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**Behavioral Risk Factor Surveillance System**  
**2013 Questionnaire**

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Landline Interviewer’s Script

Intro1
//ask of all Landline//

HELLO, I am calling for the **Connecticut Department of Public Health.** My name is ____ (name) ___. We are gathering information about the health of Connecticut 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. This call may be monitored and recorded for quality control.

Is this ____ (phone number) ____?

01 Continue
02 Terminate
05 Selected on the line
14 Continue in Spanish

//ask if Intro1=Continue, and Landline//

**HS1** Is this a private residence?

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

1 Yes [Go to state of residence]
2 No [Go to college housing]
3 No, business phone only

//if Business phone//

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

//if No//

**COLLEGE** 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.”

[Interviewer: if no, probe to find out if business or group home]

1 YES [Go to HS2]
2 NO Business
3 NO Group home
7 DON’T KNOW / NOT SURE
9 REFUSED

//if No, Don’t Know, Refused//

X2 Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time. **STOP**

//ask of all Landline//

**State of Residence**

**STRES** Do you reside in Connecticut?

1 Yes [Go to Cellular Phone]
2 No
7 Don’t Know
9 Refused
//if stres = No, Don't Know or Refused//
X3 Thank you very much, but we are only interviewing persons who live in the state of Connecticut at this time. STOP

//ask if Private Residence or College //

HS2 Is this a cellular telephone?
Read only if necessary: “By cellular (or cell) telephone we mean a telephone that is mobile and usable outside of your neighborhood.” Interviewer Note: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).

1 No - Not a Cellular Telephone
2 Yes

//if Yes//
HS2X Thank you very much, but we are only interviewing by land line telephones and for private residences or college housing. STOP

ADULT Are you 18 years of age or older?

21 Yes and the respondent is Male
22 Yes and the respondent is Female
03 No

//if NO//
XX3 Thank you very much, but we are only interviewing persons aged 18 or older at this time. STOP

ADULTS 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 [RANGE 0-18]

//if ADULTS = 0 //
X3 I’m sorry we are only interviewing adult residents who are 18 years of age or older. Thank you.” STOP

//ask if ADULTS = 1//
ONEADULT Are you the adult?

21 Yes and the respondent is Male
22 Yes and the respondent is Female
03 No

If "yes,"
Then you are the person I need to speak with.

//if ONEADULT=03//
ASKGENDR Is the adult a man or a woman?
21 Male
22 Female
//if ONEADULT=03//
GETADULT May I speak with (him/her)?
1 Yes, Adult coming to the phone. [GO TO NEWADULT]
2 No, not here [INTERVIEWER SET APPOINTMENT FOR BEST TIME TO REACH ADULT]

//ASK IF ADULTS>1//
MEN How many of these adults are men
__ Number of men [RANGE 0-18]

//ASK IF ADULTS>1//
WOMEN … and how many are women?
__ Number of women [RANGE 0-18]

//if Landline//
RANDOMLY SELECT ADULT
//ASK IF ADULTS > 1//
ASFKOR The person in your household that I need to speak with is the [INSERT RANDOM ADULT SELECTED]. Are you the person?
1 Yes
2 No

//if ASKFOR = 2//
GETNEWAD May I speak with him or her?
1 Yes, Adult coming to the phone.[GO TO NEWADULT]
2 No, not here (interview will terminate) [INTERVIEWER SET APPOINTMENT FOR BEST TIME TO REACH ADULT]
3 Go back to ADULTS question.

To the correct respondent:
NEWADULT
HELLO, I am calling for the Connecticut Department of Public Health. My name is ____ (name) ___. We are gathering information about the health of Connecticut 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. This call may be monitored and recorded for quality assurance purposes.

//ask if Landline//
YOURTHE1
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 1-877-364-0913. [SAY IF NEEDED: The interview takes on average 15-20 minutes depending on your answers.]
001 Person Interested, continue.
002 Go back to ADULTS question.
Cell Phone Interviewer’s Intro

Answering Machine message text
"Hello, the Connecticut Department of Public Health and the Centers for Disease Control and Prevention are conducting a study about the health of Connecticut residents. We will call again in the next few days to conduct the interview. If you have any questions, please call us, toll-free, at 1-877-364-0913. For most people, the study will be very brief and we would be glad to answer any questions you have. The toll free number again is 1-877-364-0913. Thank you.

//ask if Cellphone//
Intro 1  
HELLO, I am calling for the Connecticut Department of Public Health. My name is (name) . We are gathering information about the health of Connecticut 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. The interview may be monitored and recorded for quality control purposes. I have just a few questions to find out if you are eligible for the study.

Is this a safe time to talk with you?
INTERVIEWER NOTE: If respondent reports that they do not live in the state mentioned, tell them that they may still be eligible to participate.

01 Yes - Continue
02 No - Not a safe time
03 Respondent Says – They Do Not Live in this State
04 Termination Screen
14 CONTINUE IN SPANISH

//if says Does Not Live in CT//
intro 2  You may still be eligible to participate.

01 Continue to next question
07 Termination screen
09 Not a safe time/driving

//if Yes//
PHONE  Is this (phone number) ?

1 YES [Go to CELLFON2]
2 NO
4 NOT A SAFE TIME/DRIVING [GO TO CB]
7 DON’T KNOW / NOT SURE [Go to CELLFON2]
9 REFUSED [Go to CELLFON2]

If “no,”
XPHONE  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

//If PHONE= Yes, Don’t Know Refused/

CELLFON2  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”.

1 YES [Go to CADULT]
2 NO
3 NOT A SAFE TIME/DRIVING
7 DON'T KNOW / NOT SURE
9 REFUSED

IF "No", //If CELLFON2=2//
Thank you very much, but we are only interviewing cell telephones at this time. STOP
If "Don't Know", "Refused"
Thank you for your time. STOP

//If CELLFON2= YES//
CADULT Are you 18 years of age or older?

1 YES, Male Respondent [Go to PVTRESRD2]
2 YES, Female Respondent [Go to PVTRESRD2]
3 NO [GO TO CADULT2]
4 NOT A SAFE TIME/DRIVING [Go to CB]
7 DON'T KNOW / NOT SURE
9 REFUSED

IF "Don't Know", "Refused"
Thank you very much for your time. STOP

IF "No"
CADULT2 Is there an adult that also uses this cell phone?

1 YES [GO TO CADULT3]
2 NO

IF CADULT2=No, (no adult uses cell phone)
Thank you very much, but we are only interviewing persons aged 18 or older at this time. STOP

//if CADULT2=YES//
CADULT3 May I speak with him or her?

1 SWITCHING TO RESPONDENT
2 RESPONDENT NOT AVAILABLE/CALLBACK

//IF CADULT=YES, ask //
PVTRESRD2 Do you live in a private residence?
READ ONLY IF NECESSARY: "By private residence, we mean someplace like a house or apartment."

1 YES [Go to CSTATE]
2 NO
3 NOT A SAFE TIME/DRIVING
7 DON'T KNOW / NOT SURE
9 REFUSED

//if NO//
COLLEGE 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.”

2013 BRFSS CT Questionnaire 7
1 YES [Go to CSTATE]
2 NO – business
3 no – group home
4 NOT A SAFE TIME/DRIVING
7 DON'T KNOW / NOT SURE
9 REFUSED

//if college = NO //
"Thank you very much for your time, but we are only interviewing persons who live in a private residence or college housing at this time." STOP

IF “Don’t Know”, “Refused”
Thank you very much for your time. STOP

CSTATE Are you a resident of Connecticut?
1 YES [Go to LANDLINE]
2 NO [Go to STATE]
3 NOT A SAFE TIME/DRIVING
7 DON'T KNOW / NOT SURE
9 REFUSED

IF “Don’t Know”, “Refused”
Thank you very much for your time. STOP

If NO
RSPSTATE In what state do you live?
ENTER STATE

If Refused:
I’m sorry, but our data is compiled by state. In order to qualify for the interview we need to know which state you live in. Thank you for your time. STOP

//ask if Cellphone//

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 connected to outside telephone lines through a cable or cord and is used for making or receiving calls. Please include landline phones used for both business and personal use.”
NOTE: Telephone service over the internet counts as landline service.
1 YES
2 NO //Go To SVINTRO
7 DON'T KNOW / NOT SURE //STOP
9 REFUSED //STOP

IF “No”, GO TO SURVEY INTRO
IF “Don’t Know” or “Refused”, GO TO STOP

//If YES ask PCTCELL//
PCTCELL
Thinking about all the phone calls that you receive on your landline or cell phone, what percent, between 0 and 100, are received on your cell phone?

_ _ _ Enter Percent (1 to 100)
8 8 8 Zero
7 7 7 Don’t know/Not sure
9 9 9 Refused

//If PCTCELL <90% STOP//
Thank you very much. Those are all the questions that I have for you today.

//ask if Cellphone//

Svintro Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices. 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, I will provide a telephone number for you to call to get more information.

Is this a safe time to talk with you now or are you driving?

INTERVIEWER NOTE: If respondent indicates it is not safe to talk now, ask “When is a better time to try to call back?” and schedule an appointment.

1 SAFE TIME/NOT DRIVING
2 DRIVING/NOT A SAFE TIME
9 REFUSED

//if svintro=1 read: //

svintro2 I will not ask for your last name, address, or other personal information that can identify you. The call may be monitored or recorded for quality assurance purposes. If you have any questions about the survey, please call 1-877-364-0913 [INTERVIEWER: IF NEEDED: The interview takes on average 15-20 minutes depending on your answers.]
Core Sections

Section 1: Health Status

s1q1   Would you say that in general your health is—

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

s2q1   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?

   Number of days [RANGE = 1-30]
8 8   None
7 7   Don’t know / Not sure
9 9   Refused

s2q2   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?

   Number of days[RANGE = 1-30]
8 8   None
7 7   Don’t know / Not sure
9 9   Refused

//ask if at least 1 day//

s2q3   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?

   Number of days[RANGE = 1-30]
8 8   None
7 7   Don’t know / Not sure
9 9   Refused
Section 3: Health Care Access

s3q1 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?

1 Yes [If Prev & Public Health Fund (PPHF) state, go to Module 4, else continue]
2 No
7 Don’t know / Not sure
9 Refused

Module 4: Health Care Access
(land and cell)

//ask if s3q1= Yes://

Mod4_1 Do you have Medicare?

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

Mod4_2 Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans? (Select all that apply)

01 Your employer
02 Someone else’s employer
03 A plan that you or someone else buys on your own
04 Medicaid or Medical Assistance [or substitute state program name]
05 The military, CHAMPUS, or the VA [or CHAMP-VA]
06 The Indian Health Service [or the Alaska Native Health Service]
07 Some other source
88 None
77 Don’t know/Not sure
99 Refused

s3q2 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?”

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

s3q3 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

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

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

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.

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

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

1. Yes         [Go to Mod4_5]
2. No          [Go to Mod4_5]
7. Don’t know/Not sure [Go to Mod4_5]
9. Refused     [Go to Mod4_5]

About how long has it been since you last had health care coverage?

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

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

__ __ Number of times [range 01-76]
8 8 None
7 7 Don’t know/Not sure
9 9 Refused
Mod4_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.

1  Yes
2  No
3  No medication was prescribed.
7  Don’t know/Not sure
9  Refused

Mod4_7  In general, how satisfied are you with the health care you received? Would you say—

1  Very satisfied
2  Somewhat satisfied
3  Not at all satisfied
8  Not applicable
7  Don’t know/Not sure
9  Refused

Mod4_8  Do you currently have any medical bills that are being paid off over time?
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.

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

Section 4: Inadequate Sleep

I would like to ask you about your sleep pattern.

s4q1  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.

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

Section 5: Hypertension Awareness

s5q1  Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? 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  [Skip to next section]
3. No
4. Told borderline high or pre-hypertensive
7. Don’t know / Not sure
9. Refused

//ask of s5q1=YES//

s5q2. Are you currently taking medicine for your high blood pressure?
1. Yes
2. No
7. Don’t know / Not sure
9. Refused

Section 6: Cholesterol Awareness

s6q1. Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked?
1. Yes
2. No
7. Don’t know / Not sure
9. Refused

//ask if YES//
s6q2. About how long has it been since you last had your blood cholesterol checked?
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
7. Don’t know / Not sure
9. Refused

s6q3. Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?
1. Yes
2. No
7. Don’t know / Not sure
9. Refused

State Added 3: Genomics

(land and cell)

CT3_1. Do you have a close male relative, such as your father, son, or brother, who had a heart attack before the age of 50?
1. Yes
2. No
7. Don’t know / Not sure
9. Refused
CT3_2  Do you have a close female relative, such as your mother, daughter, or sister, who had a heart attack before the age of 60?

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

CT3_3  Has a doctor, nurse or other health professional ever discussed with you a type of high cholesterol that runs in families called familial hypercholesterolemia?

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

Section 7: Chronic Health Conditions

S7q1t  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.”

s7q1  (Ever told) you that you had a heart attack also called a myocardial infarction?

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

s7q2  (Ever told) you had angina or coronary heart disease?

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

s7q3  (Ever told) you had a stroke?

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

s7q4  (Ever told) you had asthma?

1  Yes
2  No [Go to Q7.6]
7  Don’t know / Not sure [Go to Q7.6]
9  Refused [Go to Q7.6]

//ask if YES//

s7q5  Do you still have asthma?

1  Yes
2  No
7  Don’t know / Not sure
9  Refused
s7q6  (Ever told) you had skin cancer?
   1 Yes
   2 No
   7 Don’t know / Not sure
   9 Refused

s7q7  (Ever told) you had any other types of cancer?
   1 Yes
   2 No
   7 Don’t know / Not sure
   9 Refused

s7q8  (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis?
   1 Yes
   2 No
   7 Don’t know / Not sure
   9 Refused

s7q9  (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?
   1 Yes
   2 No
   7 Don’t know / Not sure
   9 Refused

s7q10 (Ever told) you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?
   1 Yes
   2 No
   7 Don’t know / Not sure
   9 Refused

s7q11 (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence.
   1 Yes
   2 No
   7 Don’t know / Not sure
   9 Refused

s7q12 (Ever told) you have diabetes?
If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”
   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
Module 1: Pre-Diabetes
(land and cell)

NOTE: Only asked of those not responding “Yes” to Core Q7.12 (Diabetes awareness question).

Mod1_1. Have you had a test for high blood sugar or diabetes within the past three years?

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

If Core Q7.12 = pre-diabetes or borderline diabetes, or during pregnancy ask:

Mod1_2 diabetes or

Have you ever been told by a doctor or other health professional that you have pre-borderline diabetes?
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
(land and cell)

//ask if s7q12 = Yes//

Mod2_1. How old were you when you were told you have diabetes?

_ _ Code age in years [range 01-97] [97 = 97 and older]
9 8 Don’t know / Not sure
9 9 Refused

Mod2_2. Are you now taking insulin?

1 Yes
2 No
9 Refused

Mod2_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.

1 _ _ Times per day [range 101-199]
2 _ _ Times per week [range 201-299]
3 _ _ Times per month [range 301-399]
4 _ _ Times per year [range 401-499]
8 8 8 Never
7 7 7 Don’t know / Not sure
9 9 9 Refused
Mod2_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.

1 _ _ Times per day [range 101-199]
2 _ _ Times per week [range 201-299]
3 _ _ Times per month [range 301-399]
4 _ _ Times per year [range 401-499]
5 5 5 No feet
8 8 8 Never
7 7 7 Don’t know / Not sure
9 9 9 Refused

Mod2_5. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

_ _ Number of times [range 01-76]
8 8 None
7 7 Don’t know / Not sure
9 9 Refused

Mod2_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”?

_ _ Number of times [range 01-76]
8 8 None
9 8 Never heard of “A one C” test
7 7 Don’t know / Not sure
9 9 Refused

note: If Q4 = (No feet), skip to Q8.

Mod2_7. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

_ _ Number of times [range 01-76]
8 8 None
7 7 Don’t know / Not sure
9 9 Refused

Mod2_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.

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

Mod2_9. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

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

- Yes
- No
- Don’t know / Not sure
- Refused

Section 8: Demographics

What is your age?

- Code age in years [range 18-99]
- Don’t know / Not sure
- Refused

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

- No, not of Hispanic, Latino/a, or Spanish origin
- Yes
- Don’t Know
- Refused

Are you... (READ LIST)

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

Do not read:

- Don’t know / Not sure
- Refused

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

Note: Select all that apply.

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Pacific Islander
- Other
- Don’t know / Not sure
- Refused

Is that...?

- Asian Indian
- Chinese
- Filipino
44 Japanese
45 Korean
46 Vietnamese
47 Other Asian
77 Don’t Know
99 Refused

//ask if s8q3 = PACIFIC ISLANDER
S8q3pi Is that…
51 Native Hawaiian
52 Guamanian or Chamorro
53 Samoan
54 Other Pacific Islander
77 Don’t Know
99 Refused

//ask if s8q3 = Multiple Race
s8q4 Which **one** of these groups would you say best represents your race?

s8q5 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

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

s8q6 Are you…?

1 Married
2 Divorced
3 Widowed
4 Separated
5 Never married
Or
6 A member of an unmarried couple
9 Refused

s8q7 How many children less than 18 years of age live in your household?

_ _ Number of children [range 1-15]
8 8 None
9 9 Refused

s8q8 What is the highest grade or year of school you completed?

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)
9 Refused

s8q9 Are you currently...?
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
8 Unable to work
9 Refused

s8q10 Is your annual household income from all sources—

S8q10D [01] Less than $10,000
S8q10C [02] Less than $15,000 ($10,000 to less than $15,000)
S8q10B [03] Less than $20,000 ($15,000 to less than $20,000)
S8q10A [04] Less than $25,000 ($20,000 to less than $25,000)
S8q10E [05] Less than $35,000 ($25,000 to less than $35,000)
S8q10F [06] Less than $50,000 ($35,000 to less than $50,000)
S8q10G [07] Less than $75,000 ($50,000 to less than $75,000)

State-Added 7: Income
(land and cell)
CT7_1 less than $100,000
CT7_2 $100,000 or more

S8q10AA Your Annual Household Income is [enter range from code in s8q10]
Is This Correct?
1 No, re-ask question [GO TO S8Q10A]
2 Yes, correct as is. [CONTINUE]

S8q11 About how much do you weigh without shoes?
_ _ _ _ Weight

S8q11_A: Just to double-check, you indicated \$s8q11: pounds/Kg as your weight.
IS THIS CORRECT?
1. Yes
2. No [go back to s8q11]

S8q12 About how tall are you without shoes?
_ _ / _ _ Height
7 Don't Know
9 Refused

S8q12a: Just to double check, you indicated you are __ feet __ inches TALL.
IS THIS CORRECT?
1. Yes
2. No, go back to s8q12
State-Added 8: Demographics – CT TOWN

(land and cell)
//ask of all Landline OR if (Cellphone and CT Resident)\

CT_town. What town do you live in?

__________________________  Enter Town Code
townoth INTERVIEWER: SPECIFY TOWN NAME

s8q14ct What is the ZIP Code where you live?

__________________________  ZIP Code [RANGE = 06000-06999; CELL Range = 00000-99999]
7 7 7 7 7  Don’t know
9 9 9 9 9  Refused

//ask if Landline\

s8q15 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.

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

//ask if YES\

s8q16 How many of these telephone numbers are residential numbers?

__________________________  Residential telephone numbers [range 1-6]
7  Don’t know / Not sure
9  Refused

s8q17 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.

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

//ask if YES\

s8q18 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?

__________________________  Enter percent (1 to 100)
8 8 8  Zero
7 7 7  Don’t know / Not sure
9 9 9  Refused

s8q19 Have you used the internet in the past 30 days?

1  Yes
2  No
s8q20  Do you own or rent your home?
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.

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

s8q21  Indicate sex of respondent.  Ask only if necessary.

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

//ask if FEMALE AND AGE<45//
s8q22  To your knowledge, are you now pregnant?

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

s8q23  The following questions are about health problems or impairments you may have.

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

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

s8q24  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?
NOTE: Include occasional use or use in certain circumstances.

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

s8q25  Are you blind or do you have serious difficulty seeing, even when wearing glasses?

1  Yes
2  No
7  Don’t know / Not Sure
9  Refused
s8q26  Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

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

s8q27  Do you have serious difficulty walking or climbing stairs?

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

s8q28  Do you have difficulty dressing or bathing?

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

s8q29  Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping?

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

Section 9: Tobacco Use

s9q1  Have you smoked at least 100 cigarettes in your entire life?

NOTE:  5 packs = 100 cigarettes

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

//ask if YES//

s9q2  Do you now smoke cigarettes every day, some days, or not at all?

1  Every day
2  Some days
3  Not at all
7  Don’t know / Not sure
9  Refused
///ask if Every day or Some Days///

\text{s9q3} \hspace{1em} \text{During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?}

\begin{itemize}
    \item 1 \hspace{1em} Yes \hspace{1em} [Go to Q9.5]
    \item 2 \hspace{1em} No \hspace{1em} [Go to Q9.5]
    \item 7 \hspace{1em} Don’t know / Not sure \hspace{1em} [Go to Q9.5]
    \item 9 \hspace{1em} Refused \hspace{1em} [Go to Q9.5]
\end{itemize}

///ask if s9q2=Not at All///

\text{s9q4} \hspace{1em} \text{How long has it been since you last smoked a cigarette, even one or two puffs?}

\begin{itemize}
    \item 0 \hspace{1em} 1 \hspace{1em} Within the past month (less than 1 month ago)
    \item 0 \hspace{1em} 2 \hspace{1em} Within the past 3 months (1 month but less than 3 months ago)
    \item 0 \hspace{1em} 3 \hspace{1em} Within the past 6 months (3 months but less than 6 months ago)
    \item 0 \hspace{1em} 4 \hspace{1em} Within the past year (6 months but less than 1 year ago)
    \item 0 \hspace{1em} 5 \hspace{1em} Within the past 5 years (1 year but less than 5 years ago)
    \item 0 \hspace{1em} 6 \hspace{1em} Within the past 10 years (5 years but less than 10 years ago)
    \item 0 \hspace{1em} 7 \hspace{1em} 10 years or more
    \item 0 \hspace{1em} 8 \hspace{1em} Never smoked regularly
    \item 7 \hspace{1em} 7 \hspace{1em} Don’t know / Not sure
    \item 9 \hspace{1em} 9 \hspace{1em} Refused
\end{itemize}

\text{s9q5} \hspace{1em} \text{Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?}

\begin{itemize}
    \item 1 \hspace{1em} Every day
    \item 2 \hspace{1em} Some days
    \item 3 \hspace{1em} Not at all
    \item 7 \hspace{1em} 7 \hspace{1em} Don’t know / Not sure
    \item 9 \hspace{1em} 9 \hspace{1em} Refused
\end{itemize}

\textbf{Section 10: Alcohol Consumption}

\text{s10q1} \hspace{1em} \text{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?}

\begin{itemize}
    \item 1 \hspace{1em} _ \hspace{1em} Days per week [range 101-107]
    \item 2 \hspace{1em} _ \hspace{1em} Days in past 30 days [range 201-230]
    \item 8 \hspace{1em} 8 \hspace{1em} No drinks in past 30 days \hspace{1em} [Go to next section]
    \item 7 \hspace{1em} 7 \hspace{1em} Don’t know / Not sure \hspace{1em} [Go to next section]
    \item 9 \hspace{1em} 9 \hspace{1em} Refused \hspace{1em} [Go to next section]
\end{itemize}

///ask if at least one day///

\text{s10q2} \hspace{1em} \text{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? \hspace{1em} NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.}

\begin{itemize}
    \item _ \hspace{1em} Number of drinks [range 01-76]
    \item 7 \hspace{1em} 7 \hspace{1em} Don’t know / Not sure
    \item 9 \hspace{1em} 9 \hspace{1em} Refused
\end{itemize}
s10q3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have [5 for men, 4 for women] or more drinks on an occasion?

<table>
<thead>
<tr>
<th>Number of times [range 01-76]</th>
<th>8 8</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7 7</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td></td>
<td>9 9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

s10q4 During the past 30 days, what is the largest number of drinks you had on any occasion?

<table>
<thead>
<tr>
<th>Number of drinks [range 01-76]</th>
<th>7 7</th>
<th>Don’t know / Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9 9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

Section 11: Fruits and Vegetables

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

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

S11q1 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.

<table>
<thead>
<tr>
<th>Per day [RANGE = 101-199]</th>
<th>1 _ _</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per week [RANGE = 201-299]</td>
<td>2 _ _</td>
</tr>
<tr>
<td>Per month [RANGE = 301-399]</td>
<td>3 _ _</td>
</tr>
<tr>
<td>Never</td>
<td>5 5 5</td>
</tr>
<tr>
<td>Don’t know / Not sure</td>
<td>7 7 7</td>
</tr>
<tr>
<td>Refused</td>
<td>9 9 9</td>
</tr>
</tbody>
</table>

S11q2 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

<table>
<thead>
<tr>
<th>Per day [RANGE = 101-199]</th>
<th>1 _ _</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per week [RANGE = 201-299]</td>
<td>2 _ _</td>
</tr>
<tr>
<td>Per month [RANGE = 301-399]</td>
<td>3 _ _</td>
</tr>
<tr>
<td>Never</td>
<td>5 5 5</td>
</tr>
<tr>
<td>Don’t know / Not sure</td>
<td>7 7 7</td>
</tr>
<tr>
<td>Refused</td>
<td>9 9 9</td>
</tr>
</tbody>
</table>

S11q3 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.
S11q3
1 _ _ Per day [RANGE = 101-199]
2 _ _ Per week [RANGE = 201-299]
3 _ _ Per month [RANGE = 301-399]
5 5 5 Never
7 7 7 Don’t know / Not sure
9 9 9 Refused

S11q4
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?

S11q4
1 _ _ Per day [RANGE = 101-199]
2 _ _ Per week [RANGE = 201-299]
3 _ _ Per month [RANGE = 301-399]
5 5 5 Never
7 7 7 Don’t know / Not sure
9 9 9 Refused

S11q5
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?

S11q5
1 _ _ Per day [RANGE = 101-199]
2 _ _ Per week [RANGE = 201-299]
3 _ _ Per month [RANGE = 301-399]
5 5 5 Never
7 7 7 Don’t know / Not sure
9 9 9 Refused

S11q6
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.

S11q6
1 _ _ Per day [RANGE = 101-199]
2 _ _ Per week [RANGE = 201-299]
3 _ _ Per month [RANGE = 301-399]
5 5 5 Never
7 7 7 Don’t know / Not sure
9 9 9 Refused

Section 12: Exercise (Physical Activity)

S12q1
The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

s12q1
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?

1 Yes
2 No [Go to Q12.8]
7 Don’t know / Not sure [Go to Q12.8]
9 Refused [Go to Q12.8]
//ask if YES//
s12q2. What type of physical activity or exercise did you spend the most time doing during the past month?

-_- (Specify) [See Physical Activity Coding List]
7 7 Don’t know / Not Sure [Go to Q12.8]
9 9 Refused [Go to Q12.8]

//ask if indicated a physical activity//
s12q3 How many times per week or per month did you take part in this activity during the past month?

1_ _ Times per week [range 101-150]
2_ _ Times per month [range 201-250]
7 7 7 Don’t know / Not sure
9 9 9 Refused

s12q4 And when you took part in this activity, for how many minutes or hours did you usually keep at it?

:_ _ Hours and minutes
7 7 7 Don’t know / Not sure
9 9 9 Refused

s12q5 What other type of physical activity gave you the next most exercise during the past month?

-_- (Specify) [See Physical Activity Coding List]
8 8 No other activity [Go to Q12.8]
7 7 Don’t know / Not Sure [Go to Q12.8]
9 9 Refused [Go to Q12.8]

//ask if indicated another physical activity //
s12q6 How many times per week or per month did you take part in this activity during the past month?

1_ _ Times per week [range 101-150]
2_ _ Times per month [range 201-250]
7 7 7 Don’t know / Not sure
9 9 9 Refused

s12q7 And when you took part in this activity, for how many minutes or hours did you usually keep at it?

:_ _ Hours and minutes
7 7 7 Don’t know / Not sure
9 9 9 Refused

s12q8 During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.

1_ _ Times per week [range 101-150]
2_ _ Times per month [range 201-250]
8 8 8 Never
7 7 7 Don’t know / Not sure
9 9 9 Refused
Section 13: Arthritis Burden

If s7q9 (Been told by health professional has arthritis = yes, then continue, else go to next section.

**S13q1t** Next, I will ask you about your arthritis. Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint.

**S13q1** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

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

**S13q2** In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?

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

**S13q3** During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings?

- 1 A lot
- 2 A little
- 3 Not at all
- 7 Don’t know / Not sure
- 9 Refused

**S13q4** Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.

Enter number [00-10]

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

Section 14: Seatbelt Use

**S14q1** How often do you use seat belts when you drive or ride in a car? Would you say—

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never
- 7 Don’t know / Not sure
- 8 Never drive or ride in a car
- 9 Refused
Section 15: Immunization

**S15q1t**  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™.

**s15q1**  During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?  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
7. Don’t know / Not sure
9. Refused

//ask if YES//

**s15q2**  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?

**s15q2m**  __ __  Month [RANGE 01-12]

**s15q2y**  __ __ __ __  Year [RANGE 2012-2013]

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

**s15q3**  Since 2005, have you had a tetanus shot?
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

**s15q4**  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?

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

Section 16: HIV/AIDS

**S16q1t**  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.
s16q1
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.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

//ask if YES//

s16q2
Not including blood donations, in what month and year was your last HIV test?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Code month [RANGE 01-12]</td>
</tr>
<tr>
<td>2</td>
<td>Code year [RANGE 1985-2013]</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused / Not sure</td>
</tr>
</tbody>
</table>

If test within last 12 months continue, else go to next module.

s16q3
Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, in the 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?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1</td>
<td>Private doctor or HMO office</td>
</tr>
<tr>
<td>0 2</td>
<td>Counseling and testing site</td>
</tr>
<tr>
<td>0 9</td>
<td>Emergency room</td>
</tr>
<tr>
<td>0 3</td>
<td>Hospital inpatient</td>
</tr>
<tr>
<td>0 4</td>
<td>Clinic</td>
</tr>
<tr>
<td>0 5</td>
<td>Jail or prison (or other correctional facility)</td>
</tr>
<tr>
<td>0 6</td>
<td>Drug treatment facility</td>
</tr>
<tr>
<td>0 7</td>
<td>At home</td>
</tr>
<tr>
<td>0 8</td>
<td>Somewhere else</td>
</tr>
<tr>
<td>7 7</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>9 9</td>
<td>Refused</td>
</tr>
</tbody>
</table>
Optional Modules

State Added 2: Hepatitis

Have you ever been tested for hepatitis C? Do not count tests you may have had as part of a blood donation.

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

//ask if YES//

Where did you have your last hepatitis C — at a private doctor or HMO office, at a counseling and testing site, emergency room, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?

0 1    Private doctor or HMO office
0 2    Counseling and testing site
0 9    Emergency room
0 3    Hospital
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

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

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

Module 5: Sugar Drinks

Now I would like to ask you some questions about sugary beverages.

During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop. You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.

1 _ _ Times per day [range 101-199]
2 _ _ Times per week [range 201-299]
3 _ _ Times per month [range 301-399]
8 8 8    None
7 7 7    Don’t know / Not sure
During the past 30 days, how often did you drink sugar-sweetened fruit drinks (such as Kool-aid and lemonade), sweet tea, and sports or energy drinks (such as Gatorade and Red Bull)? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks. Please read: You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.

1 = Times per day [range 101-199]
2 = Times per week [range 201-299]
3 = Times per month [range 301-399]
5 = None
7 = Don't know/Not sure
9 = Refused

Module 6: Sodium or Salt-Related Behavior

(land and cell)

Mod6. 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.

Mod6_1. Are you currently watching or reducing your sodium or salt intake?

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

//ask if YES//

Mod6_2. How many days, weeks, months, or years have you been watching or reducing your sodium or salt intake?

1 = Day(s) [range 101-199]
2 = Week(s) [range 201-299]
3 = Month(s) [range 301-399]
4 = Year(s) [range 401-499]
5 = All my life
7 = Don’t know/not sure
9 = Refused

Mod6_3. Has a doctor or other health professional ever advised you to reduce sodium or salt intake?

1 = Yes
2 = No
7 = Don’t know/not sure
9 = Refused
Module 10: Influenza
(land and cell)
Note: If s15q1= Yes, received influenza vaccination then continue, else go to next section.

Mod10t
Earlier, you told me you had received an influenza vaccination in the past 12 months.

Mod10_1
At what kind of place did you get your last flu shot/vaccine?
Please read only 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
9 9 Refused

Module 11: Adult Human Papilloma Virus (HPV)
(land and cell)
Note: To be asked of respondents between the ages of 18 and 49 years; otherwise, go to next module.

Mod11_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?

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]

//ask if YES/

Mod11_2.
How many HPV shots did you receive?

_ _ Number of shots
0 3 All shots
7 7 Don’t know / Not sure
9 9 Refused
Module 19: Social Context
(land and cell)

Mod19

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

If s8q20 = (own or rent) continue, else go to Q2.

Mod19_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---

1 Always
2 Usually
3 Sometimes
4 Rarely
5 Never
8 Not applicable
7 Don’t know / Not sure
9 Refused

Mod19_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---

1 Always
2 Usually
3 Sometimes
4 Rarely
5 Never
8 Not applicable
7 Don’t know / Not sure
9 Refused

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

//ask if s8q9= Employed for wages or Self-employed//

Mod19_3. At your main job or business, how are you generally paid for the work you do. Are you:
NOTE: If paid in multiple ways at their main job, select option 4 (Paid some other way).

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

Mod19_4. About how many hours do you work per week at all of your jobs and businesses combined?

_ _ Hours [range 01-96] [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]
//ask if s8q9 = Out of Work or Retired//

**Mod19_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:

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

**Mod19_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?

_ _ _ _ Hours [range 01-96]
7 7 Don’t know / Not sure
8 8 Does not work
9 9 Refused

**Mod19_7.** Did you vote in the last presidential election? The November 2012 election between Barack Obama and Mitt Romney.

1. Yes
2. No
3. Not applicable (I did not register/I am not a U.S. citizen/ I am not eligible to vote)
4. Don’t know / Not sure
5. Refused

**Module 20: Random Child Selection**

(land and cell)

**Mod20t1 //if s8q7 = at least one child under age 18 in household// :**

“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.”

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

**Mod20_1m.** What is the birth month and year of the “Xth” child?

_ _ / _ _ _ _ Code 2-Digit month [Range 01-12]

**Mod20_1y.** What is the birth month and year of the “Xth” child?

_ _ / _ _ _ _ Code 4-Digit year [Range 1995-2013]

7 7 7 7 Don’t know / Not sure
8 8 8 8 Refused


//ask if child age < 18

**Mod20_2.** Is the child a boy or a girl?

1. Boy
2. Girl
9. Refused

**Mod20_3.** Is the child Hispanic, Latino/a, or Spanish origin?

1. No, not of Hispanic, Latino/a, or Spanish origin
2. Yes
7. Don’t Know
9. Refused

**Mod20_3b.** Are they…

2. Mexican, Mexican American, Chicano/a
3. Puerto Rican
4. Cuban
5. Another Hispanic, Latino/a, or Spanish origin
7. Don’t know / Not sure
9. Refused

**Mod20_4.** Which one or more of the following would you say is the race of the child?

*Interviewer Note: Select all that apply.*

10. White
20. Black or African American
30. American Indian or Alaska Native
40. Asian
50. Pacific Islander
60. Other
77. Don’t know / Not sure
99. Refused

//ask if ASIAN//

**Mod20_4a.** Is that…

41. Asian Indian
42. Chinese
43. Filipino
44. Japanese
45. Korean
46. Vietnamese
47. Other Asian
60. Other
77. Don’t know / Not sure
99. Refused

//if Mod20_4 = PACIFIC ISLANDER

**Mod20_4p.** Is that…

51. Native Hawaiian
52. Guamanian or Chamorro
53. Samoan
54. Other Pacific Islander
60. Other
77. Don’t know / Not sure
99. Refused
Mod20_5. Which one of these groups would you say best represents the child’s race?

10 White
20 Black or African American
30 American Indian or Alaska Native
40 Asian
50 Pacific Islander
60 Other
77 Don’t know / Not sure
99 Refused

Mod20_6. How are you related to the child?

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
7 Don’t know / Not sure
9 Refused

Module 21: Childhood Asthma Prevalence

(land and cell)

The next two questions are about the “Xth” [fill in correct #] child.

Mod21_1. Has a doctor, nurse or other health professional EVER said that the child has asthma?

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

Mod21_2. Does the child still have asthma?

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

State Added 1: Child Questions

(land and cell) (same as 2012 plus one q)

Xth=selected child from Mod20 selection

CT1_1 (CHILD5) Was this child breastfed?
1 Yes
2 No {Go to CT1_3}
7 Don’t know / Not sure {Go to CT1_3}
9 Refused {Go to CT1_3}
CT1_2 (CHILD6)  For about how many months was this child breastfed?
   ___ Number of Months [RANGE 01-60]
      77  Don’t know / Not sure
      99  Refused

CT1_3 (CHILD7)  About how much does this child weigh without shoes?
   ___ P Pounds
       ___ K Kilograms

CT1_4 (CHILD8)  About how tall is this child without shoes?
   ___ / ___  Height
      (f t / inches/)

CT1_5 (CHILD9)  On an average day, not including time on the computer, about how many hours did this child watch television, videos or DVDs?
   ___ Enter number of hours [1-24]
      33  Less than one, but more than none
      88  None
      77  Don’t know
      99  Refused

CT1_6 (CHILD10) On an average day, about how many hours did this child spend playing video games or on the computer? Please include time spent on the Internet or playing computer games, but not doing schoolwork on the computer.
   ___ Enter number of hours [01-24]
      33  Less than one, but more than none
      88  None
      77  Don’t know
      99  Refused

CT1_7 (CHILD11) On an average day, how many glasses, bottles or cans of soda, such as Coke or Sprite, or other sweetened drinks, such as fruit punch or Sunny Delight, did this child drink. Do not include diet or sugar free drinks.
   [NOTE: That would be a large glass or a 12 oz. can or bottle. The average juice pack is 6 oz or ½ a can. DO NOT READ. This also includes drinks such as, hawaiian punch, hi-c, snapple, gatorade, other sports drinks with added sugar, and sugar sweetened milk – e.g. coffee milk, chocolate milk]
   ___ ___ [range 1-15] glasses, cans or bottles
      88  None
      77  Don’t know
      99  Refused

CT1_8 (CHILD12) In the past week, how many times did the child eat fast food or pizza at school, at home, or at fast-food restaurants, carryout or drive thru. [Read if Necessary: Such as food you get at McDonald’s, Burger King, Taco Bell, KFC, or Pizza Hut.]
   1___ PER DAY [101-115]
   2___ PER WEEK [201-284]
CT1_9 (CHILD13) In the past 12 months has that child seen a dental provider?

1. Yes
2. No
7. Don’t Know
9. Refused

Has your child ever receive dental SEALANT on their permanent teeth by a dentist or dental Hygienist?

1. Yes
2. No
7. Don’t know
9. Refused

State Added 4: Moisture and Mold

Have you ever had the air in your home tested for mold?

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

State Added 5: Tobacco

The next few questions are on use of tobacco related products. Have you ever tried electronic cigarettes or E-cigarettes, such as Ruyan or NJOY, even just one time in your entire life?

1. YES
2. NO – GO TO Q5.3
7. DON’T KNOW/NOT SURE – GO TO Q5.3
9. REFUSED – GO TO Q5.3

During the past 30 days, on how many days did you use electronic cigarettes or E-cigarettes?

_ _ NUMBER OF DAYS [RANGE 1-30]
88. NONE
77. DON’T KNOW/NOT SURE
99. REFUSED
CT5_3. The next question asks you about smoking tobacco in a water pipe. A water pipe is also called a hookah. Have you ever tried smoking tobacco in a water pipe in your entire life, even one or two puffs?

1. YES
2. NO – GO TO Q5
7. DON’T KNOW/NOT SURE – GO TO Q5
9. REFUSED – GO TO Q5

CT5_4 During the past 30 days, on how many days did you smoke tobacco in a water pipe?

___ NUMBER OF DAYS [RANGE 1-30]
88. NONE
77. DON’T KNOW/NOT SURE
99. REFUSED

CT5_5 “Snus” is moist, smokeless tobacco, usually sold in individual or pre-packaged small pouches that are placed under the lip against the gum. Have you ever tried snus, even just one time in your entire life?

1. YES
2. NO – GO TO Q7
7. DON’T KNOW/NOT SURE – GO TO Q7
9. REFUSED – GO TO Q7

CT5_6 During the past 30 days, on how many days did you use snus?

___ NUMBER OF DAYS [RANGE=1-30]
88. NONE
77. DON’T KNOW/NOT SURE
99. REFUSED

State Added 6: Asthma Call-Back Permission Script

(landline only)

//ask if adult asthma=Yes OR if child asthma Yes, and Landline//

Ast1. 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 Connecticut. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

1. Yes
2. No

//ask if YES//

AST2a Can I please have either your first name or initials, so we will know who to ask for when we call back?
State Added 9: Reproductive Health Call-Back Permission Script
(land and cell)

//ask if age \leq 50 and Female //

**RH1**  
“We would like to call you again within the next 2 weeks to talk in more detail about (your/your spouse’s) maternal and reproductive health experiences. The information will be used to help develop and improve the maternal and reproductive health programs in Connecticut. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional maternal and reproductive health-related questions at a later time?”

1. Yes
2. No

//ask if YES//

**RH2a** Can I please have either your first name or initials, so we will know who to ask for when we call back?

**RH2b** Enter first name or initials

7. Don’t Know
9. Refused

Closing statement

CLOSING
That was my last question. Everyone’s answers will be combined to give us information about the health practices of people in Connecticut. Thank you very much for your time and cooperation.
Activity List for Common Leisure Activities
(To be used for Section 12: Physical Activity)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1</td>
<td>Active Gaming Devices (Wii Fit, Dance Dance revolution)</td>
</tr>
<tr>
<td>0 2</td>
<td>Aerobics video or class</td>
</tr>
<tr>
<td>0 3</td>
<td>Backpacking</td>
</tr>
<tr>
<td>0 4</td>
<td>Badminton</td>
</tr>
<tr>
<td>0 5</td>
<td>Basketball</td>
</tr>
<tr>
<td>0 6</td>
<td>Bicycling machine exercise</td>
</tr>
<tr>
<td>0 7</td>
<td>Bicycling</td>
</tr>
<tr>
<td>0 8</td>
<td>Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)</td>
</tr>
<tr>
<td>0 9</td>
<td>Bowling</td>
</tr>
<tr>
<td>1 0</td>
<td>Boxing</td>
</tr>
<tr>
<td>1 1</td>
<td>Calisthenics</td>
</tr>
<tr>
<td>1 2</td>
<td>Canoeing/rowing in competition</td>
</tr>
<tr>
<td>1 3</td>
<td>Carpentry</td>
</tr>
<tr>
<td>1 4</td>
<td>Dancing-ballet, ballroom, Latin, hip hop, zumba, etc</td>
</tr>
<tr>
<td>1 5</td>
<td>Elliptical/EFX machine exercise</td>
</tr>
<tr>
<td>1 6</td>
<td>Fishing from river bank or boat</td>
</tr>
<tr>
<td>1 7</td>
<td>Frisbee</td>
</tr>
<tr>
<td>1 8</td>
<td>Gardening (spading, weeding, digging, filling)</td>
</tr>
<tr>
<td>1 9</td>
<td>Golf (with motorized cart)</td>
</tr>
<tr>
<td>2 0</td>
<td>Golf (without motorized cart)</td>
</tr>
<tr>
<td>2 1</td>
<td>Handball</td>
</tr>
<tr>
<td>2 2</td>
<td>Hiking – cross-country</td>
</tr>
<tr>
<td>2 3</td>
<td>Hockey</td>
</tr>
<tr>
<td>2 4</td>
<td>Horseback riding</td>
</tr>
<tr>
<td>2 5</td>
<td>Hunting large game – deer, elk</td>
</tr>
<tr>
<td>2 6</td>
<td>Hunting small game – quail</td>
</tr>
<tr>
<td>2 7</td>
<td>Inline Skating</td>
</tr>
<tr>
<td>2 8</td>
<td>Jogging</td>
</tr>
<tr>
<td>2 9</td>
<td>Lacrosse</td>
</tr>
<tr>
<td>3 0</td>
<td>Mountain climbing</td>
</tr>
<tr>
<td>3 1</td>
<td>Mowing lawn</td>
</tr>
<tr>
<td>3 2</td>
<td>Paddleball</td>
</tr>
<tr>
<td>3 3</td>
<td>Painting/papering house</td>
</tr>
<tr>
<td>3 4</td>
<td>Pilates</td>
</tr>
<tr>
<td>3 5</td>
<td>Racquetball</td>
</tr>
<tr>
<td>3 6</td>
<td>Raking lawn</td>
</tr>
<tr>
<td>3 7</td>
<td>Running</td>
</tr>
<tr>
<td>3 8</td>
<td>Rock Climbing</td>
</tr>
<tr>
<td>3 9</td>
<td>Rope skipping</td>
</tr>
<tr>
<td>4 0</td>
<td>Rowing machine exercise</td>
</tr>
<tr>
<td>4 1</td>
<td>Rugby</td>
</tr>
<tr>
<td>4 2</td>
<td>Scuba diving</td>
</tr>
<tr>
<td>4 3</td>
<td>Skateboarding</td>
</tr>
<tr>
<td>4 4</td>
<td>Skating – ice or roller</td>
</tr>
<tr>
<td>4 5</td>
<td>Sledding, tobogganing</td>
</tr>
<tr>
<td>4 6</td>
<td>Snorkeling</td>
</tr>
<tr>
<td>4 7</td>
<td>Snow blowing</td>
</tr>
<tr>
<td>4 8</td>
<td>Snow shoveling by hand</td>
</tr>
<tr>
<td>4 9</td>
<td>Snow skiing</td>
</tr>
<tr>
<td>5 0</td>
<td>Snowshoeing</td>
</tr>
<tr>
<td>5 1</td>
<td>Soccer</td>
</tr>
<tr>
<td>5 2</td>
<td>Softball/Baseball</td>
</tr>
<tr>
<td>5 3</td>
<td>Squash</td>
</tr>
<tr>
<td>5 4</td>
<td>Stair climbing/Stair master</td>
</tr>
<tr>
<td>5 5</td>
<td>Stream fishing in waders</td>
</tr>
<tr>
<td>5 6</td>
<td>Surfing</td>
</tr>
<tr>
<td>5 7</td>
<td>Swimming</td>
</tr>
<tr>
<td>5 8</td>
<td>Swimming in laps</td>
</tr>
<tr>
<td>5 9</td>
<td>Table tennis</td>
</tr>
<tr>
<td>6 0</td>
<td>Tai Chi</td>
</tr>
<tr>
<td>6 1</td>
<td>Tennis</td>
</tr>
<tr>
<td>6 2</td>
<td>Touch football</td>
</tr>
<tr>
<td>6 3</td>
<td>Volleyball</td>
</tr>
<tr>
<td>6 4</td>
<td>Walking</td>
</tr>
<tr>
<td>6 5</td>
<td>Waterskiing</td>
</tr>
<tr>
<td>6 6</td>
<td>Weight lifting</td>
</tr>
<tr>
<td>6 7</td>
<td>Wrestling</td>
</tr>
<tr>
<td>6 8</td>
<td>Yoga</td>
</tr>
<tr>
<td>7 1</td>
<td>Childcare</td>
</tr>
<tr>
<td>7 2</td>
<td>Farm/Ranch Work (caring for livestock, stacking hay, etc.)</td>
</tr>
<tr>
<td>7 3</td>
<td>Household Activities (vacuuming, dusting, home repair, etc.)</td>
</tr>
<tr>
<td>7 4</td>
<td>Karate/Martial Arts</td>
</tr>
<tr>
<td>7 5</td>
<td>Upper Body Cycle (wheelchair sports, ergometer, etc.)</td>
</tr>
<tr>
<td>7 6</td>
<td>Yard work (cutting/gathering wood, trimming hedges etc.)</td>
</tr>
<tr>
<td>9 7</td>
<td>Don’t know</td>
</tr>
<tr>
<td>9 8</td>
<td>Other_____</td>
</tr>
<tr>
<td>9 9</td>
<td>Refused</td>
</tr>
</tbody>
</table>