

New Hampshire

2007

**Behavioral Risk Factor Surveillance System
Questionnaire**

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Introduction & Selection

HELLO, I am calling for the New Hampshire Department of Health and Human Services. My name is (name). We are gathering information about the health of New Hampshire residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices. I can provide you a name and number from the New Hampshire Department of Health and Human Services. Would you like that now? **[IF YES: YOU CAN CALL the Survey Coordinator AT 1-603-271-4671]**

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?

If "no,"

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

Is this a cellular telephone?

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

If "yes,"

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

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

___ Number of adults

If "1,"

Are you the adult?

If "yes,"

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

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".**

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 confidentiality statement.

To the correct respondent:

HELLO, I am calling for the **New Hampshire Department of Health and Human Services**. My name is **(name)**. We are gathering information about the health of **New Hampshire** residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices. [I can provide you a phone number from the New Hampshire Department of Health and Human Services. Would you like that now? \[IF YES: YOU CAN CALL the Survey Coordinator AT 1-603-271-4671\]](#)

Confidentiality Statement:

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, you can call the Survey Coordinator at the New Hampshire Department of Health and Human Services at 603-271-4671. Would you like me to repeat that name and number so you can write it down?

The interview may be monitored for quality assurance purposes.

Section 1: Health Status

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

Please read:

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

Or

- 5 Poor

Do not read:

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

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

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? (74–75)

- – 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? (76–77)

- – 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? (78–79)

- – 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, or government plans such as Medicare? (80)

- 1 Yes
- 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?

[NOTE: Interviewer: If "No," ask: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"

(81)

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

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

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

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. (83)

- 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

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? (84)

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

Section 5: Diabetes

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

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

[NOTE: If respondent says pre-diabetes or borderline diabetes, use response code 4]

(85)

- 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

State-Added 1: Diabetes

Note: S5.1=1

NH1_1. 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.

(401)

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

NH1_2. About how many times in the past 2 months has a health professional checked your feet for any sores or irritations? [76 = 76 or more]

(402-403)

- __ Number of times
- 88 None
- 98 No feet
- 77 Don't know/ Not sure
- 99 Refused

NH1_3. A test for hemoglobin “A one C” measures the average level of blood sugar over the past three months. About how many times in the last year has a doctor, nurse, or other health professional checked you for hemoglobin “A one C”?

(404-405)

- __ Number of times [76 = 76 or more]
 88 None
 98 Never heard of hemoglobin “A one C” test
 77 Don’t know/ Not sure
 99 Refused

Section 6: Hypertension Awareness

6.1 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (86)

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

- 1 Yes
 2 Yes, but female told only during pregnancy {Go to next section}
 3 No {Go to next section}
 4 Told borderline high or pre-hypertensive {Go to next section}
 7 Don’t know / Not sure {Go to next section}
 9 Refused {Go to next section}

6.2 Are you currently taking medicine for your high blood pressure? (87)

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

Section 7: Cholesterol Awareness

7.1 Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (88)

- 1 Yes
 2 No {Go to next section}
 7 Don’t know / Not sure {Go to next section}
 9 Refused {Go to next section}

7.2 About how long has it been since you last had your blood cholesterol checked? (89)

Read only if necessary:

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

Do not read:

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

7.3 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (90)

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

Section 8: Cardiovascular Disease Prevalence

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

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

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

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

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

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

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

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

Section 9: Asthma

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

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

9.2 Do you still have asthma? (95)

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

Section 10: Immunization

10.1 A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot? (96)

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

10.2 During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine sprayed in the nose is also called FluMist™. (97)

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

State-Added 2: Immunization (& Adult Flu Supplemental Questions)

//{If core 10.1=1 or 10.2=1, continue, else go to NH2_4}

NH2_1 During what month and year did you receive your most recent flu vaccination?

{CATI: If "Yes" to both Q10.1 and Q10.2, also say: "The most recent flu vaccination may have been either the flu shot or the flu spray."}

[NOTE: If Don't Know, probe: "Was it before or after September 2006?"]

(406-411)

__/____ Month / Year Code approximate month and year)

77/7777 Don't know/Not Sure

99/9999 Refused

{CATI: If NH2_1 is DK or RF go to NH2_2}

NH2_2 Where did you go to get your most recent flu vaccination, **(whether it was a shot or spray in the nose)?**

{CATI fill in appropriate response from Q10.1 and q10.2.}

[Interviewer: If Don't Know/Not Sure (probe: How would you describe the place where you went to get your most recent flu vaccine?)

(412-413)

Interviewer: Read only if necessary:

- 01 A doctor's office or health maintenance organization (HMO)
- 02 A health department
- 03 Another type of clinic or health center
[Example: a community health center]
- 04 A senior, recreation, or community center
- 05 A store [Examples: supermarket, drug store]
- 06 A hospital [Example: in-patient]
- 07 An emergency room
- 08 Workplace
- or
- 09 Some other kind of place
- 10 Received vaccination in Canada/Mexico
- 77 Don't know/Not sure (Probe: How would you describe the place where you went to get your most recent flu vaccine?)
- 99 Refused

{CATI: If NH2_1 is before 9/2006 go to NH2_3, if NH2_1 is DK or RF, go to NH2_3, otherwise go to NH2_4}

NH2_3 What is the **MAIN** reason you have **NOT** received a flu vaccination for this current flu season?

[NOTE: The current flu season = Sept. '06 – Mar. '07]

(414-415)

[NOTE: Do not read answer choices below. Select category that best matches response.]

- 01 Need: Do not need it
- 02 Need: Doctor did not recommend it
- 03 Need: Did not know that I should be vaccinated
- 04 Need: Flu is not that serious
- 05 Need: Had the flu already this flu season
- 06 Concern about vaccine: side effects/can cause flu
- 07 Concern about vaccine: does not work
- 08 Access: Plan to get vaccinated later this flu season

- 09 Access: Flu vaccination costs too much
- 10 Access: Inconvenient to get vaccinated
- 11 Vaccine shortage: saving vaccine for people who need it more
- 12 Vaccine shortage: tried to find vaccine, but could not get it
- 13 Vaccine shortage: not eligible to receive vaccine
- 14 Some other reason
- 77 Don't know/Not sure [**Probe: "What was the main reason?"**]
- 99 Refused

{CATI: If NH2_1=09/2005-03/2006 go to Q10.3; Else if NH2_1=04/2006-present, DK, REF or Blank, continue }

NH2_4 Did you get a flu vaccination during the 'last flu season' in other words during the months of September 2005 through March 2006? (416)

- 1 Yes
- 2 No
- 7 Don't know/Not sure [**NOTE: Do not probe**]
- 9 Refused

NH2_5 Has a doctor, nurse, or other health professional ever said that you have any of the following health problems? (417)

Read each problem listed below:

Asthma
 Lung problems, other than asthma
 Heart problems
 Diabetes
 Kidney problems
 Weakened immune system caused by a chronic illness, such as cancer or HIV/AIDS, or medicines, such as steroids
 -or-
 Sickle cell anemia or other anemia

- 1 Yes
- 2 No {**Go to NH2_7**}
- 7 Don't know/Not sure {**Go to NH2_7**}
- 9 Refused {**Go to NH2_7**}

NH2_6 Do you still have (this/any of these) problem(s)? (418)

- 1 Yes
- 2 No
- 7 Don't know/Not sure [**NOTE: Do not probe**]
- 9 Refused

NH2_7 Do you currently work in a health care facility, such as a medical clinic, hospital, or nursing home? (419)

[**NOTE: If necessary say: This includes part-time and volunteer work.**]

- 1 Yes
- 2 No {**Go to next section**}

- 7 Don't know/Not sure **[NOTE: Do not probe] {Go to next section}**
 9 Refused **{Go to next section}**
- NH2_8** Do you have direct face-to-face or hands-on contact with patients as a part of your routine work? (420)
- 1 Yes
 2 No
 7 Don't know/Not sure **[NOTE: Probe by repeating question]**
 9 Refused

Section 10: Immunization, Cont.

- 10.3** 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? (98)
- 1 Yes
 2 No
 7 Don't know / Not sure
 9 Refused
- 10.4** Have you EVER received the hepatitis B vaccine? The hepatitis B vaccine is completed after the third shot is given. (99)
- [NOTE: Response is "Yes" only if respondent has received the entire series of three shots.]**
- 1 Yes
 2 No
 7 Don't know / Not sure
 9 Refused

The next question is about behaviors related to Hepatitis B.

- 10.5** Please tell me if ANY of these statements is true for YOU. Do NOT tell me WHICH statement or statements are true for you, just if ANY of them are:
- You have hemophilia and have received clotting factor concentrate
 You have had sex with a man who has had sex with other men, even just one time
 You have taken street drugs by needle, even just one time
 You traded sex for money or drugs, even just one time
 You have tested positive for HIV
 You have had sex (even just one time) with someone who would answer "yes" to any of these statements
 You had more than two sex partners in the past year
- Are any of these statements true for you? (100)
- 1 Yes, at least one statement is true
 2 No, none of these statements is true

- 7 Don't know / Not sure
9 Refused

Section 11: Tobacco Use

11.1 Have you smoked at least 100 cigarettes in your entire life? (101)

[NOTE: 5 packs = 100 cigarettes]

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

11.2 Do you now smoke cigarettes every day, some days, or not at all? (102)

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

11.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (103)

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

Section 12: Demographics

12.1 What is your age? (104-105)

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

12.2 Are you Hispanic or Latino? (106)

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

12.3 Which one or more of the following would you say is your race? (107-112)

[NOTE: Check all that apply]**Please read:**

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

Or

- 6 Other [specify] _____

Do not read:

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

{CATI: If more than one response to Q12.3; continue. Otherwise, go to Q12.5.}

12.4 Which one of these groups would you say best represents your race? (113)

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

Do not read:

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

12.5 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? *Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.* (114)

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

12.6 Are you...? (115)

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

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

[Interviewer: 7 = 7 or more

(116-117)

— — Number of children
 8 8 None
 9 9 Refused

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

(118)

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

12.9 Are you currently...?

(119)

Please read:

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

Or

8 Unable to work

Do not read:

9 Refused

12.10 Is your annual household income from all sources—

(120-121)

[NOTE: If respondent refuses at ANY income level, code '99' (Refused)]

Read only if necessary:

04 Less than \$25,000 {If "no," ask 05; if "yes," ask 03}
 (\$20,000 to less than \$25,000)

03 Less than \$20,000 {If "no," code 04; if "yes," ask 02}
 (\$15,000 to less than \$20,000)

02 Less than \$15,000 {If "no," code 03; if "yes," ask 01}
 (\$10,000 to less than \$15,000)

01 Less than \$10,000 {If "no," code 02}

05 Less than \$35,000 {If "no," ask 06}
 (\$25,000 to less than \$35,000)

- 06 Less than \$50,000 **{If “no,” ask 07}**
(\$35,000 to less than \$50,000)
- 07 Less than \$75,000 **{If “no,” code 08}**
(\$50,000 to less than \$75,000)
- 08 \$75,000 or more
- Do not read:**
- 77 Don't know / Not sure
- 99 Refused

12.11 About how much do you weigh without shoes? (122-125)

Note: If respondent answers in metrics, put “9” in column 122.

Round fractions up

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

12.12 About how tall are you without shoes? (126-129)

Note: If respondent answers in metrics, put “9” in column 126.

Round fractions down

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

If 12.11=7777 (Don't Know/Not sure) or 9999(Refused) go to 12.15

12.13 How much did you weigh a year ago? *[Female respondent: If you were pregnant a year ago, how much did you weigh before your pregnancy?]* (130-133)

[Note: If respondent answers in metrics, put “9” in column 130.]

Round fractions up

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

CATI note: Subtract weight one year ago from current weight. If weight is same, skip Q12.14.

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

(134)

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

12.15 What county do you live in? (130-132)

- — — FIPS county code
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

State-Added 3: Demographics

{CATI: If county=777 or 999, use assigned county from sample to trigger list of towns, else use county to trigger list}

(421-422)

NH3_1. What town do you live in?

- — Enter Town Code
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 12: Demographics, Cont.

12.16 What is your ZIP Code where you live? (138-142)

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

12.17 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. (143)

- 1 Yes
- 2 No **{Go to Q12.19}**
- 7 Don't know / Not sure **{Go to Q12.19}**
- 9 Refused **{Go to Q12.19}**

12.18 How many of these telephone numbers are residential numbers? (144)

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

12.19 During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters. (145)

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

12.20 Indicate sex of respondent. **Ask only if necessary.** (146)

- 1 Male **{Go to next section}**
- 2 Female **{If respondent is 45 years old or older, go to next section}**

12.21 To your knowledge, are you now pregnant? (147)

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

Section 13: Alcohol Consumption

13.1 During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (143)

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

13.2 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (144-146)

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

13.3 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? (147-148)

_ _ Number of drinks

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

- 13.4** 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?
(149-150)

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

- 13.5** During the past 30 days, what is the largest number of drinks you had on any occasion?
(151-152)

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

Section 14: Disability

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

- 14.1** Are you limited in any way in any activities because of physical, mental, or emotional problems?
(153)

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

- 14.2** 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?
(154)

[NOTE: Include occasional use or use in certain circumstances.]

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

Section 15: Arthritis Burden

The next questions refer to the joints in your body. Please do **NOT** include the back or neck.

- 15.1** During the past 30 days, have you had symptoms of pain, aching, or stiffness in or around a joint?
(155)

- 1 Yes
 2 No {Go to Q15.4}
 7 Don't know / Not sure {Go to Q15.4}
 9 Refused {Go to Q15.4}

15.2 Did your joint symptoms first begin more than 3 months ago? (156)

- 1 Yes
 2 No {Go to Q15.4}
 7 Don't know / Not sure {Go to Q15.4}
 9 Refused {Go to Q15.4}

15.3 Have you ever seen a doctor or other health professional for these joint symptoms? (157)

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

15.4 Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (158)

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

[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)

{CATI: If either Q15.2 = 1 (Yes) or Q.15.4 = 1 (Yes); continue. Otherwise, go to next section.}

15.5 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (159)

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

INOTE: If a respondent question arises about medication, then the interviewer should reply: "Please answer the question based on how you are when you are taking any of the medications or treatments you might use."]

Section 16: Fruits and Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods **you** eat. Include all foods *you* eat, both at home and away from home.

16.1 How often do you drink fruit juices such as orange, grapefruit, or tomato? (160-162)

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 4 __ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

16.2 Not counting juice, how often do you eat fruit? (163-165)

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 4 __ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

16.3 How often do you eat green salad? (166-168)

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 4 __ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

16.4 How often do you eat potatoes not including French fries, fried potatoes, or potato chips? (169-171)

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 4 __ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

16.5 How often do you eat carrots? (172-174)

- 1 __ Per day
- 2 __ Per week

- 3 __ Per month
- 4 __ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

- 16.6** Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (Example: A serving of vegetables at both lunch and dinner would be two servings.) (175-177)

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 4 __ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Section 17: Physical Activity

{CATI: If Core Q12.9 = 1 (employed for wages) or 2 (self-employed) then continue. Otherwise, Go to Q17.2.}

- 17.1** When you are at work, which of the following best describes what you do? Would you say— (178)

[NOTE: 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.

- 17.2** 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? (179)

- 1 Yes
- 2 No **{Go to Q17.5}**
- 7 Don't know / Not sure **{Go to Q17.5}**
- 9 Refused **{Go to Q17.5}**

17.3 How many days per week do you do these moderate activities for at least 10 minutes at a time? (180-181)

- __ Days per week
 8 8 Do not do any moderate physical activity for at least 10 minutes at a time? **{Go to Q17.5}**
 7 7 Don't know / Not sure **{Go to Q17.5}**
 9 9 Refused **{Go to Q17.5}**

17.4 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? (182-184)

- _:__ Hours and minutes per day
 7 7 7 Don't know / Not sure
 9 9 9 Refused

17.5 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? (185)

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

17.6 How many days per week do you do these vigorous activities for at least 10 minutes at a time? (186-187)

- __ 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}**

17.7 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? (188-190)

- _:__ Hours and minutes per day
 7 7 7 Don't know / Not sure
 9 9 9 Refused

Section 18: HIV/AIDS

{CATI: If respondent is 65 years old or older, go to next section.}

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if

you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

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. (191)

- | | | |
|---|-----------------------|----------------------|
| 1 | Yes | |
| 2 | No | {Go to next section} |
| 7 | Don't know / Not Sure | {Go to next section} |
| 9 | Refused | {Go to next section} |

18.2 Not including blood donations, in what month and year was your last HIV test? (192-197)

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

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

18.3 Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else? (198-199)

- | | |
|----|---|
| 01 | Private doctor or HMO office |
| 02 | Counseling and testing site |
| 03 | Hospital |
| 04 | Clinic |
| 05 | Jail or prison (or other correctional facility) |
| 06 | Drug treatment facility |
| 07 | At home |
| 08 | Somewhere else |
| 77 | Don't know/Not sure |
| 99 | Refused |

{CATI: Ask Q.18.4; if Q.18.2 = within last 12 months. Otherwise, go to next section.}

18.4 Was it a rapid test where you could get your results within a couple of hours? (200)

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

Section 19: Emotional Support and Life Satisfaction

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

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

[NOTE: If asked, say “please include support from any source”.]

(201)

Please read:

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

Do not read:

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

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

(202)

Please read:

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

Do not read:

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

Section 20: Gastrointestinal Disease

Now I would like to ask you some questions about diarrhea that you may have experienced and about medical care you sought for your diarrheal illness.

20.1 In the past 30 days, did you have diarrhea that began within the 30 day period? *Diarrhea is defined as 3 or more loose stools in a 24-hour period.*

(208)

- 1 Yes
- 2 No {Go to Core closing statement}
- 7 Don't know / Not sure {Go to Core closing statement}
- 9 Refused {Go to Core closing statement}

20.2 Did you visit a doctor, nurse or other health professional for this diarrheal illness?

Note: Do not answer “Yes” if you just had telephone contact with a health professional.

(209)

- 1 Yes
- 2 No {Go to Core closing statement}
- 7 Don't know / Not sure {Go to Core closing statement}
- 9 Refused {Go to Core closing statement}

20.3 When you visited your health care professional, did you provide a stool sample for testing?

(210)

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

Transition to Modules and State-Added Questions

Please read:

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

Module 1: Random Child Selection

If [mod1_1y#1989] and [mod1_1m] = [currmth] -- ask module 1

if [mod1_1y#1989] and [mod1_1m] > [currmth] -- do not ask module 1 older than 17

{CATI: If Core Q12.7 = 88, or 99 (no children under age 18 in the household, or refused), go to next module.}

{CATI: If Core Q12.7 = 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 Mod1_1]}

{CATI: If Core Q12.7 is >1 and Core Q12.7 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: 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."

Mod1_1 What is the birth month and year of the "Xth" child?

(203-208)

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

{CATI: 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 \geq 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).}

Mod1_2 Is the child a boy or a girl?

(209)

1	Boy
2	Girl

9 Refused

Mod1_3 Is the child Hispanic or Latino? (210)

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

Mod1_4 Which one or more of the following would you say is the race of the child? (211-216)

Check all that apply

Please read:

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

Or

- 6 Other [specify] _____

Do not read:

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

{CATI: If more than one response to Mod1_4, continue. Otherwise, go to Mod1_6.}

Mod1_5 Which one of these groups would you say best represents the child's race? (217)

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

Mod1_6 How are you related to the child? (218)

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 2: Childhood Asthma Prevalence

{CATI: If response to Core Q12.7 = 88 (None) or 99 (Refused), go to next module. }

Mod2_1 Has a doctor, nurse or other health professional EVER said that the child has asthma? (219)

- 1 Yes
- 2 No {Go to next module}
- 7 Don't know / Not sure {Go to next module}
- 9 Refused {Go to next module}

Mod2_2 Does the child still have asthma? (220)

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

Module 16: Mental Illness & Stigma

Now, I am going to ask you some questions about how you have been feeling during the **past 30 days**. ..

Mod16_1. 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? (335)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

Mod16_2. 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? (336)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

Mod16_3. During the past 30 days, about how often did you feel **restless** or **fidgety**?

[NOTE: If necessary: all, most, some, a little, or none of the time?]

(337)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

Mod16_4. During the past 30 days, about how often did you feel **so depressed** that nothing could cheer you up?

[NOTE: If necessary: all, most, some, a little, or none of the time?]

(338)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

Mod16_5. During the past 30 days, about how often did you feel that **everything was an effort**?

[NOTE: If necessary: all, most, some, a little, or none of the time?]

(339)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

Mod16_6. During the past 30 days, about how often did you feel **worthless**?

[NOTE: If necessary: all, most, some, a little, or none of the time?]

(340)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

The next question asks if any type of mental health condition or emotional problem has recently kept you from doing your work or other usual activities.

Mod16_7. During the past 30 days, for about how many days did a mental health condition or emotional problem **keep you from doing** your work or other usual activities?

(341-342)

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

[NOTE: If asked, "**usual activities**" includes housework, self-care, caregiving, volunteer work, attending school, studies, or recreation.]

Mod16_8. Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem? (343)

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

These next questions ask about peoples' attitudes toward mental illness and its treatment. How much do you **agree** or **disagree** with these statements about people with mental illness...

Mod16_9. Treatment can help people with mental illness lead normal lives. Do you **–agree** slightly or strongly, or **disagree** slightly or strongly? (344)

[NOTE: If asked for the purpose of Q9 or Q10: say: "answers to these questions will be used by health planners to help understand public attitudes about mental illness and its treatment and to help guide health education programs".]

Read only if necessary:

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly

Do not read:

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

Mod16_10. People are generally caring and sympathetic to people with mental illness. Do you **–agree** slightly or strongly, or **disagree** slightly or strongly? (345)

[NOTE: If asked for the purpose of Q9 or Q10: say: "answers to these questions will be used by health planners to help understand public attitudes about mental illness and its treatment and to help guide health education programs".]

Read only if necessary:

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly

Do not read:

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

Module 19: General Preparedness

The next series of questions asks about large-scale disasters or emergencies. By large-scale disaster or emergency we mean any event that leaves you isolated in your home **or** displaces you from your home for at least 3 days. This might include natural disasters such as hurricanes, tornados, floods, and ice storms, or man-made disasters such as explosions, terrorist events, or blackouts.

Mod19_1. How prepared do you feel your household is to handle a large-scale disaster or emergency? Would you say... (365)

Please read:

- 1 Well prepared
- 2 Somewhat prepared
- 3 Not prepared at all

Do not read:

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

Mod19_2. Does your household have a disaster evacuation plan, a written plan for how you will leave your home, in case of a large-scale disaster or emergency that requires evacuation? (366)

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

Mod19_3. Does your household have a 3-day supply of water for everyone who lives there? A 3-day supply of water is 1 gallon of water per person per day. (367)

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

Mod19_4. Does your household have a 3-day supply of non-perishable food for everyone who lives there? By non-perishable we mean food that does not require refrigeration or cooking. (368)

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

Mod19_5. Does your household have a 3-day supply of prescription medication for each person who takes prescribed medicines? (369)

- 1 Yes

- 2 No
- 3 No one in household requires prescribed medicine
- 7 Don't know / Not sure
- 9 Refused

Mod19_6. Does your household have a working battery operated radio and working batteries for your use if the electricity is out? (370)

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

Mod19_7. Does your household have a working flashlight and working batteries for your use if the electricity is out? (371)

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

Mod19_8. If public authorities announced a mandatory evacuation from your community due to a large-scale disaster or emergency, would you evacuate? (372)

- 1 Yes **{Go to Q10}**
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Mod19_9. What would be the main reason you might not evacuate if asked to do so? (373-374)

Read only if necessary:

- 01 Lack of transportation
- 02 Lack of trust in public officials
- 03 Concern about leaving property behind
- 04 Concern about personal safety
- 05 Concern about family safety
- 06 Concern about leaving pets
- 07 Other

Do not read:

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

Mod19_10. In a large-scale disaster or emergency, what would be your main method of communicating with relatives and friends? (375)

Read only if necessary:

- 1 Regular home telephones
- 2 Cell phones
- 3 Email
- 4 Pager

- 5 2-way radios
 - 6 Other
- Do not read:**
- 7 Don't know / Not sure
 - 9 Refused

Mod19_11. What would be your main method of getting information from authorities in a large-scale disaster or emergency? (376)

Read only if necessary:

- 1 Television
 - 2 Radio
 - 3 Internet
 - 4 Print media
 - 5 Neighbors
 - 6 Other
- Do not read:**
- 7 Don't know / Not sure
 - 9 Refused

State-Added 4: Fruit and Vegetable Program

NH4_1. Have you ever heard, read or seen the slogan "Fruits and Veggies--More Matters"? (423)

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

State-Added 5: Health Insurance Coverage

{CATI: Ask if s3q1= 1, else go to next section}

Previously you said you have some kind of health care coverage or health insurance:

NH 5_1. Which of the following BEST describes the type of health insurance coverage you have? (424-425)

Please Read:

- 01 A plan available through your employer (or workplace union)
- 02 A plan available through your spouse's employer (or workplace union)
- 03 Medicare
- 04 Medicaid
- 05 VA, Champus, or other military plan
- 06 A plan you purchase on your own
- 07 A COBRA plan

Do Not Read:

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

State-Added 6: Air Quality

The next few questions are about outdoor air quality and air pollution. Please note that for these questions "high pollen levels" are not related to "air pollution" or "air quality", and should not be considered in your answers.

(426)

NH6_1 During the past 12 months, how many times did you reduce or change your outdoor activity level because you thought the air quality was bad or was affecting how well you felt? For example, avoiding outdoor exercise or strenuous outdoor activity.

Please read:

- 1 None
- 2 1 to 3 times
- 3 4 to 6 times or
- 4 More than 6 times

Do Not Read:

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

NH6_2 The government routinely collects information on air quality that may be distributed by local radio, TV and newspapers to help inform the public about air pollution levels. Have you ever heard or read about the Air Quality Index, or air quality alerts such as NH's Air Quality Action Days?

(427)

- 1 Yes
- 2 No **{Skip to NH6_4}**
- 7 Don't know/Not sure **{Skip to NH6_4}**
- 9 Refused **{Skip to NH6_4}**

NH6_3 During the past 12 months, how many times did you reduce or change your outdoor activity level based on the air quality index or air quality alerts?

(428)

Please read:

- 1 None
- 2 1 to 3 times
- 3 4 to 6 times or
- 4 More than 6 times

Do Not Read:

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

NH6_4 Has a doctor, nurse, or other health professional ever told you to reduce your outdoor activity level when the air quality is bad?

(429)

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

State-Added 7: Suicide

Sometimes people feel so sad or hopeless about the future they may consider attempting suicide. That is, taking some action to end their life. The next five questions ask about suicide.

NH7_1 During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities? (430)

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

NH7_2 During the past 12 months, did you ever seriously consider attempting suicide? (431)

- 1 Yes
- 2 No **{Go to suicide closing}**
- 7 Don't know/ Not sure **{Go to suicide closing}**
- 9 Refused **{Go to suicide closing}**

NH7_3 During the past 12 months, did you make a plan about how you would attempt suicide? (432)

- 1 Yes
- 2 No **{Go to suicide closing}**
- 7 Don't know/ Not sure **{Go to suicide closing}**
- 9 Refused **{Go to suicide closing}**

NH7_4 During the past 12 months, how many times did you actually attempt suicide? (433-434)

- Number of times
- 88 Never **{Go to suicide closing}**
- 77 Don't know / Not sure
- 99 Refused **{Go to suicide closing}**

NH7_5 If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse? (435)

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

Suicide Closing: If you or anyone you know is feeling depressed or considering suicide, they can get help on the phone by calling the National Crisis Line at 1-800-273-TALK (1-800-273-8255). You can also speak directly to your health care provider or visit your local emergency department.

Asthma Follow-up Questions

{New Hampshire will participate in the Adult & Child Asthma Callback survey in 2007}

{If s9q1=1 continue, else go to closing}

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

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

ast1. We would like to call to you again within the next 2 weeks to talk in more detail about **{CATI fill in: your/your child's}** experiences with asthma. The information will be used to help develop and improve the asthma programs in New Hampshire .

The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

- 1 Yes
- 2 No **{go to closing}**

{ast2 and ast3 will not be asked in January, but may be activated pending further analysis of 2006 results}

ast2. Can I please have (fill-in: your/your child's) first name or initials so we will know who to ask for when we call back?

- 1 Gave Information
- 9 Refused

ast3. ENTER NAME: _____

Closing statement

Please read:

That is my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. [I can provide you the phone number of the Survey Coordinator at the](#)

New Hampshire Department of Health and Human Services. Would you like that now? **[IF YES: YOU CAN CALL 1-603-271-4671]**

Thank you very much for your time and cooperation.