



**Solicitation Information
September 3, 2013**

RFP# 7502364

TITLE: Rhode Island Behavioral Risk Factor Surveillance System

Submission Deadline: October 3, 2013 @ 10:00 AM (Eastern Time)

Questions concerning this solicitation must be received by the Division of Purchases at david.francis@purchasing.ri.gov no later than September 12, 2013 @ 10:00 AM (ET). Questions should be submitted in a *Microsoft Word attachment*. Please reference the RFP# on all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

SURETY REQUIRED: No

BOND REQUIRED: No

David J. Francis
Interdepartmental Project Manager

Applicants must register on-line at the State Purchasing Website at www.purchasing.ri.gov

Note to Applicants:

Offers received without the entire completed four-page RIVIP Generated Bidder Certification Form attached may result in disqualification.

THIS PAGE IS NOT A BIDDER CERTIFICATION FORM

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SECTION 1: INTRODUCTION

The Rhode Island Department of Administration/Division of Purchases, on behalf of the Rhode Island Department of Health (HEALTH), is soliciting proposals from qualified firms to provide performing an annual health survey by telephone (the Behavioral Risk Factor Surveillance System – BRFSS) of a representative sample of Rhode Island residents ages 18 and older, as described elsewhere herein, and to provide the Centers for Disease Control and Prevention and HEALTH with datasets and documentation containing a minimum number of responses to the survey, in accordance with the terms of this Request for Proposals and the State’s General Conditions of Purchase, which may be obtained at the Rhode Island Division of Purchases Home Page by Internet at www.purchasing.ri.gov.

The initial contract period will begin approximately December 15, 2013 for one year. Contracts may be renewed for up to four additional 12-month periods based on vendor performance and the availability of funds at the sole discretion of the State.

This is a Request for Proposals, not an Invitation for Bid. Responses will be evaluated on the basis of the relative merits of the proposal, in addition to price; there will be no public opening and reading of responses received by the Division of Purchases pursuant to this Request, other than to name those offerors who have submitted proposals.

INSTRUCTIONS AND NOTIFICATIONS TO OFFERORS:

1. Potential vendors are advised to review all sections of this RFP carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.
2. Alternative approaches and/or methodologies to accomplish the desired or intended results of this procurement are solicited. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this RFP will be rejected as being non-responsive.
3. All costs associated with developing or submitting a proposal in response to this RFP, or to provide oral or written clarification of its content shall be borne by the vendor. The State assumes no responsibility for these costs.
4. Proposals are considered to be irrevocable for a period of not less than 120 days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.
5. All pricing submitted will be considered to be firm and fixed unless otherwise indicated herein.
6. Proposals misdirected to other state locations, or which are otherwise not present in the Division at the time of opening for any cause will be determined to be late and will not be considered. For the purposes of this requirement, the official time and date shall be that of the time clock in the reception area of the Division.
7. It is intended that an award pursuant to this RFP will be made to a prime vendor, or prime vendors in the various categories, who will assume responsibility for all

aspects of the work. Joint venture and cooperative proposals will not be considered. Subcontracts are permitted, provided that their use is clearly indicated in the vendor's proposal and the subcontractor(s) to be used is identified in the proposal.

8. All proposals should include the vendor's FEIN or Social Security number as evidenced by a W9, downloadable from the Division's website at www.purchasing.ri.gov.
9. The purchase of services under an award made pursuant to this RFP will be contingent on the availability of funds.
10. Vendors are advised that all materials submitted to the State for consideration in response to this RFP will be considered to be Public Records as defined in Title 38, Chapter 2 of the General Laws of Rhode Island, without exception, and will be released for inspection immediately upon request once an award has been made.
11. Interested parties are instructed to peruse the Division of Purchases website on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFP.
12. Equal Employment Opportunity (G.L. 1956 § 28-5.1-1, et seq.) – § 28-5.1-1 Declaration of policy – (a) Equal opportunity and affirmative action toward its achievement is the policy of all units of Rhode Island state government, including all public and quasi-public agencies, commissions, boards and authorities, and in the classified, unclassified, and non-classified services of state employment. This policy applies to all areas where State dollars are spent, in employment, public services, grants and financial assistance, and in state licensing and regulation. For further information, contact the Rhode Island Equal Opportunity Office at (401) 222-3090.
13. In accordance with Title 7, Chapter 1.2 of the General Laws of Rhode Island, no foreign corporation, a corporation without a Rhode Island business address, shall have the right to transact business in the State until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401-222-3040). This is a requirement only of the successful vendor(s).
14. The vendor should be aware of the State's Minority Business Enterprise (MBE) requirements, which address the State's goal of ten percent (10%) participation by MBE's in all State procurements. For further information, contact the MBE Administrator at (401) 574-8253 or visit the website www.mbe.ri.gov or contact charles.newton@doa.ri.gov.

SECTION 2: BACKGROUND

The Rhode Island Behavioral Risk Factor Surveillance System (BRFSS) is a multi-modal landline and cell-phone survey of a sample of Rhode Island residents, conducted in monthly replicates, in which information covering health-related behaviors, chronic conditions and preventive health practices is collected from respondents ages 18 and older. Rhode Island has participated in the BRFSS since 1984, with financial and technical support provided through a Cooperative Agreement with the federal Centers for Disease Control and Prevention (CDC) and from various HEALTH sources. The BRFSS is performed to specifications provided by CDC to the 50 states and seven territories that participate in the surveillance system. Prior surveys have been a key source of data for supporting public health programs and health-related legislation in Rhode Island, as well as for assessing Rhode Island's improvement in key health risk behaviors. The BRFSS is also a source of key indicator data for Healthy Rhode Islanders 2020 and numerous Health Department programs. Information provided by the BRFSS is not available from other sources in the State, and as part of a nationwide surveillance system, it provides comparisons with other states and the nation.

Starting in 2009, Rhode Island cellular telephone numbers were included in the survey and in 2013, CDC mandated that cell phone respondents compromise 25% of the entire sample. The number of cell phone respondents will increase to 30% in 2014.

RI intends to complete telephone interviews with a total of 6000 RI adults, including 4,500 via landline and 1500 by cell phone in 2014. The expectation is that interviews will start on or before January 15, 2014 and be completed by December 31, 2014.

The Asthma Callback Survey, also designed by the CDC, is an independent survey connected to the BRFSS. Adult respondents who respond that they have ever been diagnosed with asthma are asked to participate in a separate survey specific to their asthma. Respondents who agree to participate are called again in the following weeks and asked another series of questions. The children's Asthma Callback Survey is similar to the adult, except on the BRFSS a child is randomly selected for a proxy interview by the adult. If that child has asthma, the adult is asked if they would be willing to answer a series of questions about that child's asthma. Those that agree are called at a later date. Rhode Island has participated in the Asthma Callback since 2008. Contingent upon funding, HEALTH will continue its participation in both the adult and children Asthma Callback Survey, as a component of the BRFSS.

The number of asthma callback surveys is based on the number qualifying and agreeing to participate in the callback survey and is approximately 350 respondents annually.

SECTION 3: SCOPE OF WORK

General Scope of Work

The offeror will conduct the BRFSS survey conforming to CDC's specifications as delineated in the most current version of the CDC Behavioral Risk Factor Surveillance System Operational and User's Guide, CDC BRFSS Policy Memos, Data Quality Handbooks (downloadable from <http://www.cdc.gov/brfss>). The offeror will also conform to HEALTH's specifications as provided below. Any proposed modifications are subject to approval by CDC and the Contract Officer for HEALTH. Offerors are encouraged to propose alternate methodologies consistent with CDC specifications that provide improved quality in some aspect of the collected information, especially the extent to which the data are representative of the population from which the sample is drawn, and for the improvement of response rates.

The offeror will implement the following aspects of the survey methodology: questionnaire formatting, CATI programming, review and testing for CATI administration; translation of state-added questions into Spanish; assistance with sampling design; interviewer training and preparation of interviewer training manual; preparation of advance letters; administration of the survey by phone; interviewing; data processing, editing and submission; quality control of all survey components; data security; technical report and frequency report production; communications and consultation as requested; and any of the “optional” additional work specified in the contract that may be requested in a particular year.

Contractor requirements/qualifications

Contractual and program requirements include:

1. The vendor’s call center is capable of making the required outgoing calls, and the ability to collect the survey data via a computer assisted telephone interviewing (CATI) system.
2. Demonstrated experience in collection of surveys that involve the collection of health information data from a random digit dial (RDD) survey. Vendors who apply need to demonstrate that they have had at least five contracts that involve collecting Behavioral Risk Factor Surveillance System (BRFSS) data.
3. Demonstrated experience collecting health information data via both landline and cell phone samples.
4. Demonstrated ability to adhere to all Centers for Disease Control and Prevention (CDC) BRFSS procedures and protocols.
5. A Project Director with at least Master's level preparation in a related field (e.g. Public Health, Social Sciences) and Project team member who shall be designated in the proposal as the Project Manager and primary contact person for the applicant organization during the period of performance of the project.
6. The vendor programs all questions and response categories in a computer-assisted telephone interviewing (CATI) system version 4.2 minimum. Operate and maintain CATI system and fully implement use of the CATI system for conducting interviews.
7. Conduct interviews using the questionnaire provided by CDC and Rhode Island. The total number of questions, including state added questions, will be approximately 150- 165. The average landline interview time will not exceed a maximum of 25 minutes.
8. The ability to interview in Spanish as well as in English, and possibly in additional languages.
9. A schedule for the work to be performed under the contract and for required completion dates as established by CDC. Interviewing commences the first week of January in each calendar year and is conducted according to a set schedule each month, for completion of an equal number of interviews per month, depending on the total number of annual completions (expected to be a minimum of 4500 in 2014). Each month’s data is submitted to the state and to CDC along with quality control reports, within 30 days of completion of data collection. Cumulative data sets, and cumulative frequency tabulations, quality control reports and technical reports must be submitted quarterly and annually to the Department. A complete data set for each calendar year must be submitted to CDC and to HEALTH by the end of February following the survey year.

10. The work will be performed at the vendor's premises using vendor provided equipment and materials and by interviewers hired and trained by the vendor.
11. Communications with HEALTH will be by phone, mail, and electronic communications. The vendor will be required to attend at least one meeting at HEALTH in Providence, RI and the Contract Officer will visit the vendor's premises as needed.
12. Standards must be adhered to for the conduct, quality control, and completion of the BRFSS as described in detail in the most current version of CDC's Behavioral Risk Factor Surveillance System Operational and User's Guide, <http://ftp.cdc.gov/pub/Data/Brfss/userguide.pdf> and in the description of TASKS which follows.
13. In order for the BRFSS data to integrate with existing BRFSS data files, all data will be prepared for submission to the state in SAS compatible formats, with relevant documentation and to CDC in the format required by CDC.
14. Adherence to requirements for interim approvals.
15. All rights to data, work products, and materials generated in the conduct of the survey revert to HEALTH upon payment. The vendor has no rights to use or distribution of the data collected
16. The offeror will maintain all collected data in a secure and confidential manner as required by (1) Rhode Island law and regulation, (2) any other applicable statutes, and (3) any conditions imposed during review by HEALTH's Institutional Review Board, and (4) any applicable CDC specifications. The offeror will provide the confidential identifiers of interviewed households and persons to HEALTH only and will agree not to re-contact any household in the sample other than for activities performed within the terms of the contract or as otherwise authorized in writing by the Contract Officer.
17. The Project Director or other member of the offeror's staff is expected to attend the annual national BRFSS conference in Atlanta, Georgia, or elsewhere, and may be requested to attend CDC site visits to HEALTH. Reimbursement for travel expenses to any of the above should not be included in the cost proposal.

Specific Activities / Tasks

Questionnaire. A questionnaire for each calendar year is provided by the CDC including “core” questions and optional modules addressing specific subjects. The core questionnaire for the last four years averaged 89 questions. Questions may change somewhat each calendar year. The offeror's proposal should be prepared using the “core” questionnaire for calendar year 2014 (Appendix C). **The expected costs of accommodating annual changes in the core questionnaire should be reflected in the offeror's cost proposal.**

The offeror may also be required to include one or more of the optional modules from the CDC and/or additional questions (“state-added questions”) initiated by HEALTH. In 2014, and each subsequent year, HEALTH anticipates adding a similar number of CDC optional module and/or state-added questions, which totals 60 questions.

A “dual” questionnaire format may be used in some years for the landline sample. In that case, two alternating sets of optional modules or state-added questions will be asked of half of respondents. This will permit more questions to be asked but is expected to add significant complexity to data collection and management procedures.

Additional reimbursement for added questions for the entire year or part of the year will be based on the offeror's cost proposal, which should specify any one-time costs for mid-year questionnaire changes (additions and/or deletions), plus cost per interview per added question.

Some modules are asked of only a small percentage of respondents (e.g., about 10 - 11% of respondents are asked the diabetes module). The cost proposal should reflect a discount for such modules/sets of questions.

Core questions for the cell phone survey are identical to the landline BRFSS core survey with the exception of screening questions and cell phone use. The cost proposal should include charges for optional modules.

There are approximately 115 questions on the Asthma callback questionnaire.

Interviews are currently conducted in English, and Spanish.

The landline survey takes an average of 24 minutes to complete; the cell phone survey takes approximately 16 minutes to complete. The Asthma callback surveys average a total of 18 minutes.

Sample Selection. An equal number of landline interviews of adults age 18 years or older of non-institutional Rhode Island citizens. All interviews will be completed each month to ensure an annual minimum total of 4,500 completed interviews. The Rhode Island BRFSS sample design uses a disproportionate stratified statewide random sample with five strata, utilizing a list-assisted, random digit-dial (RDD) method to sample telephone-equipped households in Rhode Island. The list of sampled telephone numbers to be called is provided to the offeror by CDC. The offeror will determine the amount of the sample needed to meet the monthly-targeted number of completes and the expected response rates, and communicate the amount to CDC. All samples provided by CDC must be utilized. A respondent will be selected randomly from each household utilizing a Kish-type procedure specified by the CDC.

Should HEALTH decide to increase the sample size, additional reimbursement will be made for interviews beyond the base landline sample of 4,500. The proposal should specify the cost per additional interview beyond the base sample of 4,500, assuming only the “core” questionnaire. Likewise, there will be a reduction of reimbursement if HEALTH requests, or the vendor completes, fewer than 4,500 interviews. The amount of reduction will be based on the offeror's cost proposal, which should specify the cost per interview to be deducted for a sample less than 4,500, assuming only the “core” questionnaire.

The target population for the cell phone samples consists of any adult reached by cell-phone who lives in either a private residence or college housing and meets criteria of a “cell-mostly” user (currently, those receiving 90+% of calls on their cell-phone) is eligible for the cell-phone survey. The target sample size of complete cell phone only interviews will be approximately 30% of the total completes in 2014. The CDC will provide the vendor with sample records monthly from sample batches that are drawn quarterly by Marketing Systems Group, or MSG, CDC’s sample provider. There is no further randomized selection planned for the cell phone survey.

CATI programming: All questions and response categories will be programmed in a computer-assisted telephone interviewing (CATI) system version 4.2 minimum. The Ci3 WinCATI questionnaire will be programmed to help ensure complete and accurate data collection, using automated data-checking techniques such as consistency edit checks. These features enable interviewers to obtain needed clarifications while still on the telephone with respondents.

Advance Letters: Prior to the start of each month's interviewing period, the vendor will send an advance letter to each household in the month's sample that has been address matched by MSG, CDC's sample provider. The pre-notification letter is to inform residents that the vendor will be contacting them in the next month to participate in a voluntary health survey.

The vendor is responsible for printing the letterhead and envelope with RI Department of Health letterhead, logo and return address, printing the letters (see sample in Appendix B) back to back in English and Spanish (translation into Spanish of any changes to the letter must be made by the vendor), folding and stuffing envelopes, addressing them, adding a first class postage stamp, and mailing the letters. The letters should be mailed 4 days before the end of each month so potential respondents receive the letter prior to the start of each month's calling period. Based on HEALTH's experience with advance letters, approximately 39% of RI's phone sample can be address matched, with about 7% returned as undeliverable. The use of advance letters increases sample efficiency, and this increased efficiency should be taken into account in calculating the project budget.

Interviewing. Interviewing will be conducted according to methods and schedule provided by the CDC as specified in the BRFSS User's Guide. Selected telephone numbers will be contacted for screening and subsequent interview until the minimum monthly-required number of completed interviews is met and all active sampled telephone numbers have reached final disposition. Give sample dispositions, both interim and final, according to the codes established by CDC.

The offeror will follow scripting and procedures for screening and for the determination of a residential household described in the most current BRFSS Operational and User's Guide.

The offeror must be prepared to conduct interviews in Spanish, and English, and to translate any state-added questions into Spanish (a Spanish-language version of each year's core questionnaire is produced by the CDC). Offerors should describe their experience, methods, and capacity in foreign-language translation and interviewing, for Spanish in particular.

The offeror shall attempt to achieve a 60% or greater response rate on the landline survey of the BRFSS as calculated by the Association of Public Opinion Research (AAPOR) method. Maintaining response rates for the Rhode Island BRFSS of at least 45% for landline and at least 30% for cell-phone is the highest priority for the Department, and offerors should address in detail how they plan to maximize the response rate, while at the same time minimizing the number of potential respondents who feel unduly burdened. In order to receive full payment under the contract, minimum AAPOR response rates must be met.

Interviewer Training: The skills and experience of interviewers and interviewer supervisors are the foundation of BRFSS survey data quality, reliability, and generalizability. Training and retention of the highest quality interviewing staff is a critical investment to the ultimate success of the required survey services. To this end, the vendor must ensure that all interviewers have proficient skills in general survey techniques, CATI protocols and 80 hours or more CATI telephone interviewing experience while in the employment of the vendor prior to being assigned to the BRFSS project.

The offeror must facilitate ongoing BRFSS-specific training. Prior to beginning data collection of a new survey, interviewers and supervisors must be trained, practiced and certified to administer the questionnaires to be fielded. Training must include, but is not limited to: respondent selection procedures, data confidentiality, practice with call disposition code decisions, correct pronunciation of unfamiliar or medical terms, responding to anticipated respondent concerns or questions following difficult or sensitive questions, and other interviewing techniques such as maintaining a neutral, non-leading and non-judgmental tone, appropriate interview pacing, and overall professionalism. As a part of training, and prior to interviewer certification, supervisors shall monitor practice interviews using the offeror's monitoring system, and provide feedback to each monitored interviewer. Training, practice and certification must be provided to new interviewers recruited after the survey is fielded, and reinforcement or refresher training activities shall be provided periodically to all BRFSS interviewers. Refer to CDC's most current BRFSS Operational and User's Guide and Interviewer Training guidelines: <http://www.cdc.gov/brfss/training/index.htm>.

The offeror must document training activities. In January of each contract year, the offeror will provide HEALTH a description of training activities and a list of certified interviewers and supervisors, as well as one set of Interviewer training materials that HEALTH may copy and distribute to those who use the Rhode Island BRFSS data. All supervisor staff shall have training materials available, based on CDC materials, for use with interviewers when reinforcing techniques and procedures.

In addition to the interviewer training requirements specified above, interviewers' supervisors shall be trained in CATI management and sample handling, and other requirements laid out in the BRFSS Users' Guide.

The offeror will train staff on assigning disposition codes and converting refusals appropriately. The offeror will ensure that interviewer supervisors and interviewers are specifically trained to recognize, differentiate between, appropriately code, and respond correctly to soft and hard refusals. Maintain a refusal conversion team by providing additional training to a team of experienced interviewers and supervisors that work to convert *soft refusals* to completed interviews. (No attempts shall be made to convert hard refusals.)

The offeror will maintain trained Spanish-speaking interviewers. The vendor shall ensure an adequate number of bi-lingual interviewers fluent in Spanish in order that all respondents preferring to conduct the interview in Spanish may do so, avoiding any systematic bias that could be introduced in the event of limited shift hours of Spanish-speaking interviewer.

The offeror will perform periodic refresher trainings for all interviewers throughout the years. The Contract Officer may assess, at any time, the contractor's interviewing practices and capabilities and make recommendations or request technical assistance from CDC to ensure that interviewer practices and protocols for survey administration are being followed.

Offerors should describe their ability to train interview staff on each of the elements outlined above.

Calling Schedule. Follow all CDC minimum interview guidelines; these guidelines are subject to change. Contact selected telephone numbers for interviewing until the minimum monthly requirement of completed interviews is met and all active sampled phone numbers have reached final disposition. Call at a variety of times during the day and week to ensure a representative cross section of the population. Calls are to be made during evening, daytime and weekend times.

For example: for landline calls, dial numbers not answering or busy a minimum of 15 times over five calling occasions. The protocols require that the 15 attempts be allocated to 25% weekday (9am-5pm),

50% weekday evening (5pm-9pm), and 25% weekend. All calling attempts must be made based on Eastern Time. Calls are to be made no earlier than 8:30 A.M. with evening calls made so the telephone rings no later than 8:45 P.M. local time. Business establishments and residents of institutions and group quarters are not eligible for interviews except as specified by CDC, for students at colleges. Eligible persons initially refusing to participate will be re-contacted one additional time within two days for attempted conversion by a trained and experienced conversion interviewer.

For the cell phone survey, the calling schedule is similar to the landline survey.

The minimum number of attempts should be at least six but no greater than twelve. The protocols require that the 12 attempts be allocated to 25% weekday (9am-5pm), 50% weekday evening (5pm-9pm), and 25% weekend. All calling attempts must be made based on Eastern Time.

If a case ends up as an appointment it is given up to another 8 attempts. In other words, if an appointment is set at attempt 10, the case is eligible for up to another 8 attempts before a final disposition is assigned.

Use the current CDC disposition coding system as specified by the CDC. As of 2011, refer to CDC Policy Memo http://www.cdc.gov/brfss/technical_infodata/memos/20011.htm.

Caller ID, voicemail messages and toll free numbers: Means must be provided for Caller ID on respondents phone to show a 401-area code phone number that is associated with an automated Survey Verification Script should the respondent call the number. The Caller ID should also provide identity of the caller as RI Dept of Health. If phone is answered by answering machine, a message should be left directing the respondent to call a 1-800-number that will connect the caller with the vendor's call center to call to verify legitimacy of survey, discuss concerns, or report inappropriate behavior.

Processing of Collected Data/ Data Management: Capture data using a computer-assisted telephone interviewing (CATI) system. Perform error and consistency checking, and validating of entries. Edit data and correct data errors. Computer programs (PC-edits) for checking errors will be provided by CDC to assist in data editing. Submit data electronically to CDC and HEALTH for each month's interviewing period within 30 days after the end of the month and after completing PC edits, as per CDC instructions.

Data collection statistics must be analyzed and reported to the contract officer monthly for both landline, cell-phone surveys and asthma call back surveys. The monthly reports include a summary of disposition codes, response rates, and number of completions by geographic strata, sex, age, race, and language of interview. Additional statistics include status towards achievement of monthly and annual targets, survey efficiency, item non-response. The monthly report should also include the average interview length by split and a listing of partial completes with the last question answered.

The data file must contain information about all telephone numbers called, and their dispositions (using CDC's disposition codes), along with data for complete and partially complete interviews.

The offeror will prepare the final annual data file for submission to CDC by the end of February following the survey year. An end of year data file will also be submitted to HEALTH as a documented and weighted database ready for analysis by SAS from the SAS Institute, Inc. The database will be documented with a data description segment, label assignments for all variables and for all values the variables may take (where appropriate), designation of values to be treated as "missing" in analysis, and appropriate weights. The proposal should describe in detail the offeror's proposed format for data submission.

Quality Control and Security: The offeror's proposal will include descriptions of all procedures implemented for assurance and documentation of the quality and security of the interviewing process and of the data processing steps, in accordance with CDC specifications.

Provide supervision, monitoring of interviewers with appropriate reporting and feedback, to assure performance and protocol compliance. Onsite monitoring shall include both telephone monitoring of the interaction between interviewer and respondent and monitoring of the responses keyed into the CATI system by the interviewer. All interviewers shall be monitored monthly. Remote monitoring, at least by telephone, shall be available so that the Department can monitor from offsite.

Provide ongoing, unobtrusive electronic monitoring or verify 5% random sample of completed interviews each month, stratified by interviewer, to validate (1) respondent selection, (2) selected demographic characteristics, (3) selected behaviors and (4) interviewer manner. On request, provide to the State the actual sample of telephone numbers used for crosschecking and verification.

Develop and maintain procedures to ensure respondent's confidentiality, including confidentiality agreements to be signed by all interviewers.

Records/operational procedures.

1. The offeror will retain one copy of all deliverables for a period of two years after the end of the calendar year during which interviewing occurred, termination or expiration of this contract notwithstanding. The offeror will also retain all project materials and documentation until two years after the expiration or termination of this contract, unless otherwise directed by the Contract Officer. These materials will be available to the Contract Officer on demand.
2. Maintain adequate records to support costs associated with this agreement. Such records shall, at a minimum, include personnel time records signed and approved by supervisory personnel and additional records supporting for example, computer time, equipment rental, telephone lines, supplies, and other costs.
3. In the event that a systematic, recurring error is discovered in the sampling or interviewing operations, immediately notify HEALTH of this error, correct the error at no cost to HEALTH, and provide documentation to HEALTH of the occurrence and correction.
4. If HEALTH or CDC finds problems while monitoring or reviewing datasets, make corrections to HEALTH's satisfaction within 14 days of notification, at no cost to HEALTH. HEALTH may then require the contractor to implement additional quality control checks.
5. Any deviations from protocol that may occur and remedies undertaken, and any changes or modifications made during the survey year for any reason, must be documented in the Technical Report provided quarterly and annually.

Interim Approvals.

Work under this contract will be performed with the following interim approvals by HEALTH's Contract Officer:

1. Modification of wording for any state-added modules
2. Placement of CDC optional modules and state-added questions on the questionnaire
3. Final questionnaire for full survey

4. CATI programmed questionnaire – demo must be provided
5. Any modifications to questionnaire, sampling strategies, interviewing or administrative procedures
6. Sampling design and sample requests to CDC
7. Strategy for any special sampling that may be requested
8. Monthly deliverables to assure project is meeting performance targets
9. Quarterly and final data files
10. Quarterly and annual technical reports

Subcontracts

The offeror will assume all responsibility for contractual activities, whether performed directly or by another agency or agencies under subcontract. The offeror will serve as the sole point of contact with regard to sub contractual matters, including payment of any and all charges resulting from the subcontract. If any part of this function is to be subcontracted, the contractor's proposal should include the subcontractor's firm name and address, contact person, complete description of work to be subcontracted, descriptive information about the subcontractor's organizational abilities, and estimated cost. HEALTH reserves the right to approve subcontractors and to require the contractor to replace subcontractors found to be unacceptable. The contractor is fully responsible for adherence by the subcontractor to all provisions of the contract.

Asthma follow-up survey:

In 2014 there will be one additional study conducted in conjunction with the annual BRFSS: an Asthma Callback Survey. A budget for this project should be included in the offeror's cost proposal.

Conduct an asthma follow-up survey in conjunction with the 2014 Behavioral Risk Factor Surveillance System (BRFSS). Adult respondents who report ever having asthma will be called back within two weeks for an in-depth asthma survey. In addition, parents and guardians who report a child with asthma will be called back as well. The asthma callback survey will collect detailed information about demographics/family history, health care usage, medication usage, and environmental controls/exposures.

Specific details on how to conduct the Asthma Follow-up Survey are as follows:

All standard BRFSS data collection protocols (such as call attempts, assigning dispositions to cases, etc.) should be followed. Data collection for the follow-up must meet guidelines and data quality criteria established for the annual statewide survey.

The BRFSS core and child selection modules will be required to select a respondent for the follow-up survey. The respondent will be either an adult or child (chosen using child selection module) who has ever had asthma. All cases meeting the qualification criteria in BRFSS will be included in the follow-up sample. Only one follow-up interview per household will be conducted. If a household contains both an eligible adult and child, then one will be selected for the follow-up using a random selection process built into the BRFSS interview. The program should select the child 50% of the time and the adult 50% of the time. If a child is the selected sample member, the interview will be conducted with the most knowledgeable adult in the household; persons under age 18 years will not be interviewed directly.

This follow-up survey is an extension of the regular surveillance efforts conducted as a part of BRFSS and as such has exemption from full review by the CDC IRB.

A Spanish translation of each instrument will be provided by CDC.

Data collection for the follow-up survey should begin by January 15, 2014. Interviews should be conducted within two weeks of the BRFSS interview completion date.

The number of respondents eligible for participation in the callback survey is based on the “ever told had asthma” prevalence rate:

For 2012, Rhode Island’s most current year available, the asthma callback survey CASRO rate was 65.9% for adults and 45.5% for children. For bidding purposes, please bid on an annual sample of 370 completes (estimated 325 adults and 45 child) of adults and children.

Data will be submitted to CDC by the following dates or otherwise specified by CDC:

- March 1, 2014
- April 2, 2014
- July 2, 2014
- October 3, 2014
- February 25, 2015

Standard BRFSS case disposition codes and code assignment rules are required. Four additional codes have been added for the follow-up survey only and will be provided by CDC.

Two asthma p/c edit programs are available for download and the vendor will be responsible for running the program for the Asthma Adult survey and Children survey.

The offeror will also participate in all CDC conference calls related to the Asthma Callback Survey and make changes to the survey as needed.

The survey will be conducted in future years depending on the Asthma Program needs and availability of funding from CDC.

Supplemental Work:

During some years or time period(s), the offeror may be required to conduct, for additional reimbursement, supplemental work. This additional work may include one or more of the following activities listed below and the offeror should describe their experience in conducting each type of additional work and provide a cost estimate for performing each type of additional work, for each year. Any supplemental work will be specified prior to the beginning of each survey year and included in the annual contract renewal. Supplemental activities include:

1. The addition and/or deletion of questions to the survey for all or some portion of the survey year.
2. An increase in sample size for all or some portion of the survey year. Reimbursements will be awarded for increasing the sample size beyond the set baseline of 4,500 calls. Reimbursements will be awarded based off the vendor’s predetermined rate, to be included in the cost proposal.

3. Over-sampling adult residents who are members of a specific group (i.e. elderly, minority, resident of urban areas). Offerors should describe their experience and capacity in over-sampling sparse sub-populations as part of a general telephone survey.
4. Conducting follow-up interviews with selected respondents throughout the survey year to augment the collection of information pertaining to a particular subgroup (e.g. people with diabetes, asthma, arthritis, or for a randomly selected child).
5. Ability to respond to emerging public health issues or emergency by modifying or expanding survey content/data collection as needed. Such emergency changes to the survey will require a contract addendum, and, as an emergency, shall not interfere with the timely implementation of the emergency changes.

SECTION 4: TECHNICAL PROPOSAL

Narrative and format: The separate technical proposal should address specifically each of the required elements:

Executive Summary

The Executive Summary should highlight the contents of the Technical Proposal, and provide State evaluators with an overview of the offeror's technical approach and ability, including prior experience.

Background and Previous Experience

This section shall include the following information:

- A detailed history of telephone interview surveillance experience, specifying experience with the BRFSS or similar health-related surveys, bilingual interviewing, random-digit-dialing, and preparing results.
- Summarize the offeror's ability to conduct cell phone strata in BRFSS-like surveys.
- Demonstration of the capacity and ability needed to implement the Asthma Call-back survey.
- **Evidence of acceptable performance on past surveys as measured by the following quality assurance indicators:** AAPOR response rates, cooperation rate, sample efficiency, refusal rate, refusal conversion rate, termination rate, and such other measures as the offeror deems relevant, as well as timeliness of providing data and corrections.

Offeror's Organization and Staffing

This section shall include identification of all key staff, consultants, and subcontractors proposed as members of the project team, and the duties, responsibilities, and concentration of effort which apply to each, as staff. Indicate the education, experience and training of staff. Include resumes, not to exceed 3

pages each, for all proposed staff that will participate on this project. (For currently vacant positions, the minimally required levels of education and experience should be provided.) One project team member shall be designated in the proposal as the project manager and primary contact person for the applicant organization during the period of performance of the project.

Indicate ability to recruit and retain interviewers and describe your ability to train and monitor interviewers. Provide details on where the daily work of the contract will be performed and how offeror will communicate with project coordinator.

Response to Requirements/Work Plan

This section shall describe the offeror's understanding of HEALTH's requirements, including the result(s) desired, the methodology to be employed, and a work plan for accomplishing the results proposed. The description of approach shall discuss and justify the methods proposed for each task identified in the Scope of Work (above), and the technical issues that will or may be confronted at each stage of the project. The work plan description shall include a detailed proposed project schedule by task, a list of tasks, activities, and/or milestones that will be employed to administer the project, and the task assignments of staff members and level of effort for each, linked to the Cost Proposal. Specifically, include:

- A description of the sampling design for landline and cell phone survey.
- A description of the CATI system to be used and the contractor's experience with that system.
- A description of strategies to achieve an acceptable response rate (AAPOR) for both landline and cell phone surveys and methods to minimize the percent of partial-complete interviews - these partial-completes are not included in the required number of surveys.
- A description of quality control procedures including those used to monitor interviews and verify responses.
- A description of procedures for training interviewers, including annual plans for briefings on the new questionnaire.
- A description of data processing procedures and practices.
- A description of data security, confidentiality procedures, and data quality procedures.
- A schedule describing the specific activities required to implement the proposed services, how these activities relate to project objectives, and the dates they will be completed. The persons responsible for each task should be specified.

ASTHMA CALL BACK SURVEY EXPERIENCE

Provide a detailed methodology to conduct the Asthma Call Back Survey as an additional component of the 2014 Rhode Island BRFSS referring to the CDC guidelines included with this RFP.

SECTION 5: COST PROPOSAL

Detailed Budget and Budget Narrative:

Proposals must be made for the calendar year 2014 survey using Appendix C: Cost Proposal Summary BRFSS form. Proposals must present cost for landline and cell-phone surveys separately. If any significant cost increases or savings are expected in later years, these should be explained in the proposal. Budget proposals should be prepared assuming 4,500 landline interviews with an average of 90 core questions and 1500 cell-phone interviews with an average of 90 core questions.

Information provided on Appendix A: Cost Proposal Summary BRFSS form must also include a cost proposal for the 2014 performance of the Asthma follow-up survey. It should also include, for each year, formulas for calculating the additional costs of including, at HEALTH's option, (1) questions beyond the standard 90 item core questionnaire (Note: some modules are asked of only a small percentage of respondents e.g. about 10 - 11% of respondents are asked the diabetes module. The cost proposal should reflect some discount for such modules/sets of questions);(2) a cost per interview beyond the base sample size of 4,500 completed interviews, assuming only the core questionnaire; (3) decreasing the sample size below the target of 4,500 annual interviews; (4) a cost per interview beyond the base cell phone sample; (5) cost for administering the additional state added questions to cell phone sample; (6) collecting an over sample of a selected population sub-group, e.g. minorities;(7) conducting follow-up interviews with selected respondents using a different set of questions; (8) modifications of the questionnaire after the survey has begun for the year.

The budget should include the salary or wage rate and level of effort for each position or position category included in the staffing plan presented in the Technical Proposal; associated fringe benefit costs and the basis for calculation; costs for operating expenses such as materials, supplies, and telephone charges and indirect costs and a basis for calculation.

SECTION 6: EVALUATION AND SELECTION

Proposals will be reviewed by a Technical Review Committee comprised of staff from state agencies. To advance to the Cost Evaluation phase, the Technical Proposal must receive a minimum of 60 (85.7%) out of a maximum of 70 technical points. Any technical proposals scoring less than 60 points will not have the cost component opened and evaluated. The proposal will be dropped from further consideration.

Proposals scoring 60 technical points or higher will be evaluated for cost and assigned up to a maximum of 30 points in cost category, bringing the potential maximum score to 100 points.

The Department of Health reserves the exclusive right to select the individual(s) or firm (vendor) that it deems to be in its best interest to accomplish the project as specified herein; and conversely, reserves the right not to fund any proposal(s).

Proposals will be reviewed and scored based upon the following criteria:

Criteria	Possible Points
Background and Previous Experience	20 Points
Capability, Capacity, and Qualifications of the Offeror	15 Points
Quality of the Work plan/Proposed Approach	25 Points
Asthma Call Back Experience	10 Points
Total Possible Technical Points	70 Points
Cost calculated as lowest responsive cost proposal divided by (this cost proposal) times 30 points *	30 Points
Total Possible Points	100 Points

*The Low bidder will receive one hundred percent (100%) of the available points for cost. All other bidders will be awarded cost points based upon the following formula:

$$(\text{low bid} / \text{vendors bid}) * \text{available points}$$

For example: If the low bidder (Vendor A) bids \$65,000 and Vendor B bids \$100,000 for monthly cost and service fee and the total points available are Thirty (30), vendor B's cost points are calculated as follows:

$$\$65,000 / \$100,000 * 30 = 19.5$$

Points will be assigned based on the offeror's clear demonstration of his/her abilities to complete the work, apply appropriate methods to complete the work, create innovative solutions and quality of past performance in similar projects.

Applicants may be required to submit additional written information or be asked to make an oral presentation before the technical review committee to clarify statements made in their proposal.

SECTION 7: PROPOSAL SUBMISSION

Questions concerning this solicitation may be e-mailed to the Division of Purchases at David.Francis@purchasing.ri.gov no later than the date and time indicated on page one of this solicitation. Please reference **RFP # 7502364** on all correspondence. Questions should be submitted in a Microsoft Word attachment. Answers to questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information. If technical assistance is required to download, call the Help Desk at (401) 574-9709.

Offerors are encouraged to submit written questions to the Division of Purchases. **No other contact with State parties will be permitted.** Interested offerors may submit proposals to provide the services covered

by this Request on or before the date and time listed on the cover page of this solicitation. Responses received after this date and time, as registered by the official time clock in the reception area of the Division of Purchases will not be considered.

Responses (**an original plus four (4) copies**) should be mailed or hand-delivered in a sealed envelope marked “**RFP#7502364 Rhode Island Behavioral Risk Factor Surveillance System**” to:

RI Dept. of Administration
Division of Purchases, 2nd floor
One Capitol Hill
Providence, RI 02908-5855

NOTE: Proposals received after the above-referenced due date and time will not be considered. Proposals misdirected to other State locations or those not presented to the Division of Purchases by the scheduled due date and time will be determined to be late and will not be considered. Proposals faxed, or emailed, to the Division of Purchases will not be considered. The official time clock is in the reception area of the Division of Purchases.

RESPONSE CONTENTS

Responses shall include the following:

1. A completed and signed four-page R.I.V.I.P generated bidder certification cover sheet downloaded from the RI Division of Purchases Internet home page at www.purchasing.ri.gov.
2. A completed and signed W-9 downloaded from the RI Division of Purchases Internet home page at www.purchasing.ri.gov.
3. **A separate Technical Proposal** describing the qualifications and background of the applicant and experience with and for similar projects, and all information described earlier in this solicitation. The Technical Proposal is limited to twenty-five (25) pages (this excludes any appendices). As appropriate, resumes of key staff that will provide services covered by this request.
4. **A separate, signed and sealed Cost Proposal** using Appendix A: Cost Proposal Summary BRFSS form shall include pricing to administer the 2014 survey and provide separate cost estimates for the land line and cell phone components of the core survey as well as the adult and child callback survey.
5. In addition to the multiple hard copies of proposals required, Respondents are requested to provide their proposal in **electronic format (CD-Rom, disc, or flash drive)**. Microsoft Word / Excel OR PDF format is preferable. Only 1 electronic copy is requested and it should be placed in the proposal marked “original”.

CONCLUDING STATEMENTS

Notwithstanding the above, the State reserves the right not to award this contract or to award on the basis of cost alone, to accept or reject any or all proposals, and to award in its best interest.

Proposals found to be technically or substantially non-responsive at any point in the evaluation process will be rejected and not considered further.

The State may, at its sole option, elect to require presentation(s) by offerors clearly in consideration for award.

The State's General Conditions of Purchase contain the specific contract terms, stipulations and affirmations to be utilized for the contract awarded to the RFP. The State's General Conditions of Purchases/General Terms and Conditions can be found at the following URL: <https://www.purchasing.ri.gov/RIVIP/publicdocuments/ATTA.pdf>

APPENDIX A: COST PROPOSAL SUMMARY BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

Name of Offerer _____

Part I. Core Survey and sample; optional components.

Proposed costs are based on the 2014 BRFSS survey using only the core questionnaire (~80 – 93 questions), with samples sizes of 4,500 for the landline survey and 1,500 for the cell phone survey.

The cost proposal should be supported with itemized estimates as indicated below.

Main BRFSS	Cost
Landline Survey	\$
Cell Phone Core	\$
Mid season changes	
Asthma Callback Survey	
Adult	\$
Child	\$
Advance Letter	\$
Other supplemental items (e.g. to improve response rate)	\$
Total	\$

The price per unit of completed interviews in the landline and cell-phone samples in subsequent years of the contract shall be negotiated by Sept 1st for the next survey year, but the annual inflation rate will not exceed the annual all items Consumer Price Index.

Additional costs for the asthma callback survey will be provided separately (Part II)

PERSONNEL

Position	Employee	Rate	Effort	Cost
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Salaries and Wages	\$ _____
Fringes (specify basis)	\$ _____
Total Personnel	\$ _____

OPERATING EXPENSES

Item Description	Cost

Total Operating Expenses	\$ _____

SUBCONTRACTS

Description	Subcontractor	Cost
_____	_____	

Total Subcontracts		\$ _____

TOTAL DIRECT COSTS	\$ _____
INDIRECT COSTS (specify basis)	\$ _____
TOTAL COSTS, Calendar Year _____	\$ _____

Cost Formula for additional questions above the core module for landline survey:

___per question per interview

Note: Some modules/questions may be asked of only a small percentage of respondents (e.g. about 10-11% respondents are asked the diabetes module). The cost proposal should reflect some discount for such modules/sets of questions.

Cost Formula for additional interviews (core instrument):

Cost Formula for reduction in number of interviews (base sample):

Cost Formula for cell phone survey (core instrument—assume 30% of total completes):

Cost Formula for additional cell phone survey interviews (core instrument):

Cost Formula for over sample:

Cost Formula for split sample survey of selected respondents:

Name of Offeror _____

Part II. Asthma call back survey for 2014

The cost proposal should be supported with itemized estimates as indicated below along with justification for these estimates.

PERSONNEL

Position	Employee	Rate	Effort	Cost

Total Salaries and Wages \$ _____
Fringes (specify basis) \$ _____
Total Personnel \$ _____

OPERATING EXPENSES

Item Description	Cost
Total Operating Expenses	\$_____

SUBCONTRACTS

Description	Subcontractor	Cost
Total Subcontracts		\$_____
TOTAL DIRECT COSTS		\$_____
INDIRECT COSTS (specify basis)		\$_____
TOTAL COSTS, Calendar Year _____		\$_____

Cost Formula for implementation of asthma callback survey **for each subsequent calendar year**, in the event that an asthma call back survey continues to be required.



Rhode Island Department of Health

Three Capitol Hill

Providence, RI 02908-5094

www.health.ri.gov

Month (date), 2013

Dear Rhode Island Resident:

The Rhode Island Department of Health helps Rhode Island residents stay healthy. Now the Department needs your help. In the next month, we will call you and ask an adult member of your household to complete an important survey about health and lifestyle. Your responses will be confidential. Every year, we work with the Centers for Disease Control and Prevention (CDC) to combine survey responses from more than 7,000 Rhode Island residents. This information helps the Department of Health plan programs to improve the health of Rhode Islanders.

Each household in the state has a chance of being chosen. Your telephone number was selected at random by a computer. We ask you to take part in this important survey when you are called.

ICF International, a health research company, will call households. They will identify themselves as calling for the Rhode Island Department of Health. The interviewer will select only one adult in your household to answer questions. The interview takes about 15 - 20 minutes. If the call comes at a busy time, please tell the interviewer a better time to call back.

Taking part in the survey, or answering any of the questions, is voluntary. All information is confidential and anonymous. We do not know or ask for your name.

Results from this survey help guide public health programs in our state. We value your participation and appreciate your time. Thank you for taking part in this important public health activity.

Please call our survey information line at 1-877-364-0821 if you have any questions or would like more information. You can also call the Health Department at (401) 222-7628 or email me at (Tara.Cooper@health.ri.gov) with any questions or concerns.

Sincerely,

Tara Cooper
Health Survey Program Administrator
Rhode Island Department of Health



2014

**Behavioral Risk Factor Surveillance System
Questionnaire**

DRAFT

August 19, 2013

Behavioral Risk Factor Surveillance System 2014 Questionnaire

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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.

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 —? (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, government plans such as Medicare, or Indian Health Service? (80)

- 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?” (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

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.

(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

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?

(84)

- 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.

(85-86)

- Number of hours [01-24]
- $\bar{7} \bar{7}$ 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? (87)
- | | | |
|---|-----------------------|--|
| 1 | Yes | |
| 2 | No | |
| 7 | Don't know / Not sure | |
| 9 | Refused | |
- 6.2** (Ever told) you had angina or coronary heart disease? (88)
- | | | |
|---|-----------------------|--|
| 1 | Yes | |
| 2 | No | |
| 7 | Don't know / Not sure | |
| 9 | Refused | |
- 6.3** (Ever told) you had a stroke? (89)
- | | | |
|---|-----------------------|--|
| 1 | Yes | |
| 2 | No | |
| 7 | Don't know / Not sure | |
| 9 | Refused | |
- 6.4** (Ever told) you had asthma? (90)
- | | | |
|---|-----------------------|--------------|
| 1 | Yes | |
| 2 | No | [Go to Q6.6] |
| 7 | Don't know / Not sure | [Go to Q6.6] |
| 9 | Refused | [Go to Q6.6] |
- 6.5** Do you still have asthma? (91)
- | | | |
|---|-----------------------|--|
| 1 | Yes | |
| 2 | No | |
| 7 | Don't know / Not sure | |
| 9 | Refused | |

6.6 (Ever told) you had skin cancer? (92)

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

6.7 (Ever told) you had any other types of cancer? (93)

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? (94)

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? (95)

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? (96)

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. (97)

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? (98)

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? (99-100)

— —	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. (101)

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.

(102)

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

Section 8: Demographics

- 8.1 What is your age? (103-104)

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

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

(105-108)

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?

(109-136)

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.

(137-138)

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. (139)

- 1 Yes
- 2 No

Do not read:

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

8.6 Are you...? (140)

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? (141-142)

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

8.8 What is the highest grade or year of school you completed? (143)

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...?

(144)

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—

(145-146)

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? (147-150)

NOTE: If respondent answers in metrics, put "9" in column 147.

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? (151-154)

NOTE: If respondent answers in metrics, put "9" in column 151.

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? (155-157)

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? (158-162)

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. (163)

- 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? (164)

- 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. (165)

- 1 Yes
- 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? (166-168)

- — — 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? (169)

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

- 8.20 Do you own or rent your home? (170)
- 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.** (171)
- 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? (172)
- 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? (173)
- 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? (174)
- 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? (175)

- 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? (176)

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

8.27 Do you have serious difficulty walking or climbing stairs? (177)

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

8.28 Do you have difficulty dressing or bathing? (178)

- 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? (179)

- 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?

(180)

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?

(181)

- | | | |
|---|-----------------------|--------------|
| 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?

(182)

- | | | |
|---|-----------------------|--------------|
| 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?

(183-184)

- | | |
|-----|--|
| 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. (185)

- 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? (186-188)

- 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? (189-190)

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? (191-192)

- __ 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?
(193-194)

- Number of drinks
- $\bar{7} \bar{7}$ 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?
(195)

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 **[Go to Q11.3]**
- 7 Don't know / Not sure **[Go to Q11.3]**
- 9 Refused **[Go to Q11.3]**

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?
(196-201)

- Month / Year
- $\bar{7} \bar{7} / \bar{7} \bar{7} \bar{7} \bar{7}$ 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?
(202)

- 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? (203)

- 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[®], 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? (204-205)

- – 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.

(206-207)

- – 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— (208)

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? (209-210)

- — 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? (211)

- 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? (212)

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? (213)

- 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? (214)

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? (215)

- 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? (216)

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? (217)

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 ≤ 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? (218)

- 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? (219)

- 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? (220)

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

16.4. Have you EVER HAD a PSA test? (221)

- 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? (222)

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 ...?

(223)

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?

(224)

- 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?

(225)

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? (226)

- 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? (227)

- 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? (228)

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. (229)

- 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? (230-235)

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
- 77/7777 Don't know / Not sure
- 99/9999 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? (236-237)

- 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.

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)

2. Are you now taking insulin? (257)
- 1 Yes
 - 2 No
 - 9 Refused
3. 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. (258-260)
- 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.'

4. 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

5. 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

6. 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 Q4 = 555 (No feet), go to Q8.

7. 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

8. 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

9. 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

10. 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)

Please Read

- 1 A plan purchased through an employer or union **[includes plans purchased through another person's employer]**
- 2 A plan that you or another family member buys on your own
- 3 Medicare
- 4 Medicaid or other state program
- 5 TRICARE (formerly CHAMPUS), VA, or Military
- 6 Alaska Native, Indian Health Service, Tribal Health Services
or
- 8 Some other source

Do not read:

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

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. (283)

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)
(284-308)
- 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? (309)

- 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? (310)

- 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? (311-312)

- 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. (313)

- 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: (314)

- 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** ~~medical~~ bills that are being paid off over time? (315)

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 5: Alcohol Screening & Brief Intervention (ASBI)

If Core Q3.4 = 1, or 2 (had a checkup within the past 2 years) continue, else go to next module.

Healthcare providers may ask during routine checkups about behaviors like alcohol use, whether you drink or not. We want to know about their questions.

1 You told me earlier that your last routine checkup was [within the past year/within the past 2 years]. At that checkup, were you asked in person or on a form if you drink alcohol? (316)

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

2. Did the health care provider ask you in person or on a form how much you drink? (317)

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

3. Did the healthcare provider specifically ask whether you drank [5 FOR MEN /4 FOR WOMEN] or more alcoholic drinks on an occasion? (318)

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

4. Were you offered advice about what level of drinking is harmful or risky for your health?

- 1 Yes (319)
- 2 No
- 7 Don't know / Not sure
- 9 Refused

CATI: If question 1, 2, or 3 = 1 (Yes) continue, else go to next module.

5. Healthcare providers may also advise patients to drink less for various reasons. At your last routine checkup, were you advised to reduce or quit your drinking? (320)

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

Module 6: Sodium or Salt-Related Behavior

Now I would like to ask you some questions about sodium or salt intake.

Most of the sodium or salt we eat comes from processed foods and foods prepared in restaurants. Salt also can be added in cooking or at the table.

1. Are you currently watching or reducing your sodium or salt intake? (321)

- 1 Yes
- 2 No [Go to Q3]
- 7 Don't know/not sure [Go to Q3]
- 9 Refused [Go to Q3]

2. How many days, weeks, months, or years have you been watching or reducing your sodium or salt intake?"

(322-324)

- 1__ Day(s)
- 2__ Week(s)
- 3__ Month(s)
- 4__ Year(s)
- 5 5 5 All my life
- 7 7 7 Don't know/not sure
- 9 9 9 Refused

3. Has a doctor or other health professional ever advised you to reduce sodium or salt intake? (325)

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

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?

(326-327)

- _ _ 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?

(328)

- 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?

(329-330)

- _ _ 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?
(331-332)

- — 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?
(333-334)

- — 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?
(335-337)

- — — 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 —
(338)

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 — (339)

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? (340)

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? (341)

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.

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

(342-343)

- 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? (344)
- 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 10: Adult Human Papillomavirus (HPV) - Testing

CATI NOTE: If female continue, else go to next module.

Now, I would like to ask you about the Human Papillomavirus (Pap-uh·loh·muh Virus) or HPV.

1. An HPV test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an HPV test? (345)
- 1 Yes
 - 2 No (Go to next module)
 - 7 Don't know/Not sure (Go to next module)
 - 9 Refused (Go to next module)
2. How long has it been since you had your last HPV test? (346)
- 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

Module 11: Adult Human Papilloma Virus (HPV)

CATI note: To be asked of respondents between the ages of 18 and 49 years; otherwise, go to next module.

NOTE: Human Papilloma Virus (Human Pap-uh-loh-muh Virus); Gardasil (Gar-duh- seel); Cervarix (Sir-var- icks)

1. A vaccine to prevent the human papilloma virus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, **[Fill: if female “GARDASIL or CERVARIX”; if male “ or GARDASIL”]**. Have you EVER had an HPV vaccination? (347)

1	Yes	
2	No	[Go to next module]
3	Doctor refused when asked	[Go to next module]
7	Don't know / Not sure	[Go to next module]
9	Refused	[Go to next module]

2. How many HPV shots did you receive? (348-349)

		Number of shots
0	3	All shots
7	7	Don't know / Not sure
9	9	Refused

Module 12: Cancer Survivorship

CATI note: If Core Q6.6 or Q6.7 = 1 (Yes) or Q16.6 = 4 (Because you were told you had prostate cancer) continue, else go to next module.

You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.

1. How many different types of cancer have you had? (350)

1	Only one	
2	Two	
3	Three or more	
7	Don't know / Not sure	[Go to next module]
9	Refused	[Go to next module]

2. At what age were you told that you had cancer? (351-352)

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

CATI note: If Q1= 2 (Two) or 3 (Three or more), ask: “At what age were you first diagnosed with cancer?”

INTERVIEWER NOTE: This question refers to the first time they were told about their first cancer.

CATI note: If Core Q6.6 = 1 (Yes) and Q1 = 1 (Only one): ask “Was it “Melanoma” or “other skin cancer”?” then code 21 if “Melanoma” or 22 if “other skin cancer”

CATI note: If Core Q16.6 = 4 (Because you were told you had Prostate Cancer) and Q1 = 1 (Only one) then code 19.

3. What type of cancer was it?

(353-354)

If Q1 = 2 (Two) or 3 (Three or more), ask: “With your most recent diagnoses of cancer, what type of cancer was it?”

INTERVIEWER NOTE: Please read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-30]:

Breast

0 1 Breast cancer

Female reproductive (Gynecologic)

0 2 Cervical cancer (cancer of the cervix)

0 3 Endometrial cancer (cancer of the uterus)

0 4 Ovarian cancer (cancer of the ovary)

Head/Neck

0 5 Head and neck cancer

0 6 Oral cancer

0 7 Pharyngeal (throat) cancer

0 8 Thyroid

0 9 Larynx

Gastrointestinal

1 0 Colon (intestine) cancer

1 1 Esophageal (esophagus)

1 2 Liver cancer

1 3 Pancreatic (pancreas) cancer

1 4 Rectal (rectum) cancer

1 5 Stomach

Leukemia/Lymphoma (lymph nodes and bone marrow)

1 6 Hodgkin's Lymphoma (Hodgkin's disease)

1 7 Leukemia (blood) cancer

1 8 Non-Hodgkin's Lymphoma

Male reproductive

1 9 Prostate cancer

2 0 Testicular cancer

Skin

2 1 Melanoma

2 2 Other skin cancer

Thoracic

- 2 3 Heart
- 2 4 Lung

Urinary cancer:

- 2 5 Bladder cancer
- 2 6 Renal (kidney) cancer

Others

- 2 7 Bone
- 2 8 Brain
- 2 9 Neuroblastoma
- 3 0 Other

Do not read:

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

4. Are you currently receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills. (355)

- 1 Yes [Go to next module]
- 2 No, I've completed treatment
- 3 No, I've refused treatment [Go to next module]
- 4 No, I haven't started treatment [Go to next module]
- 7 Don't know / Not sure [Go to next module]
- 9 Refused [Go to next module]

5. What type of doctor provides the majority of your health care? (356-357)

INTERVIEWER NOTE: If the respondent requests clarification of this question, say: "We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.)."

Please read [1-10]:

- 0 1 Cancer Surgeon
- 0 2 Family Practitioner
- 0 3 General Surgeon
- 0 4 Gynecologic Oncologist
- 0 5 General Practitioner, Internist
- 0 6 Plastic Surgeon, Reconstructive Surgeon
- 0 7 Medical Oncologist
- 0 8 Radiation Oncologist
- 0 9 Urologist
- 1 0 Other

Do not read:

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

6. Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received? (358)

Read only if necessary: "By 'other healthcare professional', we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional."

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

7. Have you EVER received instructions from a doctor, nurse, or other health professional about *where* you should return or *who* you should see for routine cancer check-ups after completing your treatment for cancer? (359)

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

8. Were these instructions written down or printed on paper for you? (360)

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

9. With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? (361)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

INTERVIEWER NOTE: "Health insurance" also includes Medicare, Medicaid, or other types of state health programs.

10. Were you EVER denied health insurance or life insurance coverage because of your cancer? (362)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

11. Did you participate in a clinical trial as part of your cancer treatment? (363)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

12. Do you currently have physical pain caused by your cancer or cancer treatment? (364)
- 1 Yes
 - 2 No [Go to next module]
 - 7 Don't know / Not sure [Go to next module]
 - 9 Refused [Go to next module]

13. Is your pain currently under control? (365)
- Please read:**
- 1 Yes, with medication (or treatment)
 - 2 Yes, without medication (or treatment)
 - 3 No, with medication (or treatment)
 - 4 No, without medication (or treatment)
- Do not read:**
- 7 Don't know / Not sure
 - 9 Refused

Module 13: Reactions to Race

Earlier I asked you to self-identify your race. Now I will ask you how other people identify you and treat you.

1. How do other people usually classify you in this country? Would you say: White, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or some other group?

(366)

- 1 White
- 2 Black or African American
- 3 Hispanic or Latino
- 4 Asian
- 5 Native Hawaiian or Other Pacific Islander
- 6 American Indian or Alaska Native
- 8 Some other group (please specify) _____
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: If the respondent requests clarification of this question, say: “We want to know how OTHER people usually classify you in this country, which might be different from how you classify yourself.”

2. How often do you think about your race? Would you say never, once a year, once a month, once a week, once a day, once an hour, or constantly?

(367)

- 1 Never
- 2 Once a year
- 3 Once a month
- 4 Once a week
- 5 Once a day
- 6 Once an hour
- 8 Constantly
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER INSTRUCTION: The responses can be interpreted as meaning “at least” the indicated time frequency. If a respondent cannot decide between two categories, check the response for the lower frequency. For example, if a respondent says that they think about their race between once a week and once a month, check “once a month” as the response.

[CATI skip pattern: This question should only be asked of those who are “employed for wages,” “self-employed,” or “out of work for less than one year.”]

3. Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races? (368)

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races

Do not read:

- 4 Worse than some races, better than others
- 5 Only encountered people of the same race
- 7 Don't know / Not sure
- 9 Refused

4. Within the past 12 months, when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races? (369)

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races

Do not read:

- 4 Worse than some races, better than others
- 5 Only encountered people of the same race
- 6 No health care in past 12 months
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: If the respondent indicates that they do not know about other people's experiences when seeking health care, say: "This question is asking about your perceptions when seeking health care. It does not require specific knowledge about other people's experiences."

5. Within the past 30 days, have you experienced any physical symptoms, for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race? (370)

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

6. Within the past 30 days, have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race? (371)
- 1 Yes
 - 2 No
 - 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) (372-396)

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) (397-421)

[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 ~~you were worried or stressed~~ (422)

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 **you were worried or stressed---**

(423)

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:

(424)

- 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?

(425-426)

- Hours (01-96 or more) **[Go to Q7]**
- 9 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: (427)

- 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? (428-429)

- — 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. (430)

- 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 16: Sexual Orientation and Gender Identity

The next two questions are about sexual orientation and gender identity.

1. Do you consider yourself to be: (431)

Please read:

- 1 1 Straight
- 2 2 - Lesbian or gay
- 3 3 - Bisexual

Do not read:

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

2. Do you consider yourself to be transgender? (432)

If yes, ask "Do you consider yourself to be male-to-female, female-to-male, or gender non-conforming?"

- 1 Yes, Transgender, male-to-female
- 2 Yes, Transgender, female to male
- 3 Yes, Transgender, gender nonconforming
- 4 No

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

INTERVIEWER NOTE: If asked about definition of transgender:

Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgendered. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.

INTERVIEWER NOTE: If asked about definition of gender non-conforming:

Some people think of themselves as gender **non-conforming** when they do not identify only as a man or only as a woman.

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? (433-438)

<u> </u> / <u> </u> <u> </u>	Code month and year
<u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u>	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? (439)

1	Boy
2	Girl
9	Refused

3. Is the child Hispanic, Latino/a, or Spanish origin? (440-443)

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? (444-471)

(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?

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?

(474)

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

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? (475)

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

2. Does the child still have asthma? (476)

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

Module 19: Emotional Support and Life Satisfaction

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

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

INTERVIEWER NOTE: If asked, say “please include support from any source.” (477)

Please read:

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

Do not read:

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

2. In general, how satisfied are you with your life? (478)

Please read:

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

Do not read:

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

Asthma Call-Back Permission Script

We would like to call you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in <STATE>. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you or others may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

(479)

- 1 Yes
- 2 No

Can I please have either (your/your child's) first name or initials, so we will know who to ask for when we call back?

_____ Enter first name or initials

Asthma Call-Back Selection

Which person in the household was selected as the focus of the asthma call-back? (480)

- 1 Adult
- 2 Child

Can I please have either (your/your child's) first name or initials, so we will know who to ask for when we call back?

_____ Enter first name or initials

Asthma place holder

(481-490)