. Otherwise, go to Q8.5.**

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

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

(144-145)

**10 White**

**20 Black or African American**

**30 American Indian or Alaska Native**

**40 Asian**

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian

**50 Pacific Islander**

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

**Do not read:**

- 60 Other
- 88 No additional choices
- 77 Don't know / Not sure
- 99 Refused

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

**INTERVIEWER NOTE: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.**  
(146)

- 1 Yes
- 2 No

**Do not read:**

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

**8.6** Are you...?

(147)

**Please read:**

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married

**Or**

- 6 A member of an unmarried couple

**Do not read:**

- 9 Refused

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

(148-149)

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

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

(150)

**Read only if necessary:**

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

**Do not read:**

- 9 Refused



**8.9** Are you currently...? (151)

**Please read:**

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

**Or**

- 8 Unable to work

**Do not read:**

- 9 Refused

**8.10** Is your annual household income from all sources— (152-153)

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

**Read only if necessary:**

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

**Do not read:**

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

**8.11** About how much do you weigh without shoes? (154-157)

**NOTE: If respondent answers in metrics, put "9" in column 154.**

**Round fractions up**

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

**8.12** About how tall are you without shoes? (158-161)

**NOTE: If respondent answers in metrics, put "9" in column 158.**

**Round fractions down**

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

**8.13** What county do you live in? (162-164)

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

**8.14** What is the ZIP Code where you live? (165-169)

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

**8.15** Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (170)

- 1 Yes
- 2 No [Go to Q8.17]
- 7 Don't know / Not sure [Go to Q8.17]
- 9 Refused [Go to Q8.17]

**8.16** How many of these telephone numbers are residential numbers? (171)

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

**8.17** Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (172)

- 1 Yes [Go to Q8.19]
- 2 No [Go to Q8.19]
- 7 Don't know / Not sure [Go to Q8.19]
- 9 Refused [Go to Q8.19]

**8.18** Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone? (173-175)

- — — Enter percent (1 to 100)
- 8 8 8 Zero
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**8.19** Have you used the internet in the past 30 days? (176)

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

**8.20** Do you own or rent your home? (177)

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

**INTERVIEWER NOTE:** "Other arrangement" may include group home, staying with friends or family without paying rent.

**NOTE:** Home is defined as the place where you live most of the time/the majority of the year.

**INTERVIEWER NOTE:** We ask this question in order to compare health indicators among people with different housing situations.

**8.21** Indicate sex of respondent. **Ask only if necessary.** (178)

- 1 Male **[Go to Q8.23]**
- 2 Female **[If respondent is 45 years old or older, go to Q8.23]**

**8.22** To your knowledge, are you now pregnant? (179)

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

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

**8.23** Are you limited in any way in any activities because of physical, mental, or emotional problems? (180)

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

**8.24** Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (181)

**NOTE:** Include occasional use or use in certain circumstances.

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

**8.25** Are you blind or do you have serious difficulty seeing, even when wearing glasses? (182)

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

**8.26** Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (183)

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

**8.27** Do you have serious difficulty walking or climbing stairs? (184)

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

**8.28** Do you have difficulty dressing or bathing? (185)

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

**8.29** Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (186)

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

## Section 9: Tobacco Use

---

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

(187)

**NOTE: 5 packs = 100 cigarettes**

- |   |                       |              |
|---|-----------------------|--------------|
| 1 | Yes                   |              |
| 2 | No                    | [Go to Q9.5] |
| 7 | Don't know / Not sure | [Go to Q9.5] |
| 9 | Refused               | [Go to Q9.5] |

**INTERVIEWER NOTE: "For cigarettes, do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana."**

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

(188)

- |   |                       |              |
|---|-----------------------|--------------|
| 1 | Every day             |              |
| 2 | Some days             |              |
| 3 | Not at all            | [Go to Q9.4] |
| 7 | Don't know / Not sure | [Go to Q9.5] |
| 9 | Refused               | [Go to Q9.5] |

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

(189)

- |   |                       |              |
|---|-----------------------|--------------|
| 1 | Yes                   | [Go to Q9.5] |
| 2 | No                    | [Go to Q9.5] |
| 7 | Don't know / Not sure | [Go to Q9.5] |
| 9 | Refused               | [Go to Q9.5] |

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

(190-191)

- |     |  |
|-----|--|
| 0 1 | Within the past month (less than 1 month ago)                  |
| 0 2 | Within the past 3 months (1 month but less than 3 months ago)  |
| 0 3 | Within the past 6 months (3 months but less than 6 months ago) |
| 0 4 | Within the past year (6 months but less than 1 year ago)       |
| 0 5 | Within the past 5 years (1 year but less than 5 years ago)     |
| 0 6 | Within the past 10 years (5 years but less than 10 years ago)  |
| 0 7 | 10 years or more   |
| 7 7 | Don't know / Not sure  |
| 9 9 | Refused  |

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

**Snus (rhymes with 'goose')**

**NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.** (192)

- 1 Every day
- 2 Some days
- 3 Not at all

**Do not read:**

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

## Section 10: Alcohol Consumption

---

**10.1** During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor? (193-195)

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

**10.2** One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? (196-197)

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

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

**10.3** Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X [CATI X = 5 for men, X = 4 for women]** or more drinks on an occasion? (198-199)

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

- 10.4** During the past 30 days, what is the largest number of drinks you had on any occasion?  
(200-201)
- |     |                       |
|-----|-----------------------|
| __  | Number of drinks      |
| 7 7 | Don't know / Not sure |
| 9 9 | Refused               |

## Section 11: Immunization

---

Now I will ask you questions about the flu vaccine. There are two ways to get the flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™.

- 11.1** During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?  
(202)

### READ IF NECESSARY:

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

- |   |                       |                      |
|---|-----------------------|----------------------|
| 1 | Yes                   |                      |
| 2 | No                    | <b>[Go to Q11.3]</b> |
| 7 | Don't know / Not sure | <b>[Go to Q11.3]</b> |
| 9 | Refused               | <b>[Go to Q11.3]</b> |

- 11.2** During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?  
(203-208)

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

- 11.3** A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?  
(209)

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



**CATI NOTE: If respondent is  $\leq$  49 years of age, go to next section.**

The next question is about the Shingles vaccine.

**11.4** Have you ever had the shingles or zoster vaccine? (210)

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

**INTERVIEWER NOTE (Read if necessary):** Shingles is caused by the chicken pox virus. It is an outbreak of rash or blisters on the skin that may be associated with severe pain. A vaccine for shingles has been available since May 2006; it is called Zostavax<sup>®</sup>, the zoster vaccine, or the shingles vaccine.

## Section 12: Falls

---

**CATI NOTE: If respondent is 45 years or older continue, otherwise go to next section.**

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

**12.1** In the past 12 months, how many times have you fallen? (211-212)

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

**12.2** [Fill in "Did this fall (from Q12.1) cause an injury?"]. If only one fall from Q12.1 and response is "Yes" (caused an injury); code 01. If response is "No," code 88.

How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor. (213-214)

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

## Section 13: Seatbelt Use

---

**13.1** How often do you use seat belts when you drive or ride in a car? Would you say— (215)

**Please read:**

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never

**Do not read:**

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

**CATI note: If Q13.1 = 8 (Never drive or ride in a car), go to Section 15; otherwise continue.**

## Section 14: Drinking and Driving

---

**CATI note: If Q10.1 = 888 (No drinks in the past 30 days); go to next section.**

The next question is about drinking and driving.

**14.1** During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (216-217)

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

## Section 15: Breast and Cervical Cancer Screening

---

**CATI note: If respondent is male, go to the next section.**

The next questions are about breast and cervical cancer.

**15.1** A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (218)

- 1 Yes
- 2 No [Go to Q15.3]
- 7 Don't know / Not sure [Go to Q15.3]
- 9 Refused [Go to Q15.3]

**15.2** How long has it been since you had your last mammogram? (219)

**Read only if necessary:**

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

**Do not read:**

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

**15.3** A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam? (220)

- 1 Yes
- 2 No [Go to Q15.5]
- 7 Don't know / Not sure [Go to Q15.5]
- 9 Refused [Go to Q15.5]

15.4 How long has it been since your last breast exam? (221)

**Read only if necessary:**

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

**Do not read:**

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

15.5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (222)

- 1 Yes
- 2 No [Go to Q15.7]
- 7 Don't know / Not sure [Go to Q15.7]
- 9 Refused [Go to Q15.7]

15.6 How long has it been since you had your last Pap test? (223)

**Read only if necessary:**

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

**Do not read:**

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

**CATI note: If response to Core Q8.22 = 1 (is pregnant); then go to next section.**

15.7 Have you had a hysterectomy? (224)

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

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

## Section 16: Prostate Cancer Screening

---

**CATI note: If respondent is  $\leq 39$  years of age, or is female, go to next section.**

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

**16.1** A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the PSA test? (225)

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

**16.2** Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test? (226)

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

**16.3** Has a doctor, nurse, or other health professional EVER recommended that you have a PSA test? (227)

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

**16.4.** Have you EVER HAD a PSA test? (228)

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

**16.5.** How long has it been since you had your last PSA test? (229)

**Read only if necessary:**

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

**Do not read:**

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

**16.6.** What was the MAIN reason you had this PSA test – was it ...? (230)

**Please read:**

- 1 Part of a routine exam
- 2 Because of a prostate problem
- 3 Because of a family history of prostate cancer
- 4 Because you were told you had prostate cancer
- 5 Some other reason

**Do not read:**

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

## Section 17: Colorectal Cancer Screening

---

**CATI note: If respondent is  $\leq$  49 years of age, go to next section.**

The next questions are about colorectal cancer screening.

**17.1** A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (231)

- 1 Yes
- 2 No **[Go to Q17.3]**
- 7 Don't know / Not sure **[Go to Q17.3]**
- 9 Refused **[Go to Q17.3]**

**17.2** How long has it been since you had your last blood stool test using a home kit? (232)

**Read only if necessary:**

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

**Do not read:**

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

**17.3** Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? (233)

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

**17.4** For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy? (234)

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

**17.5** How long has it been since you had your last sigmoidoscopy or colonoscopy? (235)

**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 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago

**Do not read:**

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

## Section 18: HIV/AIDS

---

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

**18.1** Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (236)

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

**18.2** Not including blood donations, in what month and year was your last HIV test? (237-242)

**NOTE: If response is before January 1985, code "Don't know."**  
**CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.**

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

**18.3** Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at an emergency room, as an inpatient in a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else? (243-244)

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



## Closing Statement or Transition to Modules and/or State-Added Questions

### **Closing statement**

#### **Please read:**

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

**Or**

### **Transition to modules and/or state-added questions**

#### **Please read:**

Finally, I have just a few questions left about some other health topics.

TN BRFSS

## Optional Modules

### Module 1: Pre-Diabetes

---

**NOTE: Only asked of those not responding “Yes” (code = 1) to Core Q6.12 (Diabetes awareness question).**

1. Have you had a test for high blood sugar or diabetes within the past three years? (255)
- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

**CATI note: If Core Q6.12 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 “Yes” (code = 1).**

2. Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes? (256)
- If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”**
- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | Yes, during pregnancy |
| 3 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

### Module 2: Diabetes

---

**CATI note: To be asked following Core Q6.13; if response to Q6.12 is “Yes” (code = 1)**

1. Are you now taking insulin? (257)
- |   |         |
|---|---------|
| 1 | Yes     |
| 2 | No      |
| 9 | Refused |
2. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

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

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

3. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

(261-263)

- 1 \_ \_ Times per day
- 2 \_ \_ Times per week
- 3 \_ \_ Times per month
- 4 \_ \_ Times per year
- 5 5 5 No feet
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

4. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

(264-265)

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

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

( 266-267)

- \_ \_ Number of times [76 = 76 or more]
- 8 8 None
- 9 8 Never heard of "A one C" test
- 7 7 Don't know / Not sure
- 9 9 Refused

**CATI note: If Q3 = 555 (No feet), go to Q7.**

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

(268-269)

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

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

(270)

**Read only if necessary:**

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

**Do not read:**

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

8. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

(271)

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

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

(272)

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

## Module 3: Healthy Days (Symptoms)

---

The next few questions are about health-related problems or symptoms.

1. During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation? (273-274)

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

2. During the past 30 days, for about how many days have you felt sad, blue, or depressed? (275-276)

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

3. During the past 30 days, for about how many days have you felt worried, tense, or anxious? (277-278)

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

4. During the past 30 days, for about how many days have you felt very healthy and full of energy? (279-280)

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

## Module 4: Health Care Access

---

1. Do you have Medicare? (281)
- 1 Yes  
2 No  
7 Don't know/Not sure  
9 Refused

**Note: Medicare is a coverage plan for people age 65 or over and for certain disabled people.**

2. What is the primary source of your health care coverage? Is it... (282-283)

**Please Read**

- 01 A plan purchased through an employer or union **(includes plans purchased through another person's employer)**
- 02 A plan that you or another family member buys on your own
- 03 Medicare
- 04 Medicaid or other state program
- 05 TRICARE (formerly CHAMPUS), VA, or Military
- 06 Alaska Native, Indian Health Service, Tribal Health Services
- Or
- 07 Some other source
- 08 None (no coverage)

**Do not read:**

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

**INTERVIEWER NOTE: If the respondent indicates that they purchased health insurance through the Health Insurance Marketplace (name of state Marketplace), ask if it was a private health insurance plan purchased on their own or by a family member (private) or if they received Medicaid (state plan)? If purchased on their own (or by a family member), select 02, if Medicaid select 04.**

**CATI NOTE: If PPHF State, go to Core Q3.2.**

3. Other than cost, there are many other reasons people delay getting needed medical care. Have you delayed getting needed medical care for any of the following reasons in the past 12 months? Select the most important reason. (284)

**Please read**

- 1 You couldn't get through on the telephone.
- 2 You couldn't get an appointment soon enough.
- 3 Once you got there, you had to wait too long to see the doctor.
- 4 The (clinic/doctor's) office wasn't open when you got there.
- 5 You didn't have transportation.

**Do not read:**

- 6 Other \_\_\_\_\_ (specify) (285-309)
- 8 No, I did not delay getting medical care/did not need medical care
- 7 Don't know/Not sure
- 9 Refused

**CATI NOTE: If PPHF State, go to Core Q3.4.**

**CATI NOTE: If Q3.1 = 1 (Yes) continue, else go to Q4b.**

**4a.** In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage? (310)

- 1 Yes [Go to Q5]
- 2 No [Go to Q5]
- 7 Don't know/Not sure [Go to Q5]
- 9 Refused [Go to Q5]

**CATI Note: If Q3.1 = 2, 7, or 9 continue, else go to next question (Q5).**

**4b.** About how long has it been since you last had health care coverage? (311)

- 1 6 months or less
- 2 More than 6 months, but not more than 1 year ago
- 3 More than 1 year, but not more than 3 years ago
- 4 More than 3 years
- 5 Never
- 7 Don't know/Not sure
- 9 Refused

**5.** How many times have you been to a doctor, nurse, or other health professional in the past 12 months? (312-313)

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

**6.** Was there a time in the past 12 months when you did not take your medication as prescribed because of cost? Do not include over-the-counter (OTC) medication. (314)

- 1 Yes
- 2 No

**Do not read:**

- 3 No medication was prescribed.
- 7 Don't know/Not sure
- 9 Refused

7. In general, how satisfied are you with the health care you received? Would you say—

Please read: (315)

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Not at all satisfied

**Do not read:**

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

8. Do you currently have any health care bills that are being paid off over time? (316)

**INTERVIEWER NOTE:**

**This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year.**

**INTERVIEWER NOTE: Health care bills can include medical, dental, physical therapy and/or chiropractic cost.**

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

**CATI NOTE: If PPHF state, Go to Core Section 4.**

## Module 7: Adult Asthma History

---

**CATI note: If "Yes" (ever told you had asthma) to Core Q6.4; continue. Otherwise, go to next module.**

Previously you said you were told by a doctor, nurse or other health professional that you had asthma.

1. How old were you when you were first told by a doctor, nurse, or other health professional that you had asthma? (327-328)

- — Age in years 11 or older [96 = 96 and older]
- 9 7 Age 10 or younger
- 9 8 Don't know / Not sure
- 9 9 Refused

**CATI note: If "Yes" to Core Q6.5, continue. Otherwise, go to next module.**



2. During the past 12 months, have you had an episode of asthma or an asthma attack?

(329)

- 1 Yes
- 2 No [Go to Q5]
- 7 Don't know / Not sure [Go to Q5]
- 9 Refused [Go to Q5]

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

(330-331)

- — Number of visits [87 = 87 or more]
- 8 8 None
- 9 8 Don't know / Not sure
- 9 9 Refused

4. **[If one or more visits to Q3, fill in “Besides those emergency room or urgent care center visits,”]** During the past 12 months, how many times did you see a doctor, nurse or other health professional for urgent treatment of worsening asthma symptoms?

(332-333)

- — Number of visits [87 = 87 or more]
- 8 8 None
- 9 8 Don't know / Not sure
- 9 9 Refused

5. During the past 12 months, how many times did you see a doctor, nurse, or other health professional for a routine checkup for your asthma?

(334-335)

- — Number of visits [87 = 87 or more]
- 8 8 None
- 9 8 Don't know / Not sure
- 9 9 Refused

6. During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma?

(336-338)

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

7. Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don't have a cold or respiratory infection. During the past 30 days, how often did you have any symptoms of asthma? Would you say —

(339)

**NOTE: Phlegm ('flem')**

**Please read:**

- 8 Not at any time **[Go to Q9]**  
1 Less than once a week  
2 Once or twice a week  
3 More than 2 times a week, but not every day  
4 Every day, but not all the time

**Or**

- 5 Every day, all the time

**Do not read:**

- 7 Don't know / Not sure  
9 Refused

8. During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep? Would you say —

(340)

**Please read:**

- 8 None  
1 One or two  
2 Three to four  
3 Five  
4 Six to ten

**Or**

- 5 More than ten

**Do not read:**

- 7 Don't know / Not sure  
9 Refused

9. During the past 30 days, how many days did you take a prescription asthma medication to PREVENT an asthma attack from occurring?

(341)

**Please read:**

- 8 Never  
1 1 to 14 days  
2 15 to 24 days  
3 25 to 30 days

**Do not read:**

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

10. During the past 30 days, how often did you use a prescription asthma inhaler DURING AN ASTHMA ATTACK to stop it? (342)

**INTERVIEWER INSTRUCTION: How often (number of times) does NOT equal number of puffs. Two to three puffs are usually taken each time the inhaler is used.**

**Read only if necessary:**

- 8 Never (include no attack in past 30 days)
- 1 1 to 4 times (in the past 30 days)
- 2 5 to 14 times (in the past 30 days)
- 3 15 to 29 times (in the past 30 days)
- 4 30 to 59 times (in the past 30 days)
- 5 60 to 99 times (in the past 30 days)
- 6 100 or more times (in the past 30 days)

**Do not read:**

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

## Module 8: Influenza

---

**CATI Note: If Q11.1 = 1 (Yes) then continue, else go to next module.**

Earlier, you told me you had received an influenza vaccination in the past 12 months.

**Please read only if necessary:**

At what kind of place did you get your last flu shot/vaccine? (343-344)

- 0 1 A doctor's office or health maintenance organization (HMO)
- 0 2 A health department
- 0 3 Another type of clinic or health center (Example: a community health center)
- 0 4 A senior, recreation, or community center
- 0 5 A store (Examples: supermarket, drug store)
- 0 6 A hospital (Example: inpatient)
- 0 7 An emergency room
- 0 8 Workplace
- 0 9 Some other kind of place
- 1 0 Received vaccination in Canada/Mexico (Volunteered – Do not read)
- 1 1 A school

7 7 Don't know / Not sure (**Probe:** "How would you describe the place where you went to get your most recent flu vaccine?")

**Do not read:**

9 9 Refused

## Module 9: Tetanus Diphtheria (Tdap) (Adults)

---

Next, I will ask you about the tetanus diphtheria vaccination.

1. Since 2005, have you had a tetanus shot? (345)

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

- 1 Yes, received Tdap
- 2 Yes, received tetanus shot, but not Tdap
- 3 Yes, received tetanus shot but not sure what type
- 4 No, did not receive any tetanus since 2005
- 7 Don't know/Not sure
- 9 Refused

## Module 14: Industry and Occupation

---

**If Core Q8.9 = 1 or 4 (Employed for wages or out of work for less than 1 year) or 2 (Self-employed), continue else go to next module.**

Now I am going to ask you about your work.

**If Core Q8.9 = 1 (Employed for wages) or 2 (Self-employed) ask,**

1. What kind of work do you do? (for example, registered nurse, janitor, cashier, auto mechanic) (373-472)

**INTERVIEWER NOTE: If respondent is unclear, ask "What is your job title?"**

**INTERVIEWER NOTE: If respondent has more than one job then ask, "What is your main job?"**

[Record answer] \_\_\_\_\_

99 Refused

Or

**If Core Q8.9 = 4 (Out of work for less than 1 year) ask,**

What kind of work did you do? (for example, registered nurse, janitor, cashier, auto mechanic)

**INTERVIEWER NOTE: If respondent is unclear, ask “What was your job title?”**

**INTERVIEWER NOTE: If respondent had more than one job then ask, “What was your main job?”**

[Record answer] \_\_\_\_\_  
99 Refused

**If Core Q8.9 = 1 (Employed for wages) or 2 (Self-employed) ask,**

2. What kind of business or industry do you work in? (for example, hospital, elementary school, clothing manufacturing, restaurant) (473-572)

[Record answer] \_\_\_\_\_  
99 Refused

Or

**If Core Q8.9 = 4 (Out of work for less than 1 year) ask,**

What kind of business or industry did you work in? (for example, hospital, elementary school, clothing manufacturing, restaurant)

[Record answer] \_\_\_\_\_  
99 Refused

## Module 15: Social Context

---

Now, I am going to ask you about several factors that can affect a person's health.

**If Core Q8.20 = 1 or 2 (own or rent) continue, else go to Q2.**

1. How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent/mortgage? Would you say (573)

**Please read:**

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

**Do not read:**

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

**NOTE: We ask this question in order to compare health indicators among people in different housing situations**

2. How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? Would you say (574)

**Please read:**

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

**Do not read:**

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

**If Core Q8.9 = 1 (Employed for wages) or 2 (Self-employed), go to Q3 and Q4.**

**If Core Q8.9 = 3 (Out of work for more than 1 year), 4 (Out of work for less than 1 year), or 7 (Retired), go to Q5 and Q6.**

**If Core Q8.9 = 5 (A homemaker), 6 (A student), or 8 (Unable to work), go to Q7.**

3. At your main job or business, how are you generally paid for the work you do. Are you: (575)

- 1 Paid by salary
- 2 Paid by the hour
- 3 Paid by the job/task (e.g. commission, piecework)
- 4 Paid some other way
- 7 Don't know / Not sure
- 9 Refused

**INTERVIEWER NOTE: If paid in multiple ways at their main job, select option 4 (Paid some other way).**

**INTERVIEWER NOTE: We ask this question in order to compare health indicators among people who are paid in different ways.**

4. About how many hours do you work per week at all of your jobs and businesses combined? (576-577)

- $\bar{9}$   $\bar{7}$  Hours (01-96 or more) **[Go to Q7]**
- $\bar{9}$   $\bar{7}$  Don't know / Not sure **[Go to Q7]**

- 9 8 Does not work [Go to Q7]
- 9 9 Refused [Go to Q7]

5. Thinking about the last time you worked, at your main job or business, how were you generally paid for the work you did? Were you: (578)

- 1 Paid by salary
- 2 Paid by the hour
- 3 Paid by the job/task (e.g. commission, piecework)
- 4 Paid some other way
- 7 Don't know / Not sure
- 9 Refused

**INTERVIEWER NOTE: We ask this question in order to compare health indicators among people who are paid in different ways.**

6. Thinking about the last time you worked, about how many hours did you work per week at all of your jobs and businesses combined? (579-580)

- — Hours (01-96 or more)
- 9 7 Don't know / Not sure
- 9 8 Does not work
- 9 9 Refused

7. Did you vote in the last presidential election?

**INTERVIEWER NOTE: We ask this question in order to compare health indicators among people with different community participation.**

**INTERVIEWER NOTE: The November 2012 election between Barack Obama and Mitt Romney.** (581)

- 1 Yes
- 2 No
- 8 Not applicable (I did not register, I am not a U.S. citizen, or I am not eligible to vote)
- 7 Don't know / Not sure
- 9 Refused

## Module 17: Random Child Selection

**CATI note: If Core Q8.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.**

**If Core Q8.7 = 1, Interviewer please read:** “Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.” **[Go to Q1]**

**If Core Q8.7 is >1 and Core Q8.7 does not equal 88 or 99, Interviewer please read:** “Previously, you indicated there were **[number]** children age 17 or younger in your household. Think about those **[number]** children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.”

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

**INTERVIEWER PLEASE READ:**

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

1. What is the birth month and year of the “Xth” child? (584-589)

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

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

2. Is the child a boy or a girl? (590)

1	Boy
2	Girl
9	Refused

3. Is the child Hispanic, Latino/a, or Spanish origin? (591-594)

**If yes, ask: Are they...**



**Interviewer Note: One or more categories may be selected.**

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish origin

**Do not read:**

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

4. Which one or more of the following would you say is the race of the child? (595-622)

**(Select all that apply)**

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

- 10 White**
- 20 Black or African American**
- 30 American Indian or Alaska Native**
- 40 Asian**
  - 41 Asian Indian
  - 42 Chinese
  - 43 Filipino
  - 44 Japanese
  - 45 Korean
  - 46 Vietnamese
  - 47 Other Asian
- 50 Pacific Islander**
  - 51 Native Hawaiian
  - 52 Guamanian or Chamorro
  - 53 Samoan
  - 54 Other Pacific Islander

**Do not read:**

- 60 Other
- 88 No additional choices
- 77 Don't know / Not sure
- 99 Refused

5. Which one of these groups would you say best represents the child's race? (623-624)

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

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
  - 41 Asian Indian
  - 42 Chinese
  - 43 Filipino
  - 44 Japanese
  - 45 Korean
  - 46 Vietnamese
  - 47 Other Asian

- 50 Pacific Islander
  - 51 Native Hawaiian
  - 52 Guamanian or Chamorro
  - 53 Samoan
  - 54 Other Pacific Islander

**Do not read:**

- 60 Other
- 88 No additional choices
- 77 Don't know / Not sure
- 99 Refused

6. How are you related to the child? (625)

**Please read:**

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

**Do not read:**

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

## Module 18: Childhood Asthma Prevalence

---

**CATI note: If response to Core Q8.7 = 88 (None) or 99 (Refused), go to next module.**

The next two questions are about the “Xth” **[CATI: please fill in correct number]** child.

1. Has a doctor, nurse or other health professional EVER said that the child has asthma? (626)
- |   |                       |                            |
|---|-----------------------|----------------------------|
| 1 | Yes                   |                            |
| 2 | No                    | <b>[Go to next module]</b> |
| 7 | Don't know / Not sure | <b>[Go to next module]</b> |
| 9 | Refused               | <b>[Go to next module]</b> |
2. Does the child still have asthma? (627)
- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

## State Added Questions

### Fruits and Vegetables

---

These next questions are about the fruits and vegetables **you** ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home.

I will be asking how often **you** ate or drank each one: for example, once a day, twice a week, three times a month, and so forth.

**INTERVIEWER NOTE: If respondent responds less than once per month, put “0” times per month. If respondent gives a number without a time frame, ask: “Was that per day, week, or month?”**

1. During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice.
- |       |                       |
|-------|-----------------------|
| 1 _ _ | Per day               |
| 2 _ _ | Per week              |
| 3 _ _ | Per month             |
| 5 5 5 | Never                 |
| 7 7 7 | Don't know / Not sure |
| 9 9 9 | Refused               |

**INTERVIEWER NOTE: Do not include fruit drinks with added sugar or other added sweeteners like Kool-aid, Hi-C, lemonade, cranberry cocktail, Tampico, Sunny Delight, Snapple, Fruitopia, Gatorade, Power-Ade, or yogurt drinks.**

**Do not include fruit juice drinks that provide 100% daily vitamin C but include added sugar.**

**Do not include vegetable juices such as tomato and V8 if respondent provides but include in “other vegetables” question 11.6.**

**DO include 100% pure juices including orange, mango, papaya, pineapple, apple, grape (white or red), or grapefruit. Only count cranberry juice if the R perception is that it is 100% juice with no sugar or artificial sweetener added. 100% juice blends such as orange-pineapple, orange-tangerine, cranberry-grape are also acceptable as are fruit-vegetable 100% blends. 100% pure juice from concentrate (i.e., reconstituted) is counted.**

2. During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit
- 1 \_\_ Per day
  - 2 \_\_ Per week
  - 3 \_\_ Per month
  - 5 5 5 Never
  - 7 7 7 Don't know / Not sure
  - 9 9 9 Refused

**Read only if necessary: “Your best guess is fine. Include apples, bananas, applesauce, oranges, grape fruit, fruit salad, watermelon, cantaloupe or musk melon, papaya, lychees, star fruit, pomegranates, mangos, grapes, and berries such as blueberries and strawberries.”**

**INTERVIEWER NOTE: Do not count fruit jam, jelly, or fruit preserves.**

**Do not include dried fruit in ready-to-eat cereals.**

**Do include dried raisins, cran-raisins if respondent tells you - *but due to their small serving size they are not included in the prompt.***

**Do include cut up fresh, frozen, or canned fruit added to yogurt, cereal, jello, and other meal items.**

**Include culturally and geographically appropriate fruits that are not mentioned (e.g. genip, soursop, sugar apple, figs, tamarind, bread fruit, sea grapes, carambola, longans, lychees, akee, rambutan, etc.).**

3. During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans.
- 1 \_\_ Per day
  - 2 \_\_ Per week
  - 3 \_\_ Per month
  - 5 5 5 Never
  - 7 7 7 Don't know / Not sure
  - 9 9 9 Refused

**Read only if necessary: “Include round or oval beans or peas such as navy, pinto, split peas, cow peas, hummus, lentils, soy beans and tofu. Do NOT include long green beans such as string beans, broad or winged beans, or pole beans.”**

**INTERVIEWER NOTE: Include soybeans also called edamame, TOFU (BEAN CURD MADE FROM SOYBEANS), kidney, pinto, hummus, lentils, black, black-eyed peas, cow peas, lima beans and white beans.**

**Include bean burgers including garden burgers and veggie burgers. Include falafel and tempeh.**

4. During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach?

1 \_ \_ Per day  
2 \_ \_ Per week  
3 \_ \_ Per month  
5 5 5 Never  
7 7 7 Don't know / Not sure  
9 9 9 Refused

**INTERVIEWER NOTE: Each time a vegetable is eaten it counts as one time.**

**INTERVIEWER NOTE: Include all raw leafy green salads including spinach, mesclun, romaine lettuce, bok choy, dark green leafy lettuce, dandelions, komatsuna, watercress, and arugula.**

**Do not include iceberg (head) lettuce if specifically told type of lettuce. Include all cooked greens including kale, collard greens, choys, turnip greens, mustard greens.**

5. During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?

1 \_ \_ Per day  
2 \_ \_ Per week  
3 \_ \_ Per month  
5 5 5 Never  
7 7 7 Don't know / Not sure  
9 9 9 Refused

**Read only if needed: “Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash.”**

**FOR INTERVIEWER: Include all forms of carrots including long or baby-cut.**

**Include carrot-slaw (e.g. shredded carrots with or without other vegetables or fruit).**

**Include all forms of sweet potatoes including baked, mashed, casserole, pie, or sweet potatoes fries.**

**Include all hard-winter squash varieties including acorn, autumn cup, banana, butternut, buttercup, delicate, hubbard, kabocha (Also known as an Ebisu, Delica, Hoka, Hokkaido, or Japanese Pumpkin; blue kuri), and spaghetti squash. Include all forms including soup.**

**Include pumpkin, including pumpkin soup and pie. Do not include pumpkin bars, cake, bread or other grain-based desert-type food containing pumpkin (i.e. similar to banana bars, zucchini bars we do not include).**

6. Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.

1 \_ \_ Per day  
2 \_ \_ Per week  
3 \_ \_ Per month  
5 5 5 Never  
7 7 7 Don't know / Not sure  
9 9 9 Refused

**Read only if needed: "Do not count vegetables you have already counted and do not include fried potatoes."**

**INTERVIEWER NOTE: Include corn, peas, tomatoes, okra, beets, cauliflower, bean sprouts, avocado, cucumber, onions, peppers (red, green, yellow, orange); all cabbage including American-style cole-slaw; mushrooms, snow peas, snap peas, broad beans, string, wax-, or pole-beans.**

**Include any form of the vegetable (raw, cooked, canned, or frozen).**

**Do include tomato juice if respondent did not count in fruit juice.**

**Include culturally and geographically appropriate vegetables that are not mentioned (e.g. daikon, jicama, oriental cucumber, etc.).**

**Do not include rice or other grains.**

**Do not include products consumed usually as condiments including ketchup, catsup, salsa, chutney, relish.**

## Physical Activity

---

CATI note: If Core Q8.9 = 1 (Employed for wages) or 2 (Self-employed); continue. Otherwise, go to Q2.

### 1. When you are at work, which of the following best describes what you do? Would you say—

If respondent has multiple jobs, include all jobs.

Please read:

1 Mostly sitting or standing

2 Mostly walking

3 Mostly heavy labor or physically demanding work

Do not read:

7 Don't know / Not sure

9 Refused

Please read:

We are interested in two types of physical activity - vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

### 2. Now, thinking about the moderate activities you do [fill in “when you are not working” if “employed” or self-employed”] in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

1 Yes

2 No [Go to Q5]

7 Don't know / Not sure [Go to Q5]

9 Refused [Go to Q5]

### 3. How many days per week do you do these moderate activities for at least 10 minutes at a time?

\_\_ Days per week

8 8 Do not do any moderate physical activity for at least 10 minutes at a time? [Go to Q5]

7 7 Don't know / Not sure [Go to Q5]

9 9 Refused [Go to Q5]

### 4. On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

\_: \_\_ Hours and minutes per day

7 7 7 Don't know / Not sure

9 9 9 Refused

**5. Now, thinking about the vigorous activities you do [fill in “when you are not working” if “employed” or “self-employed”] in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?**

1 Yes

2 No [Go to next section]

7 Don't know / Not sure [Go to next section]

9 Refused [Go to next section]

**6. How many days per week do you do these vigorous activities for at least 10 minutes at a time?**

\_\_ Days per week

8 8 Do not do any vigorous physical activity for at least 10 minutes at a time [Go to next section]

7 7 Don't know / Not sure [Go to next section]

9 9 Refused [Go to next section]

**7. On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?**

\_: \_\_ Hours and minutes per day

7 7 7 Don't know / Not sure

9 9 9 Refused

## **Adverse Childhood Experiences**

---

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

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

1 Yes

2 No

7 Don't know / Not sure

9 Refused

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

1 Yes

2 No



7 Don't know / Not sure  
9 Refused

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

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

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

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

**5. Were your parents separated or divorced?**

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

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

1 Never  
2 Once  
3 More than once  
Do not read:  
7 Don't know / Not sure  
9 Refused

**7. Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say---**

1 Never  
2 Once  
3 More than once  
Do not read:  
7 Don't know / Not sure  
9 Refused

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

1 Never  
2 Once  
3 More than once  
Do not read:  
7 Don't know / Not sure  
9 Refused

**9. How often did anyone at least 5 years older than you or an adult, ever touch you sexually?**

1 Never  
2 Once  
3 More than once  
Do not read:  
7 Don't know / Not sure

9 Refused

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

1 Never

2 Once

3 More than once

Do not read:

7 Don't know / Not sure

9 Refused

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

1 Never

2 Once

3 More than once

Do not read:

7 Don't know / Not sure

9 Refused

As I mentioned when we started this section, I would give you a phone number for an organization that can provide information and referral for these issues. You can dial (place state or local hotline here) to reach a referral service to locate an agency in your area. [Note: if no local or state hotline is available, give respondent the National Hotline for child abuse 1-800-422-4-A-CHILD (1-800-422-4453).

## **CLOSING STATEMENT**

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