

**2016
Missouri
County-level Study
Questionnaire**

FINAL

November 10, 2015

Missouri 2016 County-Level Study Questionnaire

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Interviewer's Script

HELLO, I am calling from the University of Missouri for the Missouri Department of Health and Senior Services and Missouri Foundation for Health. My name is **(name)**_____. We are gathering information about the health of Missouri residents. 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 Missouri?

Yes [Go to Cellular Phone]
No

If "No"

Thank you very much, but we are only interviewing persons who live in the state of Missouri 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 5]
2 Yes, respondent is female [Go to Page 5]
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 7.

To the correct respondent:

HELLO, I am calling from the University of Missouri for the Missouri Department of Health and Senior Services and Missouri Foundation for Health. My name is **(name)**_____. We are gathering information about the health of Missouri residents. Your telephone number has been chosen randomly, and I would like to ask some questions about your health and health practices.

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, I can provide you the name and number of someone to call at the Missouri Department of Health and Senior Services. **[Provide if asked: Janet Wilson, Missouri Department of Health & Senior Services at 573/526-6660.]**

Section 1: Health Status

- 1.1** Would you say that in general your health is— (90)
- 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? (91–92)
- – 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? (93–94)
- – 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? (95-96)

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

Section 3: Health Care Coverage (Insurance)

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?

(97)

- 1 Yes
- 2 No [Go to Q3.3b]
- 7 Don't know / Not sure [Go to Q3.3b]
- 9 Refused [Go to Q3.3b]

3.2 What type of health care coverage do you use to pay for **MOST** of your medical care? Is it coverage through: Your employer, Someone else's employer, A plan that you or someone else buys on your own, Medicare, MC+, Medicaid MO Healthnet or Medical Assistance, The Military, CHAMPUS, Tricare, or the VA or CHAMP-VA, The Indian Health Service or Some other source?

(98-99)

Note: If more than one type, ask 'which type do you use to pay for most of your medical care.'

- — Coverage code
- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 MC+, Medicaid MO Healthnet or Medical Assistance
- 06 The military, CHAMPUS, TriCare, or the VA or CHAMP-VA
- 07 The Indian Health Service
- 08 Some other source
- 88 None
- 77 Don't know/Not sure
- 99 Refused

CATI NOTE: Ask if Q3.1 = 1 (Yes).

3.3a. In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage?

(100)

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

CATI Note: Ask if Q3.1 = 2, 7, or 9.

- 3.3b.** About how long has it been since you last had health care coverage? (101)
- | | |
|---|--|
| 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 |

Section 4: Hypertension Awareness

- 4.1** Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (102)

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

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

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

- 4.2** Are you currently taking medicine for your high blood pressure? (103)

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

Section 5: Cholesterol Awareness

- 5.1** Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (104)

- | | | |
|---|-----|----------------------|
| 1 | Yes | |
| 2 | No | [Go to next section] |

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

5.2 About how long has it been since you last had your blood cholesterol checked? (105)

Read only if necessary:

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

Do not read:

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

5.3 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (106)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 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? (107)

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

6.2 (Ever told) you had angina or coronary heart disease? (108)

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

6.3 (Ever told) you had a stroke?

- (109)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

6.4 (Ever told) you had asthma? (110)

- 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? (111)

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

6.6 (Ever told) you had cancer? (112)

- 1 Yes
- 2 No [Go to Q6.8]
- 7 Don't know / Not sure [Go to Q6.8]
- 9 Refused [Go to Q6.8]

6.7 What types of cancer have you had? (113-138)

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

Mark all that apply.

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

6.8

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

(139)

- 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? (140)
- | | |
|---|-----------------------|
| 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 kidney disease? Do NOT include kidney stones, bladder infection or incontinence. (141)
- INTERVIEWER NOTE:** Incontinence is not being able to control urine flow.
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

- 6.11** (Ever told) you have diabetes? (142)

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 and code 6.12 1; if female, ask if only when pregnant and code 2 if during pregnancy and 1 if not only during pregnancy.

- | | |
|---|--|
| 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 |

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

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

(143)

- 1 Yes
- 2 Yes, during pregnancy
- 3 No
- 7 Don't know / Not sure
- 9 Refused

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

(144)

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

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

(145)

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

Section 7: Demographics

7.1 Are you ...

(146)

- 1 Male
- 2 Female

Note: This may be populated from information derived from screening, household enumeration. However, interviewer should not make judgement on sex of respondent.

7.2 What is your age?

(147-148)

- Code age in years
- 07 Don't know / Not sure
- 09 Refused

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

(149-151)

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

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

(152-179)

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 Q7.4; continue. Otherwise, go to Q7.6.

7.5 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.

(180-181)

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

7.6 Are you...?

(182)

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

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

(183)

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

7.8 Do you own or rent your home?

(184)

- 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.

7.9 In what county do you live? (185-187)

— — — ANSI County Code
7 7 7 Don't know / Not sure
9 9 9 Refused

7.9a Do you live within the city limits of _____? (188-193)

If County code in 7.9 = 019: Columbia?
If County code in 7.9 = 021: St Joseph?
If County code in 7.9 = 095: Independence?
If County code in 7.9 = 047 or 095 or 165: Kansas City?
If County code in 7.9 = 051: Jefferson City?
If County code in 7.9 = 077: Springfield?
If County code in 7.9 = 097 or 145: Joplin?

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

7.10 What is the ZIP Code where you live? (194-198)

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

CATI NOTE: If cellular telephone interview skip to 7.14 (QSTVER GE 20)

7.11 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. (199)

1 Yes
2 No [Go to Q7.13]
7 Don't know / Not sure [Go to Q7.13]
9 Refused [Go to Q7.13]

7.12 How many of these telephone numbers are residential numbers? (200)

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

7.13 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (201)

1 Yes
2 No

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

7.14 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.
(202)

- 1 Yes
- 2 No

Do not read:

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

7.15 Are you currently...?

(203)

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

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

(204-205)

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

7.17 Is your annual household income from all sources—

(206-207)

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

7.18 Have you used the internet in the past 30 days? (208)

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

7.19 About how much do you weigh without shoes? (209-212)

NOTE: If respondent answers in metrics, put "9" in column 260.

Round fractions up

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

7.20 About how tall are you without shoes? (213-216)

NOTE: If respondent answers in metrics, put "9" in column 264.

Round fractions down

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

If male, go to 7.22, if female respondent is 45 years old or older, go to Q7.22

7.21 To your knowledge, are you now pregnant? (217)

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

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

7.22 Are you limited in any way in any activities because of physical, mental, or emotional problems? (218)

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

7.23 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? (219)

NOTE: Include occasional use or use in certain circumstances.

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

7.24 Are you blind or do you have serious difficulty seeing, even when wearing glasses? (220)

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

Sexual Orientation and Gender Identify

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

INTERVIEWER NOTE: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.

INTERVIEWER NOTE: Please say the number before the text response. Respondent can answer with either the number or the text/word.

7.25 Do you consider yourself to be: (221)

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

7.26 Do you consider yourself to be transgender? (222)

If yes, ask "Do you consider yourself to be 1. male-to-female, 2. female-to-male, or 3. gender non-conforming?"

INTERVIEWER NOTE: Please say the number before the "yes" text response. Respondent can answer with either the number or the text/word.

- 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 transgender. 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.

Section 8: Tobacco

8.1 Have you smoked at least 100 cigarettes in your entire life? (223)

NOTE: 5 packs = 100 cigarettes

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."

- 1 Yes
- 2 No [Go to Q8.5]
- 7 Don't know / Not sure [Go to Q8.5]
- 9 Refused [Go to Q8.5]

8.2 Do you now smoke cigarettes every day, some days, or not at all? (224)

- 1 Every day
- 2 Some days
- 3 Not at all [Go to Q8.4]
- 7 Don't know / Not sure [Go to Q8.5]
- 9 Refused [Go to Q8.5]

8.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (225)

- 1 Yes [Go to Q8.5]
- 2 No [Go to Q8.5]
- 7 Don't know / Not sure [Go to Q8.5]
- 9 Refused [Go to Q8.5]

8.4 How long has it been since you last smoked cigarettes regularly? (226-227)

- 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
- 0 8 Never smoked regularly
- 7 7 Don't know / Not sure
- 9 9 Refused

8.5 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.

(228)

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

Do not read:

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

Secondhand Tobacco Smoke Exposure

CATI NOTE: Ask only if 7.15 = 1 (Employed) or 2 (Self-employed)

8.6 While working at your job, are you indoors most of the time?

(229)

- 1. Yes
- 2. No **[Go to Q8.8]**
- 7 Don't know/Not sure **[Go to Q8.8]**
- 9 Refused **[Go to Q8.8]**

8.7 As far as you know, in the past seven days has anyone smoked cigarettes or other tobacco products in your work area?

(230)

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

Smoke-free Laws

8.8 Some cities and towns are considering laws that would make workplaces smoke-free by prohibiting smoking in all indoor workplaces, including restaurants, bars and casinos. Would you support such a law in your community?

(231)

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

- 8.9** Missouri state law allows designated smoking areas in restaurants and other public places. Would you support a change in the state law that would make all workplaces smoke-free by prohibiting smoking in all indoor workplaces, including restaurants, bars and casinos? (232)
1. Yes
 2. No
 - 7 Don't know/Not sure
 - 9 Refused

Electronic Cigarette Use

The next 3 questions are about electronic cigarettes (e-cigarettes) and other electronic “vaping” products, including electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

- 8.10** Have you ever used an E-cigarette or other electronic vaping product, even just once? (233)
- 1 Yes
 - 2 No [Go to Q8.13]
 - 7 Don't know/not sure [Go to Q8.13]
 - 9 Refused [Go to Q8.13]

- 8.11** Do you currently use e-cigarettes or other electronic vaping products every day, some days, or not at all? (234)
- 1 Everyday
 - 2 Some days
 - 3 Not at all
 - 7 Don't know/not sure [Go to Q8.13]
 - 09 Refused [Go to Q8.13]

- 8.12** What [is] [was] the primary reason for using e-cigarettes or other vaping products? (Select one response only) (235)
- Read only if necessary
- 01 Trying to quit using regular tobacco products
 - 02 Use in places that do not allow smoking regular tobacco products
 - 03 To try a new way of smoking tobacco
 - 04 Costs less than other tobacco products
 - 05 Is better for my health
 - 06 Other

- 07 Don't know/not sure
- 09 Refused

- 8.13** In the past seven days, have you been in a room with someone using an electronic cigarette or other electronic vaping product? (236)
- 1. Yes
 - 2. No
 - 7 Don't know/Not sure
 - 9 Refused

Section 9: Alcohol Consumption

- 9.1** 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? (237-239)
- 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]**

- 9.2** 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? (240-241)

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

- 9.3** 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? (242-243)
- _ _ Number of times
 - 8 8 None
 - 7 7 Don't know / Not sure 9 9 Refused

Section 10: Physical Activity (Exercise)

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

INTERVIEWER INSTRUCTION: If respondent does not have a “regular job duty” or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.

10.1 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? (244)

- 1 Yes
- 2 No [Go to Q10.5]
- 7 Don't know / Not sure [Go to Q10.5]
- 9 Refused [Go to Q10.5]

10.2. What type of physical activity or exercise did you spend the most time doing during the past month? (245-246)

- (Specify) [See Physical Activity Coding List]
- 7 7 Don't know / Not Sure [Go to Q10.5]
- 9 9 Refused [Go to Q10.5]

INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Physical Activity Coding List, choose the option listed as “Other “.

10.3 How many times per week or per month did you take part in this activity during the past month? (247-249)

- 1__ Times per week
- 2__ Times per month
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

10.4 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (250-252)

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

PHYSICAL ACTIVITY ENVIRONMENT

10.5 Does your neighborhood have any sidewalks? (253)

- 1 Yes
- 2 No

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

10.6 Do the roads and streets in your community have shoulders or marked lanes for bicycling?"

(254)

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

10.7 How safe from crime do you consider your neighborhood to be? Would you say...?

(255)

- Please read**
- 1 Extremely safe
 - 2 Quite safe
 - 3 Slightly safe
 - 4 Not at all safe
 - 7 Don't Know/Not Sure
 - 9 Refused

Section 11: Sleep

I would like to ask you about your sleep pattern.

11.0 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.

(256-257)

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

Section 12: Oral Health

12.1 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.

(258)

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

12.2

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.

(259)

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

12.3

Was there a time in the past 12 months when you needed to see a dentist but could not due to cost?

(260)

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

12.4

Other than cost, there are many other reasons people delay getting needed dental care. Have you delayed getting needed dental care for any of the following reasons in the past 12 months? Select all that apply.

Please read

- 1 You couldn't get an appointment soon enough.
- 2 You could not find a dentist that would see you.
- 3 You could not take off work to go to the dentist.
- 4 You didn't have transportation.

Do not read:

- 5 Other _____ (specify) (261-277)
- 8 No, I did not delay getting dental care/did not need dental care
- 7 Don't know/Not sure
- 9 Refused

- 12.5** Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMO's or government plans such as Medicaid? (278)
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused

Section 13: Health Care Access

- 13.1** 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?" (279)
- 1 Yes, only one
 - 2 More than one
 - 3 No
 - 7 Don't know / Not sure
 - 9 Refused

- 13.2** Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (280)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- 13.3** 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 all that apply. (281-304)

Please read

- 1 You couldn't get a doctor's appointment soon enough.
- 2 You could not find a doctor that would see you.
- 3 You could not take off work to go to the doctor.
- 4 You didn't have transportation to get to the doctor.

Do not read:

- 5 Other _____ (specify)
- 8 No, I did not delay getting medical care/did not need medical care
- 7 Don't know/Not sure
- 9 Refused

13.4 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.

(305)

- 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

13.5 How many times have you been to a doctor, nurse, or other health professional in the past 12 months?

(306-307)

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

13.6 Other than over-the-counter (OTC) medication, was there a time in the past 12 months when you did not take your medication as prescribed because of cost?

(308)

- 1 Yes
- 2 No
- Do not read:**
- 3 No medication was prescribed.
- 7 Don't know/Not sure
- 9 Refused

13.7 Do you currently have any health care bills that are being paid off over time?

(309)

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

13.8 When you are sick or need advice about your health, to which one of the following places do you usually go? Would you say, A doctor's office, A public health clinic or community health center, A hospital outpatient department, A hospital emergency room, Urgent care center, Some other kind of place or No usual place?

(310-311)

- 1 A doctor's office
- 2 A public health clinic or community health center
- 3 A hospital outpatient department
- 4 A hospital emergency room
- 5 Urgent care center
- 6 Some other kind of place
- 8 No usual place

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

13.9 Was there a time in the past 12 months that you needed to see a mental health professional but could not due to cost?

(312)

- 1 Yes
- 2 No

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

13.10 Other than cost, there are many other reasons people delay getting needed mental health care. Have you delayed getting needed mental health care for any of the following reasons in the past 12 months? Select all that apply.

(313-335)

Please read

- 1 You couldn't get an appointment soon enough.
- 2 You could not find a mental health professional that would see you.
- 3 You could not take off work to go to a mental health professional.
- 4 You didn't have transportation to get to a mental health professional.

Do not read:

- 5 Other _____ (specify)

- 8 No, I did not delay getting mental health care/did not need mental health care
- 7 Don't know/Not sure
- 9 Refused

13.11 Are you now taking medication or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?

(336)

- 1 Yes
- 2 No

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

Section 14: Health Literacy

- 14.1** How difficult is it for you to get advice or information about health or medical topics if you need it? Would you say it is... (337)

Please read

1. Very easy
2. Somewhat easy
3. Somewhat difficult
4. Very difficult
5. I don't look for health information

Do not read

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

INTERVIEWER NOTE: Respondent can answer based on any source of health or medical advice or information. If the respondent asks what is meant by advice or information, interviewer re-reads the question to the respondent. If the respondent still doesn't understand, interviewer can say, "You can think about any source of health or medical advice or information."

- 14.2** How difficult is it for you to understand information that doctors, nurses and other health professionals tell you? Would you say it is... (338)

Please read

1. Very easy
2. Somewhat easy
3. Somewhat difficult
4. Very difficult

Do not read

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

- 14.3** You can find written information about health on the Internet, in newspapers and magazines, and in brochures in the doctor's office and clinic. In general, how difficult is it for you to understand written health information? Would you say it is ... (339)

Please read

1. Very easy
2. Somewhat easy
3. Somewhat difficult
4. Very difficult

- 5. I don't pay attention to written health information

Do not read

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

Section 15: 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™.

- 15.1** During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose? (340)

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 Q15.3]
- 7 Don't know / Not sure [Go to Q15.3]
- 9 Refused [Go to Q15.3]

- 15.2** At what kind of place did you get your last flu shot/vaccine? (341-342)

READ IF NECESSARY:

- 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

- 15.3** 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? (343)

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

Section 16: 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.

16.1 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (344)

- 1 Yes
- 2 No [Go to Q16.3]
- 7 Don't know / Not sure [Go to Q16.3]
- 9 Refused [Go to Q16.3]

16.2 How long has it been since you had your last mammogram? (345)

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

16.3 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (346)

- 1 Yes
- 2 No [Go to Q16.5]
- 7 Don't know / Not sure [Go to Q16.5]
- 9 Refused [Go to Q16.5]

16.4 How long has it been since you had your last Pap test? (347)

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 Q7.21 = 1 (is pregnant); then go to next section.

16.5 Have you had a hysterectomy?

(348)

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

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?

(349)

- 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?

(350)

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? (351)

- 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? (352)

- 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? (353)

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: Nutrition

Nutrition environment

18.1 To what degree would you agree with the statement, "It is easy to purchase healthy foods in my neighborhood such as whole grain foods, low fat options, and fruits and vegetables?" Would you...?

(354)

Please read

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree (neutral)
- 4 Disagree
- 5 Strongly disagree

- 7 Don't Know/Not Sure
- 9 Refused

Fruit and Vegetable Consumption

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

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

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

18.2 During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice.

(355-357)

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

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

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

Do not include vegetable juices such as tomato and V8 if respondent provides but include in “other vegetables” question 10.6.

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

18.3 During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit. (358-360)

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

Read only if necessary: “Your best guess is fine. Include apples, bananas, applesauce, oranges, grape fruit, fruit salad, watermelon, cantaloupe or musk melon, papaya, lychees, star fruit, pomegranates, mangos, grapes, and berries such as blueberries and strawberries.”
INTERVIEWER NOTE: Do not count fruit jam, jelly, or fruit preserves.

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

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

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

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

18.4 During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans. (361-363)

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

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

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

Include bean burgers including garden burgers and veggie burgers.

Include falafel and tempeh.

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

(364-366)

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

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

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

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

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

(367-369)

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

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

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

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

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

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

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

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

(370-372)

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

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

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

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

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

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

Do not include rice or other grains.

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

Follow up*****

That was my last question. We may want to contact you for a follow-up study. May we include you in a follow-up study?

- 1. Yes (373)
- 2. No [Go to Closing]

Interviewer note: If asked, the study may be about any of the health issues asked about in the interview just completed.

Follow2 *****

Please give me your first name so we can contact you for a follow-up study _____
(374-383)

Closing Statement

Please read:

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.

Interviewer's Script/ Cell Phone

HELLO, I am calling from the University of Missouri for the Missouri Department of Health and Senior Services and Missouri Foundation for Health. My name is (name) . We are gathering information about the health of Missouri residents. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this a safe time to talk with you?

Yes **[Go to phone]**
No

If "No",

Thank you very much. We will call you back at a more convenient time. ([Set appointment if possible]) **STOP**

Phone

Is this (phone number) ?

Yes **[Go to cellular phone]**
No **[Confirm 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**

Cellular Phone

Is this a cellular telephone?

READ ONLY IF NECESSARY: "By cellular telephone, we mean a telephone that is mobile and usable outside of your neighborhood."

Yes **[Go to adult]**
No

If "No",

Thank you very much, but we are only interviewing cell telephones at this time. **STOP**

Adult

Are you 18 years of age or older?

1	Yes, respondent is male	[Go to Private Residence]
2	Yes, respondent is female	[Go to Private Residence]
3	No	

If "No",

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

Private Residence

Do you live in 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]**

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

Are you a resident of _____ **(state)** _____?

Yes **[Go to landline]**
No **[Go to state]**

State

In what state do you live?

_____ ENTER FIPS STATE

Landline

Do you also have a landline telephone in your home that is used to make and receive calls?

READ ONLY IF NECESSARY: “By landline telephone, we mean a “regular” telephone in your home that is used for making or receiving calls.” Please include landline phones used for both business and personal use.”

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

Yes

No

If College Housing = "Yes", do not ask Number of adults Questions, go to Core.

NUMADULT

How many members of your household, including yourself, are 18 years of age or older?

___ Number of adults

(Note: If college housing = "yes" then number of adults is set to 1.)

Activity List for Common Leisure Activities (To be used for Section 10: Physical Activity)

Code Description (Physical Activity, Question 10.2)

0 1 Active Gaming Devices (Wii Fit, Dance Dance revolution)	4 1 Rugby
0 2 Aerobics video or class	4 2 Scuba diving
0 3 Backpacking	4 3 Skateboarding
0 4 Badminton	4 4 Skating – ice or roller
0 5 Basketball	4 5 Sledding, tobogganing
0 6 Bicycling machine exercise	4 6 Snorkeling
0 7 Bicycling	4 7 Snow blowing
0 8 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)	4 8 Snow shoveling by hand
0 9 Bowling	4 9 Snow skiing
1 0 Boxing	5 0 Snowshoeing
1 1 Calisthenics	5 1 Soccer
1 2 Canoeing/rowing in competition	5 2 Softball/Baseball
1 3 Carpentry	5 3 Squash
1 4 Dancing-ballet, ballroom, Latin, hip hop, zumba, etc	5 4 Stair climbing/Stair master
1 5 Elliptical/EFX machine exercise	5 5 Stream fishing in waders
1 6 Fishing from river bank or boat	5 6 Surfing
1 7 Frisbee	5 7 Swimming
1 8 Gardening (spading, weeding, digging, filling)	5 8 Swimming in laps
1 9 Golf (with motorized cart)	5 9 Table tennis
2 0 Golf (without motorized cart)	6 0 Tai Chi
2 1 Handball	6 1 Tennis
2 2 Hiking – cross-country	6 2 Touch football
2 3 Hockey	6 3 Volleyball
2 4 Horseback riding	6 4 Walking
2 5 Hunting large game – deer, elk	6 6 Waterskiing
2 6 Hunting small game – quail	6 7 Weight lifting
2 7 Inline Skating	6 8 Wrestling
2 8 Jogging	6 9 Yoga
2 9 Lacrosse	7 1 Childcare
3 0 Mountain climbing	7 2 Farm/Ranch Work (caring for livestock, stacking hay, etc.)
3 1 Mowing lawn	7 3 Household Activities (vacuuming, dusting, home repair, etc.)
3 2 Paddleball	7 4 Karate/Martial Arts
3 3 Painting/papering house	7 5 Upper Body Cycle (wheelchair sports, ergometer, etc.)
3 4 Pilates	7 6 Yard work (cutting/gathering wood, trimming hedges etc.)
3 5 Racquetball	9 8 Other_____
3 6 Raking lawn	9 9 Refused
3 7 Running	
3 8 Rock Climbing	
3 9 Rope skipping	
4 0 Rowing machine exercise	